4751. *The Chairman.*] Do patients recover from septic poisoning?—Yes.

4752. *Mr. Solomon.*] And if there are septic germs in the air ——?—Septic poisoning has nothing to do with septicæmia. In this, if they only absorb one germ, it is all up with them.

4753. From a vitiated atmosphere?—I could not say that.

4754. Would you say they could not?—Well, I should not like to say they could, only secondarily. If vitiated air gets into a wound and it suppurates, then they develop microbic substances, the process of suppuration taking place in the wound—the same process which, I say, gives them sapræmia.

4755. If you had a patient you operated on for Emmet's operation and the patient got quite well, but suddenly took septic symptoms, while at the same time the temperature went up to 103° and the wound broke down, though every care in treatment had been observed; and if, after a lapse of six or eight weeks the patient is still bad, would you not be suspicious that something was wrong in the air?—Yes.

4756. And supposing, in the same week, you had another patient you operated on for a simple operation, like the reduction of a labial cyst, the patient being in a perfectly healthy condition, and that a few days afterwards septic symptoms developed and you had to wash out the wound?—I should like to know whether these septic symptoms had occurred before in suppuration, as a lot depends on that.

4757. I think suppuration took place in the labial cyst first. Would that not be suspicious?—I should look for the source of the infection.

4758. And what should you say supposing you had in the same ward a woman discharging pus, and a room containing sixteen persons when it should contain only eight, would you not say that the bad air was the source?—No, there are other ways—the vagina, the urine, or the anus.

4759. Suppose you had the case of a boy operated on for excision of the knee-joint, and he was on the point of being better when he took a septic sore throat, and the wound commenced to suppurate, would that not raise any suspicion?—Yes, certainly it would.

4760. And yet you say the results are good? Let me tell you, all these things have been sworn to. For instance, Dr. Gordon Macdonald says he had fifty cases, and that in ten suppuration ensued. Is that not suspicious?—Well, I am afraid I have not watched the evidence closely.

4761. But you may take my word for it, that out of fifty odd cases Dr. Macdonald has had ten or eleven cases of suppurating wounds. Is that suspicious?—Yes; it would be if I knew the particular cases in which they were suppurated.

4762. Dr. De Renzi says that all the time he has been in the Hospital in Christchurch no erysipelas cases arose, and yet we find that in a similar time (eighteen months) there are ten cases of erysipelas in our Hospital. Is that not also suspicious?—I know that cases of erysipelas are admitted. Did every case arise in the Hospital, or were they introduced? How many are there in the Hospital?

4763. There are twenty-six, and none were admitted. Ten have arisen in the Hospital. Is that not suspicious?—We must not condemn the Hospital, because a large number of the cases are likely to have been carried in from outside.

4764. But these cases occur when none are introduced?—That I know not to be true, because I had a case myself which had only recovered from erysipelas at the time this epidemic broke out.

4765. I suppose you admit that evils arise from insufficient ventilation? You will not disagree from that. Those evils would be greatest in the winter time, would they not?—Yes, if they do arise, they will arise more frequently in the winter when the windows are closed.

4766. You agree also that erysipelas is a septic disease?—It depends on the bacillæ.

4767. Under present circumstances it would be more likely to arise in the winter than at any other time if the ventilation were insufficient?—That follows as a matter of course.

4768. Now, take the ten cases that arose: "Arthur J——, admitted 25th March, developed erysipelas in April;" "Francis B——, admitted 27th July, developed erysipelas shortly after."—What is "shortly after"?

4769. I cannot tell you.—Well, the value of such is nil.

4770. Erysipelas followed the application of strapping. The next case is on the 21st August: toe amputated, erysipelas followed. The next is on the 13th October. Every one of these ten cases, with the exception of one, arose in the middle of winter. Would that not raise a suspicion in your mind?—I should want to know when the majority of the other cases were admitted into the Hospital.

4771. I will tell you: "Georgina W——, 26th March, 1889."—Is that as near to the winter as the other cases are?

4772. Dr. De Renzi says that during the whole of his experience in Christchurch of three and a half years he has never seen a case of erysipelas arise in that Hospital. Is it not suspicious in your mind that during the last eighteen months ten cases should have arisen in Dunedin, nine of them in the winter?—Yes; but I do not understand why, when the ventilation is so bad, it does not extend through the whole Hospital when it once arises.

4773. Then you are surprised it is not more serious than it is?—Yes.

4774. Now, although the Hospital contravenes all the rules of a good hospital, does that fact alter your opinion about the necessity of alteration?—Those erysipelas cases, of which we have been speaking, should, I say, be isolated, because of their danger to the other patients.

4775. Do you agree with Erichsen that the frequency of erysipelas is a gauge of the sanitary condition of an hospital?—Yes; and another point is that, as there are at present no isolated wards, the probability is that when one case arises other cases arise through contagion.

4776. But that will never do. There is not one instance of that in the whole ten; in fact, there are only two in that ward?—But no surgeon or physician is confined to one ward in the Dunedin Hospital. They all travel from one to the other.