

2062. Will you tell us your experience of them as far as you can?—I think the dates were the 26th, 27th, and 28th September, but I am not certain.

2063. How many cases had you inside, and how many outside?—The one on the 26th was inside, the 28th was inside, and on the 27th I did a very difficult and troublesome operation for thick capsule after cataract. Both the hospital operations were simple, but the eyes were lost from septic trouble; while the eye I operated on on the intermediate day outside, with the same instruments, did well.

2064. *The Chairman.*] They were not fatal cases?—No; the eyes were lost.

2065. Were the operations inside simple?—Yes, and much shorter than the one outside. I have had two cataract cases I lost in the Hospital at different times with septic trouble, which were both rather striking ones.

2066. What was the date of them?—I had a woman (Mrs. D——) on whom I operated in 1884. I operated on her left eye with a very good result, and subsequently on the right eye. It was left with pan ophthalmitis, and it was attributable to erysipelas at that time in the Hospital. Then, in 1885, I had a Chinaman named Ah Lie, on whom I operated, first on the left eye, which did exceedingly well, and then on the right eye, which, however, was lost from septic trouble. That is one of the cases I referred to earlier, when I said I had cases which I could explain only by using the word "hospitalism."

2067. *Mr. Solomon.*] Were those cases in which septic difficulties followed surprising, if you assumed a healthy condition of the Hospital?—If the Hospital were healthy I should be much puzzled to explain them.

2068. Are they very surprising in the condition in which you know the Hospital to be?—No; I think one is bound to look for septic troubles in the present conditions of sanitation.

2069. *The Chairman.*] At present you are on the outlook for septic troubles?—At present I feel uneasy about septic troubles in the Hospital.

2070. *Mr. Solomon.*] In your opinion, can the present condition of the Dunedin Hospital fail to exercise an unhealthy influence upon operations such as you have to perform?—I think it is bound to exercise an influence on the operations, if only they are the cause of the depression of the patient's general condition.

2071. Now, Dr. Batchelor has said that in his case there arose frequent occasions on which he had to exercise a discretion as to whether it was wise to operate or not. Do you exercise a similar discretion?—Frequently.

2072. In which it is a matter of doubt?—Yes; there are frequently operations of expediency.

2073. In the present condition of the Hospital can you exercise fair discretion, or does the condition of the Hospital introduce an element that should not exist?—I think the present condition of the Hospital introduces an element of risk that one cannot disregard in weighing the chances of an operation.

2074. I do not know if your experience is the same in another direction: Dr. Batchelor also said he feels himself not justified in using all modern curative methods in consequence of danger from septic poisoning. Does that apply to you or not? For instance, he illustrated the process of electrolysis, which he says is very valuable, but involves a considerable amount of risk in the condition of the Hospital. Is there anything similar in your practice?—I cannot give you any particular operation which I refused altogether to do in consequence of the condition of the Hospital, but, if it is a question of expediency, I have for a considerable time been inclined to put off operations in the Hospital and avoid them if I could.

2075. Has that been the result of your own experience, or the result of what Dr. Batchelor thinks?—I think it began with my own experience in those cases I have referred to, and I think probably the feeling was intensified from Dr. Batchelor's septic cases and what I began to hear about other people having septic trouble in the Hospital, as well as what I saw myself. It was further increased when I went to measure the walls, when I prepared that report. It was then I saw the real state of affairs.

2076. Do you think that the defects the staff have referred to in this report can with safety be allowed to remain as they are?—I do not think they can with safety be allowed to remain.

*Mr Solomon:* I do not propose to go over the report.

*The Chairman:* We had better acknowledge it.

2077. *Mr. Solomon.*] Do you agree with the terms, or with its contents?—There is only one thing, and that is covered by the explanation I made. This is, as I stated, a draft laid before the medical staff—a sort of skeleton on which to build up a report—but the draft was drawn in answer to a request from the Trustees as to what faults we found in the Hospital, and as to how they should be remedied. It was not put forward as a scheme for making the Hospital perfect, and I do not consider that the adoption of a scheme of that kind would be near so good as the pavilion system of building.

2078. *The Chairman.*] Your own personal view is not entirely in accord with that report?—No; it was a compromise, and was suggested as the basis of a plan to make the present building more suitable. It was really prepared in consequence of the shortness of funds.

2079. *Mr. Solomon.*] That involves two questions. The defects you point out in that report, you have already stated, call for immediate remedy?—They do.

2080. Another question arising from that is: do you think the present building can be patched up and made satisfactory, or do you require a new Hospital?—I think it would be very much better if we had a new Hospital; no doubt about that.

2081. Do you think this Hospital could be made sufficient for all ordinary requirements, if there was a radical change in the ventilation, and so on? For instance, could you get cross-ventilation?—You could not with all the wards ventilating into one central hall.

2082. Into the main hall?—Yes.