

How was that?—I felt that the Board had placed the Senior Medical Officer in a position superior to mine. I was even reproved by the Board for asking leave of absence for my annual holiday, because I went direct to the Board. I received a letter from the Secretary of the Board, telling me to ask for my leave of absence from the Senior Medical Officer.

The Chairman: Have you got that letter?—Yes. [The letter was handed to the Chairman.]

The Chairman, reading from the letter, said, "As expressed by Rules 11 and 37." Upon looking up the rules he remarked, "That has nothing to do with it."

Dr. Lewis: All communications from the honorary staff to the Board had to go through the Senior Medical Officer.

The Chairman: That is absurd. This is a rule that exists in no other hospital that I know of.

Mr. Reed pointed out that the letter did not say just quite what Dr. Lewis gathered from it. After granting the request for leave of absence the Board suggested that in future all such applications should be sent through the Senior Medical Officer. The application, Mr. Reed said, was only to go through the Senior Medical Officer.

Mr. McVeagh: It is a somewhat humiliating position for a member of the honorary staff to be put in.

The Chairman: Supposing a member of the honorary staff wanted to make a complaint against the Senior Medical Officer, he would have to send it to him—to the person against whom a charge was being made.

Mr. Reed mentioned that in military matters all complaints and charges went to the senior officer.

The Chairman: But these are not military matters.

Mr. McVeagh said he had to intimate that he desired to withdraw clause 17 of the list of charges, which referred to the administration of anæsthetics. Counsel mentioned that he had personally investigated the charge, and decided that the evidence then available justified him in formulating the charge, but he had since obtained further information which showed that the charge had no foundation whatever.

The Chairman: Very well.

Nurse Margetts was recalled, in order to state, from reference to the report-book, what cases were in the typhoid ward at the time a patient named Russell was there some two years ago. The witness stated there was no mention in the report of typhoid cases being under treatment at that time, but there were two consumptives and one rheumatic-fever case.

Questioned by Dr. Robertson, the witness stated that No. 8 Ward was known as the typhoid ward, restricted to male patients. She had not known the two sexes distributed in the ward. There had been several cases of tuberculosis and consumption put in the ward. She generally knew the nature of the complaints from the symptoms shown by the patients and the instructions received from the doctors, but it had always been the custom to fill in the chart at the end of the treatment. This was done, the witness explained, so as not to disclose to relatives and friends of the patient the nature of the case, in order to relieve them of unnecessary anxiety.

Mr. McVeagh then handed in several of the Hospital records. In regard to the admission-book, he pointed out that the porter seemed to have diagnosed the case of White as one of perforation.

The Chairman: The porter keeps the admission-book?

Mr. McVeagh: Yes. He seems to have been the only one of the medical men present who succeeded in getting a correct diagnosis of the case.

Mr. Reed: The diagnosis was filled up afterwards.

The Chairman: Whose writing is this (referring to the book)?

Mr. McVeagh: I understand it is in the writing of Dr. Walsh.

The Chairman: The heading of the notes is by Dr. Scott, surgeon for the week.

Mr. Beetham: He was not present?

Mr. McVeagh: No.

The operation-book was handed in, and Mr. McVeagh drew attention to the consultation in White's case. It was not in its chronological order. The duration of the operation was stated to be forty minutes, whereas it lasted for two hours.

Dr. Collins: It was really one hour and forty minutes. The entry was a mistake.

Mr. McVeagh also pointed out the appearance of page 144, the entries looking as if they were written up *in globo*.

The case-book was referred to in connection with the White case, and Dr. Collins remarked that the particulars were written up after the case had ended.

The Chairman: After the man died?

Dr. Collins: Yes.

The Chairman: Who was it written up by?—The house surgeon, Dr. Walsh.

The Chairman: He wasn't at the Hospital. Where did he get the particulars?—From the other doctors and myself.

Nurse Brouin was then called by Mr. McVeagh in regard to the charge made by Dr. Neil against Dr. Collins to the effect that the latter had negligently failed to acquaint himself with the condition of Florence White, a patient who had been operated upon, and that he had informed the patient's mother that she was dead, whereas she was still alive. Witness said she was a charge nurse in No. 4 Ward. Witness remembered Florence White coming from the operating-theatre on the 3rd July, 1904, in a low state, and with the breathing rather