

Reverting to the question of diet, witness stated he complained to the nurse that the food was unsuitable, and upon that Dr. Collins came to him. Witness told the doctor that he believed the reason of his blood being out of order was because of the sameness of the food. Dr. Collins said if anything was sent along he would see that witness got it. It was left at that. Food was carried in an open basket from the Hospital to the plague hospital, a distance of 200 to 300 yards. At the time of the scarlatina outbreak the Hospital was closed to visitors for a fortnight. A case occurred in No. 1 Ward, and the patient was removed to the fever hospital. Out-patients were in and out of No. 1 Ward as usual while the Hospital was closed. Porters carried fever patients from the main Hospital to the fever wards, and afterwards returned, going somewhere under the Hospital.

Mr. Reed: Your case was considered a serious one?—Yes, I believe it was.

You made your will out?—Yes; because I didn't know whether or not I would come out safely from the chloroform.

Your leg has now united?—Yes. It is much smaller than the other one. The bone was decayed, and a piece had to be cut off at each end to make them join.

Dr. Collins: Were you conscious on the operating-table?—Yes. I gave instructions for my will.

Were you not in such a condition that you were almost unable to write your name?—My hand was shaky. It was my right hand that was injured.

Did I not hold your hand?—I don't remember.

Did I not tell you the serious position you were in, and that it was probable you would not get over the operation?—I don't remember.

Further examined, witness said he recovered consciousness in his ward, after the operation, but did not know the time. He did not refuse to lay on his back. He did not remove the bandages from his jaw, but tried to shift the bandage one night, because the jaw had shifted out of position, and the teeth were jammed against the roof of his mouth. The abscess formation was not due to a cut, inflicted while shaving, becoming infected. Suppuration occurred in connection with the leg, but witness did not know that it could not be operated on until the suppuration had been conquered. There was a lapse of at least four months during which Dr. Scott had not seen witness's leg.

Dr. Collins: Did I not order a special diet for you?—I don't know.

Do you remember me asking a nurse to get a special pie for you?—I didn't get it, if you did.

How many delirium-tremens cases were in the ward at the time?—Two through drink, and one injured in the head.

Do you know if all the patients with delirium tremens had fractures?—I believe they had.

Sister Woods, a nurse of nearly six years' service at the Auckland Hospital, said she was in charge of the children's ward. Dr. Neil did not neglect the ward. He visited the children two or three times a week.

The Commission then adjourned.

The sittings of the Commission were continued on Tuesday, the 25th October.

Dr. Lewis was called as a witness in regard to the case of William Peake, whom the witness operated upon after leaving the Hospital. Peake was suffering from a discharging sinus running down through the jaw at the side of the face. There was an ununited fracture of the tibia, which the witness operated upon. The bones were split up into fragments, and these were removed from both ends of the bone. In order to secure a proper surface, portions of the fragments were sawn off at both ends, together with  $1\frac{1}{2}$  in. of sound bone. The two ends were wired together, and the injured limb set in splints.

Mr. McVeagh: Was the operation successful?—A sound union has now been secured after long delay.

What was the proper surgical course to pursue in the first instance in regard to the broken fragments in the leg?—I can hardly offer an opinion on that, as I didn't see the case at that time. As a rule the loose fragments are removed.

Did you keep the fragments?—Yes.

Dr. Lewis here produced the fragments in a corked bottle, and submitted the specimens for the inspection of the members of the Commission.

Mr. McVeagh: What was the proper surgical course to pursue in the removal of the fragments in the first instance?—I cannot give an opinion, as I do not know the state of the leg at that time.

The evidence shows that the fracture was not discovered for eight or nine days after admission. Is there any reason why it should not have been discovered earlier?—I think it depends very much on what kind of fracture it is. I don't know what the fracture was. I only saw Peake two or three days prior to him leaving the Hospital.

To what do you attribute the sinus-formation?—To an injury to the jaw.

Was there any reasonable method adopted in treating the jaw?—Undoubtedly there was.

How long after the sinus appeared did the patient come to you?—As far as I remember, six weeks.

We have it in evidence that when the patient was admitted to the Hospital he was operated upon by the Senior Medical Officer, assisted by two juniors. Do you approve of such a case as this being dealt with by the resident staff?—I think the case should have been dealt with by the honorary surgeon.