

sideration—the defective system of ventilation, the crowded wards, and the fact that gynecological cases are placed both before and after operation in No. 7 ward, which is a general surgical one—should you say that that is a proper state of affairs to exist?—Are you speaking now of gynecological cases?

91. Yes?—Then I should say it is not.

92. *The Chairman.*] You mean that gynecological cases should not be treated in a general surgical ward?—I do.

93. *Mr. Solomon.*] You say that the risk which the patients run is materially increased in these instances?—I should say so.

94. I suppose the same deduction would follow, though perhaps not with equal force, in any case of abdominal wound?—The greater the risk the greater the chance, but not with equal force.

95. Abdominal section is a major operation is it not?—Yes.

96. These are cases which run a grave risk in an atmosphere containing a concentration of these germs?—They do.

97. Do such operations as these, speaking generally—never mind whether they are gynecological operations or otherwise—get a fair chance, in your opinion, if they are placed in the same wards where there are cases of suppurating burns, as in the Dunedin Hospital, taking into consideration the fact of overcrowding, insufficient ventilation, and so forth?—No; I do not think that they get such a fair chance as they might have.

98. Do you think they get as fair a chance as they ought to have?—In these particular cases they do not get as fair a chance as they ought to have.

99. We will now go to another question. Do you agree with the opinion that erysipelas is a septic disease?—Yes, undoubtedly it is.

100. Are you of opinion that in a properly regulated hospital erysipelas should arise?—Theoretically, no.

101. Do you agree with Erichsen, that the frequency of erysipelas, if it should arise, may be taken as an indication of the insanitary condition of the Hospital?—I should agree with him in saying so.

102. The Dunedin Hospital has, on the average, about a hundred patients?—That is about the number.

103. Do you think that erysipelas having broken out—we have the fact of four cases having occurred in the Hospital within, say, a fortnight—each case in a different part of the Hospital, and there being in another part of the Hospital a case which was supposed to have been erysipelas, is consistent with the fact of the Hospital being in a good hygienic condition?—I should say it is not.

104. At all events, in a hospital of our size, is it quite consistent with satisfactory hygienic conditions that such a state of things should occur?—No, I will not say that. Do you mean in the absence of any assignable cause?

105. I mean without any explanation. If the Hospital authorities have any explanation we certainly have not heard it yet. I will put it as you wish. In the absence of any assignable cause, you do not think such a state of affairs is consistent with a proper sanitary condition?—I should say not.

106. It is quite consistent, is it not, with an insanitary condition?—Decidedly.

107. It is one of the evils, I suppose, that are to be anticipated from an insanitary condition?—Decidedly.

108. Does your experience lead you to believe that typhoid fever should be contracted by nurses in a properly conducted hospital?—No; it should not be contracted in a hospital.

109. We have the assurance—you may take my word that it is—of Dr. Wilks, of Guy's Hospital, that he never heard of such a thing in all his experience at Guy's. Now, suppose you heard of cases of typhoid fever arising among the nurses in a small hospital like ours—of nurses contracting it within the Hospital without any assignable reason—would you not consider that a suspicious circumstance in connection with the Hospital?—I should not blame the Hospital under those circumstances, unless I could eliminate all chance of the nurses having contracted the fever outside, which they might do. One case of typhoid occurred while I was in the Hospital.

110. That was the case of a patient who got typhoid?—Yes.

111. And you reported that case to the Trustees?—Yes. Presumably, she got it from a patient in the same ward.

112. *The Chairman.*] In what ward did that happen?—In No. 8, which was a medical ward. I think it occurred in 1882, or somewhere about that year. There is a report of mine to the Trustees on that subject.

113. Did the present system of waterclosets exist at that time?—No, it was prior to the closets being changed.

114. *Mr. Solomon.*] Do you remember any cases of erysipelas?—I cannot specify any particular cases, but I vaguely remember some cases in the various wards.

115. Now, I want you to look at this diagram of No. 7 ward, and notice the beds that were occupied by Mrs. S—— and Mrs. T——. On the 9th July, 1890. Mrs. P—— was operated on by Dr. Batchelor for an Emmet, and on the 13th of the same month Dr. Batchelor, in his private practice, operated on a case of abdominal section—cancer in the abdomen; that, though the latter patient had a high temperature when operated on, she got perfectly well, without septic symptoms of any sort; that on the 15th of the same month Mrs. S—— was operated on, also for an Emmet; that on the 16th Dr. Batchelor operated on another private patient of his for the removal of stone, and that there were no septic symptoms whatever in this last-mentioned case?—I may mention that I was present at this operation.

116. At about this period Dr. Batchelor also attended a confinement case. In the Hospital he