per cent., and where the conditions here are known to you. Under the circumstances that exist in Dunedin what should you expect—the highest rate one might fairly expect in the Hospital?—I should think 5 per cent. ought to cover it.

1991. We have been told that about one thousand patients pass through the Hospital in the course of a year.—I believe there are that number.

1992. You understand what we mean by the germ theory, of germs existing in the air. We have been told by Dr. Roberts, who is a pathologist and a specialist in this subject, that there are pathogenic germs in the air, from which septic poisoning arises?—Yes, that is an acknowledged theory.

1993. What do you say as to the risk of infection from the greater or lesser concentration in which they are found?—The risk increases enormously with the greater concentration. With sufficient dilution they become practically innoxious.

1994. For instance, they are here?—Heaps of them, I should think, by the smell.

1995. In a surgical ward of the Hospital, where there are mixed cases, is there a greater or lesser chance of the presence of these germs in the atmosphere found in the ordinary room?—There is undoubtedly greater prospect.

1996. Does the presence of such cases as burns or suppurating wounds have any effect on these germs of the atmosphere?—If there were suppurating wounds in the ward the germs would be bound to be there.

1997. In more than usual number?—Yes.

1998. So that the mere presence of these conditions of itself concentrates the germs in that atmosphere beyond what is usual?—Yes, beyond what is usual.

1999. Does a proper system of ventilation in such a place as that have any direct effect on the concentration of these germs?—A proper system would dilute the germs and carry them away, so that they would not hang about the particular beds in which they were generated.

2000. And does the want of such a proper system of ventilation increase the risk of infection arising from the presence of these germs in a surgical ward?—Undoubtedly it does.

2001. Now, take our own wards. The surgical wards of our own Hospital at the present time have general surgical cases in them, and also special cases—gynecological and ophthalmic. Do these cases run any special risk of septic poisoning, in your opinion?—So far as gynecological cases are concerned, that is hardly a question you should ask me. It has been answered by Dr. Batchelor, who is specially acquainted with the subject, and by Dr. Roberts, who also is specially acquainted with it. I would rather not express my opinion. I should say, from my surgical training, that the risk was greater; but I am not expressing a specialist's opinion. So far as ophthalmic cases go, the conditions found in dealing with the eye are very different from those of a leg operation, inasmuch as you seal up the limb, but you cannot seal up an eye altogether, so as to isolate it from surrounding circumstances in the ward. The tear duct forms a means of communication between the nose and the eye, and for that reason ophthalmic cases are certainly running a much greater risk after operation in being treated in surgical cases than in being treated in separate wards.

2002. In Dunedin Hospital there is no special ward for such cases?—Not for male ophthalmic cases, but there is for female. Some years ago the Trustees gave me the front tower ward. It is very unsuitable in many ways, but I did not look a gift horse in the mouth and was glad to take it, although it is not the best that might be got.

2003. Do you think that the males' chances of recovery are seriously militated against on account of the absence of provision for isolation?—I think I may say they are seriously impaired. Not necessarily that every case gets septic infection, but inasmuch as I am unable to modulate the light in the ward; and therefore my patients after operation have to stand the glare of a large ward and therefore are liable to suffer either from having their eyes bandaged too long, or from too much glare; and they also suffer from draughts in the wards. If there were separate wards these matters should be regulated, but in a common ward it is impossible to avoid them.

2004. We will subdivide that danger. Let us take, in the meantime, the question of septic danger. Are the sanitary conditions of the general surgical wards in the Dunedin Hospital of such a character as to seriously increase the danger of septic poisoning arising to special subjects being treated in these general wards?—I do not follow your question.

2005. To make it clear: You have told us there is a danger of septic poisoning to such cases as yours being treated in general wards?—Yes.

2006. That in these wards one might expect the presence of these germs?—Yes; in a ward where you have septic organisms you will have a certain number of losses of eyes after operation from septic trouble.

2007. Is extreme care in ventilation more necessary in such cases as that than under ordinary circumstances?—I think it is necessary in all circumstances.

2008. But where you have to treat cases such as yours and Dr. Batchelor's in general surgical wards, should more or less care be devoted to the sanitary condition?—I think you should exercise more; but under any circumstances you should exercise the greatest care.

2009. But you do not quite appreciate what I say. You say a special ward is necessary. Now, supposing we cannot get one, and that you are forced to treat your ophthalmic cases in these general wards, and suppose extreme or proper care was given to ventilation, do you think the dangers they run would be minimised?—Yes, they would be lessened.

2010. *The Chairman.*] Lessened by what?—Proper ventilation.

2011. *Mr. Solomon.*] What I am trying to impress upon you gentlemen, by means of this question, is the necessity of special care being taken in ventilation in connection with the special cases having to be treated in the mixed wards. Now, do you think, Dr. Ferguson, that under existing circumstances you can operate with confidence in the Dunedin Hospital? I am not going beyond your own cases?—I cannot operate with the same confidence that I can outside.