another. Then, again, we have to consider the intake. If you have a critical intake of patients, and a close scrutiny of them when they are admitted, and only the most serious and grave cases are taken in, the returns of the death-rate are sure to be greater than if the intake was all picked or on the voluntary system.

6091. What effect has that on the statistics?—The effect is this: that the mere statement of so-many patients taken in, and that so-many leave the institution cured or improved, and so-many die, is not to be taken as a fair index of the salubrity of it.

6092. *The Chairman.*] The statistics are apt to be fallacious?—Yes.

6093. *Mr. Chapman.*] Can you say whether, taking them generally, the class of cases are the same in colonial hospitals as in British provincial hospitals, or English provincial hospitals. One witness said that in England a large number of our cases would be infirmary cases—that is, poor-house cases, and that they find their way into the Hospital here and increase the death-rate?—I know that, because I often went to the Brownlow Hill Hospital in Liverpool—one of the largest in the United Kingdom, Dr. Alexander had charge of it—and one could not help being struck with the type of cases compared with what is found in the Liverpool Royal Infirmary. There is a provision existing in Dunedin Hospital for the intake of patients. We take those that demand hospital treatment, and they are admitted by the house surgeon: whereas, in the Old Country, a certain number of beds are allotted to the various surgeons, and the surgeons pick their cases. Thus, one man will devote himself to a certain class of cases, and another man will take another class of cases, and so fill their beds and keep them well filled with good cases from their point of view to get good results.

6094. *The Chairman.*] What do you mean by "good cases"?—Cases from which they can expect good results; and they leave to flow into the workhouses those cases which give bad results. That is a well-known fallacy.

6095. Do the poor-houses take in the sick cases?—Yes.

6096. *Mr. Chapman.*] As to the death-rate in colonial hospitals comparing with some of the provincial towns in the Old Country: is this comparison, as a rule, of value as showing the condition of a colonial hospital?—No, one would require other things—more clear details as to age, constitution, and method of admission. As bearing on that, I would like to place in the hands of the Commissioners an article which appeared in the *Sanitary Record* of 1889 (page 213), in which the writer gives details relating to King's College Hospital from 1879 to 1883, and the proportion of the death-rate there, which is lower than our death-rate. They gradually rise from 4·29 in 1879 to 7·75 in 1888. I say that the presence of a medical school attracts to this city,—I undoubtedly think so,—a greater proportion of grave cases than the Hospital would otherwise get.

6097. *The Chairman.*] Do you know that for a fact, or is it a suppositious case you are putting?—No, I know it is the case. I will put it in this way: more people now come from other parts of the colony, so far as my experience goes, than formerly did, for treatment in this place.

6098. And you believe it to be due to that fact?—Yes, I believe it is.

6099. *Mr. Chapman.*] Do you know it as a fact that a number of people do come to Dunedin from other places to be treated?—Yes. Let us take the statistics in connection with that matter. Take Lawson Tait, at page 40 of his book. These are statistics, I think, which tell favourably in view of the gynecological practice in Dunedin Hospital. We find that in Soho Square Hospital, out of 337 patients, 5·7 per cent. died, as quoted by him in that book.

The Chairman: In what years?

Mr. Chapman: From 1870 to 1875.

Witness: That is the average number for those five years.

6100. *The Chairman.*] Out of 337 patients, what is the average number for last year?—5·7. In Vincent Square Hospital, London, with an average of thirty patients per year, 4·35 per cent. died.

6101. *Mr. Solomon.*] What date was that?—From 1873 to 1875. I am quoting these statistics just to illustrate my contention. Now take the Dunedin returns for 1888. Out of forty-two patients—so far as I can make out from the Registrar-General's return that is the number—4·75 per cent. died. And taking the 1889 returns of gynecological patients—of whom there were sixty-two—3·27 per cent. died. Birmingham, out of an average of 61·5 patients per year, 8·1 per cent. died.

6102. What date was that?—From 1871 to 1875. Now, in the series of returns presented by Sir Spencer Wells and Knowsley Thornton, the following are the proportions of deaths: In the first series of Sir Spencer Wells's, 1 in 10 per thousand; in the second series of Thornton's, 1 in 30 per thousand; in the third of Wells's, 1 in 52 per thousand.

6103. *The Chairman.*] Is not the decrease in the number of deaths owing to the improved antiseptic methods employed?—Undoubtedly it is due to that partly.

6104. *Mr. Solomon.*] Here we take in as gynecological cases Emmet's and labial cysts?—I am taking all those into account. I am giving you purely gynecological cases. Those were gynecological cases at Soho Square. The tables are comparing like with like.

6105. *The Chairman.*] I understand that, in the Dunedin returns for 1889, you have carefully eliminated all cases that would not compare with Thornton and Wells?—They comprise all kinds of gynecological cases.

6106. *Mr. Solomon.*] Are all the cases abdominal cases in Dunedin Hospital?—No. There is one thing to be remembered, that the cases you take into the Dunedin Hospital are not picked. They come in voluntarily for treatment, which is always a modifying factor. In 1889 there was only a small number of cases to judge from; it is, therefore, very difficult to do so. This is a list I have prepared. In 1887 we had three ovariotomies and no deaths, and four oophorectomies and no deaths (I may state that this return was made up for me by Dr. Copland, the house surgeon). In 1888 we had three ovariotomies and no deaths, and thirteen oophorectomies and one death—that of