

by the way, that the return shows that the death-rate of Wellington is the lowest of all; next comes Christchurch, then Auckland, and, last of all, Dunedin. Do you follow me?—I do.

631. In which of the four towns of New Zealand is the hospital the newest?—Wellington Hospital is the best hospital in the colony. I have not been inside the Auckland Hospital for a good many years. It was on my return from Australia that I visited the Wellington Hospital, and I was very much struck with it. It is far and away the most complete hospital in the colony. I consider it to be the most perfect hospital in the colony.

632. We find that the death-rate in Wellington is the lowest in the colony?—Yes, it is the lowest.

633. Is that an old or a new hospital?—A new hospital.

634. Is the hospital at Christchurch a new or an old hospital?—I really cannot say; but I rather think it is partly old and partly new.

635. Have you been through it?—Yes, I have.

636. How does it compare with ours?—Most favourably.

637. Auckland Hospital is an old one, is it not?—I believe it is. I visited it ten years ago, but I have forgotten it now, so I cannot give you details.

638. Taking the hospitals at Wellington, Christchurch, and Dunedin, is it at all surprising, in your opinion, that the proportion of the death-rates for these towns should be as we find them, considering the condition of the hospitals?—No. It is only what you would expect, and bears out the experience of every author.

639. You would, then, expect the death-rate of Wellington to be the lowest, then Christchurch, and then Dunedin?—Yes.

640. Turn to page 50 of your scrap-book. Do you remember that minute of the Trustees?—I do.

641. There is a death-rate there given by the Trustees?—Yes.

642. Can you say whether it is correct or not? Have you any reason to doubt it?—Well, I should like to point out the absurdity of comparing the large and small hospitals, and mixing them all together.

643. *The Chairman.*] What do they say was the death-rate in 1887?—They say at Auckland, 10·99; Wellington, 9·04; Christchurch, 9·66; Dunedin, 8·35. There is something in connection with this return that I should like to mention. The Trustees have taken a wise step in making the institution a real hospital, and not a benevolent institution, as it used to be. In 1887 a lot of chronics who had lived in the Hospital for years were weeded out and were sent to the Benevolent Asylum. That probably accounts for the difference which has occurred in the death-rate.

644. The presence of chronic cases had the effect of increasing the average death-rate?—It had.

645. Then, the proper thing, as I understand it, is, that where you have good conditions the death-rate is low, but the average state is proportionately higher?—No, you ought to have a comparatively low state, because in a well-managed hospital they should show good results.

646. As affairs are conducted in the Dunedin Hospital at present, can a fair criterion be formed of the death-rate as taken out here, as compared with that of county hospitals in England?—I do not understand you.

647. You have just told us that in 1887 a large number of chronic cases were in this Hospital, and that they have since been transferred to the Benevolent Institution. Would not those chronic cases account for the low condition of the death-rate then?—Yes.

648. I now come to the last point. Have you figures giving the average attendance in the Hospital?—I have.

649. Will you tell us about the average number of patients who were treated in the Dunedin Hospital in the years 1888 and 1889?—I had better take them during the same time, from January to December. From January to December of 1888 there were 972 patients.

650. And the duration?—I can only give you from a different table, which is compiled from March, 1888, to March, 1889.

651. *Mr. Solomon.*] And in 1889 what was the number?—Nine hundred and fifty-six.

652. So that in Dunedin during the year 1888 there were as nearly as possible a hundred deaths. We will assume that there were approximately the same number of people in the other hospitals we have been referring to. The proportion of deaths in Wellington would be sixty; in Christchurch, seventy; and in Auckland, ninety. I notice that you give a difference of thirty deaths between Dunedin and Christchurch, and of forty between Dunedin and Wellington. In your opinion, would a satisfactory state of hygiene—by which I mean as satisfactory a state as we could reasonably expect—in the Dunedin Hospital have saved any, and, if so, what proportion, of those lives?—No doubt it would have saved a great number of lives, but I should be sorry to say what proportion.

653. *The Chairman.*] Would you say most of them?—But I can hardly conceive that there cannot be some other cause, because there is such a terrible difference.

654. *Mr. Solomon.*] You say that with a more satisfactory hygienic condition you have no doubt that many of these lives might have been saved?—There can be no doubt whatever about that.

655. *The Chairman.*] Do I understand you to say that these results could have been avoided?—I think I may safely say that.

656. *Mr. Solomon.*] I now come to your general experience in the Dunedin Hospital. In the first place, in your opinion, in any properly sanitary condition of a hospital, should erysipelas break out in that hospital?—No.

657. Is or is not erysipelas a form of septic poisoning?—It is generally recognised as a form of septic poisoning by the best authorities.