

2418. As an operator?—Yes; I have seen him operate several times.

2419. Tell us your opinion of him?—He is most skilful and careful, and takes a great amount of care before operating. When I first saw him operate it was almost new to me to see the way he got everything ready and everything clean, and also provided antiseptics. The work was thoroughly done.

2420. We do not want to blow anybody's trumpet, but would you say that Dr. Batchelor is a practitioner abreast of the times?—Certainly, he is well abreast of the times.

2421. Do you think that, in Dunedin Hospital, patients operated on by him or any similar operator can get the full benefit of his or their knowledge of medicine?—I should think that every one being operated on in the present condition of those drains and the overcrowding runs a risk.

2422. Would they run that risk if the Hospital were fairly satisfactory?—Not if the drains were right, and if there were no overcrowding.

2423. Are you dealing with all classes of cases or are you only bearing in mind surgical cases?—There must be a risk in a permanent hospital like this one, with the walls and floors almost saturated with germs.

2424. *Mr. Solomon.*] Is the condition of the walls and ceilings and floors in accordance with modern theory?—No, certainly not.

2425. I can put it to you without leading you, that the object of the construction of hospitals of modern times is to prevent the absorption of germs?—That is so.

2426. Do the walls here favour the absorption or not?—They favour the absorption of germs.

2427. And after a lifetime you now see the condition of the Hospital. It has not been much in the past, and has been in existence for twenty years. Knowing the conditions that have existed during the whole of that time—overcrowding and so on—what should you say was the condition of the walls now?—I would not like to say they are fully saturated, but they must contain much organic matter in the walls and ceiling and floor.

2428. That would be a source of danger?—Yes, especially when the windows are shut.

2429. Is that a danger that will increase or decrease?—It increases as it goes on. No hospital ought to have a life of more than fifteen or twenty years.

2430. Will you refer to Buck's book, page 745, vol. i., on this subject?—Yes, he is writing on the general principles of hospital-construction: "The plan which has commended itself most favourably to medical men of late years in establishing a hospital, whether of large or small dimensions, has been to build it of detached wooden pavilions, with an administrative building of more permanent materials. Unfortunately, physicians have rarely the privilege of building hospitals; and, even if they are permitted to suggest the plans, they find them so manipulated by trustees or architects that the essential points are in many cases thoroughly eliminated. It is not reasonable to suppose that architects will suggest, or committees of construction adopt, a material which gives little opportunity for display, appearance of permanency, or the erection of an architectural memorial. The Surgeon-General of the United States Marine Hospital Service says, 'The old magnificent hospitals built as monuments for all time will be abandoned for the single pavilion of indefinite existence; and the only strictly permanent parts of the modern hospital will be the executive building, kitchen, laundry, and engine-house.' 'I believe,' says Billings, 'that no hospital should be constructed with a view to its being used more than fifteen years.'"

2431. Do you agree with that?—Yes.

2432. Do you consider that our Dunedin Hospital, after remaining in its present condition for the past twenty-four or twenty-five years, and gradually absorbing these germs, is a safe repository for surgical cases?—No; it may do for medical cases if half the number of patients were kept in the wards that there are at present.

2433. *The Chairman.*] Do you say not for surgical cases?—Well, even then you might get in some surgical cases; but special cases—gynecological, ovariectomy, and abdominal sections—should be in another place, as they are not safe in the Hospital. Eye cases should also be taken out.

2434. *Mr. Solomon.*] Do you think that a surgeon operating in the Dunedin Hospital for abdominal sections and other severe operations can operate with confidence?—If I were one I should feel very nervous about it.

2435. Can you, in any case or cases, ascertain the danger arising to patients from the defects you have pointed out or from the conclusions you have formed as a result of your experience?—I do not follow you.

2436. Supposing you went into this Hospital as a new doctor, and performed abdominal sections, could you form any positive opinion of one case, that there was danger of septic poisoning, or would it take time?—It would take time. You see things go well, and then by degrees they go wrong, and you have a stroke of bad luck, which you will not be able to account for.

2437. Is it consistent with the condition of the Hospital that things should result for a long time satisfactorily, to be followed by a run of bad luck?—Well, even with a fairly good building you may have an outbreak.

2438. Should you consider now, in the present system of ventilation, that the dangers are more appreciable in the winter or in the summer?—I should say in the winter, simply because you get less fresh air. There is a tendency to close the windows in winter.

2439. *The Chairman.*] Was there not an old idea that there were certain seasons for certain operations?—Yes, I believe there was something of that sort. I have an indistinct recollection of it.

2440. *Mr. Solomon.*] Now, we have had operations divided into two classes—expediency and necessity. We have been told there are cases in which a doctor may be of opinion that an operation is desirable, and yet it is not absolutely necessary, and he has to exercise his discretion as to whether he should operate or not?—Yes, that is so.