4777. Can a surgeon carry about septic germs?—Most decidedly.

4778. Can a physician take germs from one ward to the other?—Yes, he can.

4779. To be called for?—No, it does not require to be called for. One knows the danger that can be carried from a puerperal case.

4780. Is that by contagion?—Yes; but I would rather say, by inoculation, which is the same thing.

4781. Now, I want to ask you this: If you find that out of 150 operations in Christchurch only one death resulted, while in Dunedin out of 122 there have been nineteen, will not that shake your opinion as to the good results obtained here?—Yes; but you are making another statement at the same time.

4782. Never mind that in the meantime.—You cannot conceal part of the evidence, and get me to conceal part of my own opinion.

4783. You have told us that theoretically the Hospital is bad, but that, judging by results, it is good. Dr. Gordon Macdonald said that theoretically it was bad, but that judged by his nose it was good. Now, I show you the results, and ask you if those results do not shake your belief that they are good?—I think those figures do not mean anything. I should want to analyse them first very carefully before I express an opinion.

4784. Now, taking these facts together—that there have been ten cases of erysipelas, that suppuration has followed in a large number of cases, that your percentage of deaths after operation is ten times—nearly twenty times—as high as Christchurch, that we have a death-rate which is nearly twice as large as Wellington and half as large again as Christchurch—do you still contend you have good results?—Well, I will not say good, but I will not say bad. I will say fair.

4785. Can you have a doubt that your results compare most unfavourably with those of Christchurch?—There is no getting over that fact.

4786. Now, about Mrs. S—— and her symptoms of septic poisoning?—Of course, one wants to know what they are. I say she died from septicæmia.

4787. One symptom, then, was high temperature?—Yes; that is one symptom—very important.

5788. Now, taking the general facts I have put before you, can you still say that, although the Hospital is bad theoretically, your results are good?—Say, fair. They are precisely the results one expects to get in any hospital, to a greater or less extent.

4789. Is ten cases of erysipelas in eighteen months precisely the thing you would expect to get?—I never saw much better results.

4790. Christchurch had one case of erysipelas in eighteen months. How do you explain that?—I never saw such an hospital.

4791. You admit that the frequency of the occurrence of erysipelas is evidence of the insanitary condition of the Hospital?—Certainly I do.

4792. And is not the occurrence of ten cases a suspicious circumstance?—Yes; but they do not occur all at once.

4793. Which would be the more suspicious circumstance—that in the Dunedin Hospital ten cases of erysipelas should have occurred in eighteen months, or that ten should have occurred in eighteen days?—If the ten were of different patients under different surgeons, I should say the ten that occurred in the lesser period would be the more suspicious.

4794. How can you reconcile the fact that ten cases of erysipelas broke out in Dunedin Hospital in eighteen months, while during three years and a half not a single case broke out in the Christchurch Hospital? Would you be inclined to indorse the statement of your learned brother who went into the box this morning and said that the Dunedin Hospital was the healthiest in the world?—I should certainly not like to say that.

4795. *Mr. White.*] Will you kindly read this document. [Exhibit xlix. handed to witness.] It is about the erysipelas cases. You will see what Dr. Copland says about the case; and I may say that he as a surgeon believes the man had erysipelas when he presented himself; and it is only right to say that Dr. Maunsell says the erysipelas was developed in the Hospital?—I would not like to take the opinion of Dr. Copland against that of Dr. Maunsell. That would not be fair. At the same time, erysipelas having arisen in the case, it looks as if Dr. Copland was right.

4796. Now, about Mrs. S——'s case. Here are Dr. Copland's notes. [Witness read the notes]?—I must say that with some of them I completely disagree. I did not dictate them. There were two of us dictating at the same time unfortunately. One of the wrong things we did was in not obtaining the notes afterwards and reading them over to see that everything was in as it should have been.

4797. *The Chairman.*] How are they dictated at a *post-mortem?*—Sometimes one dictates a sentence and then the other. I do not think Dr. Copland took everything down he was told to take. I did not think the notes were going to form such an important part of this inquiry, or I should have read them over.

4798. *Mr. White.*] You will notice that part of the notes which refers to the womb?—[After reading notes:] I took particular notice of the abnormal size of the womb, and it was 3in. long, or more. What is stated in that paper is certainly opposite to what I say now. That is Dr. Roberts' opinion expressed in the notes, and exactly opposite to what I hold.

4799. *Mr. Solomon.*] What was the use of you two being together to perform an operation?—I do not know. It is quite preposterous that I should suppose that the inflammation spread along the uterus to the fallopian tubes. I made the actual cutting examination, and I was not cognisant that those words were uttered. I suppose it was because I was paying so much attention to the knife. If I had heard them then, I should have disagreed from them. It does not seem to me to be a scientific theory at all that inoculation should spread away from the wound over a mucous surface when it has open blood-vessels and lymphatics by which it can reach to get into the circulation.