

VICTORIA



VOTES
AND
PROCEEDINGS
OF THE
LEGISLATIVE
COUNCIL.

SESSION
1886.



VICTORIA.



VOTES AND PROCEEDINGS

OF THE

LEGISLATIVE COUNCIL

DURING THE SESSION

1886,

WITH COPIES OF THE VARIOUS DOCUMENTS ORDERED BY
THE COUNCIL TO BE PRINTED.

By Authority:

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1886.

RETURN OF MEMBERS OF THE LEGISLATIVE COUNCIL AT THE OPENING OF PARLIAMENT, 1st JUNE, 1886.

Names arranged in Order of Retirement.	Elected at—		Dates of Retirement.	Remarks.
	Nomination.	Polling.		
MELBOURNE PROVINCE :				
The Honorables—				
James Lorimer	2 Mar. 1886	...	1890	Accepted an office of profit and was re-elected. Assigned from original Central Province.
William Edward Hearn ... ..	...	27 Aug. 1878	1888	
Cornelius Job Ham ... ..	...	30 Nov. 1882	1886	
NORTH YARRA PROVINCE :				
The Honorables—				
James George Beane ... ..	...	11 Sept. 1884	1890	Retired by rotation, and re-elected.
Francis Edis Beaver ... ..	...	30 Nov. 1882	1888	
George Meares, C.M.G. ... ..	...	30 Nov. 1882	1886	
SOUTH YARRA PROVINCE :				
The Honorables—				
Frederick Thomas Sargood	29 Aug. 1884	...	1890	Retired by rotation, and re-elected. Retired by rotation, and re-elected. Assigned from original Central Province.
James MacBain	17 Nov. 1882	...	1888	
James Graham	15 Aug. 1876	...	1886	
SOUTHERN PROVINCE :				
The Honorables—				
Thomas Henty ... ..	...	11 Sept. 1884	1890	Elected in place of Hon. T. F. Hamilton, retired by rotation. Assigned from original South Province.
Sir William John Clarke, Bart.	17 Aug. 1878	...	1888	
Donald Melville ... ..	...	30 Nov. 1882	1886	
SOUTH-EASTERN PROVINCE :				
The Honorables—				
James Balfour	17 Aug. 1880	...	1890	Assigned from original South Province. Assigned from original South Province, retired by rotation, and re-elected for the South-Eastern Province. Assigned from original South Province.
Frank Stanley Dobson	17 Nov. 1882	...	1888	
James Buchanan... ..	...	29 Aug. 1876	1886	
NELSON PROVINCE :				
The Honorables—				
Thomas Bromell ... ..	...	11 Sept. 1884	1890	Retired by rotation, and re-elected. Assigned from original Western Province and re-elected for the Nelson Province. Elected on the resignation and in place of The Hon. Sir C. Sladen, assigned from original Western Province.
James Williamson ... ..	...	30 Nov. 1882	1888	
Holford Highlord Wettenthal	28 Dec. 1882	...	1886	
WESTERN PROVINCE :				
The Honorables—				
Thomas Forrest Cumming ... ..	...	2 May 1881	1890	Assigned from original Western Province.
William Ross	29 Aug. 1878	...	1888	
Nathan Thornley	17 Nov. 1882	...	1886	
WELLINGTON PROVINCE :				
The Honorables—				
Henry Cuthbert	2 Mar. 1886	...	1890	Accepted an office of profit and was re-elected. Elected in place of Hon. F. Ormond, assigned from original South-Western Province, and who retired by rotation from such Province; accepted an office of profit and re-elected. Assigned from original South-Western Province.
James Campbell	22 April 1884	...	1888	
George Frederick Belcher... ..	...	4 Sept. 1876	1886	
SOUTH-WESTERN PROVINCE :				
The Honorables—				
Joseph Henry Connor	15 May 1886	...	1890	Elected in place of Hon. Philip Russell, resigned. Assigned from original South-Western Province.
Caleb Joshua Jenner	24 Aug. 1878	...	1888	
Francis Ormond ... ..	...	30 Nov. 1882	1886	

RETURN OF MEMBERS—*continued.*

Names arranged in Order of Retirement.	Elected at—		Dates of Retirement.	Remarks.
	Nomination.	Polling.		
NORTH-EASTERN PROVINCE :				
The Honorables—				
John Alston Wallace	29 Aug. 1884	...	1890	Retired by rotation, and re-elected.
Patrick Hanna	17 Nov. 1882	...	1888	
Frederick Brown ... ..	...	27 Nov. 1883	1886	
GIPPSLAND PROVINCE :				
The Honorables—				
William McCulloch ... ..	...	16 Sept. 1880	1890	Assigned from original Eastern Province.
John George Dougharty ... ..	...	7 Aug. 1880	1888	
William Pearson... ..	17 Nov. 1882	...	1886	
NORTH-CENTRAL PROVINCE :				
The Honorables—				
Nicholas Fitzgerald	29 Aug. 1884	...	1890	Retired by rotation, and re-elected.
William Austin Zeal	17 Nov. 1882	...	1888	
William Edward Stanbridge ... ..	...	15 Dec. 1881	1886	
NORTHERN PROVINCE :				
The Honorables—				
William Irving Winter	10 Dec. 1884	...	1890	Elected in place of Hon. Sir W. H. F. Mitchell, deceased.
Walter Peacock Simpson ... ..	...	9 April 1886	1888	
David Chaplin Sterry ... ..	...	30 Nov. 1882	1886	
NORTH-WESTERN PROVINCE :				
The Honorables—				
George Young	29 Aug. 1884	...	1890	Retired by rotation, and re-elected.
James Bell ... ..	...	30 Nov. 1882	1888	
David Coutts ... ..	...	30 Nov. 1882	1886	

JOHN BARKER,
Clerk of the Legislative Council.

Legislative Council,
Melbourne, 1st June, 1886.

