5168. *Mr. Solomon.*] Notwithstanding all these precautions, with the admittedly defective conditions, may not an accident occur at any moment?—I repeat my verdict of "Not proven." I am quite sure that many deaths have occurred in the Hospital which should not have occurred, and that will happen anywhere.

5169. From the insanitary condition?—No; in my opinion more deaths have occurred from want of proper nursing, particularly at night, than from any other cause.

5170. Do you think there is any doubt about the deaths having occurred from the unsatisfactory nursing in the Hospital?—No.

5171. In your opinion, do you think there can be any doubt that, during the course of years in which the Hospital has been in existence, septic poisoning has occurred, although you could not be in a position to prove it absolutely?—There must always be a doubt about these things that you cannot prove.

5172. A moral doubt?—Yes. I take it that in my profession there are a great many things concerning which one must hold his judgment in suspense, as it were, and this is one of them. I may say that no general outbreak of disease has occurred in the Dunedin Hospital so far as I know. I would not go so far as to say that no isolated cases of septic disease have occurred, but, at the same time, I have not had them demonstrated to me.

5173. Is it possible to demonstrate them? Let us take the case of Mrs. S——. Is it possible to demonstrate that her death was entirely due to the insanitary condition of the ward? Is it not a matter for inference?—Well, for a part of the time she certainly had a rise of temperature. On one occasion it ran up to 101°.

5174. That has not been proved [witness here read from the chart, showing that the temperature ranged from 99½° on the day of admission to 101° on the night preceding operation]. Is the result of what happened in that woman's case consistent with septic poisoning contracted through the insanitary conditions of the ward?—If you ask me my opinion about the cases——

5175. I do not ask your opinion, and I want you to tell me if the result in her case is consistent with a wound becoming poisoned through the insanitary condition of the ward?—Yes, I should say so. I do not think there is anything inconsistent about it, but he would be a rash man who would say distinctly that it was or was not.

5176. *Mr. Carew.*] Is it consistent with any other cause?—Yes, it is quite consistent with at least two or three other causes. There was a chance of latent tubal mischief.

5177. *Mr. Solomon.*] Supposing Dr. Roberts, who made the *post-mortem*, says it was not so?—With regard to that, I should say the kind of mischief would be hard to detect.

5178. There might be something which even the microscope would not reveal?—I understand here was old matter in the tube.

5179. Dr. Roberts has told us if there had been old septic matter in the tubes it would have been indicated by a thickening of the external walls, which there was not?—It depends on the amount of it. Assuming it to be present, there must have been a small amount, because a careful examination was made for it.

5180. As these things are not matters which can be accurately proved, but are generally matters of probability, there are, I presume, such matters of probability in connection with your profession as there are in ours?—Yes.

5181. Supposing in the same room during the same week there was a woman who had been operated on for the reduction of a labial cyst—which, we have been told, is a very simple operation—and that shortly after that operation, without any apparent cause, there being nothing in the condition of the woman herself to account for it, although she had been subjected to a particular examination before the operation, she developed pronounced septic symptoms, what do you say to that?—You might let me have the chart in that case.

5182. I want you to look at this document (Ex. xlvii.) and say whether it will assist you in any way?—This is rather against your theory of ward septicæmia, for the reason that we cannot suppose that it was the same germ that attacked Mrs. S—— and Mrs. T——. If it had been the same septicæmia, or that the trouble was due to the same poison in both instances, I fail to see any reason why Mrs. S—— should have died and Mrs. T—— should have had comparatively little trouble. Septic poison is intensely infectious if we get it into the system, and if the septic poison was sufficient to have killed Mrs. S—— I think it ought to have killed Mrs. T——.

5183. Suppose the atmosphere of the ward to be bad, and that there were germs in the ward, would it not necessarily follow that the same germs would get into more patients?—I think so. What you want to prove is that there was septicæmia in the ward. It is generally due to one and the same kind of poison.

5184. Do you suggest that this woman's case is a septic one?—I should certainly not call that chart a septic one.

5185. Several of the doctors who have been called here say it was, and Dr. Batchelor says that it was a pronounced case of septic poisoning?—I see her temperature was 102° at the highest; then 101½°, then 100°, the average temperature for four or five days being not more than 100°. I should certainly be inclined to deny that that was a septic chart. But there is no record of the state of her pulse, which would have assisted one to form an opinion.

5186. Now look at Mrs. P.——'s chart for the 26th, 27th, and 28th July?—I certainly should not call that a septic chart. There are only two recorded temperatures of 103°, and then the temperature goes down at once. You cannot base a charge of septicæmia on a temperature like that. A typical chart is that of K—— W——, which goes up and down.

5187. Assuming that Mrs. T——'s (who was suffering from a labial cyst) wound was attacked by the same septic germ that attacked Mrs. S——, and killed her, would not her temperature, and the condition she was in, point to the fact of the germ having attacked the wound before it could get