It was then arranged that Dr. Neil should be given permission to have access to all Hospital records at the Hospital.

Dr. Collins (continuing): At how many emergency operations were you present?—I have been at a good number.

In how many have you given chloroform for me?—I will tell you when I have seen the records.

Have you given chloroform in more than four?

Have you given chloroform in more than four?—I cannot say Would I be wrong in saying there were only three?—Very wrong, so far as I know.

You said that in Clarence Walters's case you demonstrated to Drs. Walsh and Ferguson at the post-mortem the presence of pus in the pelvis?—That is so.

Would you be surprised if both deny being present?—I would.

And if the porter denied it?—Very much surprised. But I don't think they will.

And I the porter defined to very finder surprised. But I don't think they will.

Re-examined by Mr. McVeagh: You have had considerable experience as an anæsthetist?—Yes; I have given as many as thirty (gas) in one day, and have never had a collapse.

It has been suggested that in White's case you allowed the patient to come out from under the chloroform. Was no complaint made to you about that till yesterday?—No. Dr. Collins said to me after the operation, "My word, Neil, you stuck to that chloroform like a brick."

Mr. Reed: Did you make any statement at the Board's inquiry as to the Chairman's accusation that you had said that Dr. Collins was converting the operating-theatre into a "damned shambles"?—I did. I said, "I say before God and man that I did not make the statement."

With regard to the letter from the honorary staff to the Board, in which you said that the Senior Medical Officer had been doing the emergency work satisfactorily, it was not intended by the staff, was it, that "serious emergency work" should include abdominal operations?—No.

it, that "serious emergency work" should include abdominal operations?--No.

You were questioned by Dr. Collins as to a post-mortem examination made by you on the day that Drs. James and Stirling were at the Hospital. Did the patient die from septicæmia?-I gathered from Dr. Collins that it was something of the kind.

Mr. Reed: Was there suppuration at the Hospital when you were resident there?--No.

You were aid it excited largely in 1992. I was not there there, but it

You said it existed largely in 1902?—I was not there then; but it was notorious that there was then a wave of suppuration. Dr. Collins said at the local bodies' inquiry last year that every case suppurated. I think his words were "every wound became infected."

It was suggested yesterday that suppuration extended to the private hospitals?—That was absolutely untrue. In a nursing-home one case went wrong, but that is no justification for saying that suppuration ran right through the private hospitals.

What is the opinion of medical writers in regard to suppuration as affecting operations?—Dr. Christopher Martin, assistant to Dr. Lawson Tait, says that no one who has been contaminated by any septic or infectious cases should be permitted to enter the room during any operation, still less to assist. "Cleanliness," said Dr. Martin, "is the highest virtue in surgery. I would rather have my abdomen opened by a clean surgeon of moderate skill than by a dexterous dirty one."

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You have said that you did not always sign the attendance-book?—No; the book was kept in the main building, and my work was often in the Costley Wards and elsewhere, apart from the main building. Were you ever absent more than seven days at a time from the Hospital without leave?—I am almost positive I was not.

When were you charged with absence from the Hospital?—I was charged with absence in April, but the charge was not made till the 10th August, when I was suspended. In the meantime I had instigated the forwarding to the Board by the honorary staff of a resolution regarding emergency work.

What effect would the making of two intestinal incisions during an operation such as that in White's case have upon his chances of recovery?—It would have a double effect—firstly, as regards the waste of time, and, secondly, in regard to the infliction of unnecessary injury. If you did that to a healthy man it would take him all his time to recover.

How long would it take to write out the clinical history of White's case?—It could have been written up in detail in half an hour.

The honorary staff passed a resolution in regard to post-mortem work?—Yes; a sub-committee passed a resolution to the effect that post-mortem should be performed by the pathologist, and that any members of the staff manipulating corpses should not take part in operations. Drs. Scott. Craig, Parkes, and myself were present, and all took nart in framing the resolution.

The witness, having obtained the loan of the minute-book of the honorary staff, who had brought it down to the Commission, took a piece of paper from it, and, glancing at it, exclaimed, "Why, here are the rough notes I made at that meeting (in July), and which I have not seen from that day till this moment. The words are: "Emergency work: We should bring our rules into conformity with those of other hospitals in order not to speak of our Ho