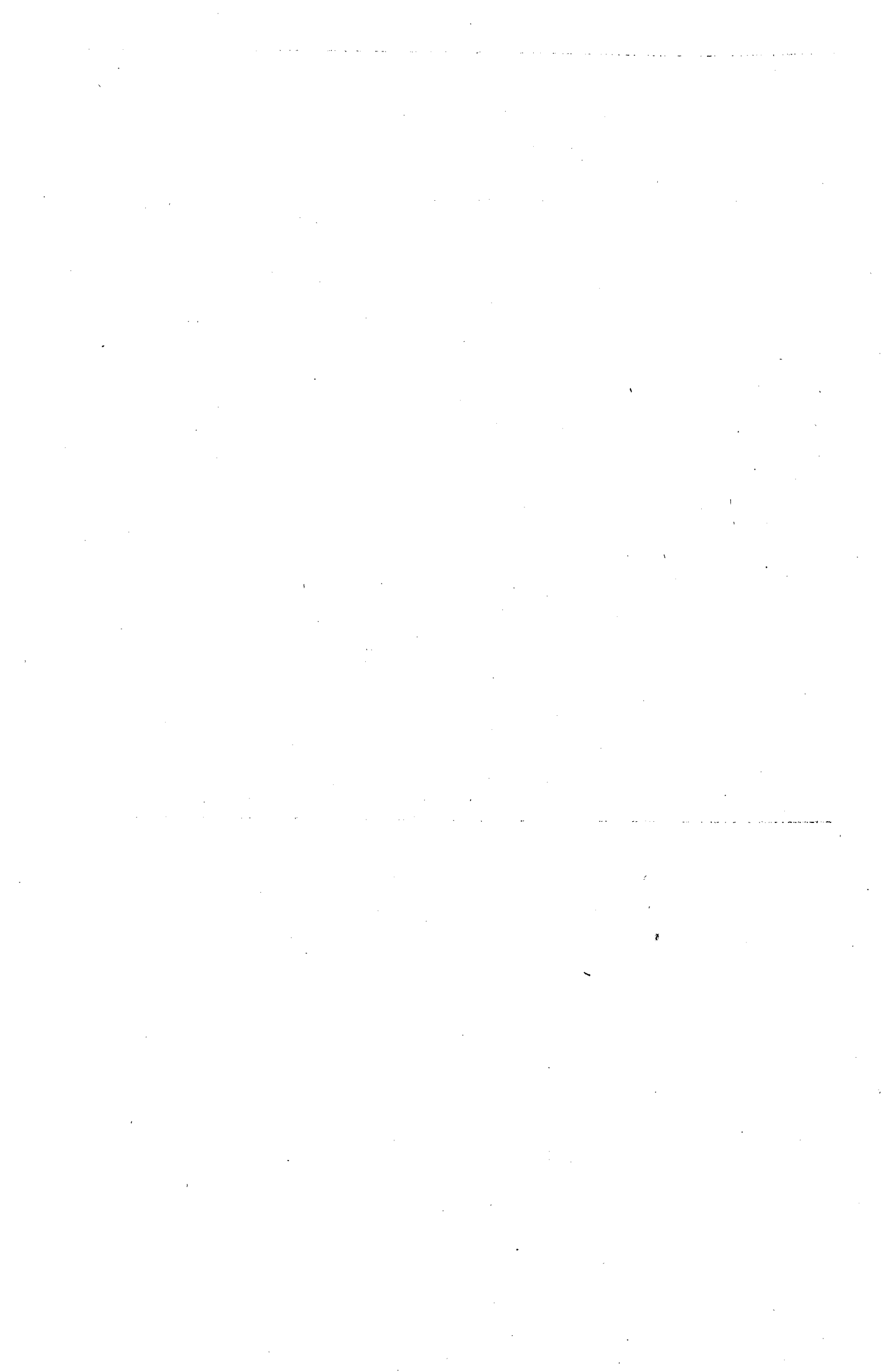
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			First Reading.	Second Reading.	Committal.	Report.	Re-committal.	Report after Re-committal.	Adoption of Report.	Third Reading.		Passing.	Sent to Legislative Assembly.	Returned to Legislative Assembly with Amendments, or with Amendments insisted on.	Returned from Legislative Assembly:			Amendments considered.	Amendments recommended by Governor.	Amendments considered.	Assent.			Published in Government Gazette.	
										With Amendments.	Without Amendments.				Without Amendments, or with Amendments agreed to.	With Amendments.	With Amendments.								
1	Newspaper Proprietors' Registration Bill	Honorable H. Cuthbert 1 June	1 June	29 June	29 June	6 July	..	..	13 July	..	13 July	13 July	13 July	1 Dec.	8 Dec.	30 Nov.	1 Dec.	..	..	13 Dec.	10 Dec.	DCCCXCIV.	Not returned from Legislative Assembly.	
2	Employers' Liability Bill	Honorable H. Cuthbert 1 June	1 June	29 June	29 June	13 July	20 July	20 July	20 July	..	20 July	20 July	20 July	..	..	..	..	..	..	..	..	..	..	Not returned from Legislative Assembly.
3	Trading Companies Bill	Honorable J. Lorimer 1 June	1 June	29 June	29 June	6 July	13 July	13 July	20 July	..	20 July	20 July	20 July	Not returned from Legislative Assembly.
4	Medical Practitioners' Statute Amendment Bill	Honorable J. Bell 1 June	1 June	29 June	29 June	6 July	..	..	6 July	..	6 July	6 July	6 July	..	7 Dec.	..	..	..	..	..	13 Dec.	10 Dec.	DCCCXCI.	
5	Drawbacks Act Further Amendment Bill	Message from Legislative Assembly	6 July	6 July	{ 13 July } { 20 Sept. }	20 July	..	..	20 July	..	20 July	20 July	..	..	..	..	..	..	..	4 August	30 July	DCCCLXXXVIII.		
6	Municipalities Overdraft Indemnity Bill	Message from Legislative Assembly	6 July	6 July	13 July	13 July	..	..	13 July	..	13 July	13 July	..	13 July	13 July	..	..	..	..	..	16 July	16 July	DCCCLXXVI.	
7	Statute of Evidence Further Amendment Bill	Honorable H. Cuthbert 20 July	20 July	27 July	27 July	27 July	10 August	..	10 August	10 August	10 August	Not returned from Legislative Assembly.
8	Consolidated Revenue Bill	Message from Legislative Assembly	20 July	20 July	20 July	20 July	..	..	20 July	..	20 July	20 July	..	..	..	..	..	..	..	..	20 July	16 July	DCCCLXXVII.	
9	Justices of the Peace Law Consolidation and Amendment Bill	Honorable H. Cuthbert 24 August	24 August	28 Sept.	28 Sept.	6 October	12 October	12 October	20 October	..	21 October	21 October	21 October	Not returned from Legislative Assembly.
10	Interstate States Law Amendment Bill	Honorable H. Cuthbert 24 August	24 August	31 August	31 August	14 Sept.	21 Sept.	21 Sept.	28 Sept.	..	28 Sept.	28 Sept.	28 Sept.	..	9 Dec.	..	..	..	..	..	16 Dec.	10 Dec.	DCCCC.	
11	Mining Companies Act Amendment Bill	Honorable H. Cuthbert 24 August	24 August	7 Sept.	7 Sept.	21 Sept.	..	..	28 Sept.	..	28 Sept.	28 Sept.	28 Sept.	..	12 October	..	..	..	..	..	18 October	15 October	DCCCLXXXI.	
12	Railway Rolling Stock Bill	Message from Legislative Assembly	31 August	31 August	7 Sept.	7 Sept.	7 Sept.	..	7 Sept.	..	7 Sept.	7 Sept.	..	..	..	..	..	..	..	..	13 Sept.	10 Sept.	DCCCLXXIX.	
13	Legal Professions Practice Bill ..	Message from Legislative Assembly	31 August	31 August	Ordered to be read a second time "this day six months," 5 October, 1886.
14	Trades Unions Act Amendment Bill ..	Message from Legislative Assembly	31 August	31 August	14 Sept.	14 Sept.	21 Sept.	..	21 Sept.	..	21 Sept.	21 Sept.	..	..	..	..	..	..	..	..	27 Sept.	24 Sept.	DCCCLXXX.	
15	Regulation of Mines Act Amendment Bill	Message from Legislative Assembly	31 August	31 August	14 Sept.	14 Sept.	21 October	..	26 October	..	26 October	26 October	..	..	..	..	..	..	..	..	28 October	22 October	DCCCLXXXIII.	
16	Police Regulation Statute Amendment Bill	Message from Legislative Assembly	31 August	31 August	Second reading negatived, 12 October, 1886.
17	Discipline Act 1875 Amendment Bill ..	Honorable F. T. Sargood 21 Sept.	21 Sept.	28 Sept.	28 Sept.	28 Sept.	..	..	29 Sept.	..	29 Sept.	29 Sept.	29 Sept.	..	15 Dec.	15 Dec.	15 Dec.	14 Dec.	11 Dec.	16 Dec.	10 Dec.	10 Dec.	DCCCCXI.	
18	Water Supply Bill	Message from Legislative Assembly	5 Oct.	5 Oct.	{ 19 Oct. } { 21 Oct. }	21 October	23 Nov.	23 Nov.	23 Nov.	23 Nov.	23 Nov.	23 Nov.	23 Nov.	30 Nov.	9 Dec.	8 Dec.	8 Dec.	14 Dec.	14 Dec.	16 Dec.	10 Dec.	10 Dec.	DCCCLXXXVIII.		
19	Customs Duties Bill	Message from Legislative Assembly	12 Oct.	12 Oct.	19 Oct.	19 Oct.	19 Oct.	..	..	..	..	..	..	..	..	..	..	..	..	..	25 Oct.	22 Oct.	DCCCLXXXII.	
20	Ballarat City Lands Bill	Message from Legislative Assembly	21 Oct.	21 Oct.	27 Oct.	27 Oct.	27 Oct.	..	28 Oct.	..	28 Oct.	28 Oct.	..	..	..	..	..	..	..	..	28 Oct.	22 Oct.	DCCCLXXXIV.	
21	Consolidated Revenue Bill (2)	Message from Legislative Assembly	28 Oct.	28 Oct.	28 Oct.	28 Oct.	28 Oct.	..	28 Oct.	..	28 Oct.	28 Oct.	..	..	..	..	..	..	..	..	28 Oct.	22 Oct.	DCCCLXXXV.	
22	Licensing Act 1885 Amendment Bill ..	Message from Legislative Assembly	11 Nov.	11 Nov.	16 Nov.	16 Nov.	17 Nov.	17 Nov.	17 Nov.	..	17 Nov.	17 Nov.	..	17 Nov.	..	23 Nov.	23 Nov.	..	..	..	29 Nov.	26 Nov.	DCCCLXXXVI.	
23	Water Conservation Act 1885 Amendment Bill	Honorable D. Conitts 16 Nov.	16 Nov.	23 Nov.	23 Nov.	30 Nov.	..	..	30 Nov.	..	30 Nov.	30 Nov.	30 Nov.	..	8 Dec.	..	..	..	..	..	13 Dec.	10 Dec.	DCCXCIII.	
24	Mining Boards Electors Law Amendment Bill	Honorable J. Bell 17 Nov.	17 Nov.	30 Nov.	30 Nov.	30 Nov.	..	..	30 Nov.	..	30 Nov.	30 Nov.	30 Nov.	..	7 Dec.	..	..	..	..	..	13 Dec.	10 Dec.	DCCXC.	
25	Queensland Public Library Land Bill ..	Message from Legislative Assembly	23 Nov.	23 Nov.	30 Nov.	30 Nov.	30 Nov.	..	30 Nov.	..	30 Nov.	30 Nov.	..	..	..	..	..	..	..	..	13 Dec.	10 Dec.	DCCCLXXXVII.	
26	City of Melbourne Moigne Site Bill ..	Honorable H. Cuthbert 23 Nov.	23 Nov.	24 Nov.	24 Nov.	24 Nov.	..	..	24 Nov.	..	24 Nov.	24 Nov.	24 Nov.	..	8 Dec.	8 Dec.	..	..	..	..	16 Dec.	10 Dec.	DCCXCVII.	
27	Building Societies Act 1874 Further Amendment Bill	Honorable J. Bell 23 Nov.	23 Nov.	30 Nov.	30 Nov.	30 Nov.	..	..	30 Nov.	..	30 Nov.	30 Nov.	..	..	..	..	..	..	..	..	13 Dec.	10 Dec.	DCCXCIII.	
28	Members of Assembly Reimbursement Bill	Message from Legislative Assembly	24 Nov.	24 Nov.	30 Nov.	30 Nov.	30 Nov.	..	30 Nov.	..	30 Nov.	30 Nov.	..	1 Dec.	1 Dec.	..	..	..	..	..	13 Dec.	10 Dec.	DCCCLXXXVIII.	
29	Railway Loan Account 1885 Application Bill	Message from Legislative Assembly	30 Nov.	30 Nov.	1 Dec.	1 Dec.	7 Dec.	..	7 Dec.	..	7 Dec.	7 Dec.	..	..	..	..	..	..	..	..	13 Dec.	10 Dec.	DCCCLXXXIX.	
30	Impounding Law Further Amendment Bill	Message from Legislative Assembly	1 Dec.	1 Dec.	7 Dec.	7 Dec.	8 Dec.	..	8 Dec.	..	8 Dec.	8 Dec.	..	8 Dec.	15 Dec.	..	..	..	..	..	16 Dec.	10 Dec.	DCCCCV.]	
31	Water Supply Loans Bill	Message from Legislative Assembly	1 Dec.	1 Dec.	7 Dec.	7 Dec.	7 Dec.	..	7 Dec.	..	7 Dec.	7 Dec.	..	..	..	..	..	14 Dec.	14 Dec.	..	16 Dec.	10 Dec.	DCCXCVI.	
32	Probates and Letters of Administration Bill	Message from Legislative Assembly	7 Dec.	7 Dec.	9 Dec.	9 Dec.	14 Dec.	..	14 Dec.	..	14 Dec.	14 Dec.	..	..	..	..	..	..	..	..	16 Dec.	10 Dec.	DCCCVII.	
33	Sale Canal Construction Bill	Message from Legislative Assembly	7 Dec.	7 Dec.	9 Dec.	9 Dec.	9 Dec.	..	9 Dec.	..	9 Dec.	9 Dec.	..	..	..	..	..	..	..	..	16 Dec.	10 Dec.	DCCXCIX.	
34	Statute Law Revision Bill	Message from Legislative Assembly	8 Dec.	8 Dec.	9 Dec.	9 Dec.	9 Dec.	14 Dec.	14 Dec.	..	14 Dec.	14 Dec.	..	14 Dec.	..	14 Dec.	14 Dec.	..	..	..	16 Dec.	10 Dec.	DCCCIV.	
35	Appropriation Bill	Message from Legislative Assembly	9 Dec.	9 Dec.	16 Dec.	16 Dec.	16 Dec.	..	16 Dec.	..	16 Dec.	16 Dec.	..	..	..	..	..	..	..	..	16 Dec.	10 Dec.	DCCCXV.	Motion—That the Bill be laid aside—put and negatived, 14 December 1886.
36	Trade Marks Registration Act Amendment Bill	Message from Legislative Assembly	9 Dec.	9 Dec.	14 Dec.	14 Dec.	14 Dec.	..	14 Dec.	..	14 Dec.	14 Dec.	..	..	..	..	..	..	..	..	16 Dec.	10 Dec.	DCCCVI.	
37	County Courts Bill	Honorable H. Cuthbert 14 Dec.	14 Dec.	14 Dec.	14 Dec.	14 Dec.	..	..	14 Dec.	..	14 Dec.	14 Dec.	14 Dec.	..	15 Dec.	15 Dec.	..	..	..	..	16 Dec.	10 Dec.	DCCCVII.	
38	Hotiam Town Lands Bill	Message from Legislative Assembly	14 Dec.	14 Dec.	14 Dec.	14 Dec.	15 Dec.	..	15 Dec.	..	15 Dec.	15 Dec.	..	..	..	..	..	..	..	..	16 Dec.	10 Dec.	DCCCVIII.]	
39	Shires Tramways Loan Bill	Message from Legislative Assembly	14 Dec.	14 Dec.	15 Dec.	15 Dec.	15 Dec.	16 Dec.	16 Dec.	..	16 Dec.	16 Dec.	..	16 Dec.	16 Dec.	16 Dec.	16 Dec.	..	..	..	16 Dec.	10 Dec.	DCCCXVI.]	
40	Expiring Laws Continuance Bill	Message from Legislative Assembly	14 Dec.	14 Dec.	14 Dec.	14 Dec.	14 Dec.	..	14 Dec.	..	14 Dec.	14 Dec.	..	..	..	..	..	..	..	..	16 Dec.	10 Dec.	DCCCIII.]	
41	Waterworks Encroachment Construction Bill (Chatley Cross)	Message from Legislative Assembly	14 Dec.	14 Dec.	15 Dec.	15 Dec.	15 Dec.	..	15 Dec.	..	15 Dec.	15 Dec.	..	..	..	..	..	..	..	..	16 Dec.	10 Dec.	DCCCX.	
42	Drainage of Mines Act Amendment Bill	Message from Legislative Assembly	14 Dec.	14 Dec.	15 Dec.	15 Dec.	15 Dec.	..	15 Dec.	..	15 Dec.	15 Dec.	16 Dec.	16 Dec.	..	16 Dec.	10 Dec.	10 Dec.	DCCCVIII.	
43	Goulburn River Weir Bill	Message from Legislative Assembly	15 Dec.	15 Dec.	15 Dec.	15 Dec.	15 Dec.	..	15 Dec.	..	15 Dec.	15 Dec.	16 Dec.	10 Dec.	10 Dec.	DCCCIX.	
44	Protection of Aborigines Act Amendment Bill	Message from Legislative Assembly	16 Dec.	16 Dec.	16 Dec.	16 Dec.	16 Dec.	..	16 Dec.	..	16 Dec.	16 Dec.	16 Dec.	10 Dec.	10 Dec.	DCCCXII.	
45	Mallee Pastoral Leases Act Amendment Bill	Message from Legislative Assembly	16 Dec.	16 Dec.	16 Dec.	16 Dec.	16 Dec.	..	16 Dec.	..	16 Dec.	16 Dec.	16 Dec.	10 Dec.	10 Dec.	DCCCXIII.	
46	Shops and Liquor Licences Bill	Message from Legislative Assembly	16 Dec.	16 Dec.	16 Dec.	16 Dec.	16 Dec.	..	16 Dec.	..	16 Dec.	16 Dec.	16 Dec.	10 Dec.	10 Dec.	DCCCXIV.	

