it is a gross injustice to the students of our Medical School to allow them to be spoken of, as has been done here, without explaining the true state of the facts. I think that the statement to which you have called my attention is an ignorant one and wholly unjustifiable.

5110. Why did you limit the time to thirty years ago when you were comparing the condition of the Dunedin Hospital with hospitals at Home?—I merely took that as the period before Listerism. I might have chosen a lesser time and have said within the last fifteen years.

5111. What hospital did you attend as a student?—The Charing Cross Hospital, London.

5112. In what years?—From 1873 to 1883. I was there as student, teacher, and member of staff.

5113. Were you in charge of a surgical ward there?—I had a good deal of work to do as surgical registrar from 1877 to 1879.

5114. What proportion of major operations did you find to heal by first intention?—A very small number.

5115. I suppose it was quite a common thing to lose cases in your student days?—It was a usual thing before the advent of Listerism, but the advance during the last fifteen years has been simply immense.

5116. Can it be safely said that the cases which do not heal now are just as rare as they were common then?—It still depends on the nature of the case.

5117. But I mean on the average?—At all events, they heal very much better than they used to do.

5118. I still fail to understand your reference to the condition of Home hospitals thirty years ago?—I spoke merely of that as a date before Listerism. What I wanted to bring out was that some of the best work in the world was done in hospitals which were then inferior to the Dunedin Hospital now.

5119. Do you mean the best work in medical teaching?—Not only that, but in the healing art generally.

5120. *Mr. Solomon.*] That was before Listerism?—Yes. There were great teachers before the days of Lister.

5121. *Mr. White.*] Does the student get more personal attention here from the teacher than he would at Home?—The average student does.

5122. *The Chairman.*] You have got tweve months' clinical instruction here as against how much at Home?—I do not know. What is called clinical instruction in England includes lectures, which a man may or may not attend.

5123. *Mr. White.*] I want to ask you a few questions about Mrs. S——'s case. She was operated on for an Emmet, and her chart shows that on the night prior to the operation she had a temperature of 101°, and that on the morning of the operation it was 100°. Does that suggest to your mind any reason why the operation should not have been performed?—I should be very sorry to give an opinion on two temperatures. I should like to see the charts.

5124. *Mr. Solomon.*] We distinctly deny there was a rise before the operation?—I should want to know, before giving an opinion, what explanation could be offered as to that rise of temperature.

5125. *Mr. White.*] You may assume, for the purposes of my question, that Dr. Batchelor knew nothing about it?—Well, I should say, from the mere fact of the temperature chart, that there was some inflammatory mischief about the patient, but that her chart, up to the date of the operation, was not a septic one. That rise, however, indicates the existence of some mischief about her body.

5126. *The Chairman.*] From what?—The day after admission she had a temperature of 99½°, but a woman who is in good health has no right to have such a temperature. That is a sub-febrile state, and one wants some explanation of it. There ought, in fact, to be an explanation forthcoming, but the chart subsequently becomes a septic one.

5127. When did it become septic?—After the operation on the 15th. It became obviously septic on the 19th.

5128. *Mr. White.*] How long would it take for septic symptoms to arise supposing the surface of the wound to be poisoned?—I should think within twenty-four hours that rigours would set in and the temperature go up. I may say this chart is not a satisfactory one. I should think a more reliable description would be found in the case-book.

The Chairman: You had better read the original from the case-book. [Book handed to witness.]

5129. *Mr. White.*] Having read that, and assuming the statement there made is correct—that this woman had a sticky yellowish discharge—do you think it is fair to state that this woman's death was entirely due to unhealthy hospital influences; I will read you what Dr. Batchelor says: "I most positively assert that I consider Mrs. S——'s death entirely due to unhealthy hospital influences, and I am convinced that had this unfortunate patient been operated on in a healthy ward with healthy surroundings she would now be alive and well"?—I should think that that statement is not proveable.

5130. Another case in which there is a charge of septic poisoning is that of S. M——. You probably have read a report of that case in the *New Zealand Medical Journal.* Do you know the facts of that case?—Yes, I remember it.

5131. Supposing there had been nothing mentioned about a yellow sticky discharge, would you necessarily conclude there had been septic trouble?—Decidedly not. If we are to accept the theory of Emmet it implies that a certain amount of irritation had been set up in the uterus, and the operation is carried out for the express purpose of doing away with that condition. Emmet's theory is that the laceration of the cervix is the cause of the uterine trouble.

5132. Does a uterine discharge necessarily create septic poisoning?—Not at all. If I may give an opinion upon the point I would say that that the question lies, to my mind, between tubal mischief and—