very fine hospital. It is in consequence of these dangers being recognised that these special hospitals exist.

316. *Mr. Solomon.*] Is there any method by which you are able to ascertain in the Dunedin Hospital, except by continual inspection of each case, what other cases there are, and the character of those other cases, that are under the care of other surgeons, in these general surgical wards?—No.

317. When a patient has to undergo a gynecological operation she would naturally remain in the Hospital some few days preparing for that operation, would she not?—I invariably keep them in the Hospital for some days.

318. You say that there is a preparatory kind of treatment for some days. Is it a portion of that treatment that the patient should undergo vaginal examination?—Yes, with more or less frequency. You have to determine, as far as you possibly can, the exact state of affairs, and to do that you have sometimes to make repeated examinations.

319. In the first place, I would ask you whether it is desirable, during their stay in the Hospital preparatory to the performance of an operation of expediency even, that patients should be in the best possible hygienic condition?—Yes.

320. Is it essential that they should be similarly placed in regard to hygienic conditions?—Certainly; if you wish to get success, all details of that kind must be attended to.

321. Gynecological operations are those in which attention to details is especially necessary, are they not?—Yes; that is well recognised.

322. Is it consistent with the condition of affairs that you should require that for a few days previous to operation the patient should be put in a ward in which there are septic cases?—No.

323. Is it consistent with probable success that a patient should remain for a few days in a ward with one or more septic cases in it?—No; it would have a very unfavourable effect. I should say that it would have a decidedly unfavourable effect on the prospects of success.

324. In the present state of affairs in the Hospital that might be the case—might it not?—without your knowing anything at all about it?—Yes.

325. *The Chairman.*] That such cases might have remained in the ward for a week?—Undoubtedly. It is utterly impossible to provide against that. I can give you instances of it. There was one case—I cannot recollect exactly how long it was ago, but I should say about a year—of a patient of mine who was about to be operated on. A day or two before the operation I happened to go into the ward early in the morning—a little before my usual time—and was struck by the presence of a very bad smell in the ward. I inquired at once what was the cause of this very bad smell, and was informed by the nurse that the patient in the adjoining bed was suffering from putrid bed-sores, and I happened to make my visit before they had been dressed. I think if she had been operated on under these circumstances she would have had a good chance of dying.

326. And what was the matter with the patient in that next bed to your own patient?—She had large putrid bed-sores, that stank. It was quite by accident that I found that out.

327. And that highly undesirable state of affairs may happen to-morrow?—May happen any day.

328. Can you give us the name of that patient?—It was one of Dr. Colquhoun's patients, but I do not remember her name. I am very bad at remembering names. I do not remember the names of my own patients very often.

329. Was it a case of sloughing bed-sores?—I do not remember exactly what it was, but it was a terrible smell.

330. You say it was putrid bed-sores?—Yes. It was by the purest accident, through going into the ward early in the morning, that I detected it.

331. Do I understand you to say that ovariotomy is a recognised operation of modern surgery which is of large advantage to patients?—Yes. It is the means of saving an enormous number of lives annually. I forget the number that Sir Spencer Wells says that he has saved, but I know that it is something enormous.

332. It is one of the functions of a specialist to perform these and similar operations, is it not?—Yes.

333. And was this one of the objects for which you were appointed Surgeon to this Hospital?—I presume so. My duties ought to have been known when I was appointed.

334. I suppose you will be able to give us later the name of the work giving the number of cases that were performed by Sir Spencer Wells?—Yes.

335. *Mr. Solomon.*] In speaking of ovariotomy, I understand that you are speaking of ovariotomy, oöphorectomy, Tait's operation, and of gynecological operations generally?—I have understood that all along.

336. Take an ordinary case—that one of labial cyst, for example. That is an external operation and a simple operation, is it not?—It is a very simple one.

337. In a case of that sort are proper hygienic conditions essential?—Certainly.

338. What remark have you to make as to isolation?—I do not feel inclined to isolate a patient of that kind—that is to say, I should not have to do so in an ordinarily healthy ward.

339. But take the circumstances we have here in this Hospital. Ought the patient to be isolated for Emmet's operation?—She should not be operated on at all.

340. You mean in the sense that if she is to be taken out of the Hospital alive?—Yes.

341. In the present conditions of the Dunedin Hospital—there being no method of isolation for gynecological cases, and there being no proper system of ventilation—can the practice of gynecology be conducted with safety to the patients?—No.

342. Can the patients get the benefit of your gynecological skill in the Dunedin Hospital?—No.

343. Let us leave this business for a moment or two. You collected, I think, a certain amount of money for the purpose of getting a separate ward for these cases?—Recognising the danger of this condition of affairs, I made an appeal to the ladies of Dunedin for funds for this purpose.