

2489. What do you think it would cost if it was to be erected out here?—Well, timber is cheaper here; but the price of stone bears the same proportion to the price of stone at Home.

2490. *Mr. Solomon.*] There is a question I would like to ask here that I forgot to put before. Do you think a hospital can be satisfactorily patched up?—I think it might be patched up for chronic cases and for a certain class of medical cases; but there should be half the number of patients in each ward that there are at present.

2491. *Mr. Chapman.*] How do you make out on this plan what is the position of the water-closets?—They are here. You will see they have cross-ventilation by means of a lobby and closet cut off from the ward, the lobby opening directly into the ward. I, however, do not approve of this plan of having the closets in a central ward, because it takes away from the bed-space.

2492. In King's College, are there special gynecological wards?—No; they used to do picked gynecological operations and ovariectomies, but they all died.

2493. But what do they do now?—They hire a cottage outside.

2494. And do not perform them in the Hospital at all?—No, ovariectomies are not done inside at all. Dr. Playfair got the Trustees to take a separate room for them, and had it specially ventilated, and had his nurses sent down to it. That is a special ward in a special sense.

2495. What about grave cases now?—Listerism has been a very great help, and they have much less mortality now than they had before.

2496. In all classes of surgical cases?—I believe so. I have not been there for seventeen or eighteen years. I have only heard occasionally of what is being done.

2497. Have you data to show that the mortality has decreased?—I see reports in the *Lancet* that lead me to think that. You will also get reports in the medical journals, with passing notes, that tend to show that the mortality is decreasing. I am not in constant communication with the authorities there. I do not know if my old friend Dr. Roberts, who succeeded me there, saw the beginning of the antiseptic treatment.

2498. You spoke of the disadvantages of having no urinal separate from the watercloset?—Yes.

2499. What is your idea?—I do not see anything on that plan. There is the urinal in this corner and the watercloset in that.

2500. Do you know whether that is generally approved now?—They should certainly have them separate, to prevent any trouble. If you do not have them separate they cause a smell of urine.

2501. Is not a urinal about the most difficult place to keep free from smells?—Not if it is kept properly ventilated and properly managed.

2502. The "Unitas" closets are so constructed to act as urinals as well as closets, are they not?—I think not.

2503. The maker gives them out as such?—I do not think it can be used as a urinal. The proof is that when you go into the wards there is a powerful smell of urine. If they cleaned the thing out every time they urinate I would not object to it, but they do not do so.

2504. Even in this model there is a danger, is there not, if there is a pressure from the sewer on the trap and it is left for any length of time, that the water will become saturated with gas?—It will not be so long as you have ventilation going on right up to the roof.

2505. However, you approve of the ventilators?—Yes, the more fresh air you get into the drains the better.

2506. Do you know what length of pipe is closed in the system in existence in the Dunedin Hospital?—I could not tell you.

2507. You know there is a main shaft?—Yes, I think so.

2508. Well, the distance that would be closed would be the distance from the main shaft to the baths?—Yes.

2509. But you do not know whether that distance is closed in the drains?—No, I do not.

2510. *The Chairman.*] And supposing the air-shaft was also used as a down soil-pipe?—I think it is not safe. Buck recommends it, but I do not think it is right.

2511. Under existing circumstances, would a smoke test show in the Hospital?—I cannot tell you that because I cannot tell you the action of the drains.

2512. *Mr. Chapman.*] Now tell me this in a general way: Have you gone over other hospitals in New Zealand and found them better in this respect than the Dunedin Hospital?—The Wellington Hospital is better, I think, in its general arrangements. There is less crowding, and the nursing system is very good. It is on a sort of pavilion system, off a corridor, and the ventilation is good. I did not go into the drains, and I do not know what they are like.

2513. I suppose Oamaru is too small to form any conclusive opinion from the figures in connection with its death-rate?—Yes.

2514. Were some alterations made in it recently?—In 1883, after the outbreak of sewer-gas.

2515. And has the Hospital been much the same since?—I have not had much experience of it from that time. The Trustees would not agree with my ideas of the Hospital buildings, and I resigned, and have had nothing to do with it since.

2516. You do not consider it is satisfactory now?—No. It might be a great deal better than it is.

2517. I think it could be. The death-rate in 1887 was 10·24, and in 1889 it was 11·3?—It is too high.

2518. Now, you have spoken about the mortality that ought to exist in the colonies as compared with the Old Country. The mortality not only in New Zealand, but in all the Australian Colonies, is lower than that of England?—I do not know anything about the colonies except New Zealand, but I should expect it to be lower than elsewhere.

2519. Have you been able to find a hospital in the colonies in which this low death-rate you