

have just referred is as follows: North Devon, 18; Bedford General Hospital, 20; Carlisle Infirmary, 24; German Hospital at Dalston, 20; Leamington, 20; Lincoln County, 20; Royal Free (London), 23; Salisbury General Infirmary, 20; Southampton Infirmary, 23; Worcester Infirmary, 25; York County, 23: average, 20·6.

597. Do you agree that 20·6 represents the average of the hospitals that you have named?—I accept Dr. Copeland's calculation.

598. And what is the average death-rate per thousand in the district about here?—I think it is 9 or 10.

599. Is it not more than that?—I do not think it is, but I will not be sure about it. I wanted to look it up, but I had not time.

600. It follows from that, assuming that our Hospital possesses equally favourable circumstances to those hospitals in English counties, that our death-rate should be even less than 5·4 per cent.?—Yes. I think the conditions here are much more favourable. I will tell you what happened to me shortly after I came here. There was here a patient on whom I had performed an operation that I was rather proud of. I was relating this operation to a medical *confrère* when he rather damped my ardour by saying, "Yes, Batchelor, you will find the people here very hard to kill." I found that he was quite correct. I think the people here are rather tough. We ought to have better results here from operations than anywhere else in the world.

601. How would you say that the people in the Hospital in Dunedin compared with the average—as nearly as we can get it—patient who in the ordinary course of events would go into such hospitals as you have mentioned?—I should think we get quite as good people as they do.

602. What I mean is from a healthy point of view?—I should say that the people in the Dunedin district are healthier.

603. *The Chairman.* You are referring to people who are admitted into the hospitals?—Yes. It is a similar class of people, and I think that those who are admitted here are healthier than those who are admitted at Home.

604. You mean to say that our sick have better constitutions on the whole?—I think so.

605. *Mr. Solomon.* And they are better nourished?—Yes.

606. The condition of poverty in which some people live would have something to do with it, would it not?—Undoubtedly.

607. We do not find the same conditions of poverty here as exist in England?—No.

608. Taking all these things into consideration, what is your opinion as to how the death-rate in Dunedin should compare with the death-rate of those English towns you have mentioned?—I cannot understand it at all. I think it ought to compare very favourably, unless there is a strong reason which I have not heard of. It should not be more than 4 or 5 per cent. I confess I cannot understand it at all.

609. Tell us what the death-rate in the Dunedin Hospital has been for the twelve months from January to December, 1888?—It was 10·49.

610. And from January to December, 1889?—It was 9·2.

611. *The Chairman.* How were your tables prepared?—From the Inspector-General's reports. I have collected them very carefully.

612. *Mr. Solomon.* If you eliminate the question of the unhealthy condition of the Dunedin Hospital, can you offer us any satisfactory reason of the fact that, instead of the death-rate in the Dunedin Hospital being less than 5 per cent., as you say it should be, the average rate is 10 per cent. for two years?—No. I took the tables to pieces, because the position which our Hospital occupies struck me very forcibly. After the discussion with the Trustees the idea occurred to me that there might be something which I had overlooked—some condition which I might not have taken into account.

613. Do your statistics contain any information as to the proportion of the population of Dunedin and district as compared with those living in English county hospitals—I mean, how many out of the total populations will use the hospitals? How do your statistics stand as to showing what that proportion is?—I have not taken that into account. I believe that the Charitable Aid Board have prepared a return on that point. It may be that our mortality is due to our hygienic difficulties. But there may be some other cause beyond that, because our results are terrible.

614. Do you agree with this: "We may take it for granted that no hospital ought to yield a mortality on its sick treated of 7 to 10 or 11 per cent., as is the case with so many of our existing metropolitan hospitals. A certain percentage of deaths is inevitable, but not a percentage such as this"?—Certainly. I recognise Holmes as an authority. I do not pretend to be an authority myself. I know nothing myself except what I have read recently.

615. Do you also agree with this, at page 53 of Tait: "That a small hospital can be made quite as unhealthy as one of the largest size has been often and abundantly proved. It has been shown that the causes of unusually high death-rates are almost always recognisable and removable. I am of opinion that in the case of every hospital where the death-rate is found unusually high it is incumbent on the managing body to show what the causes are which are not removable, and to remove at once those which are"?—Yes. I should agree with anything that Lawson Tait writes on that subject. I think he is about the best authority you can get about hospitals.

616. Will you tell us whether in your opinion the words which Lawson Tait uses there apply to the Dunedin Hospital?—I do indeed.

617. I mean that part of the extract wherein he says what ought to be done where the mortality is found to be "unusually high"?—Yes. Undoubtedly it applies very much indeed to our Hospital.

618. You have also prepared, I think, a table which makes a comparison between the various hospitals in New Zealand for the years 1888 and 1889?—Yes, I have.