

Mr. Reed said the book would be sent for at once.

Dr. Collins (to Dr. Neil): Do you consider my not being there till 10 in the day interferes with the work of the Hospital?—Yes.

Do you not think that the irregular attendance of the honorary staff also interferes with the Hospital work?—It would if they were as irregular.

From the 10th April to the 9th August, how many times did you attend the Hospital?—I attended more times than were set down for another surgeon who had more cases than I had.

You should have attended ninety-four days during that time, and you attended only on sixty days.

The Chairman: There is nothing to show how often Dr. Neil attended.

Dr. Collins: I will have the attendance-book brought here.

The Chairman: That will not necessarily show it. He says he did not always sign it.

Dr. Collins (to Dr. Neil): Is it likely that you would forget to sign the book thirty-four times?—I was very dilatory in signing the book, I admit that.

Before you were nose, ear, and throat surgeon you were honorary anaesthetist. The following resolution, I believe, had been passed: "That the honorary anaesthetist should be present and administer anaesthetics on regular operating-days, and in emergencies whenever his presence is required by the honorary surgeon notification will be received from the Senior Medical Officer"?—I have an idea that before I was appointed the honorary staff were asked to define my duties and make a recommendation, but I am not aware of such a rule being made.

Do you know that 398 anaesthetics were given during your term, and that you administered only 147?—Probably I was passed over.

If that were so, would you not have complained?—I might have been passed over without knowing it.

Is it not a fact that you would only go when certain surgeons were operating?—That is not so.

Do you know how many anaesthetics were given to March, 1904?—I cannot say.

There were 520—

The Chairman: You are giving evidence, Dr. Collins, but really we cannot take any notice of it. It can be given on oath afterwards.

Dr. Collins (to Dr. Neil): In White's case, how was the pulse and temperature?—The pulse was rapid and the temperature low.

Are those not symptoms of collapse?—The term "collapse" covers a wide range of ground.

What is meant by "collapse"?—It simply means collapse.

Did I not send for you immediately White was admitted?—You sent a message to me that you wanted to see me about an urgent case.

Did you not come at once?—No; I was doing my professional work, and I think you sent a second time.

When you saw the patient did you not try to get a clinical history of his case?—No; you should have done it as resident physician—you should have rung up his friends.

Did you ask any questions of the boy who brought him?—The boy only came to the steps for half an hour, and went away again. What a stupid question!

Could the man's friends have given a better history than the man himself?—Yes. You could have got to know where he was taken ill, where the pain was, and whether he had had any pains on the right side.

Did you offer any diagnosis?—I said that you could not dogmatically say that it was appendicitis.

Was not the boy suffering from peritonitis?—He was.

Do you not get pains all over the abdomen in peritonitis?—Yes, it is possible; but you can generally get an idea of the locality of the origin of the peritonitis.

Dr. Collins questioned Dr. Neil extensively on the question of the difficulty in diagnosing cases of peritonitis, and read authorities to prove certain points he wished to establish.

Dr. Neil objected to extracts being made without the context also being read. Dr. Collins read an extract from the *British Medical Journal*, and Dr. Neil interposed with the remark, "You are trying to prove that you were going to save the man's life by removing two pieces of faecal matter the size of walnuts. It is insulting to the intelligence of the Commission."

Dr. Collins (to Dr. Neil): There is no advantage to be derived from being insulting, Dr. Neil.

The Chairman: There is discourtesy on both sides. I hope the profession consists entirely of gentlemen, and that everything of an insulting character will be eliminated.

Both Dr. Collins and Dr. Neil apologized to the Commission for having erred, explaining that they had not done so intentionally.

Dr. Collins continued to read extracts from the *British Medical Journal*, when the Chairman suggested that the best arrangement would be to read passages, allow the witness to read the context, and then for Dr. Collins to ask the witness whether or not he agreed with the opinions expressed in the *Journal*.

After a few more questions of a technical nature the Commission adjourned.

On the 20th October Dr. Collins continued his cross-examination of Dr. Neil, as follows:—

Dr. Collins: You said you considered a 50-per-cent. chance of life was dissipated in White's case. Do you know the percentage of mortality in perforated-gastric-ulcer cases?—It varies; it has been 100 per cent. in the Auckland Hospital this year.