

of this kind, but the safety of the public has to be considered, and must not be sacrificed even in the interests of science. Doctors are but human; a knife, lance or scissors may slip in the course of an operation, and the life of a patient is gone in a second. The public do not know what goes on in the seclusion of the operating room, and it would be a wholesome check, as well as strong incentive to the greatest care, if the thought of public enquiry hung over such proceedings.

There is no charge of carelessness advanced against any one in these few remarks, but, in making this statement, I am not at all excusing my expressions. It is a matter that has long engaged my attention, and which I will investigate shortly; but I have always thought it was not proper for the public merely to learn that such and such a person had succumbed from the effects of an operation. The fact of a person dying under or from surgical experiments, for they are nothing else, is not sufficient for the public; and I consider it is not good form on the part of the medical profession that they should permit a patient to be carried from the operating table to the cemetery without some enquiry being made, and the direct cause of death being established. Several cases have occurred within the past year where scarcely forty-eight hours have elapsed between the time of operation and burial. I shall look closely into this subject with a view to throwing more light on it, and I shall be grateful if some medical gentlemen will communicate to me their ideas on the matter.

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Ex-Chief Justice Lilley to a Sydney newspaper reporter: "I should be prepared even now to accept the responsibility of independence. If Great Britain attempts to interfere with us at any time it will snap the link or break the cord, or whatever else you like to call it. My advice to her is to let well alone. I don't believe that I shall live to see independence."

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