

2441. Supposing you were a practitioner in the Dunedin Hospital, and you knew what you do know, would you be able to fairly exercise your discretion without taking this condition of the Hospital into your mind, or would it be a factor?—Of course it would be a factor in my mind. I should simply decline to operate unless compelled. I might be obliged to do a tracheotomy or a ruptured aneurism in order to save life, and of course that would be a case of absolute necessity; or you might have a case of compound fracture which would be bleeding very badly, or something of that sort. Operations of that kind would be cases of absolute urgency.

2442. But I mean in an operation that was desirable?—Well, in a case of tumour, or operations of that kind, I should put the operation off. Any operation that it was absolutely desirable to perform I should take out of the Hospital and put somewhere else.

2443. Why?—If you performed in the Hospital you have a risk in your patients' life, and you also run a risk of injuring your own reputation. Of course, you look at your patients' life first, but you must never forget your own reputation.

2444. What should you say would be the effect of the present condition of affairs at the Hospital with regard to the length of time a patient would remain in?—I would say that under the conditions I have mentioned a patient would be in longer than he should be.

2445. Do you think it desirable that gynecological cases and ophthalmic cases should be treated in the general surgical ward?—I think it is better they should not, and, as a matter of fact, Sir Joseph Lister insists on having a separate ward to himself. He succeeded my old tutor. He would only go into that hospital on the condition that he had a ward entirely to himself, and that his cases were not mixed up with any other cases. He distrusted the sanitary condition of the rest of the wards, and said, "I will not risk my reputation in those wards; I must have one to myself."

2446. Do you think that erysipelas ought to arise in a ward in a properly ventilated hospital?—It ought not, but you might get a sporadic case once in four or five years. Visitors or friends might bring it in from outside.

2447. But would the insanitary condition of the ward exercise an influence on the chance of erysipelas breaking out?—Certainly.

2448. If a ward was in a sanitary condition, a good healthy condition, and erysipelas was brought in from outside, would you not expect it to extend?—If a hospital was in the condition of the Hospital in Dunedin I should expect cases to break out in different parts of the hospital, and in different wards.

2449. We were yesterday told that in Dr. Roberts's experience in one week, some years ago, two cases of erysipelas broke out in different wards in the Hospital, and he could not account for them; and also that one case of septic blood-poisoning arose. Now, is such a state of affairs in one week in a small hospital consistent with a sanitary condition?—No; it shows there is something wrong. I have seen cases of sewer-gas poisoning, and I have seen every inmate in a hospital down in half an hour. That occurred in the Oamaru Hospital when it was in a primitive condition, when proper piles were not in. They wanted to make a connection with the old cesspit, and the whole place was flooded out. There were no traps or anything in those days. I merely mention this to say that sewer-gas poisoning may produce different kinds of illnesses. Some have it thrown off in the form of dysentery, as one of the warders in the Hospital. One woman, instead of being in the Hospital for about ten days, as she would have ordinarily been, was kept there for four months, and when she recovered she had a pyæmic abscess. I just mention these cases in connection with the cases mentioned by Dr. Batchelor and Dr. Stenhouse. There might have been some of the traps or sinks left open for a time, thus giving a constant income of sewer-gas at one time, and that might account for an outbreak.

2450. This in itself would be dangerous no doubt, but when the walls are covered with septic poison germs, would it not be still more dangerous?—Yes.

2451. In the last week we speak of we have this: that in Dr. Batchelor's private practice he had three different abdominal cases, which all recovered without the slightest symptom of septic poisoning; that in the same week or fortnight he had three less severe operations, two of which developed septic poisoning; that a patient on whom he had operated sixteen days previously developed similar symptoms; and that during the same time there were four cases of erysipelas broke out in the Hospital in different parts. Now, by any process of reasoning, in your opinion, is that consistent with a proper state of affairs in the Hospital?—It speaks for itself, and shows plainly that all the sickness arose inside the Hospital, and was not carried in by Dr. Batchelor from without.

2452. Is it consistent with the condition of affairs you found?—Yes.

2453. Now, we hear of cases of slight injuries which have gone into the Hospital, such as knee-joints, which have ultimately required excision, and which, unaccountably, have very shortly after admission developed suppuration, and so on. Is that consistent with an unhealthy condition of the ward?—It might come from an unhealthy condition of the ward.

2454. It might come?—Speaking generally, you might have a person come in who was an unhealthy subject, and suppuration, if it occurred in his case, would be freer than in a healthy person; but if a healthy person came in, and suppuration followed in his complaint, I should say he had got septic poisoning.

2455. Could septic poisoning affect a knee-joint without any lesion?—In that case I should be more and more inclined to attribute the existence of it to septic poisoning.

2456. And generally, supposing after years of experience you had cases which developed most unexpected symptoms of a septic character, which you could not account for, would the condition of the Hospital, as you found it, assist you to arrive at a conclusion?—Yes.

2457. There is a passage here rather important. This report refers to walls and so on, "One of the uniform defects"—