

distinctly I have cases at present which would have been operated on twelve months ago if I had had no fear of operating in the Hospital.

2156. Cases in the Hospital?—Cases which I see there from time to time.

2157. When did you form these fears?—As I say, I did not know until I went to measure the Hospital what the real condition of matters really was—that is, when I found out the state of the ventilation.

2158. Then your opinion was formed from measuring the Hospital?—To a very great extent, and also from going into the question of ventilation.

2159. Then, in expediency cases, you have not thought yourself justified in operating?—Not as a question of pure expediency. I have always avoided it for a long time.

2160. Where you could postpone an operation, you did postpone it?—Yes, in the present state of affairs.

2161. This condition of mind has forced itself on you, and I understand you have not communicated it either direct to the Trustees or officially to the medical staff?—Do you mean —

2162. I am only repeating the question I put before. I have your answer, and therefore I shall not trouble you further with it.

2163. *Mr. Solomon.*] Mr. Chapman says that in operations of pure expediency you have not operated in consequence of the insanitary condition of the Hospital. Is that so?—Yes; I think I may fairly say that a feeling of hesitation and uncertainty has been growing up in my mind about the results of operations there which has prevented me from operating in cases where I could possibly avoid doing so.

2164. Is that fair treatment to the patients?—No, I think not.

2165. In these cases of expediency, although it is not absolutely necessary to the sight, it would give great relief to the patient?—It depends; if a patient has perfect sight in one eye and defective sight in the other, but by operation I could improve the sight in the defective one, I might operate; but if the sight will not be improved to such an extent as to compare with the good one I might not operate. If it is a case in which his sight will only come in useful in emergencies, then it becomes to a great extent an operation of expediency, and in cases of that kind I hesitate about operating.

2166. Are these cases of emergency you speak of cases in which although the operation is not necessary it is desirable?—Certainly.

2167. And in these cases, although it is your opinion it is desirable, you have not thought proper to operate?—Yes. There was a case from Wanganui, three months ago, in which I certainly thought it was advisable to hesitate. It was a long time before I decided; but I finally decided not to operate, and he went back. I hesitated because of the risk I thought to exist in the Hospital.

2168. So in that case, at any rate, you did not operate, although you thought it was your duty to do so?—I did not operate, but I certainly thought I should have operated.

Dr. ROBERTS recalled.

2169. *Mr. Solomon.*] Do you agree that there are defects in the sanitary condition of the Dunedin Hospital?—Yes.

2170. Do you agree that these cases are of so serious a character as to be a source of grave danger to the inmates, and call for immediate remedy?—Yes.

2171. In your opinion, could a surgeon, in the present condition of the Hospital, operate on his patients with confidence, in such cases as abdominal operations, for instance?—I should say no; not with entire confidence in critical surgical cases.

2172. In a case in which there is fear of septic poisoning?—Yes.

2173. Is that a proper state of affairs?—No, it should not be.

2174. Both Dr. Batchelor and Dr. Lindo Ferguson have said that cases arise in the experience of surgeons where it is a matter of discretion as to whether it is advisable to perform an operation or not. I suppose there can be no doubt about that?—No, no doubt about it.

2175. In your opinion, in such a case as that, in the present condition of the Hospital, would the patient get the benefit of a fair exercise of discretion, or would the insanitary condition of the Hospital have an effect on the surgeon in deciding?—It would have an effect in deciding, and would weigh the scale down not to operate.

2176. And supposing an hospital was as perfect as one could fairly expect in a town, ought a surgeon to be hampered by such a consideration?—No; he should be freed from it.

2177. *Mr. Chapman.*] How long have you held that opinion?—Well, I suppose if it had been put to me at any time I would have said that.

2178. That a surgeon could not with confidence operate in Dunedin Hospital on critical cases?—I beg pardon.

2179. Very critical cases I mean, of course. Abdominal cases are all serious cases, are they not?—Yes. I could not say how long I have held the opinion as to the state of the Hospital.

2180. Well, I should like very much if you could say approximately, one, two, or ten years?—Well, roughly, I should say about five years. Of course, I do not attach much value to that reply.

2181. No, I do not want you to pin yourself to that?—No; it is five, certainly.

2182. Is that because the condition was better prior to these five years, or because your opinion was not developed?—I should say it was because my opinion was not developed. It has been brought home to me by degrees.

2183. The Dunedin Hospital is not a proper place in which to perform abdominal sections?—No; there is a very considerable risk about it.