4606. But would it be quite sufficient to account for the woman's death?—No.

4607. Not septic peritonitis?—No; how can septic peritonitis arise here?

4608. What is there in the nature of this case, now, to contradict this view: that the woman received a wound from the operation, that it became infected by septic poisoning, that that poison travelled along the tubes into the peritoneal cavity and so caused peritonitis? How is that view excluded?—Simply because no authority says that septic poisoning travels in such a way.

4609. There is a continuity of passage?—There is a continuity of lymphatics, which is the ordinary way—from the wounded surface straight into the lymphatics and the blood-vessels.

4610. Why should it not do both?—It never has done; we do not know of it.

4611. Let us look at your own authority—Victor Horsley. However, as I had better put this in, I will not bother. Now, I find that all modern authorities say that the terms septicæmia and pyæmia cannot be held to have any signification whatever as indicating specific diseases. You distinguish what would have happened in pyæmia to what did happen. Would you be surprised to hear a modern physician say: "The terms septicæmia and pyæmia cannot be held to have any significance whatever as indicating specific diseases, but are convenient to denote clinical symptoms somewhat allied. It is of great importance to remember that their meaning is only clinical"?—I have read all the literature on the subject I could get hold of. The most clear and succinct account of septicæmia is given by Horsley, the man who has by far the greatest reputation on the subject, the man who was chosen by a Royal Commission on Hygiene, selected by the British House of Commons to report on the subject, and he is distinctly of the opposite opinion.

4612. Well, now, to leave generalities for specific matters. In this case you disagree totally, both with Dr. Batchelor on the question of gynecology, and with Dr. Roberts on the question of pathology?—I do not know exactly what points in gynecology you say I disagree in.

4613. Dr. Batchelor positively asserts that, in his opinion, this woman died from septic infection of the wound, which travelled from the uterus, through the fallopian tubes, and into the peritoneal cavity, so causing peritonitis?—I disagree from that.

4614. And you as emphatically disagree from Dr. Roberts, when he says that the condition of the tubes and the external wall of the uterus precluded the possibility of infection?—Yes.

4615. You know that both these gentlemen are experienced as specialists in their respective subjects?—Yes.

4616. That does not affect your opinion?—It does not. It does not make the slightest difference. I made use of my own eyes, and I am speaking accordingly.

4617. You are as emphatically of opinion as ever that they are wrong, and you are right?—Yes; I am as emphatic as ever in my opinion.

4618. Now, we will come to the parts of which you speak generally, and on which your opinion is more valuable. By the way, you affect gynecology in Dunedin, do you not?—I have done a little; I do not affect it.

4619. As a specialist?—No; there is no specialist here.

4620. You do not recognise Dr. Batchelor as a specialist?—Dr. Batchelor practises ordinary medicine as well.

4621. Do you recognise Dr. Roberts as a specialist in pathology?—Well, I suppose the fact that he is appointed pathologist to the Hospital is in his favour, but he is a general practitioner, doing some pathology. He lectures on Pathology at the University, while I assist to examine his students.

4622. And you do not consider that experience in any of these branches is to be taken into consideration?—I do not suppose I would have been selected for the position of second examiner unless I had been supposed to have some experience also.

4623. But it is only four years since you graduated?—Well, seeing that these views change extremely rapidly, it is likely that what was true ten years ago when these men learned their business is not so true now as what I learned four years ago.

4624. But your definition of pyæmia and septicæmia is not by any means a recent one; it is fifteen years old?—Yes, I dare say.

4625. So you cannot class that as a growth of modern experience?—I was not particularising any diseased condition.

4626. Now, to come back to the Hospital?—You recognise Dr. Truby King as the most able physician in New Zealand?—Yes.

4627. And an authority on the question of hygiene?—Yes.

4628. Dr. King has told us that the ventilation in the Dunedin Hospital is wholly insufficient—radically wrong?—Are those his exact words?

4629. Yes, they are; and he has explained that there is not sufficient air introduced into those wards for two-thirds of the patients?—Did he measure it?

4630. I do not know, but he told us that?—Yes; and he said he did not use an anemometer.

4631. Dr. King says that, while there are fourteen or fifteen patients in each of those wards, there is not sufficient fresh air introduced into any of the wards for one patient.

*The Chairman:* He says there is not egress for a sufficient volume of air to move.

*Mr. White:* That is, excluding the windows.

*The Chairman:* They can be used as a means of ingress as well.

*Witness:* I should like to ask you a question. Seeing you have taken Dr. King as an authority, are you giving his exact words, or simply what you remember?

4632. *Mr. Solomon.*] What I tell you was the case you may rely on. Well, we will go now beyond the reach of controversy. Dr. King said it was not proper to put one patient into those wards, not proper to put any into those wards, as they are at the present time. Do you agree with that?—I want to know his reason for doing that.