

3979. *The Chairman.*] Operations without any previous consultation?—Yes; there is only one case in which there was a consultation, between Dr. Maunsell and Dr. Batchelor, but it was not a consultation under the by-laws.

3980. *Mr. Chapman.*] In none of these cases was there the consultation required by the by-laws?—No; at least, there is no record of it.

3981. How is the record of the consultations supposed to be kept up?—On one side there is an entry of the case. As a rule I do it myself. On the other side—but it is not always done—there is a record of matters connected with the consultation. Sometimes this is entered by the surgeon under whose care the case is; at other times by his dresser or clerk.

3982. In many cases it is in Dr. Batchelor's handwriting?—Yes; and some of them are in mine.

3983. Then it is the duty of some one present to enter these things?—Yes; some one present at the consultation.

3984. I understand, then, that you enter the cases on one side of the book: on the other side the recommendations of those who take part in the consultation, and who sign it?—Yes.

3985. And that in that book these are the only cases of which, so far as you know, there is any record?—Yes.

3986. *Mr. Solomon.*] Dr. Batchelor tells me he distinctly remembers consultations in four cases? [List put in: Exhibit xlvii.]—I got my data from the consultation book, and the monthly reports.

3987. This is a list of erysipelas cases [handed to witness]?—It is a list of cases of erysipelas admitted to the Hospital, and of cases which occurred inside the Hospital, since the beginning of last year.

3988. Since the beginning of 1889?—Yes. Sixteen cases were admitted, and ten arose within the Hospital. The return dates from January, 1889. [List handed in: Exhibit xlviii.]

3989. As to the ten cases which appeared first in the Hospital, have you any explanations to offer in regard to any of them?—The first man, I firmly believe, had erysipelas on admission, although Dr. Maunsell says he had not.

3990. *The Chairman.*] Who was that man?—Arthur J——.

3991. Is that the case that came down from Lawrence?—No. [Return handed in: Exhibit xlix.] I thought at the time, and think so still, that this man had erysipelas. Case No. 2 was a lunatic, admitted with a fractured patella. He had strapping applied about the knee next morning, and immediately afterwards erysipelas set in. I do not know where he came from. William H——, who was admitted on the 21st August, had his toe amputated, and erysipelas followed. I do not know much of his history. The next case is John McL——, who was admitted with compound fracture of the tibia—an accident on the Otago Central. Erysipelas appeared within a few hours of his admission.

3992. *Mr. Chapman.*] His leg had been cut with a greasy rope, had it not?—Yes.

3993. In what condition was his leg when admitted?—In a very filthy state. The whole of the wound was very dirty.

3994. Would you be surprised at erysipelas setting in under those circumstances?—Not at all. The next case was Mary W——, who had nearly the whole of her upper jaw scooped out with tumour. Two or three days afterwards erythema appeared around the edges of the wound, but as soon as the cavity was washed out the redness disappeared.

3995. Did it amount to erysipelas?—I hardly call it erysipelas. I put it down as suspicious, and she was shifted to another ward.

3996. Directly it occurred you isolated her?—Yes.

3997. Do you do so in all these cases?—Yes; as soon as they occur. These cases occurred in the surgical wards, and it seems to have been the custom from time immemorial to put all such cases into a medical ward. It has been usual to put them into one ward: at all events, into a ward where there are no open wounds. Of the sixteen cases, some were very bad when admitted; in fact, four of them died.

3998. And you say that, in accordance with the custom of the Hospital, those cases that arose in the Hospital were shifted into the medical wards?—Yes.

3999. Is there any other case of which you wish to give an explanation?—Yes; there is the case of F——, whose knee-joint was excised.

4000. What have you to say about his case?—That boy had a sore throat—acute tonsillitis—from 20th July.

4001. *The Chairman.*] After he was admitted?—The excision was done about the beginning of May. He was apparently doing well. The knee-joint was apparently healing up, but on the 25th he developed erysipelas.

4002. *Mr. Chapman.*] To what do you attribute his sore throat?—The young rascal used to go out of bed; in fact, he used to get out, splint and all, and one night I found him myself trying to hide under another patient's bed.

4003. Then you blame his sore throat to his not having taken care of himself?—Yes. He developed erysipelas, the joint broke down, and suppuration took place. I opened up the wound, and found there had evidently been previous suppuration, because there was a cavity filled with dirty, cheese-like pus; yet it has been suggested that the break-down of that joint was the result of erysipelas.

4004. It seemed to be otherwise because you found an old abscess there?—Yes. Then there is the case of William M——, which occurred in No. 1, one of the surgical wards.

4005. *The Chairman.*] Was that in the same ward as the other one?—No; the boy was in the children's ward, and M—— in No. 1. Erysipelas occurred in M——'s case on the night of 25th July.

4006. Were these all in 1890?—F——'s and M——'s were in 1890, but the others were in 1889.