

With regard to putting the legs in splints for observation purposes, should the observations be made in less than six months?—Certainly. That is the only point in connection with the case that I have to comment upon. Peake, too, got tired of being kept in the Hospital, and he had made up his mind to leave, while his friends begged of me to attend the case after he left the institution. The operation that I performed should have been done at the end of three months.

Would the patient have been in as good a condition?—He would be in a better condition for operating upon in three months than he would after lying in the Hospital for six months.

Dr. Robertson: Who first assumed the position of the Senior Medical Officer being the same as a member of the honorary staff?—The Senior Medical Officer.

Did the Board assume it?—Certainly.

Was it with the consent of the honorary staff?—I can't answer that question. I don't know the history of the honorary staff at that particular time.

Are you aware that when you joined the honorary staff there was dissatisfaction with the status?—I was told there was dissatisfaction.

Were you satisfied?—No; I was not satisfied with that position.

Mr. McVeagh then proceeded to call evidence relating to clause 1 of the charges made jointly against the Hospital Board and Dr. Collins in that patients suffering from cancer, consumption, delirium tremens, and semi-lunacy were kept with other patients in the same ward, and that sufficient lavatory and places of convenience were not provided for the purpose of segregating such of the said cases as ought to have been kept apart and as ought to have been kept separate from the other patients.

Miss Winifred Gertrude Smith, a nurse, at one time in the service of the Auckland Hospital, said she was in charge of Ward No. 8. She remembered a patient named Tudehope, but did not recollect the exact complaint. It was a mental case. There were all kinds of cases in the ward at that time, including typhoid, consumption, and others she could not remember. Referring to the Hospital reports, witness said, On the 30th February, 1903, Tudehope was very noisy, and disturbed the other patients. On another occasion he had to be put under a restraining-sheet. The patient was removed to the asylum on the 1st November. During the time he was under treatment in the ward a typhoid-fever patient named Russell was there, and this patient subsequently died. The witness did not think it advisable that noisy cases should be placed in wards with typhoid cases.

Mr. Reed: Where should such cases be put in the Hospital?—I don't know.

Dr. Collins: Do you remember that Tudehope had been examined by two doctors in town, and they reported he was not insane?—Yes.

The same night his straps were removed because of complaint?—Yes.

And that night he got a poker and very nearly injured a nurse?—I don't know if it was that night, but the incident occurred.

We sent again for two medical men, and the patient was found to be a lunatic?—Yes.

We had great difficulty in getting any one to state the man was a lunatic?—Yes.

Why was he put in straps and the retaining-sheet?—Because he tried to get out of bed, and was violent altogether.

Miss Jean Dalton Foote, a nurse, said she was admitted as a patient in the Auckland Hospital on Christmas Eve, 1902, and remained for ten or eleven weeks, suffering from typhoid fever. She was first in No. 2 Medical Ward, and then removed to No. 9 Ward, which joined No. 8 Ward. While in that ward she was disturbed at times, both day and night, by shouting and general noise originating in the male ward. It was going on for a week or longer. At that time she did not know the patient making the noise, but she concluded he was very delirious.

Mr. McVeagh: What is the effect of such noises on typhoid cases?—I don't think it is good for them.

Is not absolute quietness insisted upon?—We try to insure it.

The charge of negligence as embodied in charge 16, relative to the death of a girl named Florence White, was next taken.

Mrs. Mary Ann White, mother of the girl, said her daughter was admitted to the Hospital on the 3rd July, 1904.

Mr. McVeagh: Did you wait for the operation?—Yes.

You made inquiries after the operation?—Yes.

And subsequently saw her taken to the Costley buildings?—No. I was waiting for them to return to the same ward in the Costley building, but they put her in a ward at the general Hospital. My husband, who was waiting outside the ward, came to me and said a porter had told him our daughter was dead.

Did you see Dr. Collins?—Yes. I was taken to a room, where I met him. I said, "Is she gone?" and the doctor replied, "Half an hour ago. She was really dead when she was sent in." I asked him why the child had been sent in, and he remarked, "While there is life there is hope." He went on to say he didn't know what mothers were thinking about to let their children die like they did. He insisted that in this case the child must have complained, and must have been sick, and I don't know what he didn't say. I had enough of it at last, and said, "There are lots of us who don't do what we should do." and protested that the child had not complained. When I inquired what was wrong with the child, he said, "We have taken an ulcer out of her that long" (indicating the length with her hands). I went to the ward where my child was in bed, and I was accompanied by my daughter and a friend, Mr. Lynch.