

adjunct to the General Hospital. I was for many years a resident at the Auckland Hospital. Personally, I think that the Hospital is better under the control of the Department than under the control of the Board. I think the General Hospital is too big already. Compared with the General Hospital, the working of St. Helens has been very smooth and economical. I think the utmost value has been obtained by the taxpayer from the funds available. I have no reason to think that cases of sepsis have occurred at the home through it being of wood, and there being a possibility of septic-germs being fostered in the scrim and paper. My duty is to attend patients inside when called on and patients outside when called on. The submatron goes to outside cases. She does not attend to the after-treatment. I make my annual report from the case-books. They give a fair, concise, and accurate report of each case. I have looked up in them cases that I have attended myself, and I have no fault to find with the entries. As to case-books, I should make a very big distinction between a maternity hospital and a general hospital. In a maternity hospital I say that the case should be written up on the termination of the case. In the Women's Hospital, Melbourne, the case-book is made up in that way. That is supposed to be the easiest way, and is quite a satisfactory way. It is generally made up from the notes kept by the Matron and nurses. The nurses should keep note-books in each case. I do not know how the case-book is kept at the Mental Hospital. In the General Hospital the case is written up as it arises, in some cases from day to day, or once or twice a week. The case-book gives me a synopsis of what has happened. I know of some private maternity homes in Auckland. There are a good number. They are registered under the Hospital and Charitable Aid Act. I first suspected lung trouble in Mrs. Chamberlain on the 13th August. There was no test made of her sputum. There was very little sputum. In this class of case there is practically none. I do not think there was sufficient to make a test. I did not think it necessary to make a test.

*Cross-examined by Mr. Skelton.*] I have never had any appointment to a maternity hospital before St. Helens except an acting appointment. That was at Melbourne, where I relieved on two or three occasions for a short time. I specialized in obstetrics and gynaecology. I am not acquainted with the proceedings of the Central Midwives Board in London. I have not seen their rules. While acting at Melbourne I was resident. The institution is large, accommodating somewhere about fifty cases. I have seen ten cases of labour going on at the same time. When a patient in labour is admitted to a home she is usually examined to see the state of the labour. If there is time she is given a bath, not necessarily antiseptic. I think it is advisable that an antiseptic bath should be given in every case, with exceptions. I do not think, personally, that there is much good in antiseptic baths, though they might be very good as routine treatment. I think soap and water will do as much good as the antiseptic bath in most instances. I do not think it is necessary to treat every patient coming in to the home as if she was septic. I do not think it possible to treat every woman coming in without great discomfort so as to lessen the risk of sepsis. It is possible to do great harm by the too free use of antiseptics, especially in maternity work. The Hospital does not work under the "Rules for the Guidance of Midwives." We work under the "Rules for St. Helens Homes" and the "Rules for State Maternity Hospitals." In my opinion the words in Rule 35 apply only to cases under Rule 34. I have no notes made by myself relative to the case of Mrs. Chamberlain. I know that I visited Mrs. Chamberlain every time I visited the Hospital while she was there, with one exception—the day I did the caesarian section. I do not visit every patient in the home on every visit I pay there. I have heard the statement that I did not visit Mrs. Chamberlain till the third day after her confinement. That is absolutely incorrect. I spoke to her on my first visit. The Matron reported to me on the occasion of my first visit to Mrs. Chamberlain that she had a temperature. To the best of my belief, that was the first time I had heard of Mrs. Chamberlain's case. I do not remember the time on the 12th August that I saw Mrs. Chamberlain. That is all that I remember the Matron reported to me—that she had a temperature. I made an examination of the perinæum on, I think, the 16th August. The Matron reported the temperature the first day, and from that on I watched the case myself. I knew on the 12th that the patient had a ruptured perinæum. The Matron told me on the 12th about the confinement. She said the patient had a normal confinement. I asked her if the after-birth was all right, and so on, and whether there was any tear. I did not regard the tear as an abnormality. A rupture to a slight degree is not considered in well-conducted homes to be a thing requiring the services of a practitioner. I did not examine the perinæum on the 12th. I was told two stitches had been put in. I did not then nor do I now think it advisable to have inspected the perinæum. I asked the patient if she was comfortable, and she said "Yes." I consider the rupture was one of the first degree. I first saw it on the 16th, I think—the fifth day of the confinement. The actual day of confinement is not counted. A tear of the first degree is one involving the skin and mucous membrane of the perinæum, often only the fourchette. The tear is usually an inch to an inch and a quarter. A tear of the second degree is through the perinæum-body. In Mrs. Chamberlain's case the perinæum was a normal one of 2½ in. to 3 in. The third degree extends through to the rectum. On the 12th Mrs. Chamberlain had a cough, and she looked as if she had done a good bit of hard work. She was a medium-sized woman. She did not look 12 stone. The fact that the woman was suffering from a ruptured perinæum of the first degree did not demand my attention. Had I seen in the case-book that there was a rupture of the second degree I would have asked the Matron about it. I would have asked if it were all right if she had said there was a rupture of the first degree. On the 11th the Matron would have a very fair opportunity of deciding to what degree the rupture of the perinæum belonged. The rupture heals up as the days go on. I have not known the Matron to make many mistakes. I have a general idea of how many perinæums she has sutured. There are not a great many. In the year ending the 31st March, 1912, there were eleven of first degree and nineteen second degree. I cannot say how many of those of the second degree were sutured by the Matron. I told the Matron that she could suture in