pox and plague outbreaks. We beg to strongly recommend that the alterations to the old main Hospital building, urgently required, should be immediately undertaken, under the supervision of a competent architect, subject to the approval of the head of the Hospital Department. These alterations should, in our opinion, consist of:

1. A lift connecting all the floors of the Hospital with the basement. We are informed that a hand-lift, which could easily be manipulated, could be erected for from £200 to £300. 2. The demolishing of the tower stairways, and the inclusion of the space so obtained in lavatories and bath-rooms. 3. The erection of an up-to-date operating theatre in connection with the main building, if the new surgical wards contemplated, and above referred to, are not at once erected; and 4. Some attempt to render more sanitary the main wards. In this connection we consider it is of the utmost importance that all plans and proposals to improve the present building, or to erect new wards of any kind or description, should be referred to the Government Hospital Department for consideration and approval before the public money is spent upon them. We consider that the spending of large sums of money by an annually elected Board, which can in the nature of things have no continuous policy, is vicious in the extreme, and is likely to result in the waste of public funds. Under the Harbour Boards Act and the Tramway and other Acts, we find that before the expenditure of public money can take place, such expenditure must receive the consideration and sanction of Government departments, and we fail to see why the expenditure of public moneys in hospital improvements, half of which is contributed directly from the consolidated fund, should be exempted from this salutary check on expenditure.

LUNATICS.

There appears to be great difficulty in dealing with cases of mental disease, which are just on the borderland of absolute insanity. In most of such cases physicians will not certify that they are lunatics, and consequently they cannot be committed to an asylum; but their relatives or friends refuse, or are unable, to take charge of them, and bring them to the public hospital, where there is no proper accommodation for patients of this class. From the evidence before us, it appears that they are usually placed in the typhoid ward, and that persons suffering from delirium tremens are sent there also. The semi-lunatics are a source of constant disquiet to the fever patients, whom they occasionally attack, and the raving of a man in delirium tremens disturbs everyone in the building.

We consider the practice of placing patients of either class among sufferers from typhoid is most reprehensible. At other central hospitals such patients are rarely admitted, and, if admitted, they are sent elsewhere as early as possible.

THE RELATIONS OF THE SENIOR MEDICAL OFFICER AND THE HONORARY STAFF.

It is recognised as sound hospital practice that the authority of the honorary staff should be supreme in medical and surgical as distinguished from administrative matters. The resident officers are always in such matters subject to the honorary staff. This practice obtains, so far as we can learn, in all large hospitals throughout the colonies. If, therefore, a departure is made from a practice so universal, it lies strongly on those making the change to justify it on substantial grounds. About two years ago such a departure was made. The Board, by Rule 37, constituted the Senior Medical Officer the medium of communication between the staff and the Board, and by another rule (No. 74) gave him the privilege of attending meetings of the honorary staff, whilst the Senior Medical Officer, by insidious methods, such as calling the staff to useless consultations, and minor operations, and appropriating to himself many of the major operations, on the plea of emergency, sought to make himself, and not the honorary staff, supreme in matters medical and surgical. The advantages of placing the honorary staff in the position of responsibility in these matters are: (1) The sick poor receive the benefit of best professional skill, and (2) the doctors in attendance have the advantage of the collective wisdom of their brethren on the staff. The disadvantage of placing the Senior Medical Officer in supreme control is, judging by the present enquiry, that all difficult cases have a tendency to fall under the exclusive care of the resident, and such members only of the honorary staff as the former may choose to call to his assistance. One result of the change has been that the members of the honorary staff have not unreasonably been forced to the conclusion that they can only continue in office by sacrificing their self-respect, and the majority of them have accordingly resigned.

The reasons given by the Board for this departure from sound and recognised methods are of the flimsiest character, namely: (1) That it is improper that young and unmarried men, such as residents usually are, should have the duty cast on them of attending married women; and (2) that complaints against the honorary staff have appeared in the leading and correspondence columns of the local press. The first of these reasons is so ludicrous that it only requires to be stated to make obvious the ground of its rejection; and as to the second, it does not appear that proper investigations were ever made to discover that any justification existed. The Board would seem to have been satisfied with the mere making of the complaint, coupled with such imperfect knowledge as its members may have happened to possess. In all hospitals large enough to require an honorary staff, it should be insisted that the authority of that staff should be supreme in the before-mentioned matters, and no departure from this policy should be possible without the concurrence of some central authority, preferably the Minister in charge of the department.

