

If this great indignation you speak of was in your mind, why did you not say something then?—I could not say it while the matron was there.

Did you make any statement to Dr. Collins?—No, I did not.

Any statement to the doctors who were present at the operation?—I communicated with Dr. Scott and saw Dr. Parkes.

Was Dr. Scott there?—No, but—

I am perfectly aware that you discussed the matter outside afterwards, but until it came out that you had gone to the Chairman of the Board did you make any official statement to the doctors present?—I met Dr. Parkes outside by the gate, and said to him how indignant I was, expressing my determination to bring the matter under the notice of the honorary staff. He said, "Yes, wasn't it sickening." I communicated with Dr. Scott, and met Dr. Collins in his room on the Friday afternoon.

We have Dr. Parkes here, and we will see what he says?—I make the statement that it is correct.

You went to the Board Chairman before saying anything to Dr. Collins about the operation?—That is quite so.

I am not denying your right to communicate direct with the Chairman, which was probably the proper thing to do, but is it considered professional to make complaints about another surgeon without having spoken to him first?—I went to the Chairman to tell him about the operation.

My question is, is it considered professional—I am simply asking for information, because I do not know—to go and speak about another surgeon's operations behind his back?—I was waiting to see Dr. Collins, and went to the Chairman.

Did not Dr. Collins speak to you first about your adverse remarks on the operation?—Yes, that is true.

You did not go to him voluntarily?—I received a communication from him, and then I went and saw him. He sent for me.

That was the first time you spoke to him about it?—That is quite so.

It was some days after the operation?—No, not some days; it was Friday. I went to the Hospital the following morning.

Did you speak to him then?—No; he was not there. If he had been the scene would have occurred earlier.

You say there was only one ulcer?—Yes; I said that to the Board, and I say it again.

Was the ulcer in the stomach?—Yes.

In the dudene?—No.

In addition to the ulcer in the stomach, was there one in or near the dudene?—You are trying to double it.

No, I am not. Was there one in the dudene?—There was only one ulcer; there was no second one.

Then, you say it was quite impossible there could have been two ulcers—one in the stomach and one in the dudene?—Of course. I saw the exhumation.

I know you did. But was it impossible there were two ulcers?—You are quibbling as to where the dudene and the stomach is.

No, I do not want to quibble at all.

The Chairman here asked for a diagram showing the location of the two organs, and Dr. Savage produced the requisite sketch.

Mr. Reed: Was there a possibility of two ulcers being present?—I did not see two ulcers.

Do you swear there were not two?—No, I do not.

In regard to the stitching, was silk used?—I am not very definite on that point, but I think there was silk.

Was not silk used to sew up the incisions?—He used a lot of fish-gut too.

Do you remember what was used, or is it supposition on your part?—No, it is not supposition. I saw fish-gut when the exhumation was made.

Can you say definitely what was used?—One does not pay much attention to what is being used.

Well, why do you not say that? Do you recollect silk and fish-gut being used?—Yes, I do.

How long was the patient on the table altogether?—Over two hours, I think.

What might I understand by your remark on Tuesday about 50-per-cent. chance of life?—Taking the statistics of such cases, you will find that 50 per cent. of persons operated upon within twenty-four hours are cured.

Do you say that statistics prove that 50 per cent. recover when so operated upon?—I think I have seen 50 per cent. stated; at any rate, 48 or 50. Some surgeons have even better results.

You are speaking of the chance of recovery before the operation?—No. It is the surgical treatment that is responsible for the chance of recovery. I mean, by the aid of an operation, with a skilful operator, there is a 50-per-cent. chance of life.

Is it as high as 50?—Some surgeons have had as many as five successful cases running.

But you cannot take individual instances as an average. Do you deny that the average is 75 per cent. of deaths?—I would like to know where the statistics came from first.

Reverting to the operation, and Dr. Neil's criticism thereon, Mr. Reed further inquired of the witness: You saw Mr. Garland the following day?—Yes.

You are aware that Mr. Garland says you told him that Dr. Collins was converting the operating-theatre into a "damned shambles"?—Yes, I understood that at the meeting.