572. In the present condition of the Dunedin Hospital, does a patient who comes into the Hospital suffering from one disease run any appreciable risk of getting another disease while in there?—I think he does. From my own observation I should decidedly say that he does.

573. *The Chairman.*] I understood you to say in your former answer that disease might be generated in that way?—Yes.

574. The first question you were asked was as to the origin of disease in an unhealthy state of the Hospital; and then you were asked if the disease would spread from one patient to another.

575. *Mr. Solomon.*] Would you say "Yes" to that also?—I should say "Yes" to both.

576. My next question is not directed to a perfect condition of affairs, which we do not hope for, but, given a fairly satisfactory hospital—a hospital as fairly hygienic as one can expect to have here—is that a state of affairs which ought to exist—that diseases should be generated in the Hospital and that patients should run an appreciable risk of infection therein?—I do not think that they ought to have an appreciable risk under proper hygienic conditions. Under good hygienic conditions I do not think that a patient should run any appreciable risk. The very best authorities say that in a hospital properly conducted the patient should run no more risk than he would do outside. I think I can quote authorities who say that. I do not think that you will find many hospitals to which that remark would apply.

577. Are the arrangements that you have spoken of, and the various defects that you have called attention to—are they defects merely in the sense that if the Hospital were perfect they would not exist?—But the Dunedin Hospital is very far from being perfect, or anything approaching perfection.

578. To what extent does it approach such a state of affairs?—Well, I have been in many hospitals in my life, but the Dunedin Hospital is the worst one I have ever been in. That is the best I can say of it.

579. Have you come across in your reading some thought of any one about a "danger zone" connected with every hospital?—So far as I am aware, it is original. Every hospital works within a certain "danger zone," that zone increasing or diminishing *pari passu* with the perfection or imperfection of its sanitation. I consider that in the Dunedin Hospital we constantly work at the very fringe of that zone. Any slight oversight or breakdown of the nursing, any want of minute attention on the part of the doctor or students, conditions of weather, &c., which are incidental to all human affairs, places the patient within that danger zone, with consequences more or less serious. That is the best definition I can give of the state of affairs in the Dunedin Hospital.

580. I now come to the question of mortality. Have you looked over Tait's book on this subject, and through the article in Holmes?—Yes.

581. You have prepared a table from it, have you not?—Yes.

582. Have you extracted from that table in Tait's book the average mortality in British hospitals in which the conditions are fairly similar to our own?—Yes; I have made my calculations from one of the tables, which I have marked in red.

583. And what is the result of your calculations?—That the average mortality in county hospitals in England situated in very much the same conditions as our own hospital is 5·4 per cent.

584. What is the average stay in the hospital?—It is 31·5 days.

585. *The Chairman.*] That is the average stay of the individual?—Yes. That is a very important point in connection with the mortality, because it determines the activity of the hospital.

586. *Mr. Chapman.*] That is, both deaths and discharges?—Quite so. Nobody ever draws a distinction.

587. *Mr. Solomon.*] In the London hospitals the death-rate is considerably higher, is it not?—Undoubtedly. In the best London hospitals you will find a very high death-rate.

588. Higher, perhaps, than in any of the others?—Undoubtedly.

589. *Mr. Chapman.*] Have you taken out the averages in these cases?—I have not.

590. *Mr. Solomon.*] Will you explain how it is that the mortality of some of the London hospitals is so high?—Holmes explains in his work—that on hospitals. He begins with the supposition that in all the London hospitals the hygienic conditions cannot but be the best. Then he goes on to explain that a most important factor in the mortality is the selection of cases, and he points out that in the best hospitals, where there are the most eminent staffs and possibly a small number of beds, and considering all the cases that congregate there, they pick out from all these the most interesting cases, which are, of course, the worst cases, and the consequence is that there is a very high death-rate.

591. Shortly put, they take the worst cases to these hospitals, and the rest go to hospitals where the hygienic conditions are better?—Yes. Holmes points out that the selection of cases is very important.

592. There are medical schools attached to these hospitals, are there not?—Yes.

593. You have already told us that you have extracted from that table those county hospitals in England in which the conditions are about equal to these in our own Hospital?—Yes. I think I have done so fairly well.

594. Does experience show that a hospital's mortality should bear any ratio to the mortality of the district?—Yes, I believe it does.

595. That is to say, the healthier a district the lower should be its hospital rate, and *vice versâ*?—Yes. Lawson Tait distinctly makes that statement.

596. In the districts of which you have been speaking, what has been the average death-rate of the district per thousand?—In the London district, of course, the tables are pretty high, though I think of late years the London death-rate has lowered somewhat. But at the time that these figures were taken London's death-rate was pretty high. The list of county hospitals to which I