4506. There was something wrong with the drainage, was there not?—There was. It was all remedied within a year after the building was opened.

4507. Do you approve of the fallowing system that is carried out here?—Most decidedly.

4508. Do you think that it has been effectual for the purpose for which it was designed?—I can only refer to the comparatively good sanitary Hospital which I now find it to be as the result of such methods. I think that probably things would have been very much worse but for them.

4509. *Mr. Chapman.*] Now, what, in your opinion, are the defects of the Dunedin Hospital?—I would like to mention first those I think to be actual defects in the building.

4510. But suppose you were asked to suggest reforms in the Hospital, in what order would you take them?—Then, I should certainly have isolation-wards first of all, and then a convalescent department—the latter mainly on the score of expense. I should put patients in a convalescent department because there they would be less liable to suffer relapse, supposing any septic case were to arise, or where they would undoubtedly convalesce more rapidly than if they were kept constantly surrounded by the sick and the dying. But I think the most important change—I certainly would call it the most important—would be the isolation of the wards.

4511. *The Chairman.*] Are those the only two things?—No.

4512. Perhaps it would be more convenient if you would state briefly all the alterations that you would propose?—I should alter the situation—not so much of the closets—of the bath-rooms and the lavatories, and increase the amount of their accommodation.

4513. Would that necessitate additional building, or could you manage it in each of the present wards?—It could only be managed by additional building. I think that special wards are demanded, besides the isolating wards. A ward for eye diseases is particularly wanted.

4515. *Mr. Chapman.*] In what order would you take the special and isolating wards—I mean in regard to their urgency?—First of all, I should have special wards for those cases which are brought in suffering from septic or infectious diseases—a very large class of cases which may arise in any hospital. Secondly, I think that there should be a small single ward, or rooms containing not more than two or three beds, for patients who have just recovered from the shock of accident or operation.

4515. *The Chairman.*] You put that immediately after the isolating wards and before the convalescent department?—Yes, but it would only be for these special cases.

4516. Then you would have an ophthalmic ward?—Yes.

4517. Anything else?—Better accommodation for the nurses.

4518. Would you do anything to the wards as they stand? Would you make any alterations, to the floors, for instance. Do you think that that is an immediate matter?—I have mentioned that already.

4519. Now, if you had to suggest reforms yourself, in what order would you take them?—First of all I would have special wards for the isolation of septic cases, then for accident or operation cases, then tubercular cases, then ophthalmic cases, and lastly for gynecological cases.

4520. Then you would put these even before the convalescent ward?—Certainly. These are reforms which are more important. There are, of course, less important subdivisions of the first heading.

4521. *Mr. Chapman.*] The first cases are those, I suppose, which have to be separated for the safety of others?—Yes. Firstly, there are infectious diseases, such as scarlet fever and hospital gangrene; then there are cases of lesser urgency, as patients suffering from phthisis, and possibly patients with strumous disease. I think it would be very advisable to separate these from the general mass of cases. There are, secondly, those who should be separated from the others for their own sakes. The question of increased accommodation for the nurses certainly demands to come in before such reforms as a special ophthalmic ward. Then I come to a ward for gynecological cases, and I consider it to be a luxury.

4522. There is some special reason, is there not, for a ward for ophthalmic cases?—Yes, they require to have a particular kind of light.

4523. You also mentioned having a small ward?—Yes, only for those cases that are suffering from acute inflammation or had been recently operated on.

4524. In cases of operations (speaking generally), in what sort of wards are important operative cases put in the Old Country?—They are usually put into a side-room off the ward, but if that be full then they are simply put into the general ward.

4525. *The Chairman.*] Would that be a room by the side of the operating-room?—No, just a room off the ward.

4526. *Mr. Chapman.*] Then the patients would be carried from the operating-room to their respective wards?—In Edinburgh, in some cases, patients are carried a hundred yards from the operating-room to their wards, and in other cases up three flights of stairs, along a passage 150 yards to 160 yards long—rather it is a long corridor—into the main building.

4527. Is that done in cases of major operations?—Yes, undoubtedly.

4528. Then in Edinburgh they do not provide special wards immediately in the vicinity of the operating-room?—No. In fact, Dr. Thomas Keith used to operate in gynecological cases, from lack of space, in the ward, in which there was a very large number of patients. I mean in the actual ward itself.

4529. *The Chairman.*] Was it because he had no special room, or was it to avoid the risk of moving the patient?—Yes.

4530. *Mr. Chapman.*] You have mentioned the name of Professor Keith. Is he an able gynecologist?—Yes, I consider him one of the most skilful gynecologists living at the present day. He is the only man, as far as I know, who has been sent from Great Britain to America for consultation purposes, for which he received a fee of £1,200.