6317. There seems to be a concensus of opinion against the gynecological ward?—I am not opposed to having a gynecological ward in due time. I think it is a very desirable thing.

6318. You were asked about the baths: do you regard them as a very serious defect?—I do not.

6319. Are they a serious defect?—No. I would not pay much attention to the baths at present. I would not do any more to the present Hospital than is expedient.

6320. *The Chairman.*] I understand you to say that you are opposed to extensive changes because you do not think that it should be looked on as a permanent hospital?—That is my view clearly, and consequently I do not care to propose any extensive changes in the present Hospital.

6321. *Mr. Solomon.*] You have already told us that the system of ventilation is defective?—Undoubtedly it is. It would be much better if the wards could be ventilated from both sides.

6322. Under those circumstances, are not the evils of overcrowding aggravated?—Yes.

6323. And the fact that the waterclosets open directly into the wards, and that it may occasionally happen that the closets may be left without being emptied, is likely to increase the inconveniences, is it not?—Undoubtedly. I think that in the meantime the suggestion made by one of the witnesses during this inquiry should be adopted—viz., connecting the closet flush with the door, so that the latter might act as an automatic flushing process.

6324. A suggestion made by another witness was that wax-cloth should be laid down on the floor of the wards: what do you say to that?—I think you would get chinks in that.

6325. Do you approve of that suggestion?—I do not.

6326. Do you think that the fact of ten cases of erysipelas having arisen in this Hospital in eighteen months is a satisfactory condition of affairs?—I do not think that ten cases of erysipelas have arisen here.

6327. But we must assume that there have. On that assumption, do you think that ten cases of erysipelas having arisen in our Hospital in that period is satisfactory?—No. At the same time, I think it is only fair to say that I do not know of any hospital wherein erysipelas has not arisen, even in well-ventilated hospitals, as far as I can judge from the records I have read.

6328. But in a hospital containing, roughly speaking, a hundred beds, where the crowding and defective ventilation are such as we have had explained to us, the fact that ten cases of erysipelas should have arisen within the Hospital in eighteen months is not a satisfactory state of affairs, is it?—At all events, I do not think that they should arise.

6329. Their arising in such numbers shows, does it not, that there must be something wrong?—Well, I should inquire into the causation of the cases.

6330. You would first of all look after the sanitation, would you not?—I should inquire into the sanitation and as to the causation of each case.

6331. We have been also told by Dr. Lindo Ferguson that, in his experience as an ophthalmist, he has never heard of septic trouble following an operation for iridectomy. Have you ever heard of such a thing?—I do not know that I have.

6332. And he has further told us that in Dunedin in one week he performed three operations—two cases of iridectomy and one of cataract extraction, a very serious case, which was performed outside, and which went on well; but that in the two cases in the Hospital septic poisoning followed the operation most unaccountably. Does not that go to deepen the suspicion already existing in your mind?—Assuming them to be facts, they do.

6333. Does that not necessarily go to deepen the suspicion the foundation of which has already been laid?—As I said before, before you can say that definitely, you must eliminate all other causes.

6334. But does not that statement, assuming its truth, deepen the suspicion that we have already laid the foundation of?—I tell you again, you must first eliminate other causes.

6335. I ask you, would not those facts, assuming them to be facts, lend probability to the belief that these deaths were due to septic influences in the Hospital?—They would weigh with me in coming to a conclusion, but that is all I can say.

6336. We have been told by Dr. Maunsell and Dr. Copland of the case of a lad who was brought into the Hospital not long ago and operated on for excision of the knee-joint, in the children's ward. Do you remember that case?—Yes.

6337. And we were further told that the boy had almost got better—was on the point of being discharged cured—when he developed a septic sore throat, and the joint broke down. Is not that also a suspicious circumstance?—That would also weigh with me. At the same time, your question intensifies the facts, for it is more than the evidence led me to believe.

6338. Was it an old trouble: it need not have been there originally?—Dr. Copland went further than what you said, and he told you that Dr. Maunsell was apt to put everything down to septic trouble.

6339. I ask you, is not the bare statement of that case in itself suspicious, and whether or not it would weigh with you?—It would weigh with me.

6340. We have also heard of the case of a man who was brought down from Lawrence in a perfectly healthy condition, and who, three or four days after his admission into the Hospital, developed erysipelas and suppuration in the leg?—That is not according to the statement made to me.

6341. Do you know that yourself, or merely from what you have been told?—I know it myself, because I have inquired into that case.

6342. Here we find a man who three or four days after his admission into the Hospital develops erysipelas of the joint and suppuration sets in. Assuming these things to be true, would they weigh with you?—They would weigh with me, undoubtedly.

6343. I ask you as a man, are not all these things that I have been putting to you—the suspicious results—what you would expect to find in an unhygienic hospital?—Not altogether; I cannot eliminate the causation of each case.