

1966. I was going to use that very word myself?—We might say that the influences of the Hospital are not healthy to a material degree.

1967. Well, generally speaking, knowing this Hospital as it has been during your experience of it, should you expect, *ceteris paribus*, that the death-rate in this Hospital or in the Wellington Hospital, for instance, would be greater?—I should certainly say the death-rate here would be greater, under the circumstances of septic trouble arising.

1968. That is the danger to be feared, is it not?—Yes, that is the great danger.

1969. We have generally heard that the danger from imperfect sanitation is of septic poisoning?—Yes.

1970. Does that apply to medical cases as well as surgical?—The question of septic poisoning?

1971. Yes?—It is possible for a patient to have septicæmia apart altogether from a surgical wound; but septic cases, as a rule, are surgical cases. I have seen cases of septicæmia following inflammatory conditions apart from surgical trouble.

1972. Now, we have this unexplained fact: that during the past two years the death-rate of the Dunedin Hospital is between 9 and 10 per cent.—in one year it was over 10, and the next year over 9 per cent. Taking that fact alone, is New Zealand in general, and Dunedin in particular, healthy or unhealthy?—I should say particularly healthy.

1973. In your opinion, should the death-rate of an hospital bear any ratio to the death-rate of the district—I do not say what, but should it bear a proportion? That is to say, in an unhealthy condition should you expect a larger death-rate or a lesser than in a healthy district?—The healthier the district the lesser would be the death-rate in the district, and in the hospital too. But there are certain local conditions that come in. Suppose there were large ironworks here, where there were severe accidents frequently, or there were slate-quarries, where there were a large number of accidents also, the death-rate of the hospital might be put up by accidents. The ironworks would, of course, affect the death-rate of the population, because the factory element might come in, and the slate-quarries might also have an effect on the death-rate.

1974. But you have had pretty considerable experience of Dunedin and its surroundings for years past, and I suppose you know a deal about the Old Country. Generally speaking, should you expect the rate of mortality in an hospital here—other things being equal—to compare favourably in comparison with the death-rate at Home?—It should compare favourably.

1975. Now, in an hospital of our size, should you say that a death-rate such as I have mentioned—of over 10 per cent. one year and over 9 per cent. another year—was satisfactory, or that it required explanation?—I should first ask what the death-rate outside was. If the death-rate in the hospital was given to me as 10 per cent., and the death-rate was, as I have seen it in Dublin, 5 per cent. per 1,000 of the population, I could not say it was excessive in the hospital.

1976. Well, I will give it to you. The death-rate here—the maximum—is 14 per 1,000?—Yes.

1977. The death-rate in the Hospital during two years is from $9\frac{1}{2}$ to $10\frac{1}{2}$ per cent.?—I should say that was a large death-rate in proportion to the death-rate outside.

1978. *The Chairman.*] Ten per cent. is very great, as against $1\frac{1}{2}$ per cent. outside?—Yes.

1979. *Mr. Solomon.*] I suppose you recognise Dr. Lawson Tait as an authority on this subject?—Yes, he is a well-known authority.

1980. He refers to one case in which the death-rate was 8·17 per cent., and he says that is an eminently unsatisfactory state of affairs?—Do you say the death-rate was 8·17?

1981. Yes; that was at Swansea?—No; I think it was somewhere in the north.

1982. Should the outside conditions there be better than ours?—There are few districts in England in which the death-rate is so low as it is in Otago.

1983. *The Chairman.*] You mean the general rate as compared with the population?—Yes.

1984. *Mr. Solomon.*] At any rate, to say the most of it, those remarks will apply with equal if not greater force to Otago?—As to the death-rate being high in the hospital?

1985. Yes.—Decidedly they would.

1986. Can we say, as a rule, that whatever remarks are made as to the general death-rate at Home would apply certainly with equal force to the death-rate here?—Yes, with increased force, so far as the death-rate out here goes.

1987. By consulting statistics, such as we have, and for which there is no explanation, we find that while the death-rate in the Dunedin Hospital for the last two or three years has been over 9 per cent., and over 10 per cent., the death-rate in Wellington, where there is a new Hospital, is between 6 and 7 per cent.—certainly over 6 per cent. Should you say that the different conditions of the Hospital in Wellington had nothing to do with it?—I should say they probably had a good deal to do with it.

1988. So far as you know, is there anything in the conditions of the different towns in New Zealand which would induce a higher rate of mortality in Dunedin Hospital than in the other large centres?—I have not any prolonged acquaintance with other large centres, but from what I have heard and seen myself, I do not see any reason why the mortality should be less in Christchurch or Wellington than it is in Dunedin. Auckland I have not seen. On the contrary, I should expect a higher mortality in Christchurch than in Dunedin. I do not consider the situation there is so healthy.

1989. Can you give us an opinion from your experience generally—I do not want to ask too much. In such a district as ours, where the district mortality is $1\frac{1}{2}$ per cent., under ordinary circumstances what should you expect to find the Hospital mortality?—That is a question that is difficult for a man not almost a professional statistician to answer. It is a thing that varies very much according to local surroundings. If you take an hospital in the Lakes district, you might have a higher rate of mortality from the accidents in mining, sluicing, &c., with a much less mortality in the population at large, than would really be justified from disease.

1990. But I am speaking of conditions such as you know, in towns where the death-rate is $1\frac{1}{2}$