RECAPITULATION.

Bills initiated during the Session	46
Passed and assented to	40
Not returned from Legislative Assembly	4
Second reading negatived	1
Ordered to be read a second time "this day six months"	1
Total	46

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 16TH MARCH, 1886.

1. The Council met pursuant to the Proclamation of His Excellency the Governor, bearing date the 9th day of March, 1886, which Proclamation was read by the Clerk, and is as follows :—

FIXING THE TIME FOR HOLDING THE FIRST SESSION OF THE THIRTEENTH PARLIAMENT OF VICTORIA.

PROCLAMATION

By His Excellency SIR HENRY BROUGHAM LOCH, Knight Commander of the Most Honorable Order of the Bath, Governor and Commander-in-Chief in and over the Colony of Victoria and its Dependencies, &c., &c., &c.

WHEREAS by *The Constitution Act* it was amongst other things enacted that it should be lawful for the Governor to fix such places within Victoria, and, subject to the limitations therein contained, such times for holding the first and every other Session of the Council and Assembly, and to vary and alter the same respectively in such manner as he might think fit ; and also from time to time to prorogue the said Council and Assembly, and to dissolve the said Assembly, by Proclamation or otherwise, whenever he should deem it expedient : And whereas the said Council and Assembly are called " The Parliament of Victoria," and it is expedient to fix the time for holding the next Session thereof : Now therefore I, the Governor of Victoria, in exercise of the power conferred by the said Act, do by this my Proclamation fix Tuesday the sixteenth day of March instant as the time for the commencement and holding of the next Session of the said Council and Assembly, called the Parliament of Victoria, for the despatch of business, at Twelve of the clock at noon, in the Parliament Houses, situate in Parliament place, Spring street, in the City of Melbourne : And the Honorable the Members of the Legislative Council and the Members of the Legislative Assembly are hereby required to give their attendance at the said time and place accordingly.

Given under my Hand and the Seal of the Colony, at Melbourne, this ninth day of March, in the year of our Lord One thousand eight hundred and eighty-six, and in the forty-ninth year of Her Majesty's reign.

(L.S.)

HENRY B. LOCH.

By His Excellency's Command,
D. GILLIES,
Premier.

GOD SAVE THE QUEEN !

Commissioners from His Excellency the Governor appointed to open the Parliament having been introduced to the Council Chamber by the Usher, the Senior Commissioner desired the Usher to request the presence of the Members of the Legislative Assembly to hear the Commission read for the commencement and holding this present Session of the Parliament.

The Members of the Legislative Assembly having presented themselves, the Commission was read by the Clerk, and is as follows :—

VICTORIA, by the Grace of God, of the United Kingdom of Great Britain and Ireland Queen, Defender of the Faith :

WHEREAS by Proclamation made the ninth day of March instant by His Excellency SIR HENRY BROUGHAM LOCH, Knight Commander of the Most Honorable Order of the Bath, Governor and Commander-in-Chief in and over Our Colony of Victoria and its Dependencies, the said SIR HENRY BROUGHAM LOCH did fix Tuesday the sixteenth day of March instant as the time for the commencement and holding of the next Session of the Legislative Council and Legislative Assembly of Our said Colony, called " The Parliament of Victoria," for the despatch of business, at Twelve of the clock at noon, in the Parliament Houses, situate in Parliament-place, Spring-street, in the City of Melbourne : And forasmuch as for certain causes the said SIR HENRY BROUGHAM LOCH cannot conveniently be present in person in the said Parliament at that time : NOW KNOW YE THAT WE, trusting in the discretion, fidelity, and care of Our trusty and well-beloved the

Honorable ROBERT MOLESWORTH, the Acting Chief Justice of Our Supreme Court of Victoria, and HARTLEY WILLIAMS, Esquire, a Justice of Our said Court, do give and grant by the tenor of these presents unto you the said ROBERT MOLESWORTH and HARTLEY WILLIAMS, or either of you, full power in Our name to begin and hold Our said Parliament, and to do everything which for and by Us, or the said SIR HENRY BROUGHAM LOCH, shall be there to be done; commanding also by the tenor of these presents all whom it may concern to meet Our said Parliament, and to the said ROBERT MOLESWORTH and HARTLEY WILLIAMS, or either of them, that they diligently attend in the premises and form aforesaid. In testimony whereof We have caused the Seal of Our said Colony to be hereunto affixed.

WITNESS Our trusty and well-beloved SIR HENRY BROUGHAM LOCH, Knight Commander of the Most Honorable Order of the Bath, Governor and Commander-in-Chief in and over the Colony of Victoria and its Dependencies, &c., &c., &c., at Melbourne, this fifteenth day of March One thousand eight hundred and eighty-six, and in the forty-ninth year of Our reign.

(L.S.)

HENRY B. LOCH.

By His Excellency's Command,
D. GILLIES,
Premier.

Entered on Record by me in the Register of Patents, Book 22, page 334, this fifteenth day of March, One thousand eight hundred and eighty-six.

