

2897. Dr. Batchelor suggests that in carrying patients from our operating-room, after a secondary operation, to the ward, there is a liability to dislodge clots of blood. That should be avoided?—Yes. If they are carried quietly it may be.

2898. If a secondary operation became necessary in your hospital where would it be performed?—In the operating-room.

2899. If we had here a similar plan to that which you have told us exists in your hospital you think it would be satisfactory?—I do.

2900. You have noticed that we have no suitable rooms adjoining the operating-room here? I have.

2901. And that here the patients have to be carried from the operating-room in the way I have described, to these wards?—Yes.

2902. Would you be surprised to hear that erysipelas has from time to time arisen in our Hospital, in different parts of the Hospital, but at the same time?—I would not be at all surprised to hear it.

2903. We have heard that five years ago the then House Surgeon reported to the Trustees that two or three cases of erysipelas arose in one week, and that he could not account for it. Is that surprising?—I do not think it is surprising, in the present state of the Hospital.

2904. What is your experience in Christchurch in regard to erysipelas?—It is very satisfactory now.

2905. I will put it in less general terms. Have you had an outbreak of erysipelas during your term of office?—I have had no outbreak of erysipelas.

2906. *The Chairman.*] How long has your term been?—Nearly three years.

2907. *Mr. Solomon.*] In the Christchurch Hospital have you any means of isolating erysipelas cases when they do arise?—There is a separate hospital—two wards, about one hundred and fifty yards away from the main building. These two wards are reserved for infectious cases.

2908. Are there any such means here?—Not so far as I have seen.

2909. *The Chairman.*] You have a special double ward?—Yes. One of the wards contains twelve beds, and there is accommodation in the wards for nurses. There is also a kitchen, and the food for the ward can be cooked there. There is no communication with the main building in any way. Suspicious cases are always removed before they show themselves.

2910. Do you disinfect in a particular way?—Yes, in every case with sulphurous acid gas.

2911. *Mr. Solomon.*] Did Dr. Batchelor point out to you the room in which he performed his gynecological operations?—Yes.

2912. What do you think of that?—I did not like it at all. I do not think it is a proper place.

2913. *The Chairman.*] That is No. 5?—No, it is the bath-room.

2914. *Mr. Solomon.*] There is a drain directly underneath it, is there not?—There is a drain-pipe underneath it, without a trap.

2915. It has been suggested that it is possible that very severe cases come into the Dunedin Hospital; and that other hospitals do not get nearly such severe cases. Might I ask if you get a fair share of severe cases in the Christchurch Hospital?—I think so, we get a very fair share.

2916. I notice that in Christchurch Hospital, out of one hundred and twenty-six cases, there were two deaths, and out of eighty-six cases in Dunedin Hospital there were six deaths, in 1889, under the subsection of "Violent Deaths." Do you think it reasonable that the surgical results in the Dunedin Hospital can be so good as they are in Christchurch, in view of the difference of the surroundings?—Certainly not. They could not be expected to be.

2917. *The Chairman.*] I see in the return for last year that in the Christchurch Hospital thirteen cases of erysipelas are put down?—But these cases were admitted as erysipelas.

2918. All of them?—Yes, they presented themselves as erysipelas cases.

2919. You think that the return is tolerably correct?—These are taken from the figures in the hospital books.

2920. In your opinion, are these statistics as published thoroughly satisfactory?—I consider them very unsatisfactory, and they are also very misleading.

2921. In what respects are they misleading?—Because the classes of individual disease become mixed up all together.

2922. What you mean is that the classification is imperfect?—Yes. Not only so, but the cases are so mixed up, that they are made to appear several times, and so become almost unintelligible. And you will find that one hospital will classify one disease under one head, while another hospital will classify the same disease under another head, and yet both hospitals will be perfectly justified in doing so.

2923. *Mr. Solomon.*] Do you get severe surgical cases in the Christchurch Hospital?—I should call them severe operations.

2924. Do you think that they would be up to the average?—I will give you a list of some of the surgical cases in the Christchurch Hospital. [Witness undertook to supply the Commissioners with a detailed list of these cases.]

2925. Do you think that a patient's stay in our Hospital can reasonably be expected to be longer or shorter than in your Hospital?—It must be longer in the Dunedin Hospital.

2926. Has it been your experience in the Christchurch Hospital that slight or comparatively slight injuries of the knee, such as we have had mentioned to us during the course of this inquiry, should, within a short time after the patient's admission, have become suppurated without any apparent cause?—No.

2927. Would you think such a circumstance suspicious?—Yes, I should. But it would be difficult to give a definite opinion without seeing each individual case.

2928. What about your abdominal sections: have you had septic results afterwards?—I have not had any since I have been in the Hospital.