

2458. *The Chairman.*] Does it say anything about whitewashing the walls?—No.

2459. *Mr. Solomon.*] There is only one other point I wish to trouble you with—that is, the rate of mortality. Do you think the conditions out here are more or less favourable to a low rate of mortality than in England?—I think they are more favourable, speaking generally; in fact, the Registrar-General's returns show that very distinctly.

2460. Do you know what the district rate is at Home?—It varies from 25 to 30 per thousand.

2461. And out here?—About 15 or 16; sometimes 17. I know that the water-supply has made a great difference in Oamaru. It has gone down until it is now 8·3.

2462. And what about the condition of the patients brought into the Hospital?—In this country you have well-fed patients, who live in very fair houses compared with the houses people live in at Home in the large cities.

2463. *The Chairman.*] Do you connect the reduction of the death-rate in Oamaru with the new water-supply?—Certainly I do. For two years previous to its introduction we had erysipelas and typhoid, which decreased like magic when the water was brought in. It has the lowest rate of mortality known; in fact, Oamaru is the healthiest place in the world just now.

2464. You say the patients here compare favourably with the patients at Home?—Yes; but you cannot shut your eyes to what goes on around you. The people here are strong and healthy.

2465. You know that of your own experience?—Yes.

2466. What about the class of cases met with here, say, in our own Hospital?—They are similar to what you get anywhere else. You meet with fewer old cases—chronic cases. They are only beginning to come in upon the public. It is a young colony.

2467. The class of cases we get in Dunedin is normal then? Are there any special circumstances about them?—No; none I can think about.

2468. We have been told that the death-rate at Home is satisfactory. What, in your opinion, is a satisfactory death-rate?—I believe a satisfactory death-rate is 4 or 5 per cent. in the London hospitals. Sometimes you get it higher.

2469. Some of the hospitals take all cases, in which the rate is considerably more—St. Thomas's for instance?—Yes, I dare say it is more; and they are old hospitals and are saturated with germs.

2470. What do you say is the maximum mortality-rate here, extending over a couple of years, that ought not to pass without some explanation?—To answer that I would draw a comparison between the mortality in the London hospitals and the mortality in the London districts. If there you have a higher general mortality—say, 25 or 30 per thousand—you would have a low mortality in their Home hospitals. We should in our more healthy climate and healthy condition of people have a lower death-rate; at any rate, it should not be any higher.

2471. What is the maximum?—I say, 5 or 6.

2472. Would the septic condition of a hospital raise the death-rate?—Certainly.

2473. Materially?—Yes, I should say so. Not only would it raise the death-rate, but it would prolong the treatment of your patients and increase the expenditure in drugs.

2474. Do you know whether that is so?—I should expect to find it.

2475. How would you expect to find the iodoform bill?—In a hospital such as this you must use an almost extravagant quantity of antiseptics.

2476. How would Lister get on out here?—He would not get on out here at all.

2477. Is there anything in the condition of the Hospital, except its septic tendency you spoke of, to justify your accounting for a mortality-rate for one year of over 9 per cent., and for another year over 10 per cent.?—There is nothing else I can think of. We have seen that the drainage is bad and the ventilation also, and that must be followed by a higher mortality.

2478. Is it surprising that we should find in the last two years that the lowest death-rate is in the newest hospital?—Not at all. It has not had time for the germs to get into it.

2479. And, strange to say, the highest death-rate is in the Dunedin Hospital—the oldest. Is that surprising?—I do not think it is. No hospital should live more than fifteen or twenty years.

2480. Do you agree now that there are defects in the sanitary condition of the Dunedin Hospital?—Yes; I have pointed them out.

2481. Do you agree or not that those defects are of so serious a character as to be a source of grave danger to the patients, and call for immediate remedy?—Yes, I think so. The sooner the sewer-gas is prevented from going into the Hospital the better, and the ventilation should be attended to as well.

2482. And the overcrowding?—Certainly.

2483. Can you, under any state of affairs, expect to find a low rate of mortality in the Dunedin Hospital?—No; I do not see how you can get a low rate under present circumstances. Of course, I am taking into consideration everything I know—overcrowding and all that.

2484. *Mr. Chapman.*] There are one or two matters in your evidence on which I should like to ask a few questions. You instanced a modern hospital. Have you calculated the floor-space and the bed-space of it?—I have examined it. You must remember that hospital is for children, and they will take half of what an adult takes.

2485. Is that recognised?—Yes; they breathe less.

2486. *The Chairman.*] That is in the Hanwell Ophthalmic Schools?—Yes.

2487. What have the schools to do with the Hospital?—The school is in connection with the Hanwell Industrial Institution, in which they have had hundreds of cases, owing to the insanitary condition of those buildings. They have had cases of purulent ophthalmia following pneumonia, and several other septic diseases, so that the Government were induced to alter the building, which has cost them £20,000. This building is an adjunct to the school, for treatment of cases.

2488. Then, it is a kind of hospital?—It is a hospital, so that the children affected may be isolated from the others. It will hold three or four hundred.