T. R. WILSON.

And then the Acting Chief Justice said—

HONORABLE GENTLEMEN OF THE LEGISLATIVE COUNCIL AND GENTLEMEN OF THE LEGISLATIVE ASSEMBLY :

We have it in command from His Excellency to let you know that, on a future day, of which due notice will be given, His Excellency will declare to you in person in this place the causes of his calling this Parliament together; and Gentlemen of the Legislative Assembly, as it is necessary, before you proceed to the despatch of business, that a Speaker of the Legislative Assembly be chosen, His Excellency requests that you, in your Chamber, will proceed to the choice of a proper person to be the Speaker.

The Legislative Assembly withdrew.
The Commissioners withdrew.

2. The President took the Chair.

3. The President read the Prayer.

4. ISSUE AND RETURN OF WRITS.—The President announced that he had received returns to the following Writs—issued by him during the recess—by which it appeared that the following gentlemen were duly elected for the several Provinces set opposite their respective names, viz.:—

Henry Cuthbert, solicitor, for the Wellington Province.

James Lorimer, merchant, for the Melbourne Province.

5. NEW MEMBERS.—The Honorables Henry Cuthbert and James Lorimer, being introduced, took and subscribed the oath required by the 32nd clause of the Constitution Act, and severally delivered to the Clerk the declaration required by the thirteenth clause of the Act No. 702, as hereunder set forth:—

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, HENRY CUTHBERT, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Two hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the parish of Ballarat, in the county of Grenville, the description of which lands and tenements are as follows:—

“Part of allotment 4 of sec. 9, city of Ballarat, county of Grenville; and

“Allotment 2 of sec. 14, parish of Cardigan, county of Grenville.

“And I further declare that such of the said lands or tenements as are situate in the municipal district of the city of Ballarat are rated in the rate-book of such district upon a yearly value of £80; and that such of the said lands or tenements as are situate in the shire of Ballarat are rated in the rate-book of such district upon a yearly value of £120.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“HENRY CUTHBERT.”

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, JAMES LORIMER, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Four hundred and seventy pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Malvern, and are known as Belcroft, Albany-road, Toorak, in my own occupation.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Malvern are rated in the rate-book of such district upon a yearly value of Four hundred and seventy pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"JAMES LORIMER."

6. DECLARATIONS OF MEMBERS.—The Honorable the President, Dr. Beaney, F. E. Beaver, G. F. Belcher, James Bell, Thomas Bromell, David Coutts, T. F. Cumming, Dr. Dobson, C. J. Ham, P. Hanna, C. J. Jenner, George Meares, D. Melville, Francis Ormond, F. T. Sargood, W. E. Stanbridge, D. C. Sterry, J. A. Wallace, and James Williamson, severally delivered to the Clerk the declaration required by the thirteenth clause of the Act 45 Victoria, No. 702, as hereunder set forth:—

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, JAMES MACBAIN, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Three hundred and eighty pounds, above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Prahran, and are known as land containing 7 acres 2 roods and 5 perches or thereabouts, part of Crown portion 27, in parish of Prahran, county of Bourke, with dwelling-house, out-houses, stable, &c., &c., erected thereon, in my own occupation.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Prahran are rated in the rate-book of such district upon a yearly value of Three hundred and eighty pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"JAS. MACBAIN."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, JAMES GEORGE BEANEY, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Nine hundred and twenty-eight pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Melbourne, and are known as 44, 46, 48, and 50 Russell-street, and 114, 116, and 119 Collins-street east, in the city of Melbourne.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Melbourne are rated in the rate-book of such district upon a yearly value of Seven hundred and fifty pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"JAMES GEO. BEANEY, M.D."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, FRANCIS EDIS BEAVER, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred and fifty pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Northcote, and are known as—

"About thirty acres of land, situated in High-street, in the borough of Northcote, with house and out-building, in my own occupation.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Northcote are rated in the rate-book of such district upon a yearly value of One hundred and fifty pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"F. E. BEAVER."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, GEORGE FREDERICK BELCHER, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of _____ pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of the town of Geelong, and are known as—

"No. on roll, 32; amount of rating £778 per annum—Moorabool and Ryrrie streets, Villamanta Ward.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of North Geelong are rated in the rate-book of such district upon a yearly value of Seven hundred and seventy eight pounds, and that such of the said lands or tenements as are situate in the municipal district of North Geelong are rated in the rate-book of such district upon a yearly value of Seven hundred and seventy eight pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"G. F. BELCHER."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred and twenty pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Dunolly, and are known as my private residence, being allotments 4, 5, 6, 7, and 9 of section 26, town of Dunolly.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Dunolly are rated in the rate-book of such district upon a yearly value of One hundred and twenty pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"JAMES BELL."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, THOMAS BROMELL, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Fifteen hundred and sixty-three pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Dundas, and are known as Hensley Park freehold estate.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Dundas are rated in the rate-book of such district upon a yearly value of £1563 10s.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"THOS. BROMELL."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, DAVID COUTTS, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred and twelve pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of East Loddon and Korong shires, and are known as 24 acres freehold land, parish of Hayanmi, shire of East Loddon; 320 acres freehold land, parish of Powlett; and 273 acres of freehold land, parish of Salisbury West, shire of Korong.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of East Loddon are rated in the rate-book of such district upon a yearly value of Twenty-four pounds; and that such of the said lands or tenements as are situate in the municipal district of Korong shire are rated in the rate-book of such district upon a yearly value of Eighty-eight pounds; 240 acres freehold land, parish of Hayanmi, East Loddon shire; 320 acres freehold land, parish of Powlett; and 273 acres freehold land, parish Salisbury West, Korong Shire.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"DAVID COUTTS."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, THOMAS FORREST CUMMING, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Three hundred and eighty pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Malvern, and are known as Chesterfield, corner of Glenferrie and Toorak roads, part of section 24, parish of Prahran, shire of Malvern, and in the electoral division of Gardiner.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Malvern are rated in the rate-book of such district upon a yearly value of Three hundred and eighty pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"THOS. F. CUMMING."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, FRANK STANLEY DOBSON, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred and thirty pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal districts of Hawthorn and Prahran, and are known as—

"House, No. 44 Darling-street, South Yarra, in my own occupation; and land in Denham-street, Hawthorn, unoccupied; also land in Yarra-street, Hawthorn, unoccupied.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Prahran are rated in the rate-book of such district upon a yearly value of One hundred and thirty pounds, and that such of the said lands or tenements as are situate in the municipal district of Hawthorn are rated in the rate-book of such district upon a yearly value of Fifteen pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"F. STANLEY DOBSON."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, CORNELIUS JOB HAM, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Five hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Prahran, and are known as—

"Dwelling-house and premises (known as 'Lalbert') situated in the Orrong-road, Prahran, with about eleven acres of land, in my own occupation.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Prahran are rated in the rate-book of such district upon a yearly value of Four hundred and fifteen pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"C. J. HAM."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, PATRICK HANNA, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One thousand pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Melbourne, and are known as—

"121, 123, 125, half acre, corner of William and Latrobe streets; also, the Alliance Engineering Shops; also, the Royal Mint Foundry, Little Lonsdale street; and freehold property in the Shire of Wyndham, Ballerine.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Melbourne are rated in the rate-book of such district upon a yearly value of Seven hundred and fifty pounds, and that such of the said lands or tenements as are situate in the municipal district of Wyndham are rated in the rate-book of such district upon a yearly value of Two hundred and fifty pounds, and several other freehold property.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements or any part thereof for the purpose of enabling me to be returned a Member of the Legislative Council.

"PATRICK HANNA."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, CALEB JOSHUA JENNER, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of over One hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Melbourne, and are known as—

"No. 1. Crown allotment 11, section 49, North Melbourne, county of Bourke.

"No. 2. Portion of allotment No. 8, section 33, city and parish of Melbourne, parish of North Melbourne, county of Bourke.

"No. 3. Part of allotment 18, section 31, city and parish of Melbourne, county of Bourke.

"No. 4. Part of Crown allotment 3, section 20, Melbourne East, county of Bourke.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Melbourne are rated in the rate-book of such district upon a yearly value of £412.

"No. 1. Rated in the rate-book of the city of Melbourne, at One hundred and twenty-four pounds per annum.

"No. 2. Rated in the rate-book of the city of Melbourne, at One hundred and fifty-six pounds per annum.

"No. 3. Rated in the rate-book of the city of Melbourne, at Forty-four pounds per annum.

"No. 4. Rated in the rate-book of the city of Melbourne, at Eighty-eight pounds per annum.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"C. J. JENNER."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, GEORGE MEARES, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Six hundred and fifty pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Melbourne, and are known as—

"James Dodshun and Co.'s warehouse, Little Flinders-street, Melbourne.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of La Trobe ward are rated in the rate-book of such district upon a yearly value of Five hundred and fifty pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"GEO. MEARES."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred and fifty-eight pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Brunswick and Pyalong, and are known as—

"My residence, with twenty acres land, situate in Albion-street, West Brunswick; and (206) two hundred and six acres land situated in the shire of Pyalong.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Brunswick are rated in the rate-book of such district upon a yearly value of One hundred and thirty pounds, and that such of the said lands or tenements as are situate in the municipal district of Pyalong are rated in the rate-book of such district upon a yearly value of Twenty-eight pounds; in all, One hundred and fifty-eight pounds per annum.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"D. MELVILLE,"

11th March, 1886.

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, FRANCIS ORMOND, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Four hundred and fifty pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Prahran, and are known as—

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Prahran are rated in the rate-book of such district upon a yearly value of Four hundred and fifty pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"FRANCIS ORMOND."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, FREDERICK THOMAS SARGOOD, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the value of Five thousand pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Caulfield, and are known as Rippon Lea, consisting of—

"Forty-six acres of land, with dwelling-house thereon.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Caulfield are rated as follows:—

Rate	...	£8	8	9	...	Valuation	...	£2,700	0	0
"	...	62	10	0	...	"	...	20,000	0	0

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"F. T. SARGOOD."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, WILLIAM EDWARD STANBRIDGE, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Two hundred and forty pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Daylesford, and are known as allotment 4 of section 6, township of Daylesford.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Daylesford are rated in the rate-book of such district upon a yearly value of Two hundred and forty pounds stg.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"W. E. STANBRIDGE."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, DAVID CHAPLIN STERRY, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred and eight pounds above all charges and incumbrances affecting the same,

other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Sandhurst, and are known as—

“Lands and buildings in Inglewood-road, and land in Forest-street, Sandhurst.

