524. These are the sorts of things, I suppose, that are generally found in a ward?—They must necessarily be found in a surgical ward.

525. Can I say, speaking generally, that any wound which would discharge pus would discharge pathogenic germs?—Yes.

526. Taking the surgical wards in the Dunedin Hospital, is it usual or unusual in such wards to find cases productive of these germs?—Generally, you find one or more cases where germs are produced in large numbers.

527. And in the portions of the ward in which the air was stagnant would you expect to find these germs diffused or concentrated?—I should suppose them to be more concentrated. But I do not want to say much about this matter, as I do not understand thoroughly the question of ventilation of the Hospital.

528. Is there or is there not a consensus of opinion that these germs are apt to be absorbed into the "respiratory tract"?—I think that the weight of opinion is against it.

529. Is there opinion on both sides of the question?—Decidedly. A great many still hold that it is not, but the weight of opinion is, I think, rather against it. It is not a settled point.

530. Then, we may say that there is a difference of opinion?—There is undoubtedly. Certainly it is not yet settled, and it is one of those questions which are very hard to settle.

531. *The Chairman.*] They are not absorbed into the body by respiration alone?—Some say that they are, and some say that they are not.

532. They cannot be kept out of the lungs?—Some think that they cannot penetrate the mucous membrane unless there is a breach of continuity.

533. *Mr. Solomon.*] I will refer you for this to a passage by Victor Horsley in his article on septicæmia in the "Dictionary of Practical Surgery." At page 423, vol. ii., he says, "Not proposing to waste space by discussing this point, we will pass on to the conditions surrounding the inoculation of the virus. Although, of course, it is highly probable that septicæmia in both forms may arise from absorption of the virus by the alimentary canal or respiratory tract, it appears to be very rarely caused in this way." Is there any difference of opinion that if these germs or organisms fall on open wounds they are liable to cause septic poisoning?—I should say that there is no difference of opinion on that point.

534. Can I say this: that these germs may fall on open wounds in such a way as that they can be taken directly into the blood-system of the body?—In the ordinary acceptation of the term, undoubtedly the blood admits them.

535. The theory is that these germs are taken directly into the blood-system, is it not?—Some forms are taken up by the lymphatic system, but there are a great many theories with regard to that.

536 They spread by multiplication, do they not?—Yes; in a wound they spread by multiplication.

537. You have told us already that some wounds are more favourable than others to germs through multiplication?—Undoubtedly.

538. And, as a corollary of this, that the more concentrated they are the greater is the liability to contagion, and that this is the first danger arising from improper ventilation?—Yes.

539. Is there any other danger of this germ-contamination than from improper hygienic conditions—as, for instance, the condition in which the patient is?—I do not think there is so much danger from a patient's condition having run down as from septic conditions existing prior to operation; for very often a patient's life deteriorates in unhealthy surroundings.

540. He is in lower bodily condition, is he not?—Yes.

541. Is he more or less likely to contract disease when in that state?—Undoubtedly he is more liable to contract disease.

542. What effect would living in this vitiated atmosphere have on the length of a patient's convalescence and stay in the Hospital?—Do you mean in our Hospital at the present time?

543. Yes?—I am sure that a very great number of the cases which are brought into our Hospital are kept there very much longer than they would have been if the Hospital had been more healthy. I have seen a great many instances of this. For instance, in cases of excision of the knee-joint——

544. But I am not talking at the present moment of excisions of the knee-joint, but of actual surgical cures in an ordinarily healthy patient?—As an ordinary and general rule, the health of a patient must deteriorate, and he must necessarily be kept longer, in a hospital with defective sanitary conditions.

545. Can you draw any conclusions from the appearance of the patients in the Hospital?—Yes.

546. How do they look?—Very pallid. I think, if you look around at our nurses and others engaged in the Hospital, you will find them very anæmic.

547. Can you find us an illustration anywhere? Is not our own House Surgeon a remarkable case in point?—I might mention our last house surgeon, Dr. Fooks. He was ill for a time while he was in the Hospital, and went to Seacliff, and has been remarkably well since he has been there.

548. But, joking apart, is not Dr. Copeland an illustration in point?—I do not think that Dr. Copeland is as well as he ought to be. As a matter of fact, he was very ill shortly after he came here—due, I dare say, to the unhealthy state of the Hospital. He had an attack of *la grippe*, and did not recover as quickly as he should have done.

549. But, as to the patients themselves, what about their appearance?—I have seen several instances where the patients have been very ill while they were in the Hospital, but when they left the Hospital they recovered in a remarkable way. One case of this sort was a peculiar one, and I mentioned it to one of the Trustees, I believe. That was a case where I had performed