ulcer cases, but the average was stated to be about 50 per cent. There was a prospect of that percentage being reduced in the near future. During the last four or five years there had been a reduction in the mortality.

Mr. McVeagh: Do you agree with the conclusions arrived at by Mr. Savage, generally upon all, or on what points do you differ?—I am not acquainted with the circumstances of the case.

After Mr. McVeagh had given the symptoms, he proceeded: Assuming it was necessary to make one incision, can you imagine the necessity of making another about 2 in. from the first?—No, never.

Assuming it was necessary, where would you make the second incision?—It would depend on circumstances. In my own experience I have never had to make an incision in the bowel.

Assuming the bowel being distended by gas, would that occasion difficulty in searching for and finding the appendix?—No, none whatever.

Would a puncture have caused the expulsion of gas?—I can't conceive a puncture being necessary. But it would expel the gas if it was.

Can you imagine any reason for the twelve stitches in the neighbourhood of the lesser curvature, as found by Mr. Savage?—No, I can't. Nor for the incision.

Dr. Gillon stated further that the proper time for doing administrative work at a hospital was between 8 o'clock and half-past 9, and that was what was done at most hospitals. He did not approve of anthrax-bacilli culture being carried on at a hospital by the Medical Superintendent, because anthrax was one of the most virulent poisons known. The Medical Superintendent should not perform *post-mortem* work as well as abdominal operative work. This was a class of work which should be confined to a very few, and witness was entirely against any medical man being appointed a Senior Medical Officer to a large hospital unless he had been a long time doing abdominal surgery work, and he should also be a well-trained abdominal specialist. There were a number of surgeons in Auckland who fulfilled these requirements.

Questioned by Mr. Reed, the witness said that in some London hospitals demonstrators of anatomy were operating surgeons, but he did not know of cases where the demonstrator of anatomy undertook serious abdominal surgery. He was limited to minor operative work. A person could keep himself sufficiently clean, and he could also perform an abdominal operation four days after holding a *post-mortem*.

Cross-examined by Dr. Collins, he said a man working with anthrax should not perform abdominal operations, because anthrax poison was infectious and virulent, but witness refused to discuss the poison on the ground that he was not a bacteriologist. Neither should a surgeon do *post-mortem* work. Personally, he had never done *post-mortem* work, and had refused it again and again.

Dr. Collins: Have you ever heard of pieces being extracted from the intestines?—I have, when there was large distension and absolute stoppage.

Isn't it done after an operation to prevent paralysis following?—I have never done it.

Isn't it recommended to open the bowel and wash it out?—Only in cases of obstruction.

Dr. Collins then read from authorities as to action taken by expert surgeons in regard to perforated-ulcer cases, but the witness declined to express an opinion, as the cases referred to where suppositions, and not parallel with the one in dispute. "I don't think you ought to have opened the bowel," said Dr. Gillon.

Mr. Beetham: Are you connected with the honorary staff?—No; when I came here I was warned against having anything to do with the Hospital, and consequently I have avoided it.

Mr. Beetham: Is the present condition of the Hospital-management such as to induce the best men in Auckland to seek positions on the medical and surgery staffs?—I don't think it is.

Mr. Beetham: What conditions would be acceptable?—Well, if you want my opinion offhand I will give it. I really believe that no hospital in a large city should be controlled by a Board as at present constituted. The proper management of a hospital requires men with knowledge and training, but this cannot be secured as Boards are at present elected. Even if there are one or two medical men on the Boards I believe confusion and trouble will be experienced for ever in New Zealand. In my opinion, hospitals should be managed by the Health Department, under the direction of the Minister, and until that is done there will be trouble. The management has to be freed from all influences, and then the best men in a city will be willing to join the honorary staff, with the result that the sick poor will have the benefit of the best skill obtainable. As at present managed, the sick suffer; that is my opinion.

Mr. Beetham: How many honorary surgeons would be required?—I don't know how many beds there are in the Auckland Hospital.

It was stated that there were 210 beds, and Dr. Gillon then said three or more would be required.

In reply to Dr. Roberton, Dr. Gillon said he did not approve of the existing mode of appointing the honorary staff. The tenure was, in his opinion, too short. They should be elected for two or three years. With the one-year tenure the surgeon did not get into the swing of things, and as the expiry of his term approached he lost interest, to the detriment of patients. It was not a proper thing for the Medical Superintendent to attend all meetings of the honorary staff. He had to attend the administrative work, and the honorary