“And I further declare that such of the said lands or tenements as are situate in the municipal district of Sandhurst are rated in the rate-book of such district upon a yearly value of One hundred and ten pounds.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“D. C. STERRY.”

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, JOHN ALSTON WALLACE, do declare and testify that I am legally or equitably seized of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of over Two hundred and fifty pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal districts of Beechworth, Towong, and Port Melbourne, and are known as—

“No. 1. Lands and tenements situated at Wooragee, in the united shire of Beechworth, county of Bogong, area, 666a.

“No. 2. Lands and tenements situate near Bethanga, parish of Berringa, electoral district of Benambra, shire of Towong, area, 639 acres.

“No. 3. Land and tenement, the Bay View Hotel, situate Beach-street, Port Melbourne.

“And I further declare that such of the said lands or tenements as are situate in the municipal district of the united shire of Beechworth are rated in the rate-book of such district upon a yearly value of Sixty pounds, and that such of the said lands or tenements as are situate in the municipal district of Towong are rated in the rate-book of such district upon a yearly value of One hundred pounds, and that such of the said lands or tenements as are situate in the municipal district of Port Melbourne are rated in the rate-book of such district upon a yearly value of One hundred and sixty pounds.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“JOHN A. WALLACE.”

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, JAMES WILLIAMSON, do declare and testify that I am legally or equitably seized of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Four hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Prahran, and are known as—

“‘Tintern,’ Toorak.

“And I further declare that such of the said lands or tenements as are situate in the municipal district of Prahran are rated in the rate-book of such district upon a yearly value of Four hundred pounds.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“JAS. WILLIAMSON.”

7. ADJOURNMENT.—The Honorable H. Cuthbert moved, That the House, at its rising, adjourn until Tuesday, 1st June next, at two o'clock p.m.
Debate ensued.
Question—put and resolved in the affirmative.

The Council adjourned at nineteen minutes to six o'clock, until Tuesday, 1st June next, at two o'clock p.m.

JOHN BARKER,
Clerk of the Legislative Council.



VICTORIA.

No. 2.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 1ST JUNE, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. APPROACH OF THE GOVERNOR.—The approach of His Excellency the Governor was announced by the Usher.

His Excellency came into the Council Chamber, and commanded the Usher to desire the attendance of the Legislative Assembly in the Council Chamber, who, being come with their Speaker, His Excellency was pleased to speak as follows :—

MR. PRESIDENT AND HONORABLE GENTLEMEN OF THE LEGISLATIVE COUNCIL :

MR. SPEAKER AND GENTLEMEN OF THE LEGISLATIVE ASSEMBLY :

I avail myself of the earliest opportunity of meeting you after the recent general election and the arrangements consequent upon a change of Administration, in order to obtain your advice and assistance.

Considering that three years have not elapsed since it was announced to you that it was the intention of the Government to open negotiations with the Australasian Colonies in order to ascertain the extent to which Federation was practicable, it is satisfactory to know that a Federal Council of Australasia has been established, and that the First Session of that Council was held at Hobart in January last, when Victoria, Queensland, Tasmania, Western Australia, and Fiji were represented. I am encouraged to hope that before long some of the other Colonies will feel the influence of the national sentiment and join the Union.

Various proposals pertaining to the government of British New Guinea have been under the consideration of the respective Governments of New South Wales, Queensland, and this Colony, and an agreement has been come to, subject to the approval of their respective Legislatures. The papers on the subject will be laid before you.

A subject of the greatest importance to Australasia has seriously engaged the attention of my Advisers. I refer to the question of the proposed occupation of the New Hebrides by France. To this project the strongest objections were raised by the Federated as well as by some of the other Colonies; and my Advisers, from the first, used every effort by representations to the Imperial Government to prevent the carrying into effect of a proposal so detrimental to the best interests of Australasia. Throughout the length and breadth of Victoria, by Public Meetings and Petitions, the people showed themselves unanimous in supporting the protests of my Ministers. Her Majesty has appealed to the Australasian communities for an expression of their opinions upon this vital question, and has ascertained that almost unanimously they were strongly and determinedly opposed to it. I trust I may congratulate you on the result of these united efforts, as I anticipate that you will shortly be informed that Her Majesty has decided to uphold the understanding of 1878, and has therefore refused to allow these Islands to be interfered with.

During the past year the Naval and Military Forces have made steady progress towards efficiency. Our Seamen have been thoroughly instructed in the management of Torpedo boats and of the Whitehead Torpedo, and the addition to the Land Forces of a Permanent Torpedo Corps has given excellent results. The latter branch of the Service is now so well organized that mine-fields could be laid down in the channels in a few days. Satisfactory progress is being made towards the completion of the Forts. Powerful guns of the most recent type, and mounted upon disappearing carriages, have been ordered from England, and are being placed in position with the utmost expedition as they arrive.

My Advisers have had under their consideration certain proposals of the Commander-in-Chief, Rear-Admiral Tryon, with reference to the increase of the strength of the Australian Squadron. The papers and correspondence on this important subject will be laid before you, and I have no doubt will command your earnest attention.

Through the great consideration of His Royal Highness the Prince of Wales, an account has reached me by telegram of the brilliant success which has attended the opening of the Colonial and Indian Exhibition. The various Colonies are to be congratulated for their hearty response to the invitation to take part in this great undertaking. The Victorian Court will contribute in no small degree to afford an insight into the marvellous progress that has been made by this Colony in arts, manufactures, and products, as well as in the development of her great mineral resources.

The Royal Commission on Water Supply appointed by New South Wales and that appointed by this Colony have met frequently in both Colonies in order to consider the diversion and disposition of the waters of the Murray. A provisional agreement has been entered into which it is proposed will form the basis of legislation.

The Royal Commission on Asylums for the Insane and Inebriate have brought their important investigations to a close, and have presented a valuable Report, which is at present under the attentive consideration of my Advisers, with a view to legislation. The various practical suggestions of the Commission will be of great service in improving the administration of the law dealing with that unfortunate and afflicted class of the community, who are unable to care for themselves.

Very satisfactory progress has been made in the construction of the Railways authorized by Parliament. The revenue derived from the lines already opened for traffic has not only exceeded the amount received in any previous year, but is for the first time more than sufficient to pay interest on the moneys borrowed for their construction, after making provision for the payment of working expenses.

The returns from the Goldfields show that the quantity of gold obtained has considerably fallen off of late years, and that the number of men employed in mining is much diminished. With a view of restoring to prosperity the great mining industry, it is proposed to adopt a more satisfactory scheme than has hitherto prevailed for the distribution of the Vote which Parliament may set apart for Prospecting, by securing such local advice and assistance as will be necessary in developing to the best advantage the great auriferous resources of the country.

MR. SPEAKER AND GENTLEMEN OF THE LEGISLATIVE ASSEMBLY:

The Estimates for the ensuing year are in course of preparation, and will in due time be laid before you. They will be framed with a view to economy and to the necessary requirements of the Public Service.

MR. PRESIDENT AND HONORABLE GENTLEMEN OF THE LEGISLATIVE COUNCIL:

MR. SPEAKER AND GENTLEMEN OF THE LEGISLATIVE ASSEMBLY:

The frequency and severity of droughts in many parts of the Colony have led to the establishment of a general system of water supply for domestic and stock purposes, by which the danger of water famines has been very much reduced. Nevertheless it has been found that a considerable proportion of our territory can yield but a small and uncertain return to the cultivator who relies upon the natural rainfall, while most of the experiments in irrigation made in the same areas have shown that, if scientifically practised, it secures an increased productiveness almost beyond risk of failure.

Successive Governments have acknowledged, and with growing confidence, the necessity for the better application of our water resources, and in each of the Sessions of the last Parliament a measure was passed to provide for further development. The labours of the Royal Commission have made available, for the first time, a quantity of practical information without which it would have been impossible to undertake the initiation of comprehensive schemes for storage and diversion. Fortified and guided by this knowledge of the physical conditions of our watersheds, the details of which will be shortly laid before you, my Advisers will seize the earliest opportunity of inviting you to consider again, with a view to recasting, the whole of the existing legislation relating to the use of water for irrigation, and also for mining and manufacturing industries; they will propose additional encouragement to private enterprise, coupled with the acceptance of direct State responsibility where such may be indispensable in the public interest. Regarding the issue as one of vital importance, not only to the districts immediately concerned, but also to the Colony as a whole, my Government confidently hope to be enabled with your concurrence, to lay down the lines for this new departure in agricultural production with a large and liberal foresight of its requirements and possibilities.

The experience of fourteen years has shown that our national system of primary education is popular and works well. The time seems to have arrived when arrangements may be made for securing it by a permanent endowment; when the compulsory clauses may be rendered more effective; when children may be set free for work at an earlier age by an increase of their statutory attendances during the years when they are best able to spare time; and when we may stimulate their emulation by providing that the most promising of those we have trained shall go on costlessly to schools of a higher class.

The laws relating to Neglected and Criminal Children have proved beneficial in their operation, but some amendments are found in practice to be desirable, and a consolidation of the law has long been asked for by those whose duty it is to administer it. A Bill for effecting these objects will be laid before you, and it is hoped that this measure, aided by the operation of the proposed amendment of the Education Act, will complete legislation for the protection of neglected children in Victoria.

A Bill has been prepared by which it is intended to provide all the necessary amendments in the law relating to Local Government, and it is hoped that this Bill may be passed sufficiently early in the Session to allow, at a later stage, of the consolidation of the whole law relating to Local Government.

