

(f.) *Drainage*.—As already stated, there is no system of subsoil-drainage of the ground. The drains from the building have three connections. The one leading from the kitchen to the south-east corner of the ground, where it enters the Cumberland Street drain, is not connected with the others, excepting indirectly through the street sewer. It is provided with a separate ventilating grease-trap. This is an excellent arrangement, and the drain is in good order. The main drain gathers the sewage from three sides of the building, and connects with the Cumberland Street drain at the north-east corner of the section. This drain is ventilated by two pipes that ascend the eastern tower, so that back pressure of sewer-gas is provided against. The remaining corner of the building, including that which takes a downpipe from Nos. 2 and 7 wards, is connected with the King Street drain, and no provision seems to have been made for ventilating it on the street side of the trap, so that a considerable pressure of sewer-gas was discovered. The evidence of Dr. Truby King shows that the traps which disconnect these different drains from the building are of old-fashioned pattern—that they are not as thoroughly efficient as they should be, and that the total absence of any system of thorough flushing is a serious defect. The downpipes from the wards are not in a thoroughly satisfactory state, according to the evidence. The chief defects pointed out specially by Dr. Truby King and Dr. De Lautour are that the storm-water pipes from the roof are used also as the soil-pipes, and carried down inside instead of outside the building; that the ventilation-pipes are not in a proper position; and that during a heavy downfall of rain the “water-seal” traps in the different connections are apt to be syphoned out, and so leave direct connection for the sewer-gas to pass into the wards. This, however, would only be a practical danger in the case of Nos. 2 and 7 wards, for the reason above stated; and it is to be noted from Mr. Wales’s report that, whereas in all the other sink- and lavatory-traps the water-seals have a depth of 2½ in., in the No. 7 ward they have only a depth of 1½ in. to 1¾ in. It was also pointed out to us that the down drains and connections are so built in that it is very difficult to ascertain their condition, and that all such fittings in an hospital should be freely open to inspection, so that any defect can be promptly discovered and remedied.

(g.) *Closets, &c.*—The closets are in the corner towers, and are only separated from the wards by a double door, which is practically only single, as there is no ventilation between the doors, so that the closets may be said to open direct off the wards. They are, with few exceptions, of the most modern construction; but the details of fitting them according to the instructions of the inventor would appear either to have been misunderstood or neglected to some extent, so that their ventilation is defective. In the absence of proper urinals, they have also to be used for that purpose, and this may also tend to make them offensive at times. The closet-rooms are, however, very well ventilated by windows; but the danger is, that when the door is open the draught towards fireplaces in the wards must necessarily draw any offensive air into the wards.

(h.) *Baths and Lavatories*.—The baths and lavatories are actually in the wards, and only separated by a low screen, so that any effluvia arising from them actually mixed with the air of the wards, which was pointed out in the evidence to be an extremely objectionable arrangement, as the steam acting on the size in the walls and ceilings is liable to promote the propagation of pathogenic germs. It would be desirable to have the whole of the lavatories and closets completely isolated from the wards by a corridor with cross-ventilation in it; and the importance of this point seems to have been on several occasions urged by the honorary members of the medical staff.

(i.) *Special Wards*.—There are certain classes of disease in which it is most important that the patients should be separated from others, and no provision at present exists for permitting of any such classification. The result is that infectious diseases have to be treated in the general wards, and even such cases as erysipelas have on admission to be placed in the medical wards along with other patients, who are thereby exposed to an undoubted risk. Dr. Coughtrey considers that the provision of special wards for infectious and septic cases in a detached building is of the most pressing urgency, and his view was supported by nearly all the other witnesses. Patients suffering from diseases of the eye, it was pointed out, require to be treated in a special ward, not only on account of their great liability to septic infection, but also because peculiarities in the method of arranging the light in the wards are absolutely necessary, and these would be extremely unpleasant and hurtful to general patients. There are generally about fourteen to twenty such cases to be provided for. Again, gynecological cases are not suitable for treatment in general wards, especially where the hospital is used as a medical school, as they are a class of cases only adapted for senior students, and also from a surgical point of view, as they present physiological peculiarities that render the cases operated on more sensitive to septic infection than other surgical cases.

The evidence also proves that to make the hospital still more perfect provision is required for wards for the separate treatment of cases of tuberculosis apart from those of acute lung-disease, and that it is also desirable that special wards should be provided for offensive surgical cases. The present accommodation for children is provided in a semi-detached wooden building, and is not entirely satisfactory. We found that the ground on the shady side, even in dry weather, was damp and mouldy, and the floors of the building too close to the surface, although everything has been done to secure an under-current of ventilation. We were glad to be informed that the use of this building for the purpose is only regarded as a temporary expedient, and trust that one of the earliest improvements will be the construction of a suitable ward for juvenile patients.

(j.) *Special-case Rooms*.—Cases frequently occur in which it is necessary to isolate a patient, for special treatment and for the comfort of the other patients. No satisfactory provision at present has been made for this purpose. In cases of temporary mental alienation such seclusion is imperative, and the only provision that exists is a dark cell in the basement that is not creditable to the establishment. In connection with the surgical wards provision should also be made for the separate treatment of the patients after severe operations, under the most favourable circumstances for recovery. The usual method is to have a small ward-room, to contain one or two