

*The Chairman*: I do not think that you are called on to express an opinion on the point, which is not involved in your complaint.

1909. *Mr. Solomon*.] Do you approve of the present system of management of the Hospital by the present Trustees?—I do not. I am very strongly opposed to it.

1910. You have been taken to task by Mr. Chapman for not having formally complained before. Does your experience show that there is encouragement given to a medical man to complain of shortcomings in the Hospital?—It certainly does not look like it.

1911. I suppose you have had to do it single-handed so far?—I have.

1912. *The Chairman*.] I understand that your complaints are made against the Hospital, and not against individual Trustees?—Certainly not against individual Trustees; my complaints are against the management generally.

1913. You do not blame the Trustees individually?—No; I have no reason to blame them individually, but I do blame them as a body.

1914. *Mr. Solomon*.] The staff have assisted you to a certain extent?—Yes, to a very great extent.

1915. When it came to the question of formulating your complaints against the Hospital, did you find any delicacy of or private feeling amongst the staff which interfered with the carrying of the resolutions which you brought forward?—There were a good many elements that came in the way. Some men are not easily convinced. It takes them a long time to understand the important bearing of the hygienic conditions of the Hospital. Then, again, they must have the opportunity of comparing the results outside with the results inside.

1916. Possibly it was thought better not to have a row?—There was a very strong feeling on the part of some members that the reforms might be effected without kicking up a row, and that they would come gradually. I, however, came to the conclusion that we could only effect these reforms by coming to a unanimous resolution in regard to them.

1917. You have been asked some questions about operations of expediency. In such a case as an operation for laceration of the uterus, there is danger is there not, of irritation?—Yes; there is a well-known danger. Any long continued irritation in certain localities of the body is apt to lead to cancerous changes. I consider cancer of the mouth of the womb not rarely starts from the irritation of an old tear.

1918. And that is an operation which is one of expediency, in the sense that it is not required to be done at the time in order to save life?—Exactly.

1919. Is it necessary for the security of the patient's health?—That is a question that would take a very extensive reply. I think this is a source of a large proportion of diseases of the female generative organs.

1920. On your behalf, I have stated that one of your objections is to treating your special cases in a surgical ward, and you have told the Commissioners that there are brought into the ward cases which are not under your control, but which are a source of danger to your patients. Mr. Chapman has suggested that it would be an easy thing to obtain information concerning these cases from the person who has control of them. Is there likely to be any difference of opinion that in such cases the better way to do away with possible danger is to remove the cases, or should a doctor make inquiries about these cases?—I think each man should ask for himself.

1921. Do you think it safe to rely on what the House Surgeon tells you under such circumstances?—As a general rule you can, but of course mistakes are sometimes made. Every man is the best judge of his own case.

1922. Would not that involve inquiry of the House Surgeon about every case that came in, which would be exceedingly inconvenient?—It would be perfectly absurd to attempt to do so. Half one's time would be occupied in inquiring about other people's patients, instead of attending to one's own.

1923. Do you think it a proper state of affairs to exist that you should be compelled to go round making inquiries about every case that came into the ward?—No; it is very wrong.

1924. Mr. Chapman, from the questions that he put to you, seemed to think that, because other cases of yours in the ward had recovered, that the ward was therefore safe. Is that a proper conclusion to arrive at?—No. I do not think that Mr. Chapman attended carefully to what I said in my original statement. I said that very often cases went well, and that then there would be a succession of bad cases, which one could not account for.

1925. Suppose you have ten cases in a ward, and that seven of these get better in the ordinary way, while the other three cases show septic symptoms, as three cases have, in fact, done here. Does that show that the insanitary state of the Hospital had anything to do with the other cases that turned out well?—No.

1926. If the ward had been in a sanitary state, ought not all the cases to have turned out well?—I am convinced of that.

1927. And by the use of antiseptics you attempt to cope with the dangers of the ward?—That is the object of antiseptic treatment.

1928. And in the majority of cases, I suppose, you do cope successfully with them?—Undoubtedly.

1929. You have told us that if you had been asked when Mrs. T—— came into the Hospital how long would she stop there, you would have replied: "About ten days;" and you have also told us that you are not always correct in your predictions?—Yes.

1930. You also told us that she is still in the Hospital. What condition is she in now?—She is not in a precarious condition—that is to say, there is no danger to life. There is a deep wound, which must take time to heal.

1931. Would any mistake which a surgeon is ordinarily liable to make account for such a case as that?—I do not follow you.