

and not being so convinced, I thought I had no right to bring it forward. No. 2 case was septic peritonitis ovariectomy, and it was a delicate and severe operation.

478. But No. 1 case, you say, is pure septicæmia?—Yes.

479. And No. 2 case was septic peritonitis occurring after a severe operation?—Yes; it was both a severe and a delicate operation.

480. No. 1 case was one of pure septicæmia?—Yes.

481. No. 2 case was septic peritonitis?—Yes; that was a severe and delicate operation. No. 3 case was septicæmia after abscess in the peritoneum; fourth case was purulent peritonitis after severe Tait operation; fifth, purulent peritonitis and septicæmia after removing the whole of the uterus; sixth case, septic peritonitis after Tait's operation. This sixth one is the only one that has not been taken directly out of my note-book. Then there is a case which I must mention. It is that of a patient in the Hospital named C——, who had a cancer in the abdomen. We had a consultation about tapping her, but it was suggested that instead, as there was no more risk, we should make a small opening and see what there was. That I did, but she died two or three days afterwards. In all probability her death has been entered in the Hospital books as due to collapse. In the case of a death occurring twenty-four hours after an operation we can generally prove the cause of the death was septic poisoning. What was entered in the Hospital book as collapse in this case was in all probability due to septic poisoning.

482. Do you say then that in your opinion that case was a case of septic poisoning?—That case is not entered in my book as an abdominal operation. It is rather hard that I should be credited with a death from operation when the case was merely a tapping. That is absolutely clear from what occurs in my book. "Incision for tapping: hardly fair to enter." That occurred on the 17th December.

483. Are there any more cases?—There is another case, but I do not like to say anything about it, as it is a rather doubtful one. We made a very slight incision to see what was the matter. She died from septic peritonitis. It was supposed at that time that her death was due to rupture from the cancer; but I must say from what I have found out since, even as late as last night, that I am doubtful whether that case may not have been due to some defective hygienic condition.

484. *The Chairman.*] Then you withdraw the statement that there were four deaths, and substitute eight cases of death?—I say that there were eight cases of death; but these, of course, were after abdominal operations.

485. You do not include Mrs. S——'s death, do you?—No, I do not include it. I do not include either of those other two deaths I have mentioned already as having occurred from septicæmia.

486. That is the old woman with the fallen womb, is it not?—Yes, and the soldier. That makes eleven cases altogether. The reason why I remember bringing these cases forward was that they were striking ones. The other two were open to doubt.

487. Now, I want to ask you this question: Take this case in the meantime. Are you prepared to swear positively that death in this case, or in any other one of these cases, was absolutely produced by poison coming from the contaminated state of the air?—The contaminated state of the air: that term is too general.

488. Well, I will put it in this way: Can you undertake to swear that in no one of these cases—Mrs. S——'s or anybody else's—can you or any other medical man swear positively that the septic poisoning which the woman contracted was undoubtedly introduced into her body?—From the hygienic condition of the ward, do you mean?

489. Yes. I will not swear to any case positively as being due to the condition of the ward. I would not like to do that in regard to any individual case.

490. In your opinion, can any medical man honestly swear—I can hardly well express what I want to bring out—swear positively, that a given result arose from a given cause, unless in a chemist's laboratory. Take, for instance, septic poisoning. Given a woman who contracts that anywhere, is it possible that any medical man can positively swear that that poisoning arose from a particular place, and passed into her body?—You mean, came in a particular way into her body, I suppose.

491. Yes?—Well, then, I say no medical man ought to swear to any such thing.

492. Are the insanitary hygienic conditions of the Dunedin Hospital sufficient, in your opinion, to account for those septic results which you have described?—For all those results?

493. Yes?—Some cases I would not like to lay too much stress upon. I prefer to pick them out individually, because there may be septic conditions about a patient which I did not know of when I operated—in fact, there have been. Taking the unhealthy state of the Hospital, and a certain number of these cases I have mentioned, then I think that they stand in relation to cause and effect. I certainly think that.

494. I suppose it does not necessarily follow that because septic poisoning supervenes after these abdominal operations they should prove fatal to the patient?—No.

495. You are able to cope with the dangers that present themselves?—Yes.

496. In any case in which septic poisoning has occurred, does it supervene despite all efforts to cope with it?—Yes.

497. What effect would the hygienic conditions—or, rather, want of hygienic conditions—have in enabling you to cope with the mischief that has already arisen?—It undoubtedly militates to a very serious extent against our operations.

498. Can you call to mind in your private practice any case in which septic poisoning has arisen after one of these operations, that you have been able to subdue?—Yes, I can think of two cases where very severe septic symptoms supervened. In one of these cases the patient recovered. One was a case of removal of an enlarged uterus—a necessarily severe operation—and in that case too the patient got better.