

cases, attached to the general ward; and this could be effected in any rearrangement of the hospital space.

(k.) *Kitchens*.—The only kitchen in the Hospital is situated in the basement underneath No. 3 ward. It is below the general level of the ground. The roof is low, the lighting bad, and the ventilation very imperfect. The cooking is chiefly done by steam supplied from a large boiler, which also supplies the warming apparatus and the steam for heating the water in the wards. The space in which the boiler and furnace are situated is very confined, and the heat and fumes are stifling. In ascending through the floors these fumes have corroded the cement, so that they escape into the main hall and at times cause an offensive smell. They have also acted on the flushing and gutters of the roof, requiring their renewal. Both No. 3 and No. 4 wards, and especially the former, are seriously affected by the position of the kitchen; and as these are occupied by medical cases it is impossible that the best results of treatment can be attained under such circumstances. There is no matter of more importance to the successful treatment of the sick than that their food should be prepared with the greatest care. The kitchen should be lofty, well ventilated, and amply lighted; and suitable provision should be made for securing that the food is absolutely free from any tainting influence. Under the present circumstances it is impossible that such provision can be adequately made. All the evidence taken on this point went to show that the kitchen is in an improper situation, and that it should be removed to a separate building. The arrangement for serving the food to the various wards is also very crude and unsatisfactory, as will be noted from the evidence of the house steward, Mr. Burns. The absence of any provision in the wards for warming food during the night has also been strongly commented on by some of the witnesses. It was pointed out that the nurses in charge should have a room fitted with proper appliances for administering to the wants of the patients and carrying out the medical instructions as to special feeding and the like. At present it appears that the nurses have to leave the wards and descend to the basement when such special comforts have to be obtained, and during their temporary absence the patients are left without attendance.

(l.) *Nursing*.—An improvement in the system of nursing was one of the earliest demands made by the medical staff, and much has been done in this direction. The chief requirement now is the provision of a nurses' home. The accommodation provided for the nurses at present is very crowded and uncomfortable, and must increase the hardship of their duties to an unnecessary degree. It appears that the necessary funds for remedying this defect are now in the hands of the Trustees, and that no time will be lost in providing a nurses' home. This provision will, moreover, have a beneficial effect on the general condition of the hospital by setting free a number of rooms that can be used as small-sized wards.

(m.) *Convalescent Wards*.—These should form a prominent feature in every well-conducted hospital. The rapid recovery of patients after they have been successfully treated is a matter that largely affects the cost of management. If such patients remain immured in a sick-ward day and night their convalescence is delayed, and they are apt to become morbid. They require change of habit and association, but at the same time it is needful that they have continued medical or surgical supervision. The best arrangement would undoubtedly be a separate convalescent hospital somewhere in the country; but that would involve a large extra expense for the maintenance of a separate institution. The alternative is to provide cheerful recreation-wards. The usual number of convalescent patients in the Hospital is about twenty males and eight females, and the only provision for their accommodation out of the sick-wards is in a small dingy room without windows, that cannot hold more than eight or ten patients with comfort.

(n.) *General Sanitary Condition*.—Eight out of ten of the medical witnesses whose duties require them to hold an opinion on this subject expressed themselves as dissatisfied with the present condition of the Hospital. The report of Mr. Burns shows that very great improvements have been gradually effected in the Hospital since 1877, and that every reasonable improvement suggested by the medical staff has been, as soon as practicable, effected by the Trustees. Notwithstanding this, there has been a growing distrust of the security of the wards, especially among the surgical practitioners, and the voluminous details of cases that were cited in the evidence seem to prove that the successful treatment of surgical cases is not so easy as it was in former years. The evidence presented to us in order to institute comparisons with other hospitals as regards the death-rate, both general and after operations, was suggestive, but it seemed to be admitted that statistics on such subjects are liable to lead to erroneous conclusions unless the nature of the particular cases is carefully examined into in detail—a procedure which is not possible under the system on which the returns have hitherto been made. Taking the experience in the Dunedin Hospital alone, it is very clear from Mr. Burns's report that the state of things in 1877 must have been extremely unsatisfactory as compared with the present state of the Hospital, and, as Dr. Truby King points out, one naturally expects that the improvements would have reduced the death-rate to a marked extent, instead of which the present death-rate is actually higher than it was in that year. To some extent this may be accounted for by the different class of patients which were then admitted for treatment, the Hospital at that time being to some extent used as a workhouse. But, notwithstanding this, there remains a suspicion that, owing to the various circumstances that we have referred to, the general sanitary condition of the Hospital has been undergoing gradual deterioration.

(o.) *Following Wards*.—Some of the witnesses expressed very strong approval of the practice which is adopted in the Dunedin Hospital of leaving the different wards in succession vacant for a few weeks. Formerly only one ward was treated at a time, but of late years two wards, one on the male, the other on the female side, are always kept empty. Dr. Colquhoun, who is a very moderate and thoughtful witness, expressed the belief that this procedure minimised the danger, and had it not been for this rotation of wards the Hospital would by this time have been saturated