only portion which should be built of stone, brick, or concrete, all of which substances or materials are apt in the course of time to become saturated with septic matter.

3241. I ask you whether you think it is advisable that in the present Hospital the practice of treating gynecological cases in the same ward as ordinary surgical cases shuld be allowed to remain as it is?—I do not think so. I think that that point has been settled since the days of Baker Brown, who was the first to show the advantages of isolation in all these cases. He had most extraordinary success through isolating his ovariotomy cases.

3242. It is especially necessary, is it not, that in ovariotomy, or what we may call uterine operations, there should not be increased risk of septic poisoning?—Yes.

3243. That these operations should be as free as possible from that risk?—Yes, because it involves a deadly complaint, which is called peritonitis.

3244. Now, we have heard of the passage of germs from the vagina into the peritoneum?—Yes. Septic matter may pass by continuity through the fallopian tubes to the peritoneum and cause peritonitis.

3245. I suppose that, under the circumstances, a patient should be kept in a pure atmosphere both before and after operation?—Yes.

3246. It is the fact, is it not, that certain wounds give off septic matter?—Yes; especially large suppurating burns.

3247. And such cases are a source of danger to the other patients in a general surgical ward?—If there is a large suppurating surface there is a constant danger.

3248. Dr. Batchelor has told us of one case in which he was about to perform an operation, and was surprised to find at the last moment a woman lying in the next bed to that of his patient who was suffering from purulent bed-sores, which fact deterred him from operating; and he has told us further that that is a state of affairs which may happen at any time. Is that so?—Yes. When the Hospital is crowded, and no special ward can be obtained to put the patient into.

3249. An Emmet operation, for instance, or a simple operation for the removal of a labial cyst. These cases are extremely liable to septic poisoning, are they not?—They may be.

3250. For them to get fair treatment they must get good, pure air, must they not?—Yes.

3251. Do you think it proper that such cases should be put in a general ward where such a risk as I have mentioned exists?—There is always a risk.

3252. Do you think that it is a material risk which can be safely allowed to remain?—No, I do not think that it can be safely allowed to remain so.

3253. Does that remark apply to ophthalmic cases also?—It does.

3254. You have already told us that you do not operate with confidence in the Dunedin Hospital, and that you always fear some danger?—Well, I take extra precautions.

3255. You rely on antiseptic treatment to counteract that danger?—Yes.

3256. And antiseptic treatment has during the past few years almost completely removed the danger of septic trouble after operation?—Yes. In some hospitals it has practically banished the danger for a time.

3257. Now, suppose that a man is as careful as a practitioner ought to be, but given the surroundings which exist in the Dunedin Hospital: with all your precautions, and with all your skill, can septic poisoning always be avoided?—I think there is always a certain amount of danger.

3258. No matter what precautions you may take?—Yes, no matter what precautions you may take.

3259. *The Chairman.*] You say that in the Dunedin Hospital, in its present state, there is a certain amount of danger or risk, notwithstanding all the precautions you may take?—Yes. The air which pervades one ward pervades the whole building, and that is objectionable.

3260. *Mr. Solomon.*] Do you think that it is proper to have a medical school connected with a hospital as defective hygienically as our Hospital is alleged to be?—It is not necessary to get the best results for the purposes of a medical school. Medical students often learn most from bad results.

3261. Dr. DeRenzi has told us that, in his opinion, it was very improper to have a hospital to which a medical school was attached in the hygienic condition in which the Dunedin Hospital is at present, because the students do not get the best teaching where a hospital is so unhygienic?—I certainly think that it would be well if every hospital which has a medical school connected with it were built on the most modern plan of construction, *i.e.*, on the pavilion system. It should especially have proper ground-floor for each bed.

3262. Some authorities tell us that there should be no outbreak of erysipelas in a properly-ventilated hospital, while other doctors have told us that it is impossible to absolutely prevent it always. With which view do you agree?—I think you may have isolated cases under any system.

3263. *The Chairman.*] Arising in a hospital?—It may be introduced there but not generated, *de novo*, as it were, in the institution.

3264. *Mr. Solomon.*] Now, about erysipelas in the Dunedin Hospital?—What has been your experience on that point?—During the last two months I have seen six or seven cases there.

3265. Arisen *de novo* in the Hospital?—It may have been from contagion, or from other causes.

3266. Were these cases brought in from the outside, or did the erysipelas attack patients sent in with other complaints to the Hospital?—They started in the Hospital.

3267. Is that a normal or abnormal state of affairs?—It is an abnormal state of affaits.

3268. If the hygienic condition of the Dunedin Hospital were reasonably satisfactory, do you think that such a state of affairs could exist?—I do not think so. I do not think that we ought to have had as many cases as we have had.

3269. *The Chairman.*] Is it surprising, considering what you know the state of affairs in the Dunedin Hospital to be?—Looking at the faulty construction of the Hospital it is not surprising.