390. *The Chairman.*] That is, since July?—I have not done an operation since then.

391. So far as you know, no major operation whatever has been performed in the Hospital since July?—I have received no notice, and know of no operation being performed. We generally get notice.

392. So far as you know, has any operation been attempted?—When any operation is about to be performed I get notice from the house surgeon; but I have had no such notice since July. I should like to add that I have some patients in the Hospital at the present time who require operating on badly, but I am frightened to touch them. There is one case that I may mention specially. I had a consultation with the staff on the case of a woman with an internal disease. At the time an operation was suggested her condition was thought to be probably a case of malignant disease, and it was decided to wait three weeks to see what change had occurred—to see if it was cancer or not. I waited for three weeks and found that the growth was enlarging; but I am not going to operate.

393. Why?—Because I am frightened.

394. Why are you frightened?—I am frightened of septic mischief. It is not safe to operate.

395. What would cause septic mischief to arise?—The condition in which the Hospital now is. I know that there has been erysipelas about the Hospital.

396. I understand you to say that in one case at any rate at the present time you are satisfied you should operate, but you consider that it would be unsafe to do so?—There is one case in which I am certain I ought to operate if the Hospital were in a satisfactory state. There are four cases which should be operated on, and which require operation badly. One woman is very dangerously ill at the present moment. Her temperature last night was 110°.

397. You think that she ought to be operated on?—I think that she runs a risk of her life through not being operated on.

398. Do you think that she would run a risk of her life were she operated on?—I do.

399. Then there would not be so much risk after all, seeing that it would be a sort of certainty?—I will not go so far as that.

400. What operation is it that requires to be performed?—Abdominal section.

401. And you do not consider yourself justified in doing it?—I do not.

402. That, of course, we all understand is at the present time. Now, for a considerable time past have you performed any operation in the Dunedin Hospital with confidence?—I have never operated with confidence as to results. I have been taken in so often that I am never sure now of what is going to happen; while outside I operate with every confidence. In the Hospital, even with the simplest cases, things go wrong which should not go wrong. All that I can say is that I had no reason to anticipate anything but good results in every case I operated on; yet cases went to the bad without any assignable cause whatever, unless it be owing to the unhealthy state of the Hospital.

403. That brings us to a general question. The great danger that is to be feared in these major operations is the danger of septic poisoning, is it not?—Yes.

404. Now, is that danger at the present day of the same importance as it was before the perfection of Listerism?—No. Since antiseptics have been brought into vogue, and been so generally used, we are much more sure of our results.

405. Assuming a perfect condition of hygiene in the hospital—that is to say, as perfect as the ordinary atmosphere outside—what is the danger of pathogenic germs?—You will find them in the street.

406. And *a fortiori* in the hospital?—Yes.

407. Assuming as nearly a perfect condition of hygiene as one can reasonably expect in a hospital, with the present antiseptic treatment, in your opinion should there be any septic blood-poisoning following such operations as we have been speaking about?—I should expect to get in a healthy hospital as good results as I get in private practice.

408. And outside?—I got good results, while I got bad results inside.

409. Speaking of good results—I do not want to go into your success otherwise, as it has nothing to do with this case, but speaking generally, for the last two years, at any rate, in your outside practice have you experienced any case of death after operation, excepting puerperal fever, by septic blood-poisoning?—I do not think in all my experience in Dunedin that I have ever had a case of blood-poisoning following an operation. I cannot think of such a case ever since I have been here.

410. That is, outside?—Yes; outside. To the best of my recollection—I may have forgotten it, but I do not remember ever having had a case of septic blood-poisoning after operation.

411. Of course, you exclude puerperal cases?—Yes.

412. *Mr. Solomon.*] Given such a condition of hygiene as you obtained outside, or which you might have expected to obtain in the Hospital, but which we know unfortunately did not exist, should there be any special danger of septic poisoning arising after operation?—No; if the hygienic conditions were such as I could wish there should be no special danger.

413. *The Chairman.*] You mean by that, I presume, if you had separate wards for your own class of cases, constructed in the manner you have already indicated?—I mean that with good nurses and good appliances we should have splendid results.

414. *Mr. Solomon.*] Do you look on special wards as absolutely necessary, or do you think that with proper ventilation and proper construction a sufficiently satisfactory hygienic state of affairs might be provided?

415. *The Chairman.*] You mean, in mixed wards?—I do not think it is wise to have gynecological cases in mixed wards. It is always safer to have these in a ward by themselves, simply from the fact that they are specially dangerous.

416. *Mr. Solomon.*] Do you know a writer named Victor Horsley?—By repute, yes.

417. Is he a recognised authority on this subject?—He is.