

370. What effect on her did the absence of proper accommodation have?—I got very frightened about her. She got very nervous and restless, and went out of the Hospital sooner than she had any right to do.

371. *The Chairman.*] How long was she in the Hospital?—Twelve days. It was a very unusual thing to send her out so soon, but I was frightened, from what I had seen before, that mania might supervene. I had seen mania supervene from abdominal operations of this kind in the Hospital.

372. *Mr. Solomon.*] At any rate, was there, or is there, any sufficient accommodation in the Dunedin Hospital for patients after such an operation as that?—Oh, no! there is none.

373. *The Chairman.*] Even after having set apart this small ward?—The accommodation is very bad. I only used the small ward once or twice. I found that the larger wards were better, and had to give it up.

374. *Mr. Solomon.*] Do you think that it would be sufficient to appoint one large ward for ovariectomy cases, or in which all gynecological cases could be treated?—It would not. I undoubtedly think that you ought to have some special accommodation for ovariectomy cases.

375. We have spoken also of the cases which ought to be isolated on account of the danger which may arise to them. Is there any provision for the isolation of cases in which there is danger to others?—No.

376. Is it proper that this Hospital should be without any method of isolation?—No. In general wards there certainly ought to be isolation for a great number of cases. There is one instance that I would like to mention. I remember one poor woman who had some gangrene in the leg. She was in terrific pain for night after night and for week after week, and her cries used to disturb several of the patients in the ward. I myself heard the patients complain of this: that they could not sleep on account of this woman's cries. Yet she had to be kept there because there was no accommodation for her elsewhere.

377. *The Chairman.*] What was the date of that?—I cannot give you the date, but I am sure that Dr. Copeland will assist you.

378. *Mr. Solomon.*] That case you give as an illustration of what came under your notice. Is it in the interest of the other patients that such cases should be isolated?—Undoubtedly it is. Another thing that should be mentioned is that there is no provision here for cases of *delirium tremens*. There is a padded room—a kind of cellar. It is really a disgrace, and I should like you gentlemen to see it. It is a most dangerous room. I do not know what proportion of people are there.

379. *The Chairman.*] Do I understand you to say that there is no provision by which specially dangerous cases can be isolated in a ward?—There is not.

380. Supposing that a case becomes suddenly dangerous to the surrounding patients, is there no way of taking that case out of the general ward and putting it into a special ward?—There is no special ward, unless this padded room, which I presume is used only for special cases.

381. *Mr. Solomon.*] But surely not for septicæmia cases?—No. You do not mix septicæmia cases with *delirium tremens* cases.

382. But Mr. Wales says it is quite good enough for them?—In these cases of *delirium tremens* there is always danger of pneumonia.

383. *Mr. Carew.*] Are there any hot pipes under the floor?—I do not know, but I think that there are sure to be some.

384. *Mr. Solomon.*] Do you think that the absence of means of separating cases which are not only intrinsically but necessarily a source of danger to other patients—cases which, from their very essence, are a source of danger to other patients—is right and proper? Or, do you think that it is safe to the other patients that there should be no means of isolating the class of patients to whom I have referred?—No. I think that every well-organized hospital has special wards for special cases. That is a well-recognised necessity.

385. Now we come to your second complaint: that the defects to which you have drawn attention seriatim are a source of great danger to the patients, and require immediate remedy. I shall subdivide them, as I did in my address, and shall ask you first of all, directly, is the total result of the imperfections to which you have drawn attention to-day of so serious a character, in your opinion, as to call for immediate attention, or is it of a comparatively slight character?—I think it is of a most serious character.

386. In your opinion, can the Dunedin Hospital be safely allowed to remain in the insanitary condition in which it is at present?—No. In my opinion it cannot be allowed to remain in the insanitary condition in which it is at present.

387. There is one question which does not come as part of my case, but which may be put here; and the Commissioners have to inquire into it. We have drawn their attention to all the defects which we think to be there: I would now ask you if you think that these defects could be remedied in the present building?—No, I do not think so. Of course, I quite see that very great improvements might be made in the present building, and at one time—until I inquired into the subject more particularly—I was inclined to believe that it would make a very good hospital. But since I have gone into the matter more carefully, and thought it out well, as I have done lately, I have come to the conclusion that it is not worth spending a large amount of money in trying to improve it, because any improvements would necessarily cost a very large amount.

388. Then, I understand you to say that at the present time the condition of the Hospital is such as to make it a source of active danger to the patients?—Undoubtedly.

389. Do I understand you to say that it is a safe place to take patients to, as it stands at present?—No. I do not think it is even a safe place, because mischief may arise there. It certainly is not a safe place for a hospital, where you are supposed to undertake certain operations and certain kinds of treatment. I think we are all frightened to perform any of these operations now.