4426. Can a patient develop erysipelas without the germs of the disease being present?—Oh, yes. Have not any of your witnesses told you that?

4427. What sort of a disease is erysipelas?—That is a matter of opinion. The profession are divided in their opinion upon it, as they are upon everything else.

4428. Is there any difference of opinion as to the disease being a septic one?—Yes, and so much so at one time that they distinguished between medical and surgical erysipelas.

4429. Do you say it is a septic disease?—I have already said that on that point there is a difference of opinion.

4430. But what is your opinion on the subject?—I think it may be septic, but not necessarily. If you want authorities you have the book there. I have not gone into this matter fully, but I can give you an authority not in the books. He is one of the greatest surgeons in England—Jonathan Hutchinson. He is reckoned to be a good authority. He states that he has known erysipelas to arise in wards from the patients being exposed to draughts, and to nothing else, and without any septic origin. I will give you another fact that is worth knowing. In the Crimean war—and during the Austro-Prussian war, the German hospitals—and you know what state the hospitals were in during war time—had no erysipelas developed in them.

4431. Erichsen is reckoned to be one of the greatest authorities, is he not?—Yes; he is a very good man.

4432. Now, hear what he says upon this point: "The frequency of the occurrence of erysipelas in an institution may be taken as an indication of neglect of its sanitary arrangements." Is that true?—It may be true.

4433. I ask you is it true, or is it not, that all the great writers on the subject of hospitals say that the frequency of erysipelas occurring in our hospitals is an indication that the institution is in an insanitary condition?—I do not agree with that.

4434. Have you ever heard that before?—I have heard something like it: but I have also heard that a frequent cause of erysipelas occurring is dirty sponges, dirty knives, unclean surgeons, and students going from room to room. These kind of things are far more likely to produce erysipelas than any alleged defect in a hospital.

4435. Do you not think that, under circumstances like these, where we have been told of the Hospital being overcrowded, and of the want of ventilation, these are more predisposing causes towards erysipelas? And do you not consider that a hospital having a thousand cases and developing ten of erysipelas is in a bad way sanitarily?—I would not offer any opinion upon that question unless I had seen myself what the causes of the erysipelas were.

4436. We have heard of one case, that of Mrs. S——, and of another, that of Mrs. T———the latter being a simple operation for the reduction of a labial cyst—in which the patients developed septic symptoms of a very pronounced character almost immediately afterwards; and Dr. Copland, the house surgeon, has told us of the condition of the ward, and that there was a septic case in it. Do you think that that fact would be at all likely to account for what happened? It might be, but I should say an operation for labial cyst is very free to take an erysipelas.

4437. But I am speaking of septic poisoning, not of erysipelas?—It was not erysipelas in her case, was it?

4438. Yes.—I was not aware of it. I do not think sufficient antiseptic precautions could have been taken.

4439. Do you mean to say that antiseptic precautions are an absolute preventative of septic poisoning?—No, I do not, because, in a great many cases, my experience leads me to think it is autogenetic.

1440. Do you agree it is introduced from the air?—Not necessarily.

4441. Do you say it can be?—Yes; I go so far as that.

4442. Then you do not believe that the presence of germs in the air is a cause of disease?—I believe that.

4443. Supposing you have a patient in a ward with a wound discharging pus, and that from that patient is discharged such organisms into the air. Would not those germs produce disease in patients around him?—Then you must use your antiseptic precautions, because that is what you would expect in every surgical case.

4444. Do you think it is a proper or a safe thing, that a patient who is being operated on for labial cyst should be allowed to remain in a ward in which such a condition exists?—That is one of the disadvantages of a hospital in which you have a number of patients that have to be treated in a ward. Of course, if the public are willing to give us a model hospital, well and good. It is all a matter of cost. I could very easily sketch out a model hospital.

4445. You say you think our death-rate is very low?—Yes; I think a death-rate of 10 per cent. is not very bad.

4446. Take the death-rate for the last two years. Do you consider it satisfactory?—Yes; you have always to remember that a number of the deaths which have occurred are those of people brought into the Hospital in a moribund condition. But you cannot think of comparing the death-rate of one hospital with that of another, unless you know the customs of the hospitals and the classes of cases dealt with in it.

4447. *Mr Chapman.*] Do you know what the death-rate of some of the London hospitals is?—It ranges from 10 to 12 per cent., and sometimes goes higher.

4448. What is it in Edinburgh and Glasgow?—I think it is from 10 to 12 per cent.

4449. You have mentioned King's College Hospital. Have you visited that in recent years?—Yes.

4450. And what did you find to be the state of the wards there—the bed-space, and so on?—I did not take measurements, but, judging by appearances, I thought we had more room, more bed-space, and better ventilation in Dunedin.