It is desirable that the several Acts relating to Shipping should be amended and consolidated, and a measure for that purpose will be submitted for your consideration.

Among other subjects which will be brought under your notice, as time may permit, will be Bills for determining on a just principle the liabilities of Employers for Accidents sustained by Workmen; for amending the laws relating to Public Health, the Conservation of Forests, and Justices of the Peace.

I congratulate you on the satisfactory state of the finances, and the prosperous condition of this Colony; and I earnestly trust that your deliberations, by the blessing of the Divine Providence, may advance the welfare and happiness of the people.

Which being concluded, a copy of the Speech was delivered to the President, and a copy to Mr. Speaker, and His Excellency the Governor left the Chamber.

The Legislative Assembly then withdrew.

5. DECLARATIONS OF MEMBERS.—The Honorables J. Balfour, F. Brown, J. Buchanan, J. Graham, W. E. Hearn, T. Henty, W. McCulloch, W. Pearson, W. Ross, N. Thornley, H. H. Wettenhall, W. I. Winter, and W. A. Zeal severally delivered to the Clerk the declaration required by the thirteenth clause of the Act 45 Victoria, No. 702, as hereunder set forth:—

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, JAMES BALFOUR, do declare and testify that I am legally or equitably seized of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Four hundred and fifty pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Prahran, and are house and grounds known as Tyalla, Toorak.

“And I further declare that such of the said lands or tenements as are situate in the municipal district of Prahran are rated in the rate-book of such district upon a yearly value of Four hundred and fifty pounds.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“JAMES BALFOUR.”

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, FREDERICK BROWN, do declare and testify that I am legally or equitably seized of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred and ten pounds ten shillings above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Beechworth, and are known as—

“Shrublands—Allotments 2, 3, and 4 of section A, with dwelling-house and out-houses, occupied by me; also allotment 8 of section P I, 17 of section 4, and part of allotment 3 of section B, all in the town and parish of Beechworth.

“And I further declare that such of the said lands or tenements as are situate in the municipal district of the United Shire of Beechworth are rated in the rate-book of such district upon a yearly value of One hundred and ten pounds ten shillings.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements or any part thereof for the purpose of enabling me to be returned a Member of the Legislative Council.

“FRED^K. BROWN.”

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, JAMES BUCHANAN, do declare and testify that I am legally or equitably seized of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Three hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Berwick, and are known as The Harkaway Farm.

“And I further declare that such of the said lands or tenements as are situate in the municipal district of Berwick are rated in the rate-book of such district upon a yearly value of Three hundred pounds.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“JAMES BUCHANAN.”

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, JAMES GRAHAM, do declare and testify that I am legally or equitably seized of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Two hundred and fifty pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Melbourne, and are known as stores and offices occupied by the firm of Graham Brothers and Company.

“And I further declare that such of the said lands or tenements as are situate in the municipal district of Melbourne are rated in the rate-book of such district upon a yearly value of Two hundred and fifty pounds.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“JAS. GRAHAM.”

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, WILLIAM EDWARD HEARN, do declare and testify that I am legally or equitably seized of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of upwards of One hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Flinders and Kangerong, and are known as Crown allotments 22 and 29 in the parish of Wannaeue, in the county of Mornington, and as part of Burrell's Pre-emptive Right, near Dromana in the said county.

"And I further declare that such of the said lands or tenements as are situated in the municipal district of Flinders and Kangerong are rated in the rate-book of such district upon a yearly value of One hundred and nine pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"W. E. HEARN."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, THOMAS HENTY, of Brighton, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Six hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Berwick, and are known as Pakenham Park, Pakenham.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Berwick are rated in the rate-book of such district upon a yearly value of Six hundred pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"THOMAS HENTY."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, WILLIAM McCULLOCH, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Two hundred and ninety-eight pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Broadmeadows, and are known as Glenroy.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Broadmeadows are rated in the rate-book of such district upon a yearly value of Two hundred and ninety-eight pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"W. McCULLOCH."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, WILLIAM PEARSON, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Two thousand nine hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Rosedale, and are known as—

"Kilmany Park, near Sale, containing 14,741 acres more or less freehold land.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Rosedale are rated in the rate-book of such district upon a yearly value of Two thousand nine hundred pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"WM. PEARSON."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, WILLIAM ROSS, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Mount Rouse, and are known as "The Gums," near Caramut.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Mount Rouse are rated in the rate-book of such district upon a yearly value of Two thousand and eighty-four pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"WM. ROSS."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, NATHAN THORNLEY, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Kew, and are known as—

"Part of Crown portion 71, parish of Booroondara, county of Bourke.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Kew are rated in the rate-book of such district upon a yearly value of One hundred pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"N. THORNLEY."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, HOLFORD HIGHLORD WETTENHALL, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Stawell shire, and are known as—

"Karra Karra Freehold Estate.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Stawell shire are rated in the rate-book of such district upon a yearly value of £104.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"HOLFORD H. WETTENHALL."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, WILLIAM IRVING WINTER, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Sixteen hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Goulburn and Waranga shires, and are known as Noorilim, in the parishes of Dargalong and Noorilim.

"And I further declare that such of the said lands or tenements as are situate in the municipal districts of Goulburn and Waranga shires are rated in the rate-book of such district upon a yearly value of Sixteen hundred pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"WM. IRVING WINTER."

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, WILLIAM AUSTIN ZEAL, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria, of the yearly value of Five hundred and sixty-nine pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal districts of Prahran and South Melbourne, and are known as—

"Parts of Crown portions 17 and 18, parish of Prahran (at Toorak), county of Bourke; and Crown allotment No. 4, section I, and Crown allotment section L, city of South Melbourne, county of Bourke.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Prahran are rated in the rate-book of such district upon a yearly value of Three hundred and four pounds; and that such of the said lands or tenements as are situate in the municipal district of South Melbourne are rated in the rate-book of such district upon a yearly value of Three hundred and fifty four pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"W. A. ZEAL."

6. **ISSUE OF WRITS.**—The President announced that, in consequence of the death of the Honorable F. Robertson, he had issued a Writ for the election of a member to serve for the Northern Province. The President also announced that he had received from His Excellency the Governor the receipt of the resignation of his seat by the Honorable Philip Russell, and that he had issued a Writ for the election of a member to serve for the South-Western Province in the place of the Honorable Philip Russell.

7. **RETURN TO WRITS.**—The President announced that he had received returns to the Writs he had issued, by which it appeared that the following gentlemen had been returned to serve as members for the several provinces set opposite their respective names, viz. :—

Walter Peacock Simpson, for the Northern Province.

Joseph Henry Connor, for the South-Western Province.

8. **NEW MEMBERS.**—The Honorables W. P. Simpson and J. H. Connor being introduced, took and subscribed the oath required by the 32nd clause of the Constitution Act, and severally delivered to the Clerk the declaration required by the 13th clause of the Act No. 702, as hereunder set forth :—

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, WALTER PEACOCK SIMPSON, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred and ninety-four pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Sandhurst, and are known as Sandhurst Horse Bazaar and Sale Yards, Charing Cross and Hargreaves-street, Sandhurst.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Sandhurst are rated in the rate-book of such district upon a yearly value of One hundred and ninety-four pounds.

“ And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“ W. P. SIMPSON.”

“ In compliance with the provisions of the Act 45 Victoria, No. 702, I, JOSEPH HENRY CONNOR, of Ryrie-street, Geelong, do declare and testify that I am legally or equitably seized of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred and twenty-eight pounds sixteen shillings above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of shire of Colac, and are known as allotments 57 A and B, parish of Cundare, county of Grenville.

“ And I further declare that such of the said lands or tenements as are situated in the municipal district of Colac, shire of Colac, are rated in the rate-book of such district upon a yearly value of £128 16s. 0d.

“ And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements or any part thereof for the purpose of enabling me to be returned a Member of the Legislative Council.

“ JOSEPH HENRY CONNOR.”

9. PAPERS.—The Honorable J. Lorimer presented, by command of His Excellency the Governor—
 Import, Export, Transhipment, and Shipping Returns—A General Summary of the—With an Abstract of Customs Revenue, for the Year 1885; also, Abstract Comparative Table, Years 1881–85, and Copy of the Victorian Tariff, &c., &c.
 Insane and Inebriate—Report of Royal Commission on Asylums for the.
 Colonial Warships to observe Formalities of International Courtesy.—Circular Despatch of The Right Honorable the Secretary of State for the Colonies, dated 15th January, 1886.
 Severally ordered to lie on the Table.

The Honorable J. Lorimer presented, pursuant to Act of Parliament—

Melbourne Harbour Trust—The Accounts of—

For the Quarter ended 30th June, 1885.

For the Quarter ended 30th September, 1885.

For the Quarter ended 31st December, 1885.

Fisheries Act Amendment Act 1878.—Notice of intention to prohibit the use of any trammel, trawl, or other net or engine, whether fixed or unfixed, to be employed in fishing in Tower Hill Lake.

Friendly Societies.—Seventh Annual Report of the Proceedings of the Government Statist in connection with Report for the Year 1884, to which are appended Valuations of Friendly Societies, Statistics of Friendly Societies, &c.

Explosives—Report of the Inspector of, on the working of Explosives Act during 1885.

Severally ordered to lie on the Table.

10. MESSAGE FROM HIS EXCELLENCY THE GOVERNOR.—The following Message from His Excellency the Governor was presented by the Honorable James Lorimer, and the same was read and is as follows:—

HENRY B. LOCH,
 Governor.

Message No. 1.

