2083. Suppose the waterclosets were moved into the corridors, and the baths and lavatories and so on also removed, suppose the wards were not so crowded, that there were special wards made for ophthalmic and gynecological cases and others: do you think then that you could get a fairly satisfactory hospital, without building a new one?—Can any one of these wards be utilised; that is what your question comes to?

2083A. Yes.—I think some of them could be used for medical purposes if they were half reconstructed, floors put down, and the closets thrown out; but they would not be so good as the wards lighted from both sides, and with cross-ventilation.

2084. It would be expensive to patch up this place as you suggest?—It would, and in the end it might be better and cheaper to build a new hospital than to start patching-up. I think in the report of the meeting of the staff there is a resolution passed, on my motion, that all additions should be on the pavilion sytsem.

2085. Now, do you know that there are defects in the Hospital?—Yes, I do.

2086. Do you agree that those defects are of so serious a character as to be a source of grave danger to the inmates, and call for immediate remedy?—Yes, I think I may say that.

2087. *Mr. Chapman.*] Dr. Batchelor considered that both motion and amendment were premature, and then he walked out of the room. Was that so; or, rather, may we say that Dr. Batchelor did not agree with the motion?—I really forget.

2088. Now, as to the subject of statistics. You think that the death-rate, as shown by the statistics given to you for the last two years, is far too high, looking at the healthy climate we have in Dunedin: that is, I understood, the effect of your evidence. Mr. Soloman put it to you that if the death-rate was 10 per cent. one year, and 9 per cent. another year, and if it was a fact that there was a maximum of 14 per cent. among the outside population, you would say the death-rate was too high?—Yes, comparing it with hospitals at Home.

2089. Have you examined the death-rates generally in colonial hospitals, and compared them in the same way, first as to the city population, and then with similar death-rates at Home?—I think I started by saying that I did not pretend to be a statistician. I have seen the figures of the four centres, and I believe that our city death-rate is lower than the other provinces, yet our death-rate in the Hospital is higher than theirs.

2090. Have you examined the last two years?—I believe so.

2091. And you take Wellington to be something over 6 per. cent.?—Yes.

2092. Supposing I go back for two other years. I have before me 1885 and 1886, and I will suggest these figures to you for 1885: Auckland, 11·5 per cent.; Wellington, 10·6; Christchurch, 11; Dunedin, 9·5?—I should say they are all too high.

2093. Take 1886.—Auckland, 10·5; Wellington, 10; Christchurch, 9·4; Dunedin, 9·7.

2094. *Mr. Solomon.*] When was the new hospital in Wellington built?—I was going to ask that.

Mr. Chapman: I do not know. I may say that in taking these figures, the percentages were not worked out, but I worked them out myself.

The Chairman: I see from a report I have that the Hospital was open in 1887, but I have nothing earlier.

Mr. Chapman: Is the 1887 report under the new conditions in Wellington.

The Chairman: Yes.

Mr. Solomon: It was opened at the end of 1886, I think.

The Chairman: I have not the reports previous to 1887.

2095. *Mr. Chapman.*] Now, you say they were all too high?—Yes, unless the general death-rate was very much higher than I know it.

2096. You may take it there is not much difference in the four centres. New Zealand is a healthy country all through. There is not much difference, but probably you will find Dunedin is the healthiest. Have you examined the death-rates in the other colonies?—No; I have not gone into the question of statistics at all.

2097. Well, then, you made these comparisons without very much reliance on them, inasmuch as you had not all the data before you?—I made my statements from the data placed before me. I do not pretend to be an authority.

2098. When I read these figures to you you do not see much difference between those other hospitals and this one?—I do not want to say that you are laying a trap for me, but if you have manufactured your statistics you can do anything with them.

2099. I have done nothing of the sort. It will come on my own head if I am putting the figures wrongly to you.—If the death-rates were as high as you have mentioned, and the outside death-rate was not abnormally high, and no epidemic to account for it, I should think the death-rate was too high at all the hospitals in the large centres. To come at it in this way: I do not think the death-rate in hospitals here ought to be higher than it is in hospitals at Home, where the general mortality is double.

2100. That is, assuming the same class of cases to be admitted?—But we have a better class of cases here.

2101. What do you call a better class?—They are better fed, not exposed to the same depressing influences before they come in, lead a healthy life, and the great majority of them are perfectly free from disease before the attack that brought them in. In the Old Country, in many places, you have a large number of patients who are mill-operators, and miserable specimens of humanity who spend their whole life over a spinning-jenny, and are the outcome of several generations of the same type.

2102. But do you not know that in the Old Country there is a more careful expunging of chronic cases, leaving them to the poor-houses?—You undoubtedly have that.

2103. Should you be surprised to find the death-rate in the Dunedin Hospital and other