

public funds, should have refrained from taking action until the matter was more fully discussed; nor should there be any surprise that the ideas of the reformers have been urged with perhaps too great zeal and urgency. It may be observed that in our discussion of the evidence bearing on the general condition of the Hospital we have relied as much as possible on the opinions expressed by witnesses other than Dr. Batchelor. This is not on account of any doubt in the minds of the Commissioners as to the accuracy of Dr. Batchelor's statements, but, as it has been suggested that in taking the action he has done to promote this inquiry he has been influenced by exaggerated apprehensions, or actuated by personal motives, we deemed that it was fairer to him and to all concerned to draw as much as possible from outside evidence those proofs which, in our opinion, amply support the allegations of his own evidence.

*Suggestions.*—We have already indicated our conclusions as to the most urgent reforms required for the Hospital as a temporary expedient pending the construction of a new hospital on a better site. If it is decided, on the other hand, to improve the present building, and to convert it into an institution suitable for the requirements of Dunedin, not only as the central institution for a large population, but also as a training establishment in connection with the Medical School, extensive alterations and additions are imperatively required. In addition to the improvement of the method of ventilation and warming the wards, of closets and drainage, and of the imperfections of the floors, walls and ceilings, the erection of buildings for infectious cases, and the removal of the kitchen, and the provision of a nurses' home and children's ward, the following suggestions are culled from the evidence: Dr. Truby King suggested that, the partition being removed, the whole length of the east and west sides of the building could be thrown into two wards, which would have the proper proportions as to length, cubic space, and floor-space, and he also proposed to improve the ventilation by a shaft in the main hall with suitable apertures in the internal walls of the wards, so as to establish a system of cross-ventilation from the outside windows into the main hall. Dr. Ogston's suggestion is somewhat similar, but goes farther, as he proposes that the connecting portion of the north side of the building, together with the roof and floor of the main hall, should be entirely removed, and that windows should be inserted in what are at present the inner or dead walls of the wards, thus converting the east and west sides of the building into an independent two-storied pavilion, with windows on both sides. Plan No. 4, fig. 1 and 2, herewith attached, is a sketch of how these changes in the Hospital could be effected. The objection to the scheme of lengthening the wards is that the structural requirements of the building, and especially of the large towers, will not allow the wards to be made continuous, as they would have to be broken up in the middle by low narrow arches, that would interfere seriously with the ventilation and the proper supervision of the patients by the nurse. Considering these objections, we think it would be more advisable to retain the present subdivisions of the main building, and devote the wards to a more thorough classification of medical and surgical diseases than is at present possible, enabling this to be done by the erection of two surgical wards in the form of independent pavilions, on the plan of those of the Christchurch Hospital. Apart from all other considerations, it seems to be most important that new surgical wards should be provided, for sanitary reasons. Such provision, together with the nurses' home and the separate wooden cottage-building for septic and infectious cases, as suggested by Dr. Coughtrey, would so relieve the main building that ample ward-accommodation would be available for thorough classification of the other patients; at the same time the roof and floor of the main hall might be removed and converted into an asphalted courtyard, which would permit of the windows being broken through the dead-walls, as proposed by Dr. Ogston, while access to different parts of the building could be provided by covered gangways. There would also be quite sufficient spare space to admit of the lavatories, closets, &c., being entirely removed from the wards into space taken from the north and south parts of the building; while a nurses' room and examination-room could be provided for each pair of the upper wards in what are at present the tower wards. A sketch-plan showing these suggestions (No. 5, fig. 1 and 2) is attached to this report.

The following is a recapitulation of the principal additions and improvements which have been suggested in this report: (1) Separate building for infectious wards; (2) new kitchens and store-rooms; (3) improve the bath and lavatory arrangements, increasing the number of closets, and supplying urinals; (4) renew or renovate the floors, and finish the walls and ceilings so as to render them non-absorbent; (5) improve all the drains, and supply main flushing-tanks and Buchan traps; (6) abolish the system of warming with open fires, and substitute a regulated supply of pure warm air to the wards, so as to perfect the ventilation; (7) admit sunlight and air to the interior of the building, and to both sides of the wards, by removing the roof and floor from the central hall and cutting windows in the interior or dead walls; (8) erect a nurses' home, for which £2,251 11s. 1d. is available; (9) erect two new surgical wards, for male and female patients; (10) equip special wards for gynecological and eye diseases and for juvenile patients, for which purposes a sum of £1,270 has been subscribed, which, if it receives the Government subsidy, will amount to £2,794; (11) erect two comfortable and cheerful recreation-wards for convalescent patients of both sexes.

As it is not desirable to erect very expensive buildings on the present site, the expenditure upon these suggested additions and improvements would, at a rough guess, be probably under £12,000, of which sum about £5,000 is at present available (including the Government subsidy). A further sum of £5,000, bequeathed by the late Mrs. Robert Campbell, is also in the hands of the Trustees, but from the terms of the will it has to be invested by them, and the proceeds devoted to a special purpose.

4. Having now dealt with the evidence relating to the general charge of the insanitary state of the Hospital, it only remains for us to deal with the cases cited by Dr. Batchelor for the purpose of drawing immediate attention to the condition of the Hospital. The cases which have been cited throughout the investigation are of two kinds. In the first place, we have the two cases cited in the specific charge made by Dr. Batchelor in his letter to the Trustees dated the 22nd July, 1889;