Do you consider such a case was an emergency case?—Yes; I think Peake's case should have been attended to as soon as convenient—say, within two hours.

The Chairman: And there would have been ample time then to summon the honorary surgeons?—I think so.

Mr. McVeagh: There was some friction between you and the Board over this case?—There was.

Did it result in correspondence?—Yes.

The members of the Commission then perused the correspondence. Mr. Reed asked permission to hand in a letter relative to Peake's case, written by Dr. Bennett, at one time a resident at the Hospital, but the Chairman ruled that it was not permissible.

Dr. Lewis went on to explain that he was entreated by Peake's friends to attend him at the Hospital, and he told them he could not, as it was against the rules of the Hospital. They then asked witness if he would attend Peake if he left the Hospital, and the doctor said, "If the patient is brought to me outside the Hospital I can't refuse to treat him."

Quoting from the Board's correspondence with Dr. Lewis, the Chairman remarked it appeared to him that the Board set up the position that the Senior Medical Officer was a member of the honorary staff in regard to fractures.

Mr. Reed: I think that is the position taken up.

Dr. Lewis: I understand that was the contention of the Board.

The Chairman: Under what rule is the position assumed that the Medical Officer is on the same footing as members of the honorary staff?—I cannot say under what rule.

Mr. Reed: Was that not the position the honorary staff assumed in regard to Dr. Collins?—I think we were given to understand that that was what the Board wished.

The Chairman: What the Board wished and what Dr. Collins did are different.

Dr. Lewis: Dr. Collins attended all meetings of the honorary staff, and, according to the rules, he had a right to.

The Chairman: Yes; he is to be the medium of communication between the honorary staff and the Board.

Mr. Reed again urged that Dr. Bennett's letter should be received, for the reasons that it was written by Dr. Bennett in his official capacity at a time when it was his duty to report to the Board.

The Chairman: Under what rule was it his duty to report?

Mr. Reed: Dr. Bennett was asked by the Board to report on the case not in view of an inquiry like this arising, but in the ordinary course of his duty. He was now absent from the colony, and the letter contained a statement from his point of view. Statements had been admitted on the other side, while Dr. Bennett's letter gave an explanation of the case from his position as one of the surgeons present.

The Chairman: You have the evidence of Drs. Collins and Walsh; what more do you want?

Mr. Reed: Dr. Bennett was present at the operation, and did certain things in connection with it. His letter explained the circumstances, and should be received by the Court as evidence. Even if the letter admitted were confined strictly to legal evidential documents the letter should be admissible.

Dr. Lewis: The letter was written eight months after the operation, when Dr. Bennett had left the Hospital.

Mr. Reed: That makes the admissibility of the letter stronger. There was no chance of trouble at the time, and Dr. Bennett was not interested in any way.

The Chairman: We cannot accept his evidence. It is a letter written to the Board by a doctor formerly in the Board's employ. Under the circumstances we must decline to accept it as evidence.

Mr. Reed (continuing the examination of Dr. Lewis): In regard to anything being said to you relative to a second operation, I understand you said you were not told a second operation was thought of?—I cannot swear that. I was told there would be an operation, but I can swear that Peake said there would not be an operation, because he would not consent to another operation in the Hospital.

You knew Dr. Scott was honorary surgeon in charge of the case?—No, I did not. Dr. Scott's name was taken down six weeks after Peake was admitted to the Hospital, and there was no name over his bed.

Mr. Reed: Is it not good surgery to set a fracture and leave it in splints for observation purposes?—Yes; that is good surgery. It would not be a wise thing to operate at once in compound fractures.

The way you were compelled to operate eventually?—The same operation was performed on both occasions except for the removal of bone.

It doesn't necessarily imply that it was bad surgery originally because you had to operate afterwards?—Certainly not.

The explanation in regard to the sinus is that Peake received a slight cut just under the fracture while shaving, which became infected, and the abscess formation set in: is that a satisfactory explanation?—I don't think it is. A slightly infected cut would not cause a deep-seated sinus such as was present.

Does not the sinus deepen?—I should say not. The sinus was due to the injury to the jaw, of that I feel certain.

The sinus does not necessarily show that there was bad surgery in the treatment of the jaw?—No, certainly not. It had to be borne in mind that a fracture of the jaw was not a simple fracture as a rule. It was usually connected with the mouth or internally, so that it was always liable to sinus-formation occurring as in compound fractures.