

these things you say that there is no urgency for alteration?—It is a wonder that these authorities do not say that under those circumstances a hospital should be burned down. One can bring into the question St. Bartholomews, and other hospitals which have existed for a longer time, and whose results are better than new hospitals.

4690. You recognise the importance of sanitary arrangements?—Yes, I suppose I do.

4691. Here you have a Hospital that directly violates all the rules, whether in construction, ventilation, or wards?—It must be apparent to you, I think, that I am becoming more and more to feel afraid that there is not very much in all this theory. Does it not seem like that?

4692. No, it does not; and I do not think you will find the Commissioners think so either. It appears to me that you firmly oppose this reform, and that you will not see that your Hospital is defective?—Oh, yes, we can see it is defective according to all the theories laid down. It violates every theory, and yet we see that the results attained in it are just as good as in those hospitals that do comply with the requirements. That is a thing I cannot unravel.

4693. And yet your death-rate is the highest in New Zealand—almost twice as high as Wellington. Put it this way: you had more than forty deaths in the same number of patients in two years. You have had seventy deaths more in two years than in Wellington?—In the last year in Wellington, I believe I am correct in saying, they treated 140 cases of scarlet fever, with two deaths.

4694. But you say your cases are fairly good?—Yes.

4695. I will give you a list in connection with the Christchurch Hospital, which we have taken the trouble to prepare. It will open your eyes and the eyes of some of the Dunedin doctors. In the Dunedin Hospital there were 44 serious operations, 53 comparatively simple operations, and 25 trivial operations: total, 122. In Christchurch there were 52 serious operations, 44 comparatively simple operations, and 50 trivial operations: total, 146. In Dunedin there were nineteen deaths, and in Christchurch one; and yet you say your results are satisfactory. And, further, out of these nineteen deaths fifteen were accompanied by septic symptoms. What do you think of that?—It is a most extraordinary statement.

4696. Does that shake your opinion?—It does.

4697. Those are facts, are they not?—I should imagine they were.

4698. Here is the whole thing sent down to us from Christchurch. You are perfectly welcome to take it home with you.—My contention is that all septic infection is due to the absence of anti-septic precautions, unless it be proved they died from pyæmia.

4699. I prefer to call it septic poisoning.—I do not care what you call it.

4700. Do you tell me this: that an unhealthy condition of the atmosphere, in which there is a patient suffering from an open wound, will not induce septicæmia?—Yes.

4701. Can you show an authority?—I think I can. I can find that pyæmia—

4702. Do you agree with Kohn, that there is no difference between pyæmia and septicæmia?—No.

4703. *The Chairman.*] There is no distinction?—I am not disposed to agree with that.

4704. It is a matter of opinion?—Yes.

4705. *Mr. Solomon.*] You recognise Kohn as an authority?—Yes; he is a recognised authority.

4706. And he says there is a distinction?—I have not seen that.

4707. Pyæmia can certainly be introduced out of the atmosphere?—Yes.

4708. So that it is a matter of opinion whether septicæmia can or cannot?—Yes, if you take that theory.

4709. Do not some authorities say that septic organisms can be absorbed into the respiratory tract?—That could be said about twenty years ago.

4710. But do not Holmes and Horsley say so?—It is a matter of very grave doubt. A man cannot believe two things, and there is no use badgering me about my opinion.

4711. Now, you told us what your results proved, and you judge only by results?—No; I will not say that.

4712. You have to admit your Hospital contravenes all written authority?—One has to analyse the results.

4713. Can you point to me one feature in which it complies with recognised authority?—The fact that there are spare or fallow wards is a most important feature in it, as it allows the other wards to be cleansed.

4714. You say there are too many patients in the Hospital, so you can hardly say there is a spare ward?—The others are never overcrowded on that account.

4715. The staff says that "the beds are too close for the health of the patients;" and if you use these as spare wards you overcrowd the others?—Yes; it is a choice of the lesser of two evils.

4716. Tell me one good thing in Dunedin Hospital that is a good feature, or that is passable?—That is a good feature.

4717. And yet it is necessarily accompanied by crowding?—No, you have only to destroy one or two beds in the ward and that evil is done away with.

4718. But with a Hospital with one hundred patients in eight wards, if you empty two wards you would only have six left, and then you would have more patients to get into them than would be proper hygienically?—I would not fill them regularly, but I would constantly use them as fallow wards.

4719. *The Chairman.*] Would it be necessary to do so if the wards were in thoroughly good order in a good hospital?—I believe that is one of the most useful and effective systems. It is adopted in the latest hospitals in the United States, and the principle has been recognised as one of the greatest safeguards you can have.

4720. In pavilion hospitals it is always done?—Yes.

4721. In ordinary hospitals it is not usually practised?—It is a pretty expensive way.