

Emmet's operation in the Hospital. That case did not heal very kindly—it was very slow—and I wanted the woman to keep in the Hospital for some time longer; but she was dissatisfied with the Hospital, and insisted on going out. She sent for me a week or so afterwards, and I went to her prepared to blow her up; but she was so much better when I saw her that of course I did not do so.

550. Possibly you blew her up for not having gone away before?—I could have done so. I remember that I drew particular attention to this case. The wound, which I had expected to find separated, from the fact of the woman having been jolted about in the course of removing her to her home, had improved in a wonderful manner within a week from leaving the Hospital. It struck me very forcibly at the time, and I mentioned it to one of the Trustees.

551. Do you think that she would have been under more healthy auspices outside than inside of the Hospital?—Undoubtedly. I think she ascribed it herself to the diet in some way; but I suppose it was due to combined hospital influences.

552. I may have conveyed to the Commissioners the impression that the dangers arising from hospital infection from this germ-business are confined to surgical cases. Is that so?—No, certainly not.

553. Where is the highest rate of mortality?—In medical cases.

554. Which affords the best illustration?—Surgical cases are much more startling. I should say that in medical cases the results are much more potent. The bad surroundings affect medical cases materially, and add more to the mortality.

555. I suppose that in a surgical case the practitioner can better illustrate his results?—Undoubtedly.

556. I want to ask you this general question: Is there any disease of any sort that could be placed for treatment in the Dunedin Hospital which would not be aggravated by the vitiated state of the atmosphere to be found there?—No, I do not think that there is, because a patient's health must suffer. I suppose that any disease would to a certain extent become aggravated, but some diseases would be affected very little.

557. I do not care whether the effect is large or small. I ask you if there is any disease of any sort which if brought into the Dunedin Hospital would not be aggravated by the fact of the patient being put into such a vitiated atmosphere?—I know of none.

558. In your opinion, is that a state of affairs that can be safely tolerated?—No, I do not think it should be.

559. You have further told us that a patient's disease must be aggravated by his going into the Hospital. Is there any danger in the present condition of affairs of other diseases arising in the Hospital itself from that condition of affairs?—Before I leave this subject I should like to say a few words about aggravation. I have a very striking case in the Hospital at present, and I wish to mention it here. There was a girl sent in from the Benevolent Institution, suffering from what was supposed to be an ovarian tumour. The girl remained in the Hospital for some little time.

560. Was that Miss D——?—Yes. Her abdomen was swollen, tense, and puffy, and she was rather inclined to be hysterical. I set her to work about the wards, and told her nurse to keep her mind from herself. Her temperature began to rise in about a fortnight or three weeks. She began to get fever, and developed symptoms that made me certain—as certain as I could be of anything in medicine—that she was suffering from tubercular peritonitis. I consider that the state of the ward was very likely the cause of the development of the disease, which had been latent in her. I consider that this is a very striking case.

561. Had nothing been done with that girl—had no operation been performed?—No.

562. Do you mean to say that she has developed that disease through the unhealthy state of the ward?—No, I do not think that, but I think the disease became active from the unhealthy surroundings of the Hospital.

563. What does that illustrate?—That the disease became aggravated. I have no doubt that the physicians will be able to give you better illustrations than I shall be able to do.

564. Have you had any experience in cases of the excision of knee-joints—do not go into particulars in the meantime of cases arising outside in which you have performed that operation?—Yes; I have performed several cases of excision since I have been in practice here. Perhaps the better way will be to illustrate——

565. I prefer that you would not do so in the meantime. Did suppuration supervene?—Yes.

566. That was what was not anticipated?—I guarded against it as far as possible.

567. Then, suppuration is evidence of septic mischief?—Undoubtedly.

568. In your private practice in Dunedin have you ever had a case in which suppuration has supervened?—In my first case very severe suppuration existed at the time I performed the operation, which was performed before the days of Listerism. We did not know much about it then, or, rather, we carried it on imperfectly. The patient had prolonged suppuration, but he has done very well since. That is the only case that I remember in my private practice in which the patient had suppuration after excision. I have had some cases of excision, but not very many cases. I should say three or four, but I am not quite sure about the number, because I have not kept record.

569. But since you came inside the Hospital, what about your experience there?—Well, my experience inside the Hospital has been particularly unfortunate.

570. Do you remember any case—do not go into particulars in the meantime—of persons suffering from injuries to the knee who have developed suppuration without being touched in the Hospital?—Yes, I remember a case of that sort, but I should have to look up my notes to give you particulars.

571. Is there any danger, in addition to that, of the diseases themselves being generated in the Hospital in consequence of its unhealthy condition?—Yes, there is.