saw him attending to her several times afterwards, but I did not take any interest in or notice of her case, as she was not a patient of mine.

3476. If it had continued up to that time would it have any possible connection with these deaths in that ward?—I do not understand your question.

3477. Do you know whether there was a continuing discharge of pus at this time or not?—I do not.

3478. Can you tell us that from her chart? Can you form any opinion of that from her chart?—Her chart is one from which you would reasonably suspect that there had been pus discharging.

3479. Up to what date?—To August.

3480. If there were grounds for that assumption, would you place an Emmet's case alongside of her?—Yes; under antiseptic conditions.

3481. What sort of person was Mrs. S——: was she a strong, robust woman?—She was not strong, but she was fairly healthy. Though by no means strong, I should say that she was a woman in ordinary health.

3482. Do you remember the general question of the sanitary condition of the Hospital being raised at any meeting of the medical staff since you joined it?—We had several meetings for that purpose.

3483. Since Dr. Batchelor made his complaint?—Since his return from Melbourne.

3484. But prior to that, do you remember at any meeting of the medical staff the question of the alleged insanitary condition of the Hospital being brought up?—No, I do not remember. It is possible that it may have been, but I do not remember it.

3485. *Mr. Solomon.*] You have told us that you saw some gynecological operations in your practice as a student. Are you of opinion that gynecological cases should be treated in the general surgical wards of a hospital?—From what I saw, they can be treated very well there.

3486. That is not an answer. In your opinion, ought gynecological cases to be treated in the general ward of a hospital?—No person would say it ought to be, unless it is a matter of compulsion.

3487. Is it desirable, in your opinion—I will put in that way—that gynecological cases should be treated in the same ward as general surgical cases?—They can be treated quite well there.

3488. I must press for a better answer. Is it desirable, in your opinion, to treat them in the same ward as general surgical cases?—I see no objection to it.

3489. Do you recognise Lawson Tait as an authority on this subject?—Yes.

3490. Do you know what his opinion on the subject is?—Yes.

3491. Do you disagree with it?—All specialists are apt to run their subject off its legs.

3492. Are you a specialist in any subject?—No.

3493. Do you agree with Tait that it is highly undesirable that such cases should be treated in a general surgical ward?—No.

3494. Do you think that ophthalmic cases should be treated in a general surgical ward?—That would depend largely on the kind of cases.

3495. Such as would come under the care of any specialist in the Dunedin Hospital. Should they be treated in an ordinary surgical ward?—That again would depend on the kind of cases.

3406. Do you think it good policy that the Hospital should remain without a special ward for ophthalmic cases?—I should say that ophthalmic cases can be treated in an ordinary ward perfectly well.

3497. Do you see any objection to ophthalmic cases being treated in an ordinary surgical ward?—There are objections.

3498. Would you recommend that a special ward should be given for them?—For certain cases, I should.

3499. Are there any means of treating ophthalmic cases in a separate ward in the Dunedin Hospital?—There is a special ward allotted for special cases.

3500. Where is it?—One of the vacant wards.

3501. Which are the vacant wards?—They vary from time to time.

3202. Which is the vacant ward now?—I do not know.

3503. You do not think that, as a general rule, there is any necessity for having a separate ward for ophthalmic cases?—What I say is that many ophthalmic cases can be treated perfectly well in an ordinary ward, but there are some cases which might be better for having a special ward.

3504. Is there a special ward in the Dunedin Hospital in which ophthalmic cases are taken separately?—Yes, there is.

3505. As a general rule?—The specialist has a special ward for himself.

3506. In which there are no other cases?—I do not know that. But he has a special ward for himself.

3507. Do you mean to tell me that the ophthalmic cases are taken in a special ward?—I do not know that all are, but he has a special ward.

3508. I suppose you mean that he has a ward for female cases only?—Yes.

3509. Has he one for males only?—I do not know.

3510. Do you think that there should be?—Yes, I think it would be a good thing.

2511. *The Chairman.*] Do you mean for general cases?—Yes; but I still say that many ophthalmic cases can be treated perfectly well in a general ward.

3512. *Mr. Solomon.*] Is there any necessity for amending the Hospital regulations in that direction?—Yes, I think there should be a ward for special cases. As I said before, there may arise special cases which it would be better to have treated in a special ward; but the very same question applies to all branches of medicine, and not to ophthalmology alone.

3513. You have performed abdominal operations in the Dunedin Hospital with varying success, have you not?—Yes.