6344. But assuming the Hospital is unhealthy, are not the facts I have been placing before you, one after another, facts you would expect to find in an unhealthy hospital?—It seems to me that there gravitates towards this Hospital a large number of patients, some of whom have received this very septic poisoning before they entered the Hospital.

6345. But you say all these cases are suspicious, and would assist you to come to a conclusion as to the sanitary condition of the Hospital?—Yes.

6346. Now, let us assume for a moment that the Hospital is unhealthy, and in an unsatisfactory condition. I say that if it is so, are the suspicious cases which are occurring in this Hospital from time to time what we should expect to occur in an unhealthy hospital?—Yes. At the same time, I cannot eradicate from my mind that such cases occur in what I should call sanitary hospitals.

6347. *Mr. Carew.*] Are they consistent also with a sanitary hospital?—Yes.

6348. *Mr. Solomon.*] I want, in the first place, to put before you general results. We will take that comparative table of results in the Dunedin and Christchurch Hospitals in a given period. First, I will ask you do you agree with Dr. Ogston's Anglo-Scotch theory about Englishmen going into the hospital early, and about Scotchmen keeping out of a hospital till they were almost moribund?—Being an Englishman, you could scarcely expect me to agree with that.

6349. I ask you, is it not a farcical explanation? Is it in any shape reasonable?—I think Dr. Ogston was certainly joking.

6350. Assuming that the facts recorded in that table are true—of course, we cannot prove that what Dr. DeRenzi states there is true further than that he says it is true—you will find in that return that in the Dunedin Hospital during the period covered by the return there were 122 operations and twenty-one deaths, and in the Christchurch Hospital during the same period we have 146 operations and only one death?—I will suspend judgment in regard to that return. [Return handed in: Exhibit lxii.]

6351. But we must take it to be a fact in the meantime until it is disproved. It shows that in the last twelve months in the Christchurch Hospital they had 146 operations and only one death; that out of those 146 operations fifty-two are classed as serious operations, forty-four as medium operations, and fifty as minor operations; while in the Dunedin Hospital during the same period there were forty-four major or serious operations, fifty-three medium operations, and twenty-five minor operations. Is there any process of reasoning that will account for the fact that there should be only one death in Christchurch and twenty-one in Dunedin?—No; beyond what I know.

6352. And what is that?—I observe that in the last annual report of the Christchurch Hospital that only one surgeon—and there are several surgeons connected with that Hospital—was specially thanked—specially congratulated on the fact of there having been only one death in the whole of his operations. Why he should have been singled out for special mention I cannot understand. It certainly seems to me to be rather singular.

6353. We have skilful surgeons in Dunedin, have we not?—Yes, I think so.

6354. Now, in the Christchurch Hospital, according to this return, there were fifty-two serious operations, forty-four medium operations, and fifty minor ones—I am taking it for granted that they have been correctly classified—and we know also that the Christchurch Hospital has ventilation of its wards very much in advance of what there is in ours?—I do not think there can be any doubt about that.

6355. Does not that fact convey an irresistible conviction to every reasonable man's mind that the ventilation has a good deal to do with it, and that the Christchurch good results are due to it?—If your assumption be true, it is the fact.

6356. That the different results are due to the better state of the Christchurch Hospital?—Yes.

6357. Now, we will turn to your own results. There are only one or two that seem to have been due to influences over which you had no control. For instance, I find out of your forty-three cases twelve had septic symptoms. First of all, on the 8th June there is the case of M. H——. The note I have about it is, "Removal of a bony tumour from the cheek"?—I know that case.

6358. The temperature chart shows: 8th, 100°; 9th, 99°; 10th, 100·2°; 11th, 101°; 12th, 103°?—That is what is called erythema, which is treated as erysipelas. I always treat that more as a precautionary matter.

6359. Are there no septic symptoms there?—Yes, but I can explain them.

6360. The next case I will take is that on the 5th July—J. C——. "Admitted 12th June; operation, 5th July, ends of the bone scraped; operated on a second time, considerable suppuration, lasted a long time." That is with septic symptoms, is it not?—Quite so.

6361. That is an operation followed by septic symptoms. I have his chart here. It is 101°, 100°, 101°, 102°, 100°; operation on the 30th; 100°, 101°, 102°, 101°, 101°. That operation was accompanied by septic symptoms?—Yes.

6362. The next case I have is on the 10th August—a man named H——. "Caries of bone; scraping out joint; wound had healed for some time; then the wound broke down; patient was discharged in a weak state, with the wound still suppurating"?—That is quite true.

6363. The operation is marked on the chart as on the 19th. The temperature then goes—101°, 102°, 105°, 102°, 103°, 103°, 103°, 102°, 104°; then becomes normal. Are those septic symptoms?—You cannot eradicate a septic state from it.

6364. The next case is C. O——. "Amputation of the thigh; some suppuration; not a perfect result; chart fairly good." There is suppuration there?—After the amputation, do you mean?

6365. Yes?—I do not remember suppuration after the amputation.

6366. Is it a septic case?—I do not think you can fairly charge that with being septic.