In accordance with section 5 of the “(Victorian) Federal Council Act 1885,” the Governor notifies to the Legislative Council the following appointments, resignation, &c., of Representatives in the Federal Council on the dates opposite to their names respectively, viz. :—

Date.	Whether Appointment or Resignation, &c.	Name.
1886.		
5th January ...	Appointment... ..	The Honorable James Service.
5th January ...	”	” Graham Berry.
16th February	Resignation	” Graham Berry.
18th February	Cessation to hold office on vacating office as a Minister of the Crown under second paragraph of section 3 of the Act	” James Service.
31st May ...	Appointment... ..	” Duncan Gillies.
31st May ...	”	” Henry John Wrixon.

Government Offices,
 Melbourne, 1st June, 1886.

Ordered to lie on the Table, and be printed.

11. NEWSPAPER PROPRIETORS REGISTRATION BILL.—The Honorable H. Cuthbert moved, That he have leave to bring in a Bill to amend the law relating to registration of newspaper proprietors.
 Question—put and resolved in the affirmative.
 Ordered—That the Honorable H. Cuthbert do prepare and bring in the Bill.
 The Honorable H. Cuthbert then brought up a Bill intituled “A Bill to amend the Law relating to the Registration of Newspaper Proprietors,” and moved, That it be now read a first time.
 Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 8th June instant.

12. VISITOR.—On the motion of the Honorable J. Lorimer, a chair was provided on the floor of the Chamber for the Honorable — Moore, late Chief Secretary for Tasmania.
13. STANDING ORDERS COMMITTEE.—The Honorable H. Cuthbert moved, by leave of the Council, That the Honorables the President, Dr. Dobson, W. E. Hearn, G. Meares, F. T. Sargood, J. Lorimer, and the Mover, be appointed a Select Committee on the Standing Orders of the House.
Question—put and resolved in the affirmative.
14. LIBRARY COMMITTEE.—The Honorable H. Cuthbert moved, by leave of the Council, That the Honorables the President, D. Melville, F. Brown, W. E. Hearn, and the Mover be members of the Joint Committee of both Houses to manage the Library.
Question—put and resolved in the affirmative.
15. PARLIAMENT BUILDINGS COMMITTEE.—The Honorable J. Lorimer moved, by leave of the Council, That the Honorables the President, J. Balfour, W. I. Winter, N. Thornley, and W. A. Zeal be members of the Joint Committee of both Houses to manage and superintend the Parliament Buildings.
Question—put and resolved in the affirmative.
16. REFRESHMENT ROOMS COMMITTEE.—The Honorable J. Lorimer moved, by leave of the Council, That the Honorables W. Pearson, J. Buchanan, J. Williamson, D. C. Sterry, and W. P. Simpson be members of the Joint Committee of both Houses to manage the Refreshment Rooms.
Question—put and resolved in the affirmative.
17. PRINTING COMMITTEE.—The Honorable J. Bell moved, by leave of the Council, That the Honorables the President, G. Young, T. F. Cumming, F. E. Beaver, F. Ormond, and the Mover be appointed a Printing Committee.
Question—put and resolved in the affirmative.
18. DAYS OF BUSINESS.—The Honorable H. Cuthbert moved, by leave of the Council, That Tuesday, Wednesday, and Thursday in each week be the days on which the Council shall meet for despatch of business during the present Session, and that half-past four o'clock be the hour of meeting on each day; and that on Tuesday and Thursday in each week the transaction of Government Business shall take precedence of all other business.
Question—put and resolved in the affirmative.
19. CHAIRMAN OF COMMITTEES.—The Honorable H. Cuthbert moved, by leave of the Council, That the Honorable Dr. Dobson be Chairman of Committees of the Council.
Question—put and resolved in the affirmative.
20. SPEECH OF HIS EXCELLENCY THE GOVERNOR.—The President reported the Speech of His Excellency the Governor.
The Honorable J. H. Connor moved, That a Committee be appointed to prepare an Address to His Excellency the Governor in reply to His Excellency's Opening Speech.
Question—put and resolved in the affirmative.
The Honorable J. H. Connor moved, That the Committee consist of the Honorables W. P. Simpson, J. Lorimer, J. Bell, F. E. Beaver, D. Melville, F. T. Sargood, W. Ross, J. Balfour, C. J. Jenner, and the Mover.
Question—put and resolved in the affirmative.
The Committee retired to prepare the Address.
The Honorable J. H. Connor brought up the Address prepared by the Committee, which was read at the Table by the Clerk, and is as follows:—

To His Excellency SIR HENRY BROUGHAM LOCH, Knight Commander of the Most Honorable Order of the Bath, Governor and Commander-in-Chief in and over the Colony of Victoria and its Dependencies, &c., &c., &c.

We, Her Majesty's most dutiful and loyal subjects, the Members of the Legislative Council of Victoria, in Parliament assembled, beg leave to approach Your Excellency with renewed expressions of our loyalty and attachment to Her Majesty's Throne and Person.

We thank Your Excellency for taking the earliest opportunity of meeting us after the recent general election and the arrangements consequent upon a change of Administration, in order to obtain our advice and assistance.

We concur with Your Excellency in considering that, as three years have not elapsed since it was announced that it was the intention of the Government to open negotiations with the Australasian Colonies in order to ascertain the extent to which Federation was practicable, it is satisfactory to know that a Federal Council of Australasia has been established, and that the First Session of that Council was held at Hobart in January last, when Victoria, Queensland, Tasmania, Western Australia, and Fiji were represented. We join in Your Excellency's hope that before long some of the other Colonies will feel the influence of the national sentiment and join the Union.

We thank Your Excellency for informing us that various proposals pertaining to the government of British New Guinea have been under the consideration of the respective Governments of New South Wales, Queensland, and this Colony, and that an agreement has been come to, subject to the approval of their respective Legislatures. Also that the papers on the subject will be laid before us.

We learn with satisfaction that a subject of such great importance to Australasia as the question of the proposed occupation of the New Hebrides by France has seriously engaged the attention of Your Excellency's Advisers, and that they, from the first, used every effort by representations to the Imperial Government to prevent the carrying into effect of a proposal so detrimental to the best interests of Australasia. We reciprocate Your Excellency's congratulations on the result of these united efforts, and trust that you will shortly be enabled to inform us that Her Majesty has decided to uphold the understanding of 1878, and to refuse to allow these Islands to be interfered with.

It affords us much gratification to hear that during the past year the Naval and Military Forces have made steady progress towards efficiency; that our Seamen have been thoroughly instructed in the management of Torpedo boats and of the Whitehead Torpedo; that the addition to the Land Forces of a Permanent Torpedo Corps has given excellent results; that the latter branch of the Service is now so well organized that mine-fields could be laid down in the channels in a few days; and that satisfactory progress is being made towards the completion of the Forts; also that powerful guns of the most recent type, and mounted upon disappearing carriages, have been ordered from England, and are being placed in position with the utmost expedition as they arrive.

We thank Your Excellency for informing us that your Advisers have had under their consideration certain proposals of the Commander-in-Chief, His Excellency Rear-Admiral Tryon, with reference to the increase of the strength of the Australian Squadron, and that the papers and correspondence on this important subject will be laid before us. We assure Your Excellency that this matter will receive our earnest attention.

We learn with satisfaction that, through the great consideration of His Royal Highness the Prince of Wales, an account has reached Your Excellency by telegram of the brilliant success which has attended the opening of the Colonial and Indian Exhibition. We concur in Your Excellency's view that the various Colonies are to be congratulated for their hearty response to the invitation to take part in this great undertaking; and that the Victorian Court will contribute in no small degree to afford an insight into the marvellous progress that has been made by this colony in arts, manufactures, and products, as well as in the development of her great mineral resources.

We thank Your Excellency for informing us that the Royal Commission on Water Supply appointed by New South Wales and that appointed by this Colony have met frequently in both Colonies in order to consider the diversion and disposition of the waters of the Murray, and that a provisional agreement has been entered into which it is proposed will form the basis of legislation.

We are gratified to learn that the Royal Commission on Asylums for the Insane and Inebriate have brought their important investigations to a close, and that they have presented a valuable Report, which is at present under the attentive consideration of Your Excellency's Advisers, with a view to legislation. We trust, with Your Excellency, that the various practical suggestions of the Commission will be of great service in improving the administration of the law dealing with that unfortunate and afflicted class of the community, who are unable to care for themselves.

It also affords us much gratification to hear that very satisfactory progress has been made in the construction of the Railways authorized by Parliament, and that the revenue derived from the lines already opened for traffic has not only exceeded the amount received in any previous year, but is for the first time more than sufficient to pay interest on the moneys borrowed for their construction after making provision for the payment of working expenses.

We regret to learn that the returns from the Goldfields show that the quantity of gold obtained has considerably fallen off of late years, and that the number of men employed in mining is much diminished; and hear with satisfaction that, with a view of restoring to prosperity the great mining industry, it is proposed to adopt a more satisfactory scheme than has hitherto prevailed for the distribution of the Vote which Parliament may set apart for Prospecting, by securing such local advice and assistance as will be necessary in developing to the best advantage the great auriferous resources of the country.

We fully concur in Your Excellency's observations with regard to the necessity for dealing comprehensively with the question of Irrigation, and learn with much satisfaction that we shall be invited at an early date to consider again, with a view to recasting, the whole of the existing legislation relating to the use of water for irrigation and also for mining and manufacturing industries; that additional encouragement to private enterprise will be proposed, coupled with the acceptance of direct State responsibility where such may be indispensable in the public interest. We regard the issue as one of vital importance, not only to the districts immediately concerned, but also to the Colony as a whole, and trust that Your Excellency's Advisers may be enabled, with our concurrence, to lay down the lines for this new departure in agricultural production with a large and liberal foresight of its requirements and possibilities.

It affords us much gratification to hear that the experience of fourteen years has shown that our national system of Primary Education is popular and works well. We concur in the view that the time seems to have arrived when arrangements may be made for securing it by a permanent endowment; when the compulsory clauses may be rendered more effective; when children may be set free for work at an earlier age by an increase of their statutory attendances during the years when they are best able to spare time; and when we may stimulate their emulation by providing that the most promising of those we have trained shall go on without cost to themselves to schools of a higher class.

