

*Nurse Bell*, whose evidence stood unfinished on the previous day, was next called. She corrected a statement she had previously made, stating that she had seen Dr. Collins arrive at the Hospital before 10 o'clock, while in regard to bad cases the doctor examined them when they came in, but not after the operation.

Cross-questioned by Mr. Reed as to White's case, the witness stated that she had no clear recollection of whether the appendix was found easily at the operation on White. It was not long before she heard some one say the appendix was normal. She remembered well seeing the first incision, but could not say if the second one was in the nature of a stab or a cut. When questioned before she felt sure there were two incisions, but she could not recollect if that was correct. It was towards the end of 1902 that suppuration was present in the Hospital, but it was general for suppuration to appear from time to time in even the best-conducted hospitals. Witness, however, stated that she had not been engaged in any other hospital. Prior to 1902 there may have been occasional cases of suppuration, but good results were always obtained. Just at the present time she did not know of any suppuration cases in the Hospital, all the cases healing by first intentions.

*Nurse Jordan*, who had been engaged in the Auckland Hospital nearly four years, remembered the operation performed on White. She recollected Dr. Neil saying he would give Dr. Collins a certain time, either ten or twenty minutes. It was before the abdominal incision was made. When the second incision was made Dr. Neil made some remark, from which the witness gathered that the former was surprised at the operation going further. Witness very seldom saw Dr. Collins arrive or depart from the Hospital, but it was generally some time after 10 o'clock when he made a visit to the wards. He visited the surgical wards daily, but not the medical wards. So far as witness's observation went, Dr. Collins did not visit the wards daily at 6 p.m. Witness was away during the time lectures by Dr. Collins were given. She knew Dr. Collins was at times in the bacteriological laboratory, which she had visited herself, but she could not say if the doctor had been in the laboratory frequently.

*Nurse Metcalfe*, who had been two years and a half on the Hospital staff, remembered taking up a basin to the operator in connection with the operation on White. There was some hard matter put in the basin, but she could not remember the appearance of the material. She did not remember what had become of it.

*Nurse Butters*, three years on the staff, said she was present at the operation on White. She saw the appendicular incision, and the incision on the middle line afterwards.

In reply to the Chairman, the witness stated that White was admitted to the ward between 4 and 5 o'clock in the afternoon; the time would be nearer 5 o'clock.

*Nurse Margetts*, who had been twelve years at the institution, said during a portion of that period she had been in charge of the typhoid ward. She remembered a patient named Russell being admitted, the ward at that time being occupied by all kinds of cases. She could not specify the complaints, as it was nearly two years ago. The patient Russell was in a state of fever and restless.

Mr. McVeagh: Were there any typhoid-fever cases?—I don't remember.

The witness went on to say that Dr. Collins did not visit the wards at any fixed period, but she did not see him every day. She also said she would require the ward-book to state what particular cases were under treatment in the ward at that time, and it was decided to secure the production of the book and the reappearance of the witness.

*Dr. Thomas Hope Lewis* was the next witness. He said he had had considerable experience of operating work in Auckland, and had been on the honorary staff of the Auckland Hospital at different times during the last thirty years. He had resigned.

Mr. McVeagh: You are acquainted with the terms of the emergency rule. How do you define cases of emergency?—A case requiring immediate operative interference, of which I can only think of two—viz., tracheotomy in diphtheria, and hæmorrhage from an artery or hæmorrhage generally.

Would abdominal operations be considered emergency cases?—I think abdominal cases can and must wait for an hour or an hour and a half.

That time would be taken up in preparing for the operation?—Undoubtedly; and I have had ample experience of that in the Auckland Hospital.

From your experience of the working of the Auckland Hospital, would there be any difficulty in that time in getting the attendance of the consulting surgeons?—No; not in getting one of the consulting surgeons.

The doctors don't live far from the Hospital?—No. There is one at Onehunga, but he could get in within three-quarters of an hour.

Mr. McVeagh: Was a consultation-book kept at the Hospital in your time?—At one period of my time a consultation-book was kept, and brought to the consultations, while at another period no book was at the consultations.

The Chairman: At the latter period?—Between April, 1903, and April, 1904.

In one part of the book you haven't initialled the decision?—My initials are attached to cases up to 1903, the 18th June being the last case initialled. The book was not made up at the time of the consultations, and I would take it on trust that it would be done.

Mr. Beetham: The book was not properly kept then?—No, it was not.