

Do you approve of the Senior Medical Officer being engaged in making anthrax-cultures in the institution?—I objected to Dr. Baldwin making plague-cultures in the basement of the main Hospital, and the honorary staff at that time recommended the Board to have a pathological and bacteriological laboratory outside the building altogether.

Dr. Williams, further examined, said he saw no objection to a surgeon doing *post-mortem* work, and being engaged in an abdominal operation four days afterwards. Any surgeon could get clean in four days. Personally, if he did a septic case he would not do a clean one for two or three days afterwards. With regard to consultations, he said these were frequently called for minor cases, and then members of the honorary staff had to hurry off to attend their own patients, and could not look at the more serious cases.

It has been suggested that the Costley Ward could be converted into a surgical ward. Do you think it suitable?—It would not do at all. It is structurally defective. It was designed for children, and the wards are not wide enough for surgical cases.

With regard to the admission of patients, Dr. Williams thought members of the resident staff should, when patients presented themselves, determine whether the cases were suitable for admission to the Hospital.

You have strong views regarding the training of nurses?—Yes; I think the portals through which women come to be nurses are too narrow. Applicants are at the whim of the Matron of the Hospital, who may turn them away on account of their religion, or on account of something in their manner, without giving any reason. My idea is that every large hospital should have a nursing-school, and that the honorary staff should have a longer tenure of office, and give lectures to the nurses.

Dr. Robertson: Do you think the Hospital Board as constituted is capable of deciding what is a suitable hospital building?—No. I go further. It requires some knowledge of the actual medical work of the Hospital, and it requires a man to be up to date as far as reading and experience goes. If an architect was acquainted with modern materials a surgeon or physician could tell him what was wanted, and he could fill in the details.

Would it be an advantage if hospital plans were submitted to a central authority before the buildings were proceeded with?—In theory it is all right, but in practice it does not work out. An hospital was built at the Thames; the Government passed the plans without comment, and after the hospital was built they said it was defective. I was not in Auckland when the operating theatre in the Hospital was built, but it is a triumph of bad management. They could not have conceived anything worse. There was no ventilation—not a window in it that would open; and I don't suppose the atmosphere was changed from one year to another.

Mr. Beetham: Do you think such a mess would have occurred if there had been any central authority? Is not that an instance in which a central authority would be useful?—Yes; to submit plans to an expert.

You are to have a first-rate operating-room in the Costley Ward, and the wards in that building are absolutely useless, you say, for surgical cases. What do you suggest should be done to remedy that, and to avoid carrying patients up and down those brutal steps in all sorts of weather from the big building to the operating-room?—It will have to go on until the time is ripe for building more surgical wards, where the wooden buildings used for typhoid-fever patients are.

Then, they should be connected by a corridor with the operating-theatre?—Yes.

Could you use the present operating-theatre if proper surgical wards were built there?—Undoubtedly.

Would you recommend building a new operating-theatre in connection with the main building?—I should not think it is required.

You would not put surgical cases in the big building?—No; I would keep it entirely for medical cases.

And if they wanted to be transferred to the surgical wards it could be done?—Yes. I think the only way to do any good with the big building would be to pull it down.

You cannot utilise the new operating-theatre for surgical work until proper surgical wards are built in that building?—No; not with comfort to the patients.

Dr. Collins: I have been informed that I was more or less responsible for the building of the Costley operating-theatre. Do you agree with that?—No; you have documents to prove that the honorary staff wanted the place altered, and brought up to date.

The plans of the new Costley theatre were, I think, left in your hands and mine?—Yes; we drew them up.

Did you ever know a case in which you could find fault with my work?—Never in my time.

You cannot say I have ever usurped any work from the honorary staff?—No; I can safely say that. I can say that whatever Dr. Collins was doing he asked the honorary staff would they do it, or would he do it. In cases of my own I have even allowed Dr. Collins to operate, and have assisted him.

Judge Ward: Was it in your power to allow that according to the rules, which say major operations shall be performed by the honorary staff?—That is the interpretation; but if a man does the operation and you are there you are responsible that he does the work to your satisfaction.

On resuming proceedings on Monday, the 31st October, Dr. Robertson called further evidence in support of the allegations brought forward by the Medical Association.