

of fæcal matter. Before he cut into the intestine I said, "They are scybalæ" (pieces of hardened fæces), "there is a perforation somewhere." Dr. Collins asked me, "How is the patient getting on?" and I took that to be a hint to mind my own business. After having removed the three fæcal concretions he sewed up the incisions.

Mr. McVeagh: What time would be occupied in cutting into the intestine, removing the concretions, and suturing up the intestine?—That would be hard to say—the operation is a delicate one; but I should say from fifteen to twenty minutes. Dr. Collins asked me what time it was. I took out my watch, and it was five minutes to 9, or thereabouts.

Such an operation as that is, I take it, of paramount importance?—Yes, it is of very paramount importance, if I may use the term.

Did you, as a medical man, think there was any necessity to cut into the intestine and remove fæcal concretions?—None whatever.

Assuming that it had been necessary to make the first incision, was there any necessity to make the second one—I mean the intestinal incision?—No; I cannot think of any reason.

Was there anything to prevent the third concretion being taken out through the first intestinal incision?—No; it could have been easily manipulated down and taken out. It was a matter of only about 2 in.

Mr. McVeagh: How was that?—Being inflated with gas, it must have got in his way. He then found the gastric ulcer.

Dr. MacGregor: Can you say which side it was on?—I have the impression that it was on the stomach side, but I am not sure.

Mr. McVeagh: What was the state of the patient?—Well, I knew he was going to die.

What effect would the intestinal incisions have upon the patient's chances of recovery?—An incision of the intestine is always a serious matter, and one must take all the facts into consideration. The incision would reduce his chances of recovery.

Did you examine White's bed-chart?—When I went into the ward first I asked Dr. Collins where the notes were, and he said, "The man has just come in."

Did the operation occasion you a great deal of thought that night?

Mr. Reed: That is hardly evidence.

Dr. Neil: I spent a sleepless night, worrying over the matter, and the useless dissipation of a 50-per-cent. chance of life.

The Chairman: We need not go into that. You can give your opinion, but we need not trouble about what worried you.

Mr. McVeagh: What did you mean by speaking of the useless dissipation of a 50-per-cent. chance of life?—It was one of those cases of gastric ulcer which, if operated on by a skilful surgeon within twenty hours of the appearance of the first symptoms, would have had about a 50-per-cent. chance of recovery.

At this stage Dr. MacGregor was asking the witness a question, when the Chairman interposed: For whom do you appear, Dr. MacGregor?

Dr. MacGregor: On behalf of the Department.

The Chairman: What has the Department to do with it?

Dr. MacGregor: The Minister instructed me to come.

The Chairman: We are very happy to see you here, Dr. MacGregor, but I do not think you can cross-examine witnesses. The Department has practically delegated all its powers in the matter to the Commission. We should be very happy to hear any evidence that you may have to bring, and no doubt your presence will be of great assistance to the Commission, but there are rules which must not be overlooked.

Dr. MacGregor: Very well, sir.

Mr. McVeagh (to Dr. Neil): In consequence of what you felt, did you communicate with the Chairman of the Board?—I first saw Dr. Scott, chairman of the honorary medical staff, and told him that I was dissatisfied with the operation, and asked his permission to call a meeting of the honorary staff to go into the question of that class of work. This was the morning after the operation. About 12 o'clock the same day I went and saw Mr. Garland, Chairman of the Board, and told him that I was very much upset over the operation.

The Chairman: We cannot go into that.

Witness (continuing): Two days after that I went to the Hospital and instructed the porter to send out notices for the meeting. The porter said Dr. Collins wished to see me. I went into his room, and he said, "Neil, is it true that you are trying to set the honorary staff against me, and are speaking outside?" I said, "I am not speaking outside, but I am upset over that operation." He said, "What operation?" I replied, "That gastric-ulcer operation the other night. Do you think I am going to stand another performance like that? You opened that man's intestines and took out fæces when he was suffering from gastric ulcer. I saw murder in South Africa, but the sight of that did not upset me as much as the sight of that operation. You ignore the opinions of the honorary staff, but you will not ignore mine. Taking a fresh junior with you in an urgent operation, as if there was no one else to get! You are inextricably mixed up with the surgical side. You had better pull out for a whole month and leave them alone. You know that everything you do in this Hospital is watched by dozens of unfriendly eyes. I have lashed out about this to the Chairman of the Board, and I am not afraid of you or any one else. Why don't you leave the surgical side alone?" Dr. Collins then said, "I will leave them alone, and you will see what will happen." I said, "The right will happen, as it did under the old regulations." Dr. Collins then said to me, "You are satisfied with your ear, nose, and throat department?" I said, "I am." "Well, then," said Dr. Collins, "why can't you leave the surgical side alone?"