The present system under which a senior medical officer has supreme command of the Hospital having utterly failed, it appears to us advisable to recommend the adoption of that which is usual in most central hospitals, namely, the appointment of two junior surgeons and one physician, who should be unmarried, and should reside on the premises, and should be subject in all medical and surgical matters to the honorary staff. The latter should perform all important operations, saving only those of emergency, *i.e.*, those that require instant treatment. The cost of this, we are informed, would be less than that of the disastrous arrangement now in force, and the ablest surgeons and physicians in Auckland, relieved from the incubus imposed upon them by the present rules, would not only be willing, but anxious, to serve on the honorary staff.

ALLEGED IRREGULAR ATTENDANCES OF THE SENIOR MEDICAL OFFICER.

The fact that no provision was made at the Hospital for the residence of a medical officer, and that in consequence Dr. Collins resided at a distance from the institution, will fully account for these irregularities.

AS TO MAJOR OPERATIONS.

These operations are required to be performed by and to be under the control of the honorary surgeons, after consultation (see Rules 21 and 36). Where the case is an urgent one, the Senior Medical Officer has a discretion to decide whether an immediate operation is necessary, but the ultimate responsibility of the operation rests with the honorary surgeon, who takes charge immediately on his arrival (see Rule 72). An exception is made in the case of fractures and dislocations (Rule 73), but even in such cases, where the honorary surgeon expresses a wish to take charge of the case, or it is one requiring operative interference, responsibility rests solely with that official. There can be no doubt that the rules cited have been persistently misconstrued and ignored by the Senior Medical Officer, who has taken charge of cases which should have been dealt with by the honorary staff. His conduct in this respect has had the tacit consent of the Board.

BACTERIOLOGY.

There is a skilled bacteriologist at the hospital, Dr. Frost, and it appears that her work has been considerably interfered with by the Senior Medical Officer. We are of opinion that the culture by the latter of bacilli, and specially of the anthrax bacillus, was fraught with danger to the patients whom he attended, and should have been most strictly prohibited.

As an example of the interference of the Senior Medical Officer, we may adduce the case of Miss Guthrie. It was suspected that she was suffering from tuberculosis, and Dr. Frost was requested to examine her sputum for the bacillus of that disease. She did so on ten different occasions, and the result was negative. Dr. Collins, however, gave it as his opinion to the honorary staff that the bacillus was present, and a recommendation was consequently made with respect to the treatment of that patient which might have resulted in her being sent to the Sanatorium for Consumptives at Cambridge.

ADMISSION OF PATIENTS.

The practice at present prevailing is not to admit any patient except in cases of accident, or palpably serious illness, without an order of admission obtained from some doctor. This practice, which was introduced at the request of the local contributing bodies, and is contrary to rules 13, 140 and 141, has entailed needless suffering to patients who have presented themselves for admission. These have not infrequently been seen by a porter, and refused admission until the prescribed order was obtained. The applicant, to procure this, has been compelled to travel some considerable distance in search of the Board's dispenser, or some other doctor, to whom a fee would probably be payable for examination. We fail to see why one of the resident staff (all of whom should never be absent from the Hospital at the same time) should not determine whether the proposed patient should or should not be admitted.

FEES PAYABLE BY PATIENTS.

By the 71st section of the Hospital and Charitable Institutions Act, 1885, the Board may claim from patients contributions according to their means. The primary intention of the Legislature is to make public Hospitals a place for the treatment of the sick poor, whilst not absolutely excluding the well-to-do. The practice of the Board has been to charge a fixed rate of 4/8 per day to rich and poor alike. This practice is in contravention of rules 142 and 143, as well as of the Statute. In the great majority of cases, however, the fixed rate has been either wholly or partially remitted. It cannot be said this is a compliance with either the Act or the rules, because once it is established a patient can afford to pay the prescribed rate, he is liable for that rate, whatever his pecuniary position may be. It must be noted that repeated demands were made for payment until the amount due is either paid, or, on application to the Board, remitted. This practice had had a two-fold effect—first, it has tended to keep the deserving poor out of the Hospital, and has retarded the recovery of those who have entered, by reason of the moral compulsion to pay, which the fixed rate has imposed on this class. (2) It has encouraged a not inconsiderable number of well-to-do, who are about 20 per cent. of the total number of patients, to make use of the Hospital, to the occasional exclusion of the poor. The reason the well-to-do under present circumstances avail themselves of the Hospital is obvious—the charge made is not even an adequate return for the board, lodging, and nursing, whilst the services of the staff, resident and honorary, inclusive of operations, are obtained free. The proper course would be to let it be generally known that in deserving cases no charge whatever is made, and that when a charge is made, it is in accordance with a rate fixed with reference to the means of the patient. Under such a rule the well-to-do would either be content to be treated in their own homes or they would seek the comparative seclusion of a private hospital. It must be here noted that whilst 20 per cent. of the patients admitted are of the well-to-do class, only seven per cent. of the total number admitted make any compensation to the Board. It thus appears that a certain proportion of those who are able to pay are not compelled to contribute anything towards the maintenance and medical attendance they have received in the Hospital. There is, thus, not only a loss to the Board, but the reception of so large a proportion of the well-to-do materially adds to the capital cost and upkeep of the institution.

