

the ward in this way, inasmuch as it involves the Trustees in extra expense, and they object to being put to extra expense. I have also had to keep my patients requiring operation longer than I should have done, because the Trustees had to meet and decide whether or not the use of the ward should be given for the purpose.

1616. Have the Trustees ever refused you the use of the ward?—I cannot say that they have ever refused it, but there has been considerable delay in granting the use of it; and so undesirable has been the delay in some instances that I had to put off my cases.

1617. Have you ever had occasion to make use of the ward without asking permission?—Yes; I have had to do so in some cases where it was a matter of vital importance to do so.

1618. Can you tell us any cases in which you experienced difficulty in getting the use of the ward for operations?—I cannot refer you to any particular case, but I am sure that Dr. Copeland will be able to tell you, if he is asked, of cases where I had to put off operations.

1619. You assert that you were obliged to give up operating, in cases, because you could not get the use of the ward?—I do. And if necessary, I can find cases where this happened, and mention them to the Commissioners before this inquiry is ended.

1620. Cases in which you have not applied to the Chairman of the Trustees for permission to use the ward?—I do not apply to the Chairman. I think there is quite enough nuisance already without that.

1621. You complain, I understand, that you did not know of what risk of infection your patients might run from other patients who might be in the same ward?—Yes. I have only found out such things by accident.

1622. You have only found out occasionally or by accident of there being dangerous patients near your own?—I have made inquiry about other men's work, but I did not always get reliable information.

1623. But would it not be a simple matter to inquire from the House Surgeon?—It might be, but he does not always know.

1624. In cases in which you have made inquiry, have you either been misled or had difficulty in obtaining reliable information?—Yes. I will tell you one case in which I was misled. It was in regard to Miss Kate W——, the patient who was supposed to have had erysipelas. I am obliged to bring this matter forward, because a very important point is involved. Hers I consider was a septic case, and is an important example of the difficulty I have experienced. She was admitted into the Hospital presumably as a medical case, and was subsequently transferred by the physician to the surgeon, who made a free incision down the outside of the thigh, from which he expected to find matter. He, however, did not find matter, and the wound I believe healed kindly. At this time she had a very irregular temperature, so much so that I was struck by it, and I made inquiries of the nurse and house surgeon, and was informed by both that it was a medical case—pericarditis. This case ran on with an irregular temperature for days, and no one knew whether it was septic or not. I am quite convinced from the course that it took subsequently that it was a septic case. Subsequently erysipeloid symptoms developed, necessitating her isolation. That seemed to be a very striking case.

1625. You regard that as a striking case?—I do.

1626. You found erysipeloid symptoms supervening, according to your opinion?—Yes.

1627. But, on that point, I understand that the other medical men who were in attendance may differ from you?—That is very likely. At any rate, she had a septic temperature.

1628. Now, I want to ask you a few questions about Mrs. A——'s case?—I do not know much about it.

1629. Please look at this little plan [produced] and say whether the position of her bed is correctly indicated on it?—Yes; that is quite right.

1630. What were the names of the patients on each side of her: you might give them in succession?—On the one side, Mrs. S——, Mrs. B——, and Mrs. A——; and on the other side, Mrs. V——, Miss M——, and Mary J——.

1631. You have just said that you do not know much about Mrs. A——'s case?—All I can say about it is this: that when I got bad results I looked around for the cause. I was at first inclined to ascribe them to Kate W——; but when I found that Mrs. A—— had a septic temperature, and was discharging large quantities of pus from an open wound, which was being dressed daily by a nurse, I did not need to look any further for a cause of the trouble.

1632. Why had you felt disposed to ascribe the mischief to Kate W——?—Because she happened to be between the two beds in which the septic mischief had arisen.

1633. Had you before this known anything about Mrs. A——. No; I do not think I ever knew of her existence in the ward.

1634. You had not been consulted in reference to her case?—I cannot remember. If I had been, it must have been some time previously.

1635. It would have been a considerable time previously?—Very likely I may have been, but I have lost the run of the case altogether.

1636. Then you did not sign the consultation-book?—I possibly may have done so; if so, it was some time ago, but I did not recognise the woman again.

1637. Just look at this [book handed to witness]?—Quite so; I see it is more than six months ago.

1638. You now see by that book that you were consulted?—Yes, I remember the case now. There was a mistaken diagnosis. The gentleman who attended considered it a pelvic abscess, while I held the opinion that it was a spinal abscess, as it turned out to be.

1639. Did you attend the operation?—I did not. I see that I signed my name to it in the book.

1640. *The Chairman.*] Who else were at the consultation?—Dr. Gordon Macdonald and Dr. Maunsell.