

Dr. Collins: I mean according to generally recognised statistical tables?

Dr. Neil: Supposing I do not recognise them. You must show them to me before I will recognise them in any way.

Dr. Collins: Mayo, Robson, and Moir say that the percentage of mortality varies, and that within twelve hours after perforation it is 28 per cent., from twelve to twenty-four hours 63 per cent., from twenty-four to thirty-six hours 87 per cent., and from thirty-six to forty-eight hours 100 per cent.—You are only reading portions of the book. I would like to see all other portions.

Dr. Collins handed the book to Dr. Neil, who, after looking at it, said, "Why, according to these tables, I was about correct in placing White's chance at 50 per cent."

Dr. Collins: You said yesterday that a man who had perforation for twenty hours had a 50-per-cent. chance of life?—Well, I am approximately correct, according to your own showing; but it is entirely misleading to read scraps out of books which have been hunted up hill and down dale.

The Chairman: Dr. Collins has a right to read such extracts.

Dr. Collins (to Dr. Neil): Do you make out you were justified in making such a statement as to the dissipation of a 50-per-cent. chance of life?—Yes, when you considered the time (including the three hours wasted by you); your own statements bear it out. Every statement I made at the Board's inquiry has turned out to be true.

You object to me taking Dr. Ferguson, as a junior, to assist me in an operation?—Yes, when he had had no previous experience of abdominal work, and there were skilled surgeons available. His right to assist depends upon what the operation is.

Would the question of inspection be important in an operation near the brain, for instance?—Yes, it would.

Did you never ask Dr. Ferguson to assist you in an operation?—No. He asked to be allowed to assist, but he only held the flap of an ear.

If Dr. Ferguson said that you did ask him, would you deny it?—Yes; he is one of the "three ulcers and one incision" men.

Did you not assist at operations when you were house physician at the Hospital?—I do not recollect; I may have done so.

Is it not a fact that a junior goes to a hospital to get experience in physic and surgery?—Yes; but not to operate first-hand on patients. I went there to learn under experienced surgeons.

Have you not assisted at operations at the Hospital recently?—I have not been there recently; I have been chased out.

Dr. Collins: Is it not a fact that the surgeons in Auckland (with the exception of Mr. Savage) are all general practitioners?—No.

We will take Dr. Lewis (I am sorry to have to mention his name): is he not both a surgeon and a general practitioner?—Yes.

Does he not do *post-mortem* work for the Coroner?—No; he has given it up.

The Chairman: We are not required to examine into the practice of surgeons in general.

Dr. Robertson: May I ask, on behalf of the Medical Association, that no question reflecting on the reputation of any of its members be allowed to be asked in his absence?

The Chairman: We can hardly refuse it. The question is not whether certain surgeons do *post-mortem* work, but whether it is a proper practice.

Dr. Collins: I was only trying to show that certain surgeons do both. I had no desire to cast any reflection on any one.

The subject was then dropped.

Dr. Collins (to Dr. Neil): You objected to me taking a book into the operating-room because it was likely to affect other surgeons. Can you positively say that other surgeons had access to that book?—Yes; Dr. Parkes had, and any one else could. It was on the shelf.

Have you not taken a bag which you have had with you in the *post-mortem* room into the operating-room?—Yes; but that bag had not been lying on the legs of a dead subject.

Have you ever taken the trouble to disinfect that bag?—There was no necessity.

And yet it struck you as dangerous for me to take that book into the room?—Yes, after it had been lying on a dead person's legs. My bag was some distance away.

Mr. Reed: You said that when you were resident at the Hospital, in Dr. Baldwin's time, you never knew a patient to suffer through having to await the arrival of the honorary staff. Do you not remember any cases in which patients died before medical aid reached them?—I do not recollect any cases like that.

Dr. Collins next referred to the case of one Fox, who was admitted to the Hospital on the 17th August, 1899, suffering from gastric ulcer.

Did you sign up the charge?—I am not certain as to the case. Dr. Baldwin did his work. He would sign it up.

You are certain he would sign it up?—Yes; but we will have more evidence about that.

The patient died without operation?—Yes.

There was also a patient named Quinn, suffering from gastric ulcer, and was in the Hospital from the 4th to the 8th without being operated upon. How was that?—As far as I remember, it was because a friend of yours did not diagnose the case.

Was he a friend of mine in 1900?—He has been subsequently.

Fox died on the same day as he was admitted, and how was it he was not operated upon?—He was sent in as a case of poisoning, and was seen.