

162. If the condition of the ward were so reasonably sanitary as one might wish for, would it then be surprising to find such a state of affairs?—You might get such a state of affairs theoretically in an ordinary atmosphere. Of course, the worse the atmosphere the greater the risk.

163. Could the condition in which the ward was at that time fail to exercise an influence?—I should say from the evidence before me of the condition of the ward that the chances were considerably in favour of such a condition of affairs taking place.

164. I suppose no man can speak positively on the point?—Of course not.

165. Could any of those three women who underwent an operation for Emmet, who had been in that ward, been examined there, and remained there for a week or ten days, have had the same chance of recovery as if they had been in healthy surroundings?—They could not have had such a good chance.

166. Would the risk to them be seriously increased?—I should say so.

167. *The Chairman.*] I understand you to mean that the risk to the patients being operated on, after having been in the ward for some time, would be greater?—Yes.

168. What would be the process in the vagina? Would they then begin to create septic poisoning in the patient?—Theoretically, it is possible.

169. *Mr. Solomon.*] Under any circumstances, or in any view of the case, I understand you to say that the patient runs a serious increase of risk in that ward?—Yes; in any case.

170. Do you think it wise or unwise that gynecological cases should be treated in ordinary surgical wards?—I think it unwise, for the reason that the chances of their infection are greater than they are in ordinary surgical cases, and from the fact that from the nature of the localities operated on the results of septic infection are much more serious.

171. What conditions render operations on the vagina more dangerous from the view of septic contagion?—Any practitioner knows that he has only to introduce a septic plug into the vagina and it will become septic within twenty-four hours, whereas a similar dressing laid on an ordinary septic surgical wound will remain a septic for weeks under favourable conditions. The local conditions of the vagina are such as to make it particularly favourable for the reception of germs, and it is impossible to make the vagina absolutely dry after operation.

172. Dr. Batchelor has told us that on one occasion he was about to perform a gynecological operation on a woman, and on the morning of the operation he accidentally discovered that in the bed next to this woman there had been lying for a week another woman who was suffering from purulent bed-sores. I wish to ask you if there is in the present condition of the Hospital anything to prevent such a state of affairs recurring, or is such a condition of affairs at all safe for the patient about to be operated on?—Decidedly not.

173. Is it not an argument in favour of a separate ward for gynecological cases that he should have ready means of isolating cases that required isolation?—Certainly.

FRIDAY, 29TH AUGUST, 1891.

Dr. BATCHELOR re-examined.

1603. *Mr. Solomon.*] Can you tell me whether there are special wards for the diseases of women in any other hospital in New Zealand?—I do not think that there are special wards, but I know that there are special arrangements made for a certain class of cases—ovarian cases, for instance.

1604. Special arrangements in cases of such operations?—Yes.

1605. Do you mean that there are special arrangements for isolating such cases?—Yes; I am almost certain that in Christchurch, off their operating-room, they have one or two small rooms, which I was told when I was there were kept for the purpose of operations, so that the person operated on might be moved easily thence from the operating-room.

1606. Then it is not advisable, in certain cases, that a patient should be moved far from an operating-room?—Yes; the special ward would obviate that objection and insure isolation. It is generally recognised that all hospitals should have a special ward for the isolation of cases.

1607. How many patients can be accommodated in a room like that at Christchurch?—One, I think.

1608. Then, there would be one patient for each room?—I think so. I have a strong impression that there were two rooms in the Christchurch Hospital when I visited it last year, after returning from Melbourne.

1609. Is that the only case in the hospitals of New Zealand that you know of where special arrangements have been made?—I do not know of any more, but it is probable that there are.

1610. Are there similar rooms in the Dunedin Hospital which are specially set apart for cases of the kind you have alluded to?—No. I have been carefully over the Hospital and tried to obtain a room, but could not get a suitable one. There was one room, but it was very unsuitable, and I came to the conclusion that the large ward, bad though it was, was the better. All our rooms are very full; in fact there is not proper accommodation for the nurses. At the back part of the Hospital there are miserably small rooms, but no one would think of operating in them.

1611. Is there no place in the Hospital which can be used for the reception of one or two patients after operation?—There are no rooms that I know of which can be used in such a way. I went carefully into that question when it came up before, but was unable to find a suitable room.

1612. There is always a vacant ward in the Hospital, is there not?—Yes; there are two now.

1613. Is not one of these available for cases that require isolation?—I invariably use them in abdominal cases.

1614. For how long?—I have done so for some years past.

1615. You misunderstand my question. For how long do you use the ward in such instances?—For about ten days. I get them out again as soon as I can. There is an objection to the use of