

6872. What else now?—I am now dealing with the main defects, and I think, taking them as a body, I have given them.

6073. Then you have spoken of certain other defects. In what order will they come: for instance, the absence of an eye ward?—I do not regard that as of the same gravity as want of strict isolation for cases such as erysipelas cases.

6074. What is the size of the erysipelas ward you think is required: how many patients should it hold?—I think there should be accommodation in a Hospital of this size for six patients on each side. In Christchurch they have tried to remedy the omission of an erysipelas ward, and have certainly succeeded in obtaining isolation; but I do not think they have a very effective building, as the air of one ward is common to the other; there is no separation.

6075. Then in the case of a separate eye ward?—I want that more for the purpose of light.

6076. For what number of patients would you have light?—I think Dr. Lindo Ferguson would be a better guide in that than I can be, but I suppose there should be a few beds in each ward—male and female. But I might say there are other things I should like to see established. For instance, another thing that would be a great advantage to the Hospital would be the existence of a convalescent hospital.

6077. That is a defect: it is absent?—It is an omission.

6078. *Mr. Solomon.*] Would you only have one ward?—You know I mean two, Mr. Solomon—one male and one female. All new wards should be distinct from one another. I am very firm on that; and in anything that is done, I say, if it is to be a building for a permanent erection, let it be built in that way. Now, also, looking to the modern views as to the causation and production of phthisis and tubercular mischief, I should say I think these separate wards are necessary here for consumptive cases.

6079. Then it is a defect not having separate wards for cases of phthisis?—Yes.

6080. That is to say, the requirement is to isolate the person for the sake of the eye?—Yes; that is, for ophthalmic cases.

6081. And also to isolate such cases for the sake of others?—Yes, but that does not apply so much in the case of eye wards. My chief reason for having separate wards for erysipelas and other infectious cases is more for the sake of others. I think that doubtful mental cases should also be in a separate ward. There is a class of cases that occur in the Hospital that you cannot tell what they are—such as people suffering from drink, and others lying-in, wanting hospital treatment. Then, further, for the sake and comfort of the others—carrying this principle of isolation for the sake of others further—I think you should have stinking cases, empyema and hydatid abscesses, separate.

6082. *The Chairman.*] Cancer cases, what would you do with them?—They might go into some of the separate wards. Where the cancerous ulceration has gone on to some extent—advanced cases, that is—by taking such from the general wards you would decrease the number of patients in them and increase their purity. Then, if money flowed in, I would go in for gynecological wards, or wards, more properly speaking, for abdominal cases of both sexes. I may say that abdominal cases are performed nearly as frequently now on men as on women.

6083. *Mr. Chapman.*] Are they as frequent?—Well, the number of abdominal sections performed in modern surgery is very great. I think I am safe in saying that about two-thirds as many as are performed on women are performed on men in modern surgery.

6084. In those cases the matter concerns the patient, and not the general patients of the Hospital?—Yes.

6085. Now, what other things are there for an ideal?—For an ideal?

6086. *The Chairman.*] We are not concerned with an ideal state of things. I think, Mr. Chapman, you will meet the witness if you put the question in this way: Supposing the present building is used as a building of expediency, which of those things you have mentioned would you have done, in order of necessity?

6087. *Mr. Chapman.*] Yes.—Well, I should have an erysipelas ward built as the first thing that is absolutely necessary. That is the only ward I should urge to be built in the meantime, when the present building is used as a building of expediency, except a special building for ophthalmic cases. And then, next in order, comes a convalescent hospital. These are what I call the more urgent requirements of the Dunedin Hospital at present. Then, if any means could be devised—and it is quite possible they can—improved ventilation of the general wards might be undertaken, at small expense, so that public money would not be thrown away.

6088. *The Chairman.*] The question of money is not before us, but whether the Hospital is dangerous to the patients in its present condition. I have noted: “They are not suffering to any extent except from the want of an erysipelas ward.”—But you must think of the public money.

6089. *Mr. Chapman.*] You do not think they are suffering very much from the defects of the building?—No; I think the present building gives to the patients who use it a much better sanitary home than their own homes.

6090. In that connection a good deal has been said about results, statistics, and so on. Do you consider that the mere quotation of statistics throws any light on the question?—I think statistics can be turned all round, inside out, and upside down; you can treat them any way you like. In connection with statistics shown in Lawson Tait's book I take this stand: that at the very first you have to take in the question that New Zealand hospitals are partly State institutions, and to a small extent only voluntary institutions. Now, British hospitals are on the contrary voluntary institutions. That bears on the question in this way: that the sympathies of the public are acted upon in collecting subscriptions, and a large amount of work is shown to be done for that purpose. Then in Tait's statistics, if you go through them, you will find that those from which the most full and correct returns have been got give the highest death-rates. From that death-rate it does not follow that one hospital is more unhealthy than another, but that one hospital is more active than