into the blood system, as otherwise she would have got pyæmia?—I do not see how the temperature could go up without the poison in some way getting into the blood system.

5188. You say that if you do not find that the temperature goes up the poisoning of the wound would be by infection?—Yes. It is believed to be caused by absorption. There are two forms in which septic mischief can arise. The one is sapræmia, which is produced by the absorption of the products of fermentation of tissues or dead-matter, while septicæmia is due to a number of germs self-multiplying in the blood.

5189. We have been told by recognised authority that the frequency of erysipelas is due to causes connected with the sanitary condition of a hospital?—In regard to the frequency of erysipelas, you must first of all decide between medical and surgical erysipelas. If you have many cases in the surgical wards it is a sign of the bad sanitary condition of a hospital. But medical erysipelas may be due to climatic and other influences.

5190. When we find in the Christchurch Hospital, which is ventilated according to the modern principles, and is admittedly greatly superior to our own Hospital in this respect, that there has not been a case of erysipelas for three years and a half, while on the other hand we find that in the Dunedin Hospital there have been ten cases of erysipelas within eighteen months, does not that throw any suspicion on our own Hospital?—You must make a distinction between cases occurring in the Hospital and those brought into the institution.

5191. But we have been given to understand that these ten cases are cases that arose within the Hospital?—I should then want to know whether they were surgical or medical. But I cannot recall to my mind any cases of surgical erysipelas.

5192. They were not brought under your notice?—If there had been anything like an outbreak it would clearly have been the duty of the surgeon to have called the members of the staff together; and if the surgeon had cases of surgical erysipelas the staff should also have been advised, so that we might know what to guard against, and take proper steps for preventing the spread of the cases.

5193. There is the case that Dr. Maunsell has mentioned, of a patient who was virtually better, was just on the point of going out, when he developed septic sore throat, and afterwards erysipelas of the knee-joint; and we have been further told that there was nothing to account for it. That was a case of surgical erysipelas, was it not?—I do not know. There have been so many quoted and denied.

5194. You have told us that in some patients draughts are liable to produce erysipelas?—Yes.

5195. What is the condition of the Dunedin Hospital so far as draughts are concerned?—It is a draughty Hospital, I should say.

5196. At what part of the year is the danger from draughts the greatest?—In the cold weather, of course; but it crops up at all times.

5197. Is it possible to avoid draughts under the present system of ventilation?—I never knew any hospital yet where it was possible to wholly avoid draught.

5198. Then, on the whole, you think that this Hospital is fairly off in the matter of draughts. Does it compare favourably with other hospitals in this respect?—I think perhaps that there are rather more than we should have. I remember that in one of the best hospitals in London a patient complained of "long prayers" and continual draughts.

5199. But it is impossible to ventilate this Hospital, except by means of the windows?—I think it is inadvisable to have a hospital ventilated entirely by means of the windows.

5200. And to have patients put directly under the windows?—I have not seen any serious results from it.

5201. The other day we heard of a patient who was killed in thirty-six hours through being exposed to these draughts: is that surprising?—There is nothing surprising.

5202. Then, it is a mere matter of detail?—Such a thing never occurred within my own experience.

5203. We have been told by Dr. Lindo Ferguson that never in all his experience did he hear of septic poisoning arising after operation for iridectomy, but that in the Dunedin Hospital he had two cases of septic poisoning within one week which he traced directly to the condition of the ward in which his operations were performed. Is such a result as that at all improbable, assuming the inefficient ventilation, &c., of the general wards of the Dunedin Hospital?—Ophthalmic patients, to be properly treated, require to be placed in a special ward. I have held that opinion all along.

5204. What have you to say about gynecological cases?—I think that a gynecological ward ought to be a part of every well-conducted hospital. The very nature of these cases requires that there should be a separate ward for such in every well-conducted hospital.

5205. At the present moment you are all exercised in considering in what sense and in what way the defects of our Hospital should be remedied: will you tell us in what directions you consider reform in the Hospital to be most needed?—I do not care to go into that question off-hand. I think that the first requisite is to establish a friendly feeling between the Hospital staff and the Trustees. I regard the rest as matters of detail.

5206. And as a matter of friendly feeling, you, after the initiation of this Commission, were anxious that Dr. Batchelor should withdraw from it?—I was.

5207. I think Dr. Macgregor and you had some talk together on the subject?—Yes, we had; and I talked with several other medical men on the subject.

5208. You exchanged ideas on the subject?—We were all of the same opinion in the matter.

5209. Although you admit that there are serious defects in the Hospital, and that nothing has been done to remedy them?—I do not admit that nothing has been done.

5210. From the time of sending in that report, in which fault is found with the number of beds, the want of bed-space, with the insufficiency of the ventilation, and the position of the water-closets, &c., have not things been practically allowed to remain the same—for instance, are not