3363. And in that way, and the way in which he has suggested, do you think the present building can be satisfactorily dealt with and utilised?—Yes, so far as that can practically be done.

3364. You have spoken about the defects that follow on the fact that the building is built on the block system. We have had some strong opinions expressed about ventilation. What in your opinion is the present condition of matters so far as ventilation is concerned?—It is imperfect.

3365. Do you consider that the building deserves the very severe condemnatory expressions that have been used towards it?—No, I do not.

3366. *The Chairman.*] It should not be condemned?—I may qualify that answer. There is nothing to condemn very severely, but there is ample room for improvement in the institution.

3367. *Mr. Chapman.*] We have been told by one gentleman that in going into a ward, early one morning, so stuffy was it that it made him retch. Have you ever experienced anything like that?—Never.

3368. That is possibly an exaggerated statement, is it not?—I should be inclined to think so.

3369. Have you been very often into the wards yourself?—Yes, at all hours of the day—from 9 o'clock in the morning till 2 or 3 o'clock the following morning.

3370. The Hospital has been spoken of by one gentleman—possibly by more—as being in such an insanitary condition that its condition has largely influenced the surgeons in abstaining from operations. Has that been your experience?—No, it has never stopped me from operating when there was occasion to operate.

3371. Do you know if it has stopped any one else?—I cannot say that I do.

3372. I am, of course, excluding these last few weeks. You say that you do not know that it has stopped any one from operating?—I do not.

3373. You have been a colleague of Dr. Batchelor. Have you beome aware that it has stopped him from operating?—Only from his statement recently.

3374. That is within the last few weeks?—Yes.

3375. Have you formed an opinion as to whether the Hospital is more insanitary than most private dwellings for the performance of operations?—It is a vast improvement on most dwellings for the purposes of operations.

3376. You have been present at consultations when operations have been discussed: that is to say, when the propriety of performing an operation in a particular case has been discussed by the medical staff?—Yes.

3377. Have you been present on many such occasions?—Yes.

3378. In such cases have you known the insanitary condition of the Hospital to be brought up as an element in deciding the question whether an operation should be performed?—No; I do not think I ever heard that question raised at a consultation.

3379. You say that it was never brought into consideration as an element in deciding whether an operation should be performed or not?—It was not. The state of the Hospital was never an element in deciding such a point.

3380. Do you know of any case in which the condition of the Hospital has been an element in a discussion of that sort?—No.

3381. You have been present at consultations at which Dr. Batchelor was present?—Yes.

3382. To any number?—Yes, a large number.

3383. Do you know anything about S—— M——'s case?—Yes; I sent her into the institution.

3384. Then she was a patient of yours?—Yes.

3385. Under what circumstances was she sent into the Hospital by you?—I had attended her in her confinement. Immediately afterwards she drew my attention to an abnormal enlargement of her abdomen, and on further inquiry into her case I discovered that there was an abdominal tumour, which, on still further inquiry, I found out to be an ovarian tumour. Then I informed her husband of the nature of the disease, and said that an operation would require to be performed, but that before anything could be done I should require to have a consultation. I suggested that Dr. Batchelor should be called in, as he is possibly the man in Dunedin most familiar with operations for that kind of disease. The husband consented to my doing so, and went to Dr. Batchelor himself. We had a consultation at her house, and it was ultimately agreed that she should go into the Hospital. That was about a month after her confinement.

3386. Was there a consultation with the staff after that?—I was not on the staff at that time.

3387. Then you lost sight of her?—Except from inquiries from her husband and from Dr. Batchelor.

3388. Do you know when the operation was performed: about the thirty-ninth day after confinement apparently?—It would be about that time.

3389. Have you formed any opinion as to whether or not that was done too soon?—A difficult element enters into that question, because various circumstances may modify it, such as urgency. But failing urgency, it would be desirable to postpone it.

3390. Failing urgency, you say that it would be desirable to postpone it longer than that?—Yes.

3391. Why? What evil results might follow?—The liability to inflammatory or to septic mischief.

3392. Where was the liability to septic mischief in such a case?—From the uterus being still enlarged, and more or less *débris* being discharged from it.

3393. If that were her condition, and with the data you know of, do you think that it is a fair conclusion to attribute her death to anything arising from the state of the Hospital?—No. I think it would be an exceedingly unfair thing to say.

3394. What would you be inclined to attribute it to?—To shock in the one case, to liability to inflammatory mischief, and finally to septic mischief in the then condition of the uterus.

3395. Conditions within the patient?—Yes.