

hospitals has been increased by getting rid of the chronic cases? You see what I mean, chronic cases are prolonged cases?—Of course, if you have a patient in the Hospital for twelve years, and he dies at the end of that time, he lowers the death-rate.

2104. If you have a large number of chronic cases living in a hospital as boarders, would you not expect a low death-rate; and if you have a very sharp supply of accidents and surgical cases, would you not, on the other hand, expect a high death-rate?—It all depends, of course, on the nature of the two classes you mention, because deaths might not occur in either class; but, looking at the questions broadly, I think I am justified in saying yes to your questions.

2105. Now, can you tell me what accounts for the high death-rate in Victoria?—I have never been there.

2106. Can you tell what there is to account for the high rate of death at St. Thomas's? It is a very large hospital?—And a very good one. Dr. Batchelor has said that the cases are picked in the London hospitals, but he did not refer to the fact that the large London hospitals draw bad cases from all over the country; cases of cancer, internal tumours, and other serious cases of that kind come up to the metropolitan hospitals.

2107. Do you have cases here drawn from other parts of the colony?—Yes.

2108. Severe cases?—I cannot speak about that. Dr. Batchelor and the surgeons will tell you more about it. Some of my own cases come from other parts of the colony, but they do not swell the death-rate, I am glad to say.

2109. Then you have not made a study of statistics?—No.

2110. You have said you cannot operate in the Hospital with the same confidence as outside. Can you say our Hospital is different in that respect from other hospitals in New Zealand?—I have never operated in other hospitals.

2111. You have formed your conclusions from Dunedin only?—Certainly; I only spoke of Dunedin.

2112. You have spoken of erysipelas in Dunedin. Have you known it to arise in Dunedin before this occasion?—Oh, yes; since I went on the staff I have had to put off operations on several occasions, knowing there was erysipelas in the house.

2113. And you would put them off whether it arose in the Hospital or was introduced?—Undoubtedly.

2114. Do you think the Dunedin Hospital authorities ought to refuse erysipelas cases?—I think if such cases come in they should be put where they would not be an object of danger to the house.

2115. They cannot refuse them?—They should put them into a ward at the back.

2116. When you speak of putting-off operations, do you mean operations in the ward in which you operate?—I lost one patient's eye through erysipelas in the ward, and I have been shy about the presence of erysipelas ever since.

2117. Have you operated with erysipelas in the ward?—No, I moved the patient out, and I think she was three days out. I moved her from No. 8 to No. 7.

2118. Erysipelas arises in a good many hospitals, does it not?—Yes; when it broke out in the hospital to which I was attached as a student, the Board of Governors took it as an indication that the hospital was not sanitary, and built a new one.

2119. But they had plenty of money, I suppose?—No, they had not.

2120. What hospital was that?—The Adelaide Hospital, in Dublin. They built new surgical wards completely.

2121. What do you consider is the life of an hospital?—Some of the good authorities—I believe Hammond—puts down twelve years as the lifetime.

2122. He thinks that at the end of that time the walls and floors become saturated, and he means it should be burnt down?—The assumption is that the walls have absorbed so much septic material that they are dangerous.

2123. And what do then—destroy the walls?—Yes.

2124. Do they do such things in England, systematically?—All military hospitals are now built on temporary principles.

2125. St. Thomas's is not temporary; it cost a quarter of a million.—It was a great question whether the money could not have been spent wiser.

2126. Can you tell me where that has been done, except in the case of military hospitals?—I fancy that in all recent hospitals in England the foundations only are permanent, and that the wards are not looked on at all as permanent. Of course, I am speaking of my reading on this subject, and not of my general knowledge.

2127. Now, as to the precautions taken by the Trustees: you know a ward is kept empty?—Yes; I believe two wards have been kept empty lately.

2128. *The Chairman.*] Since when?—I believe within the last twelve or eighteen months, but Dr. Copland tells me it is two years.

2129. *Mr. Chapman.*] And before that there was one?—Yes.

2130. Under existing circumstances, do you approve of that?—Under the conditions that exist in the Hospital, the matter of keeping one ward empty, and moving the ward round in turns to give them a chance of being disinfected, is very good; but the matter of keeping two wards empty makes the others crowded, and is a bad one. Again and again I have been unable to get patients into Hospital on account of want of beds when there were two wards empty in the Hospital. I believe that was done with a view to economy in the nursing.

2131. Have you made complaint on the subject? You have been connected with the Hospital for about seven years?—Well, the Trustees do not receive complaints from individual members of the staff very gracefully. I have spoken to individual members of the Board of Trustees about the matter, from time to time, but have never made complaints in the way Dr. Batchelor has.