

for the source of the bleeding. Had this step been taken at 6 p.m. on Tuesday, instead of 6 a.m. on Wednesday, the patient's chance of recovery would have been much better. (3.) The cause of this poor woman's death was collapse consequent on hemorrhage, and exposure of the contents of the abdomen. It is a well-recognised fact that shock, or collapse, in abdominal operations depends in a very great measure upon the length of time occupied in the operation. If the secondary operation could have been completed in half an hour (the whole primary operation barely occupied three-quarters of an hour), as I believe it would have been easily completed under favourable circumstances, there cannot be the faintest shadow of a doubt but that my patient's chance of recovery would have been materially increased. In conclusion, although I would not go the length to say that it is not quite possible that even under favourable conditions the result may not have been the same, I do most emphatically assert that the surroundings of the patient were such as to militate most materially against her prospect of recovery. I again urge upon you, in the interests of all connected with our Hospital, to institute a most rigid inquiry into the bearings of this case, and if I can give you any further information on the subject it will afford me very great pleasure to do so." Do you say that the unfavourable circumstances in this Hospital militated against this poor woman's chance of recovery?—I do, and no reasonable man can say otherwise.

827. But you do not say that the woman would not have died under the best circumstances?—I do not.

828. What you say is that she had not the same chance of recovery?—She had not.

829. I suppose that the defects which you point out are different in character. For instance, you might tell us the condition of the ward in which you performed the secondary operation on Mrs. T——. What about the light?—The Commissioners yesterday saw the lighting and general condition of the ward.

*The Chairman* : Although we have seen these things, it is necessary that they should be stated in evidence.

*Witness* : There is one gas-jet over the chimney-piece, but it threw very little light over the bed on which this woman lay. I knew of the existence of that defect, and took down with me a little kerosene lamp which throws a very bright light. When I used this lamp, on throwing the light down the flame smutted the reflector, and consequently it was very difficult for the gentleman who held the lamp to throw the light where it was required.

830. *Mr. Solomon*.] Do you know whether anything has been done to remedy this state of affairs?—I do not for certain, but have heard indirectly.

831. Was there anything like a decent state of affairs?—Do you mean in that ward?

832. Yes?—There was not indeed. There was a great defect about the water.

833. *The Chairman*.] I understand that the first and chief defect was the want of light?—Yes. But I wanted a supply of water during the operation, as I was constantly using the douche. When performing a difficult operation like that it is very important to have an abundant supply of water ready at hand, in order to wash away the clots. In this way we had used the entire contents of one large water-can, and when the can or jug ran out the nurse had to run out and get another jug-full, so that from this cause the ground I had gained was lost again.

834. *Mr. Solomon*.] Now, as to the operating-theatre. I think you are all agreed that that is a great credit to the community?—It is the most creditable part of the building.

835. Is it not a matter that must be anticipated, that after any severe operation a secondary operation may at any time be found necessary?—It may be.

836. The necessity of that in all probability may arise after the patient has left the operating-room?—Quite so.

837. Or when she has been removed back to her ward?—Yes. It was in view of that necessity arising that I suggested having two small rooms off the operating-room, into which a case like this one should be put. I think it a wise measure that there should be a small separate ward for all these gynecological operations. I think it would be far safer that they should be taken here than into a general operating-room. That is principally the reason why I raised funds to supply this want.

838. Am I right in saying that where the necessity for a secondary operation occurs the patient is in a very critical condition?—Undoubtedly she is in a very critical condition.

839. Is it wise or is it feasible under such circumstances to take patients back into the operating-room?—I should think that it would be very unwise.

840. And what do you say about this patient?—That it would have been very unwise to have attempted it in her case.

841. Is that case a very fair illustration of what a secondary operation is?—Yes, it is. In Sophia M——'s case I had to wash out the peritoneum.

842. And you say that it is most unwise to take patients back to the operating-room?—I do.

843. And the result of that is that in the state of affairs which exists in the Dunedin Hospital it is quite to be anticipated that a secondary operation may have to be performed in a ward?—Yes, it is.

844. Are the conditions of this Hospital at the present time such as to make it a safe place to operate in now?—Certainly not.

845. We will now come to the last week of your experience in the Hospital?—Yes, but before doing so, as I have said so many bad things about the Hospital, I should like to say something in favour of it now. I would just hand in to the Commissioners the medical book, and ask them to look at the way in which the medical students keep their records. They are very creditable to our Hospital, and show that in one way, as Dr. MacGregor has pointed out, our Medical School is of some assistance to the Hospital. The books are kept in a way that shows that our patients are well looked after.

846. You have prepared a table, have you not, showing your experience during the last fortnight—that is, the fortnight ended the 22nd July?—I have.