by my former experience as a student I should agree with it, and I see no reason to disagree with it now.

3339. Have you yourself performed abdominal operations in the Dunedin Hospital?—Yes, several.

3340. Recently, or spread over a time?—Spread over a time.

3341. Spread over the three years that you have been on the staff?—Yes.

3342. Have you had good results?—Yes.

3443. Then you have had reason to be satisfied with the results?—Quite satisfied with the results.

3344. We have been told that abdominal operations are more liable to septic mischief than any others—that the vagina is more liable to take up septic mischief than any other part. Is that your opinion?—I do not clearly understand you.

3345. Are abdominal cases more liable to septic mischief than other classes of surgical cases?—No; provided that you use due precautions while the operation is being performed.

3346. Precautions such as what?—Clean instruments and clean hands, and taking every possible care from getting any infection.

3347. Do you regard septicæmia as an infectious disease, or a contagious disease?—Well, I think that the bulk of opinion—I mean of modern opinion—is coming round to the idea that it is largely a disease of contagion—that the poison would be carried direct to the person.

3348. Not from the air but by contact, you mean?—There is a little element of doubt about it, but, given ordinary hygienic conditions, infection from the air is very remote.

3349. You have just told us that modern opinion is tending in the direction of regarding septicæmia as a disease of contagion? Have you any particular authority on that subject?—There are various opinions tending in that direction, but I cannot lay my hands at this moment on the authority that states that positively, but there are various opinions which lead me to think in that direction.

3350. Will you suggest an authority?—Erichsen (vol. i., eighth edition, p. 942), says: "Septic infection from another patient is seldom observed in surgical practice." And Dr. J. Flugge, in his book on "Micro-organisms" (Sydenham Society Publications, vol. cxxxii., p. 744), says: "Hence we have given up the former views that bacteria can pass readily into the blood, and from thence into the organs of the body through the intact lungs or the normal intestine: on the contrary, the body of warm-blooded animals nowhere offers a surface permeable by infective agents so far as is yet known."

3351. The opinion has been expressed by authority that erysipelas never occurs in a proper, well-ventilated hospital?—Do you mean to ask if it is found in all hospitals?

3352. Do you know any hospital in which it does not occasionally occur?—No. It occurred in the Royal and Western Infirmary, Glasgow, and the Royal Infirmary of Edinburgh, and both of these are comparatively new institutions. This is what Hirsch, in his work on "Pathology" (Sydenham Society Publications, vol. cxxii., p. 411), says: "Even in hospitals that are admirably constructed—says Volkmann—that have been made salubrious to the point of luxury, and are perfectly ventilated, even in these there have occurred epidemics of erysipelas of the severest kind, and the most scrupulous cleanliness and care have not succeeded in putting a stop to them." Ample confirmation of this is afforded by the London hospitals, which, as Fergusson says, are never free from erysipelas, notwithstanding the extreme cleanliness practised in them, and despite the most abundant ventilation. In the Hospital St. André, at Bordeaux, which is highly prized as a "model institution," it appears from the statements of Pajos that even the cleanest and best-constructed wards do not escape erysipelas. Ollier records that, for a long period previous to the year 1867, the severest operations had been performed at the Lyons Hospital without erysipelas occurring, but from that date onwards the larger number of the cases operated upon were attacked with erysipelas, although no cause could be found for it in the condition of the place. But the non-dependence of erysipelas upon the above-mentioned factors is proved best of all by its epidemic occurrence outside hospitals, among village populations at large, and not infrequently in coincidence with the development or intensification of the disease in the hospitals. This fact confronts us on a large scale in the North American epidemics, in which the most remarkable circumstance was that the disease was prevalent in country districts much more frequently and much more extensively than in large and populous towns.

3353. Now, as to the Dunedin Hospital: I suppose, like those who have been connected with it, you recognise along with your colleagues of the medical staff that it is not perfect?—That is true.

3354. And you agree with many of the objections that have been made to it?—Yes.

3355. These matters are, I suppose, common ground to a large extent?—Yes.

3356. What do you regard as the imperfections of the Hospital?—What struck me most was the arrangement of the waterclosets and the bath-rooms, the block system of the building, and natural sequence of events which more or less flow from such a system.

3357. I suppose you noticed that the floors and the walls are not altogether what they should be?—They are not.

3358. Did you ever know a hospital in which these things were quite perfect?—No.

3359. Did you hear or read the opinions expressed or suggested by Dr. Truby King as to the wards and waterclosets?—Yes.

3360. His suggestion of throwing two of the wards into one?—Yes; virtually to make two wards into one.

3361. And what about his suggested alterations to the waterclosets?—I think it would suit the purpose. Still there would be faults, as there must be in all human institutions.

3362. But do you regard Dr. King's suggestions as an improvement?—Yes.