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4451. I suppose we may take it, in speaking of the number of beds, that they are sometimes shifted in cases of emergency?—Yes. I had a distinct impression when I was in London hospitals,

that they were more crowded than ours.

4452. Comparing the Hospital with the average dwellings in Dunedin, what are the relative sanitary conditions of the Hospital for the purpose of treating medical or surgical cases?—I have saved many lives in the Dunedin Hospital which would have been absolutely lost in the homes of the patients, even when people were tolerably well off and comfortable. In some of the cases I have treated in the Hospital the cures have been simply miraculous, and I repeat you could not have had better results than I have had in the Hospital.

4453. I suppose you have read the reports of the Inspector-General from time to time?

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m Yes}.$ 

4454. Now, as to that particular case of Jessie McB——. I understand you to say that the staff agreed to an operation in the case?—They did.
4455. But they did not attend, you say?—They did not, except Dr. Gordon Macdonald; and I think it was one of the most scandalous and shameful things that the medical men connected with the Hospital have ever lent themselves to.

4456. You have performed some pretty serious operations, you say?—Yes.

4457. In private practice?—Yes.
4458. You had a case of Cesarian section, had you?—Yes, and the operation was perfectly successful. I had also a seven years old case of double ovarian tumour—one of the most serious that was ever admitted into the Dunedin Hospital—and the woman is alive to this day. I believe this Cesarian section is the only successful case of the kind in this colony.

4459. Then as to the death of the man which you say was accelerated by the draught of the ward. That, you think, would not have occurred had he been properly looked after?—I do; but since then improvements have been made. The matter having been discussed by the staff, and the attention of the Trustees called to it, ventilators have been put in, and I am satisfied with what has been done. There has been a good deal of improvement effected, and I am satisfied that the Hospital to-day is in a far better condition than it has been at any previous period of its existence. If there is any ground for the charges now made against the Hospital they should have been made against it years ago. I wish to say that it is so long since I visited the old hospital at Edinburgh that I cannot now particularise. It was, however, built on the block system, while the new one is on the pavilion system. I am pretty sure that the old one had not more than 80ft. of floor-space, while the new one has 150ft. in the surgical wards. The wards are very lofty in the new hospital; ventilation is therefore carried out close to the roof, which causes currents above the 12ft. or 13ft., beyond which some men have recently said that there is no ventilation, only stagnant air. In the new Edinburgh Hospital there are stone flags instead of wooden floors. The lighting of the wards at night is by means of a jet over each bed, with a patent ventilator to carry off the products of combustion. There are a jet over each bed, with a patent ventilator to carry off the products of combustion. There are also fewer beds in the wards of the new than of the old Edinburgh Hospital. In the former, twenty-one patients are put on the medical side and only fourteen on the surgical, but this increases the cost of nursing. I may add that while in Glasgow, in 1886, I visited the Glasgow Royal Infirmary, which is one hundred years old, and the Western Hospital, which is a very fine building sixteen years old. While going round the former with Professor Knox, who is one of the surgeons, I remarked to him that the staff of the Infirmary were placed at a disadvantage as compared with the staff of the new Western Hospital. He replied that such was the case, but that their fine buildings and modern arrangements did not appear to give them better results, as statistically the old infirmary compared well with the new. From this remark I would infer that theoretical defects have really little or no influence on the recovery of patients. The same conclusion arises from a consideration of the case of the Norwich Infirmary, in which the age of the building and its numerous structural defects were ultimately proved to have had no influence in producing the insanitary condition of that institution. In this connection, I may refer to the new operating-theatre of our own Hospital. The staff determined to have a new operating-room, and everything connected with it spick and span. I read in the papers at the time of its opening that Dr. Maunsell passed an eulogium on it, saying that it was perfect. Now, I am afraid that there are very grave defects connected with the drainage—indeed, so serious are these defects that I am perfectly astonished that the surgeons ever permitted the building to be erected. There are sinks in the operating-room communicating with outside drains. Now, no matter how carefully these drains are trapped, it is impossible to prevent them from being a source of danger; and the blood and débris of operations are thrown down the sinks, some of which is sure to cling to the basins and pipes, and, decaying, become a source of septicæmia, pyæmia, &c. The water and sinks in connection with an operating-theatre should be situated in an adjoining room, never in the theatre itself.

4460. Some reference has been made to students being present at post-mortems, and possibly carrying trouble into the wards?—Yes. I believe that in the case of M——, who took erysipelas after operation and died, that one of the students did so, and that someone complained to the Trustees, who reprimanded him. As to the development of erysipelas, everybody agrees—I know it from my own experience—that it takes some days to develop. You may have febrile symptoms, but the disease itself takes some days to develop; therefore, it does not do to be hasty in forming a conclusion as to the cause. In M——'s case, erysipelas appeared on the face about an hour after he was visited by the student, which makes it utterly impossible that he could have been infected by the student.