

But was there any compulsion in the matter?—There is considerable compulsion implied by an authoritative body sending a bill to the patient.

But is that understood to amount to compulsion?—I do not know the inner working of the matter at all.

Do you know that a large amount of hospital fees—several thousands of pounds a year—are written off?—I have seen statistics to the effect that a large amount is written off, but I do not know how much. I understand that one of the first things that happens to a patient on going to the Hospital is a visit from the house steward, to find out what his financial position is.

Have you ever heard of any person being turned away on account of not being able to pay the fees?—No, I have not; but those who can pay the 4s. 8d. a day are more welcome.

Mr. Reed: Is it not the practice for modern hospitals to be built all on one flat?—Where would you get the land from? Hospitals are still built several stories high.

The structural state of the Hospital prevents the present lift being made available for use. Do you know that plans were prepared some time ago for a new lift?—I did not know it, but I am glad to hear it.

The Chairman: How long has the present practice of carrying patients upstairs existed?—I think it has always been the case. I do not know how long the lift has not been working.

Mr. Reed said the lift was too narrow for the conveyance of patients.

In the course of further examination, Dr. Lewis said that the custom of putting delirium-tremens cases in the wards in the basement was not at all modern, and a separate ward should be built. The Hospital Board should certainly take such cases in. There should always be a means of dealing temporarily and separately with the consumptive cases, which were not fit to take to a sanatorium or for outdoor treatment. Such cases should be dealt with separately at the Hospital, and he believed there were several spare small wards in the basement which would be suitable. At any rate, they were suitable for malignant complaints.

The witness said provision should be made for incurable cancer cases, and the cases which were not broken down could be treated in the general surgical ward. For the latter cases it was not necessary to erect a separate building, but the incurable cases, in which there was a lot of discharge, should be sent somewhere else—he thought the Costley Home was the right institution. The Hospital should receive all cases until proved to be incurable. Diphtheria should be treated in an isolated hospital. In his opinion there was no great danger in treating the diphtheria cases in the buildings on the Hospital grounds, so long as the staff took reasonable precautions. There was no necessity for a separate staff. The question of the treatment of semi-lunatics was rather a difficult one. The profession did not desire to commit to an asylum a man who was only on the borderland of lunacy, and it was those kind of cases that had to be provided for. They had to be treated somewhere, while it was seen whether or not they developed insanity.

The Chairman: The Hospital should be the last place to send them to. If their friends or relatives could not take care of them they should not be put amongst the typhoid cases at the Hospital.

Dr. Lewis: Oh, certainly not in the typhoid wards. The doctor went on to say that there should be accommodation for such cases before committal to an asylum. More room could be made at the Hospital were the patients who were well able to pay excluded from the institution. The patients were reduced last year by the Hospital authorities, but the witness was not aware of the mode of discrimination brought into effect. In reference to patients having to get a medical practitioner's certificate, the witness did not think such a rule was required. He did not favour the abolition of the honorary staff and the introduction of the system of a paid staff. It had been tried once, he said, when the honorary staff resigned in a body, but it was not a success.

Mr. Reed: As to the erection of the new operating-theatre, he did not know if it was for general surgical cases, or for the Costley Home inmates, because the theatre was 200 yards from the main building.

Mr. Beetham: Is the theatre to be used for inmates of the Costley Home, or for surgical cases generally?—In the latter case the patients will have to be carried at least 130 yards to the theatre through rain and wind.

Dr. Lewis: I think it is quite wrong.

Mr. Beetham: It is useless to erect such an expensive building for the Costley Home inmates alone.

In reply to Dr. Collins, Dr. Lewis said he saw no reason why a patient should not produce a doctor's certificate on admission, but there was no necessity for it.

Dr. Collins: Am I right in saying that before the production of the certificate was brought into force medical practitioners in town found that when his account with a patient was getting large the patient went straight to the Hospital to avoid expense?—No, I don't think so.

Does not it encourage patients to leave their own doctor and go to the Hospital to avoid expense?—Certainly not. People don't go to the Hospital for pleasure. It didn't make the slightest difference.

Do you think anybody should be admitted as soon as they come to the door?—Provided it is a fit case, and is seen and passed by the resident physician.

Without a recommendation?—Certainly, if it is a fit case.