

would arise, and which it is almost impossible to account for upon the assumption that the Hospital is sanitary, but which are not surprising if we are to assume that the sanitary condition is imperfect." Do those remarks apply to this case?—They do, very strongly indeed.

712. You say that in this case the results are surprising to you: may I say, approximately, that they would not be what you as a practitioner would expect, assuming the Hospital to be in a proper state of hygiene?—Yes, I say that distinctly. As I have said, the case is a very unusual one, and I should not expect such a thing to occur in a proper state of hygiene.

713. Assuming the atmosphere in the Hospital to be of such a character as your experience up to the present day has proved it to be, is the result which you found in this man's case at all surprising?—Not at all.

714. The result which you found could be produced, I suppose, by a man living in a bad atmosphere?—Yes, I should say that it could be so produced. It is the kind of case that one cannot enter upon all its details. I might, in fact, write a long lecture on this case. My main points are, suppuration occurring so soon after the boy had been treated in the orthodox manner, and after the excision and taking all antiseptic precautions and dressing it well it breaks down again, requiring amputation of the limb.

715. Would that case of itself any more than any other case be sufficient to enable you to say that the Hospital was insanitary?—It would not be of itself.

716. I will now ask you to turn to the case of Charles G—— (Hospital Book, p. 8)?—Yes, this is another case which came into the Hospital of injury to the knee, which was treated in the usual way, and in which suppuration set in: "Charles G——: aged 15; occupation, at school; native place, London. Present residence, Opoho. Admitted into Ward 2 on September 10, suffering from a sore knee. History: three weeks before he came in he was knocked flat down on his back with his legs under him. When he got up it felt a little sore, and he limped about with it for a while, but it soon got better; and about a fortnight after it began to swell. But at first there was no pain, and he could walk all right. A week after it began to get sore again, and he came into the Hospital. Treatment: for two weeks fomentation and back splint. R Sapo moltes; sp. vini pectif; then R extr. belladon. ʒii.; sp. lavender, ʒii.; glycerine ʒiv. Apply twice a day. Apply as directed. Then, about 18/11/83 there was an abscess at the head of the fibula. It was decided to open this and to open into the knee-joint. The abscess was opened at 20/11/83, and was found to communicate with the knee-joint, so the joint was opened, when a lot of gelatinous matter was found in it——"

717. *The Chairman.*] Was this before any operation for opening the joint?—Yes. "— but the cartilage seemed quite healthy, so all the unhealthy tissue was scraped away, but the articular extremities were left untouched. It was dressed antiseptically, and put up in a well-padded back splint, with a foot-piece at right angles and alongside, outside, attached to foot-piece. A consultation was held, and it was deemed necessary to amputate the limb, as there were no signs of healing in front, and as there were found abscesses opening through the popliteal space."

718. How long was that after the excision?—On the 20th January, I think.

719. And when was amputation decided on?—On the 5th February "a consultation was held, and it was deemed necessary to amputate the limb," and on the 6th February "the limb was amputated at the lower third of the femur by circular cut."

720. *Mr. Solomon.*] I do not think you need trouble us with further details. He was discharged on the 22nd April, was he not?—Yes.

721. *The Chairman.*] What was the final result?—I think I had better read this through.

722. But what was the final result?—He was discharged cured.

723. In good health?—Yes. I wish to say that the same remarks apply to this case as to the other: you do not expect prolonged illness, or suppuration to occur pretty freely. In each case proper precautions were taken, yet suppuration afterwards occurred, necessitating amputation in both cases. I may say as a rule that boys, especially lads like this one, and at his age, who are treated for excision, do very well when carefully treated.

724. *Mr. Solomon.*] I see that boy was seven months in the Hospital. Now, the result is that he came into the Hospital with a comparatively slight injury—so far as one could judge, it was a slight injury—at all events, such an injury that you might have expected to have recovered without resorting to excising of the knee-joint?—We never expected to have to go the length of excision.

725. However, you had to excise it, and then he got rapidly better, did he not?—Yes, but we did not excise; we scraped the joint. We scrape the joint out at excision.

726. And the net result is this: that the boy was for seven months in the Hospital, and then lost his leg?—Yes; being young boys, these cases do decidedly better than old wounds.

727. In your outside practice have you met with such a case?—No.

728. Is that result, assuming a fair condition of hygiene, surprising to you?—Yes, it is indeed. With a fair condition of hygiene I should not expect such a thing to occur.

729. Is such a fair condition of hygiene at present existent in the Dunedin Hospital?—No, I do not think it is.

730. We will now take the case of Thomas P——. By the way, this is the case, is it not, to which you referred in your memorandum to the Trustees as being due to "hospitalism"? I do not understand that phrase: will you kindly tell us what you mean by it?—I meant chronic pyæmia.

731. Contracted where?—In the Hospital, I think. "Thomas P——, aged 31, peritonitis; occupation, sailor; parents, both healthy when living; has three brothers and two sisters, all healthy; patient had typhoid fever 15 years ago." That may have had a little bearing on the case. "About two years ago felt pain on under and back part of the thigh. This became very painful, and the pain affected the knee. Severe pains all around the knee-cap for two or three weeks; could not walk, and had no appetite. Came to Hospital on 13th of March, 1883. Was operated on about a week after, and the appetite improved, but knee continued painful and was much swelled, although healed."