save the time of the visiting honoraries so that they could devote more attention to serious cases.

Do you approve of the Senior Medical Officer doing *post-mortem* and surgical work at about the same time?—I don't think it is wise to do so.

Do you approve of the Medical Officer engaging in anthrax-culture, and at the same time doing surgical work?— No, I do not.

The witness said he attended a patient named William Allen at the Auckland Hospital for a ununited fracture. It was a fracture which witness would not approve of juniors putting up.

Replying to Dr. Roberton, the witness said he was a member of the staff for a year and a half, finishing up in April, 1904. His position was that of honorary visiting surgeon.

Did you consider the condition of the Hospital satisfactory?—Not when I went on the staff. There was a great deal of suppuration.

Dr. Gordon went on to say that steps were taken to suppress the suppuration cases. A meeting of the honorary staff was called, and a number of resolutions were framed, some of which were not carried out. Personally, the witness said he redoubled his own exertions, spoke to the theatre nurse, made his own preparations, and spoke to the assistant. Dr. Collins, he said, rarely assisted him at operations. Matters gradually improved in regard to the suppuration cases.

Witness did not think the rule permitting the Senior Medical Officer to attend meetings of the honorary staff a good one. His presence at the meetings was sometimes of advantge—for instance, in cases such as suppuration—while his presence would be a disadvantage when the duties of the Senior Medical Officer came up for consideration. He should not be regarded as a member of the honorary staff. At the meetings of the staff the Medical Officer would represent himself, and also, witness presumed, the Board.

Dr. Roberton: Rule 37 says that the Senior Medical Officer is to be the sole medium between the honorary staff and the Board.

The Chairman: One would think the Board controlled the post-office.

Dr. Roberton: There are various interpretations to be put on it.

Dr. Gordon said it was so interpreted that all communications between the staff and the Board had to go through Dr. Collins, and all communications to the staff from the Board, he believed, went through the same channel. That was not a good rule, because it asked the honorary staff to communicate through one who should be in a subordinate position. Dr. Collins gave a few anæsthetics while witness was on the staff. The nurses on the surgical side should, he thought, be partly trained by the honorary surgeons, because the surgeons had to rely on the nurses to carry out instructions given.

On the question of the tenure of the appointment of the honorary staff, Dr. Gordon considered a year too short. If the tenure was longer the doctor could carry on the work better and with more interest, and it would insure greater experience. The Costley Wards were not, in his opinion, satisfactory, it being awkward to carry cases for operation from the main building to the operating-theatre in the Costley Wards. The distance of the Costley Wards from the main building entailed more work, involving extra nurses and additional expense.

The Chairman: That system is most monstrous. Carrying the patients up and down the steps, through bad weather and the rest of it, was monstrous.

Mr. Reed: It is the intention of the Board, when the new operating-theatre is completed, to use the Costley Wards as surgical wards.

Dr. Roberton: That is an extremely important admission to make, and I would like the Commission to make a note of it.

Dr. Gordon said when he spoke to patients about going to the Hospital he was told by some that they were too poor, but they were exceptional cases. In joining the staff he expected to give his services to the poor, and objected to attend to patients who were able to afford to pay for attendance outside the institution. The persons who could afford to pay being in the Hospital would keep the poorer patients out.

The responsibility for the professional treatment of patients should, in witness's opinion, fall on the honorary staff, who should also attend emergency cases when possible. It was not desirable that the Senior Medical Officer should perform major operations, but witness thought it would very rarely occur that an urgent major case would arise requiring the Senior Medical Officer to perform the operation. Dr. Gordon favoured the appointment of assistant surgeons, which would enable the younger surgeons to gain an experience of the serious part of surgical work before being appointed full surgeons.

Questioned by Mr. Reed, Dr. Gordon said the honorary surgeons were generally available at all times of the day to go to the Hospital if required. If engaged, they left word where they would be found at stated intervals. It had been the practice for the Senior Medical Officer to perform operations when requested to do so by the honorary surgeon for the week. He always understood that if the surgeon for the week was not available the Senior Medical Officer had a right to do the operation.

The Chairman: Under what rule?

Mr. Reed pointed out that Rule 72 had something applicable to the position. It placed the responsibility on the Senior Medical Officer after the honorary surgeon had been notified.

The Chairman: Was that acquiesced in by the honorary staff, because it is a direct violation of the rule?

Dr. Gordon: Dr. Collins was a member of the honorary staff.

Mr. Reed: Yes; that was the position.

Dr. Roberton asked that a note be made of the admission.