Mr. McVeagh: Do you remember the *post-mortem* on a patient named Mrs. Woods, over which there was a good deal of discussion?—Yes.

Who performed the *post-mortem?*—Dr. Ferguson.

Under the Hospital rules you should have done it?—Yes; but I was not consulted.

Did I understand you to say that there was no risk involved in skilled bacteriologists taking cultures and frequenting the operating-theatre?—That is so. No danger to those who know the precautions to take.

Miss Mary Gertrude Williams, a nurse, formerly of the Auckland Hospital, said she was in the service for nearly six years, leaving last May. She was in charge of the operating-theatre for a short time, and also had charge of the female typhoid ward. When in charge of the operating-theatre one accident case came into the Hospital, and it had to wait. It was a case of a cut wrist, and the artery appeared to be severed. She complained of the hours being too long, the number of operations affecting her work. Witness thought the nurse in charge was responsible for getting ready the instruments, &c., preparatory to operations. Witness prepared the instruments for operations when she was in the theatre.

Mr. McVeagh: Do you remember any cases of suppuration?—There were a great many cases at that time, and the honorary staff appeared annoyed. I cannot account for it. I was the only nurse there, and there was no difference in my methods.

How did you know what instruments to get ready?—I could refer to a book, and also my experience.

Were the nurses ever blamed for the suppuration cases?—It was generally attributed to the nurses.

Mr. McVeagh: I suppose they were fair scapegoats. Was it the practice of the resident physician to go round the wards with the honorary physicians?—If there were no operations it was.

What time did Dr. Collins arrive at the Hospital?—I have seen him at times at 9 o'clock and after, and also at 10 o'clock and half-past 10. I have no idea what time he left the institution.

Have you ever seen Dr. Collins going round the wards and examining the food?—I can't say that I have.

Did he make any difference in his attention between the surgical and medical side?—I was in the medical ward, and cannot say. He would come round there about once a day.

Mr. McVeagh: Were there any mental cases put in the typhoid ward?—I remember one or two. There was a woman who at times was very noisy. She eventually died in the ward. I complained to Dr. Walsh about putting mental cases in the typhoid ward, and the woman was removed, but only for one night.

The witness, on being further examined, stated that to put noisy cases in the typhoid wards retarded the recovery of the latter cases. She resigned because the work was too heavy.

Replying to Mr. Reed, the witness said the house steward (Mr. Schofield) regularly visited the wards twice daily. Dr. Collins visited the physical wards at least once daily, and the cases were also attended by honorary physicians, who made daily visits in bad cases, and averaged at least four visits a week in other cases.

Cross-examined by Dr. Collins, witness denied that she left the Hospital with two other nurses to start a private hospital. She never had any difficulty in the operating-theatre in regard to preparing the instruments. She had had a month's experience in the theatre before being appointed charge nurse there. The suppuration cases occurred at the time she was in the theatre.

Further examined by Mr. McVeagh, Nurse Williams stated that there were only occasional cases of suppuration at the time Dr. Inglis was in charge.

In regard to first-year probation nurses, Mrs. Wootten, lady superintendent of the Hospital, explained that they are not employed in the fever wards as assistants, but merely as probationers in the pantry.

The Commission then adjourned.

On resuming business on Wednesday, the 26th October, the first witness was *Dr. Gordon*, who was for some time attached to the honorary staff of the Auckland Hospital. He said he had heard the evidence in the theatre case, and thought that the non-union of the bone should have been discovered within three months. At the end of that time the proper course to pursue would have been an operation to remove the dead bone and join the bones.

Mr. McVeagh: Do you approve of the junior residents putting up fractures—simple fractures—under the supervision of the Senior Officer and the honorary staff?

The witness said emergency cases would include ordinary cuts, scalp-wounds, and hæmorrhage. An urgent case would be one requiring attention within two, three, or four hours.

Mr. McVeagh: Do you consider it proper that such cases as these should be treated by the Senior Medical Officer?—Not major cases.

Within what time would it be possible for honorary surgeons to be at the Hospital after being telephoned for?—Between a quarter to three-quarters of an hour. The time occupied in the preparation of patients for operations would depend upon the nature of the particular case. In a serious abdominal operation from half an hour to an hour would be necessary.

Dr. Gordon, referring to consultations, said many cases had been brought up for consultation which did not require it. They should