DISMISSAL OF DR. NEIL.

Dr. Neil, it must be observed, was a member of the honorary staff, and the question whether this dismissal was justifiable depends on the further question whether Dr. Collins' method of operation in the case of Wallis White was in accordance with sound surgery. We have already reported it was not. No doubt the ground taken by the Board, after an inquiry had been held, was that Dr. Neil had approached its chairman (Mr. Garland) about the case. It was also complained that the doctor had been absent from duty for seven days, without leave, in contravention of rule 12. These grounds of dismissal were merely ostensible. There is in evidence a statement by the chairman, made at a prior meeting of the Board, that if he were a member next year he would do his duty and move a resolution in the direction of getting rid of the honorary staff, and it would seem from the manner in which the inquiry was conducted, and from the various reasons from time to time put forth by Mr. Garland for the dismissal, that it was determined on by the Board before ever the inquiry was held. In our opinion the dismissal, assuming the Board had power to dismiss, was without any justification. Taking the view that Dr. Neil did of Wallis White's operation—a view which the evidence has borne out—it was not only the doctor's privilege, but his duty, to at once communicate with the chairman, and it must not be forgotten that the only justification for the Board's arriving at the conclusion that Dr. Neil was absent without leave was his omission to sign the honorary staff's attendance book, as required by rule 16, an omission which the doctor satisfactorily explained to the Board.

FOOD SUPPLIED TO PATIENTS.

A large number of the witness s having been patients in the Hospital, complained to us of the quality of the food supplied to them. They described the fish as frequently rotten, and served with the scales on, and the fowls served with feathers. Other patients, on the contrary, stated that the food was all that could be desired. We do not expre s any definite opinion as to the quality of the food. Its inspection is, by Rule 68, cast on the Senior Medical Officer. This duty was relegated by him to the house steward. The matron of the Hospital should, we think, be charged with this duty. Her knowledge of the requirements of the different wards would, we conceive, enable her to perform it satisfactorily, and, moreover, it appears to us to be much more the province of a woman than a man to superintend the distribution of the food to the patients.

HYPODERMIC INJECTIONS.

It was proved that in one ward the male nurse or wardsman was in the habit of leaving open the cupboard containing poisons during his frequent absence, and that it was a common practice for one patient to administer hypodermic injections to others. Such dangerous carelessness deserves severe reprobation.

OUT-PATIENTS' DEPARTMENT.

One of the complaints of the Auckland division of the New Zealand Branch of the British Medical Association is that there has been a recurring tendency to the erection of an out-patients' department in spite of the rules against it. There is no out-patient department in the Hospital itself. Rule 163, which deals with the matter, appears to be strictly followed. There is a pharmacy, which is situated about a mile from the Hospital, where persons of stricten d means can attend and receive medical advice and medicine gratis. We think this is a very satisfactory arrangement, and that no objection can possibly be taken to it.

THE MAINTENANCE OF CLINICAL RECORDS AND OTHER BOOKS OF RECORD CONNECTED WITH THE HOSPITAL.

We find that most of the Hospital records and other documents produced to us in evidence were incorrectly and carelessly kept. The entries in the clinical record books were of a most perfunctory character. In many cases the result of treatment is not given, there being merely an entry of the name and disease from which the patient was suffering. If operated upon, the word "Operation" appears, the effects of the operation one is left to imagine. The best books kept in the Hospital were those produced by the nurses. We forward as exhibits in this connection, three record books, namely, two case books, marked respectively, 1. R. H. and 2. R.H., and also what appears to be an admission book marked 3. R. H. The latter contains at page 9 an entry of the admission of Wallis White on the 18th May, 1904, case book 2, at page 146 under date 17th May, 1904, shows an entry, "White, disease necrosis, operation." There is no other entry in the name of White about that date.