

3211. Without reading or knowing the whole case can you tell that?—I have read what has been submitted, and the whole argument seems to indicate that.

3212. Did I understand you rightly to say that when you were in the Hospital you made some tests with the watercloset traps, before you gave your evidence yesterday, something about siphoning?—Yes.

3213. Did you find that they siphoned out?—No. My tests were made to ascertain whether any of the traps became siphoned when a column of water descended the soil-pipe.

3214. And you found?—That none of them became siphoned. It is, however, a recognised law that rainfall water from the roofs should not empty into the soil-pipes—that is a recognised canon of hygiene.

3215. But that will depend on the number of down-pipes, will it not?—The effect would vary according to the number of down-pipes. However, the conditions are essentially similar, so far as I could ascertain, to those which I have found by experiments elsewhere to be attended by danger—at Seacliff, for instance. In any case the arrangement of pipes in the Dunedin Hospital is wrong.

3216. *The Chairman.*] You found the conditions to be similar in practice to what you had at Seacliff?—Yes, to a certain extent.

3217. And which have been remedied there?—Yes, partially. The work is not completed yet.

3218. *Mr. Chapman.*] The closet traps did not siphon out?—No; and the explanation is simple, because the building has only two stories, and the soil-pipes below the lower flat pursue a very angular course, in some cases turning twice at right angles in a distance of 6ft. The resistance caused by this negatives the effect of the down-flowing column of water, as regards the first flat. There are no flushes above the upper flat, except during rain.

3219. *The Chairman.*] In fact, you cannot test the soil-pipe in the upper story except by water from the roof?—No. As regards the lower flat, pressure upon the seals, and not suction, took place at Seacliff when water was discharged into the soil-pipes from above. Aspiration resulted only in connection with the middle and upper story.

3220. *Dr. Batchelor.*] Would you expect a scientifically accurate report, or simply a report giving my own impressions of such cases, to be laid before a public body; you must remember that I was not reporting to a body like a medical association, but to a body of unscientific men, who would be more likely to take in the striking points of the case. Taking that view of the matter, is my report to the Trustees a consistent one?—No; in these reports you certainly convey quite a different impression from what I have formed myself from reading the cases in the case-book. I can only say that I should not express myself in such terms if I wished to convey my views regarding these cases in popular language.

3221. In regard to these cases of knee-joint, it was a strong point with me that, in cases of simple synovitis, suppuration or inflammation should have taken place in the Hospital?—I do not agree that in the cases of M— and G— simple synovitis ever existed; at least the reports in the case-book indicate that the affections were strumous or tubercular from the first. If you will hand me the case-book I will read out the points from which I formed this diagnosis. [Witness here read extracts from the case-book.]

3222. But if you found within three weeks after admission a case of slight injury to the knee-joint developing suppuration, would you not consider that that pointed to a defective condition in the Hospital?—I do not think so, because the injury was followed up by pain, and an apparently slight injury to the leg gave rise to tubercular or strumous trouble.

3223. From the fact of suppuration taking place, which I had never met with in my private practice, was I not justified in ascribing it to the unhealthy condition of the Hospital; or, I will put it in this way: is it not more likely that suppuration would supervene, if the condition of the Hospital were defective hygienically?—What I have been reading now does not convey that impression; I think that there was something more remote than that, if you go by this *précis*. You state the case, but do not state the general kind of disease.

3224. Would not simple synovitis in unhealthy surroundings be apt to take on a tubercular aspect: is that not its general history?—What about bone at the head of the tibia?

3225. Is that not consistent even with synovitis in the first instance?—It is, especially in cases of synovitis; but your notes do not seem to indicate synovitis.

3226. You will admit, at any rate, that under unhealthy conditions it develops into a tubercular condition. Now in my experience in my private practice I had never seen similar results, and therefore was inclined to ascribe it to the unhealthy condition of the Hospital. But the boy was twenty-one years of age?

*The Chairman:* That is stated in the *précis*.

*Witness:* But Dr. Batchelor omits to state there that there was suppuration before operation.

*Dr. Batchelor:* It is certainly not stated in what I sent to the Trustees, because I did not think it would be understood.

*Witness:* The points I rely on are mainly these: There was the patient's age; the fact that he had sustained only slight injury—he had jumped down from off a bank, and fell upon the upper end of the tibia; and that he was treated as one would treat a case of strumous knee.

3227. *The Chairman.*] In your opinion, the fact that there must be some more direct connection with the bad state of the Hospital than is given by these cases as they really existed, must be established, before such an opinion can be entertained?—Yes.

3228. You were in charge of Wellington Hospital in 1888?—Yes.

3229. *Mr. Solomon:* I notice in the statistics for that year that you had twelve septic cases in Wellington, and that six of them died. There were five cases of gynecology and one death; two cases of pyæmia and one death, and five cases of septicæmia and three deaths. Can you explain that?—I remember the cases of pyæmia. They both occurred in urinary cases. It was very