

When the abdominal incision was made were the bowels distended?
—Not very distended.

Do you say distinctly, and pledge your oath, that the appendix could be found without reducing the distension of the bowels?—It was seen and found.

You absolutely pledge your word?—Yes, I do.

I have medical evidence to show that it could not be seen without reducing the bowels?—Who? Are they the “three ulcer and the one incision men”?

From a surgical point of view, is there any difference between an incision and a puncture?—Well, it is simply a matter when to—

What is the difference?—An incision implies a cut, does it not?

I am asking you what is the difference. If a scalpel is inserted and strikes down into the matter, is that a puncture or a cut?—It depends upon the width of the scalpel wound. The difference between an incision and a puncture is in size.

Do you say that a surgeon in describing a case would make no distinction between the two, except as to length?—An incision is a cut with length, and a puncture is a pointed stab. These are fine points—like splitting a hair.

Were the bowels distended with gas?—Yes; there was gas in the bowels. What else do you expect?

Was any puncture made in the bowels to relieve the gas?—In the small intestines a puncture was made.

Was there a puncture made in the large intestines to remove gas?—No. There were two incisions made to remove faecal matter.

Was any faecal matter taken out of both incisions?—Yes, there was.

What was the length of the smaller incision, speaking on your own recollection?—I cannot give the length definitely.

Was it longer than the breadth of the scalpel?—The smaller incision in the peritoneum was larger than the width of the scalpel.

The matter of having a blackboard, on which to draw diagrams, was mentioned, and Mr. McVeagh intimated that Dr. Neil had provided a blackboard and chalk if it was required by the Commission. The Chairman received the intimation with a smile.

Mr. Reed: Did the cut, or incision, or puncture contract after death?

Witness: It was immaterial what it was like after death. I think there would be no marked difference provided the body or subject of the tissue was not put in any hardening substance.

Assuming that you could not get at the appendix without reducing the distension in the bowels, was what was done the correct thing?—No.

You understand the assumption?—To reduce the distension of the bowels by making two incisions to remove faecal matter; certainly not the correct thing.

What ought to have been done?—The cut could be enlarged.

But if the cut was enlarged would not more of the distended bowel come out?—You would get at the appendix, would you not?

If the bowel was very distended, was not the incision the right thing to do?—If the bowel was very distended a slight puncture would be justifiable, but not to make incisions 2 in. in length.

Have you performed any abdominal operations?—Yes. One on the battlefield in South Africa; but I have never done any in New Zealand. I have assisted in a number.

In the same way as Dr. Ferguson assisted in this particular case?—I think this was his first case.

How many abdominal operations has Dr. Collins performed at the Auckland Hospital?—I do not know.

Has he done a large number?—I cannot say exactly how many he has done in breaking the Hospital rules.

Has he done a dozen?—I suppose so.

Twenty?—Yes, I dare say.

Dr. Collins has done twenty, then, in Auckland, and you have done one in South Africa?—Yes.

Dr. Parkes has also performed similar operations?—I suppose he has.

Well, when this operation was completed, did you express to the doctors present your indignation at the way it was performed?—I do not remember expressing my indignation.

Did you express any opinion adverse to the operation?—I do not remember.

After the operation you had coffee and a chat with the other doctors present?—Yes, that is so.

Why did you not mention your indignation then?—I do not know. The matron was present in the room, and I would not discuss it in her presence.

You did not discuss it with any one until after you went to the Chairman of the Board, behind Dr. Collins's back?—I discussed it with other members of the staff, and let them know my opinion about it.

Supposing these doctors gave evidence that you said nothing about it, that you had your coffee and chatted, but made no adverse criticism of the operation, would you deny it?—If the “three ulcer and the one incision men” say so, I would.

What do you mean by that? Do you mean you are prepared to deny anything these men may say?—Are their statements not to be denied? I deny there was only one incision in the large intestines, and there were three ulcers in the stomach.

If the doctors who were present at the operation and after it say that you made no adverse references to it, are you prepared to deny it?—I do not remember.