

Senior Medical Officer should be more of a surgeon than a physician. There was not sufficient accommodation in the Hospital for women. He did not approve of such cases as those of consumption being put into the typhoid ward.

Witness stated that the present constitution of the Board, even with medical representation, was not satisfactory. The Board should be elected for a period of years, with representation of ratepayers, medical profession, and the Government. It should be distinct from charitable aid.

Mr. Reed here pointed out that tenders were invited by the Board in 1901 for the erection of a new lift for the Hospital, and the price tendered was £1,095. It was a question of finance at that time.

The witness said he was not in favour of the Senior Medical Officer doing any operation under the present conditions. His idea was that a resident secretary could look after the administration work, with three resident medical men.

Mr. Reed: That is another system. We have tried many systems.

Mr. Beetham: That is the system that obtains at the Christchurch Hospital.

Dr. Inglis, re-examined by Mr. McVeagh, said when he was in charge admisc.: was never refused unless the Hospital was full.

The Chairman: When a man is turned away in the fashion described and told to go and get an order from a medical man, if he goes to a medical man and was examined as to his fitness for admission, I presume a fee is payable?—It is payable, but is not always got.

The Chairman: I don't say it is, but is there always a fee to be paid by the patient?—Yes.

Mr. Beetham: With a properly organized honorary staff, with honorary assistants, and if the patients who are able to pay are excluded from the Hospital, do you think that a resident surgeon and physician, with the resident secretary, would be able to carry on the work satisfactorily?—They would have a surgeon, a physician, and a man to attend special departments.

Mr. Beetham: At all events, there should be three men. Should they be young men?—Yes.

With the Costley Wards away from the main building, with imperfect sanitary arrangements and obsolete lift, what would you recommend to put the building in proper working-order, so that all concerned could work to the best advantage?—It would be almost impossible to make the present building suitable. It would be the best plan to convert the Costley Wards into surgical wards.

Would you suggest the building of any other to make the operating-theatre in the centre?—It is quite possible it would be necessary to do that.

Should the residents be resident in the new building?—I think so.

The Chairman: What about the new house?

Mr. McVeagh said it was nearly completed. It was intended for the Senior Medical Officer.

Dr. Inglis expressed the opinion that the resident secretary and the resident medical staff could live in that building. There was very small accommodation in the Hospital for the resident men.

The Chairman: What is the cost of the new house?

Mr. McVeagh: I understand about £16,000.

The Chairman: The Board can afford £16,000 for the Medical Officer, yet they cannot afford £1,000 for a lift to save the lives of patients.

Mr. Reed: One of the complaints was that the Medical Officer lives too far away.

The Chairman: He should not live too far away.

Mr. McVeagh: Dr. Baldwin lived close by.

Mr. Reed: But there are no houses to be had there now.

Mr. Reed (after turning to the Chairman of the Board) said the private house being erected was costing £1,290, and comprised ten rooms.

Mr. Reed (to Dr. Inglis): Of course, there is no accommodation in the Hospital for a married man?—No.

The Chairman: Well, then, he should not be married. If the junior residents, on applying, were married they would not be appointed.

Dr. Inglis: In Sydney a man when he got married had to resign.

The Chairman: Just so.

Matron Rowles was recalled by Mr. McVeagh in reference to some correspondence concerning the case of William Peake. Dr. Collins had written to her for some information on the subject, and his letter and the reply were read. The witness, in her letter, stated that her memory was not very clear in regard to the details of the case.

Dr. MacGregor, who was called by Mr. McVeagh, produced the copy of the evidence taken by him at his inquiry at the Hospital last month, and his report to the Government on the subject.

Dr. Robertson said he did not consider it advisable to cross-examine Dr. MacGregor, he being a Government servant, but Dr. MacGregor expressed his willingness to answer any questions.

The Chairman: Probably Dr. MacGregor may offer some opinions. Of course, when we consider our report we shall take his report into careful consideration.

In reply to Mr. Reed, Dr. MacGregor said that the Auckland Hospital in its time had been a very fine Hospital as hospitals went, but it now possessed several defects, owing to the recent advance in specialisation in medical science. The Hospital was not now up to date, and to make it so certain new buildings should be erected. This would mean a large expenditure of money. He considered the position in which the new operating-theatre had been placed required that the