We thank Your Excellency for informing us that a Bill for effecting the amendment and consolidation of the laws relating to Neglected and Criminal Children will be laid before us, and hope that this measure, aided by the operation of the proposed amendment of the Education Act, will complete legislation for the protection of neglected children in Victoria.

We learn with satisfaction that a Bill has been prepared by which it is intended to provide all the necessary amendments in the law relating to Local Government, and share in the hope that this Bill may be passed sufficiently early in the Session to allow, at a later stage, of the consolidation of the whole law relating to Local Government.

We thank Your Excellency for informing us that a measure for the amendment and consolidation of the laws relating to Shipping will be submitted for our consideration.

It affords us satisfaction to learn that, among other subjects which will be brought under our notice, as time may permit, will be Bills for determining on a just principle the liabilities of Employers for Accidents sustained by Workmen; for amending the laws relating to Public Health, to the Conservation of Forests, and to Justices of the Peace.

We reciprocate Your Excellency's congratulations on the satisfactory state of the finances, and the prosperous condition of this Colony; and earnestly trust that our deliberations, by the blessing of Divine Providence, may advance the welfare and happiness of the people.

The Honorable J. H. Connor moved, That the Address be now adopted.
Debate ensued.

Question—put and resolved in the affirmative.

The Honorable J. H. Connor moved, That the Address be presented to His Excellency the Governor by the President, and such Members as may desire to accompany him, at such time as His Excellency may be pleased to receive the Address.

Question—put and resolved in the affirmative.

21. EMPLOYERS' LIABILITY BILL.—The Honorable H. Cuthbert moved, by leave, That he have leave to bring in a Bill to extend and regulate the liability of Employers and to make compensation for personal injuries suffered by Workmen in their service.

Question—put and resolved in the affirmative.

Ordered—That the Honorable H. Cuthbert do prepare and bring in the Bill.

The Honorable H. Cuthbert then brought up a Bill, intituled "*A Bill to extend and regulate the liability of Employers and to make compensation for personal injuries suffered by Workmen in their service,*" and moved that it be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time, Tuesday, 15th June instant.

22. TRADING COMPANIES BILL.—The Honorable J. Lorimer moved, by leave, That he have leave to bring in a Bill to amend the law with respect to the liability of members of trading companies, and for other purposes.

Question—put and resolved in the affirmative.

Ordered—That the Honorable J. Lorimer do prepare and bring in the Bill.

The Honorable J. Lorimer then brought up a Bill, intituled "*A Bill to amend the law with respect to the liability of Members of Trading Companies, and for other purposes,*" and moved that it be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time, Tuesday, 15th June instant.

23. MEDICAL PRACTITIONERS STATUTE AMENDMENT BILL.—The Honorable James Bell moved, by leave, That he have leave to bring in a Bill to amend the "*Medical Practitioners Statute 1865.*"

Question—put and resolved in the affirmative.

Ordered—That the Honorable James Bell do prepare and bring in the Bill.

The Honorable James Bell then brought up a Bill, intituled "*A Bill to amend the 'Medical Practitioners Statute 1865,'*" and moved that it be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time, Tuesday, 15th June instant.

24. ADJOURNMENT.—The Honorable H. Cuthbert moved, That the Council, at its rising, adjourn until Tuesday, 15th June instant.

Question—put and resolved in the affirmative.

The Council adjourned at twenty-eight minutes to seven o'clock until Tuesday, 15th June instant, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

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Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 15TH JUNE, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. RESIGNATION OF SEAT.—The President announced that, since the last meeting of the Council, he had received from His Excellency the Governor the resignation by the Honorable James Campbell of his seat as Member for the Wellington Province.
5. ISSUE OF WRIT.—The President also announced that he had issued a Writ for the election of a Member to serve for the Wellington Province.
6. PAPERS.—The Honorable H. Cuthbert presented, by command of His Excellency the Governor—
 - The New Hebrides—Correspondence respecting—
 - I. Protocol between Germany and France.
 - II. Proposal of France to be allowed to annex.
 - Public Service Board—Report.
 - Melbourne Mint—Despatch, dated 31st October, 1885, from the Secretary of State for the Colonies, enclosing Report of the Deputy-Master of the Royal Mint, London, on the weight and fineness of gold coins struck at the Melbourne branch of the Royal Mint.
 - Post Office Savings Bank—Statement of Accounts of the—in Victoria for the Year ended 31st December, 1885.

Severally ordered to lie on the Table.

The Honorable H. Cuthbert presented, pursuant to Act of Parliament—

- Victorian Mining Accident Relief Fund.—Statement of Accounts rendered by the Trustees of the Fund.
- Fisheries Act Amendment Act 1878.—Notice of proclamation to revoke the proclamation dated the twenty-eighth day of December, 1883, prohibiting any person fishing in the Richardson River at Donald for two miles above the weir, and one mile below it at any time.
- Borough of Horsham Waterworks Trust—Detailed Statement and Report.
- Water Conservation Act.—Regulations.—Koondrook Irrigation Trust, Benjeroop and Murrabit Irrigation Trust, Tragowel Plains Irrigation Trust, and Cohuna Irrigation Trust.
- Land Act 1884—Regulations.—Amendment in Schedule LVII.
- Land Act 1884—Regulations.—Transfer of portions of leaseholds.
- Land Act 1884—Regulation.—Fees for certificate of registration.
- Land Act 1884—Regulations.—License liens.
- Land Act 1884—Regulations.—Alteration of Schedule to clause 3 of Special Regulations of 9th December, 1885.
- Land Act 1884—Regulations of 9th December, 1885.
- Land Act 1884—Regulation.—Fee for preparing grazing license.
- Land Act 1884—Regulations.—Addition to Schedule LIII.
- Land Act 1884—Regulations.—Fee for removal of sand.
- Land Act 1884—Regulations.—Amendment of Schedule LVII to regulations of 17th March, 1885.

Severally ordered to lie on the Table.

The Honorable J. Lorimer presented, pursuant to Act of Parliament—

- Victorian Permanent Naval Forces.—Regulations under the Discipline Act 1870.
- The Discipline Act 1870.—Naval Brigade Regulations.
- The Discipline Act 1870.—Alterations in Regulations for Naval Forces.
- Victorian Naval Forces.—Regulations.
- The Discipline Act 1870.—Naval Apprentices—Regulations.
- Victorian Military Forces—Regulations.—(Alterations, Additions, and Regulations.)

Severally ordered to lie on the Table.

7. **POSTPONEMENT OF BUSINESS.**—On the motion of the Honorable H. Cuthbert, the Council ordered that the consideration of the several Notices of Motion and Orders of the Day be postponed until Tuesday, 29th June instant.

8. **ADJOURNMENT.**—The Honorable H. Cuthbert moved, That the Council, at its rising, adjourn until Tuesday, 29th June instant.

Question—put and resolved in the affirmative.

The Council adjourned at ten minutes to five o'clock until Tuesday, 29th June instant, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

VICTORIA.

No. 4.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 29TH JUNE, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. PRESENTATION OF ADDRESS TO HIS EXCELLENCY THE GOVERNOR.—The President announced to the Council that the Address of the Council to His Excellency the Governor adopted on the 1st instant had been presented in accordance with the resolution of the Council, and that His Excellency had been pleased to make thereto the following reply :—

MR. PRESIDENT AND HONORABLE GENTLEMEN OF THE LEGISLATIVE COUNCIL :

I thank you in the name of the Queen for the renewed expressions of loyalty and attachment to Her Majesty's Throne and Person.

I trust that the result of your labours will be conducive to the advancement and prosperity of the colony.

HENRY B. LOCH.

Government Offices,
Melbourne, 22nd June, 1886.

5. DECLARATION OF MEMBER.—The Honorable George Young delivered to the Clerk the declaration required by the 13th Clause of the Act 45 Victoria No. 702, as hereunder set forth :—

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, GEORGE YOUNG, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Two hundred and fifty pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Horsham, and are known as land and premises situated in Wilson-street, Horsham.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Horsham are rated in the rate-book of such district upon a yearly value of Two hundred and fifty pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"GEO. YOUNG."

6. THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President laid upon the Table the following Warrant appointing the Committee of Elections and Qualifications, viz. :—

VICTORIA.

Pursuant to the provisions of an Act of the Legislative Council of Victoria, passed in the nineteenth year of Her present Majesty's reign, intituled, "*An Act to provide for the Election of Members to serve in the Legislative Council and Legislative Assembly of Victoria respectively,*" I do hereby appoint—

The Honorable James Balfour,
The Honorable Thomas Forrest Cumming,
The Honorable Henry Cuthbert,
The Honorable Caleb Joshua Jenner,
The Honorable Frederick Thomas Sargood,
The Honorable James Williamson,
and
The Honorable William Austin Zeal

to be Members of a Committee to be called "The Committee of Elections and Qualifications."

Given under my hand this 29th day of June, One thousand eight hundred and eighty-six.

JAS. MACBAIN,
President of the Legislative Council.

7. PAPERS.—The Honorable H. Cuthbert presented, by command of His Excellency the Governor—
British New Guinea—Report on—From data and notes by the late Sir Peter Scratchley,
Her Majesty's Special Commissioner, by Mr. G. Seymour Foote, Private Secretary to the
late Sir Peter Scratchley, R.E., K.C.M.G.
- Ordered to lie on the Table.
- The Honorable H. Cuthbert presented, pursuant to Act of Parliament—
Supreme Court—Rules of the.
- Ordered to lie on the Table.
- The Honorable J. Lorimer presented, pursuant to Act of Parliament—
Land Act 1884—Regulations.—Order in Council.—Water Easement Licenses.
Water Conservation Act 1881.—Regulations providing for the Election of Commissioners of
the Benjeroop and Murrabit Irrigation Trust.
Water Conservation Act 1881.—Regulations providing for the Election of Commissioners of
the Koondrook Irrigation Trust.
Importation of Wheat and Exportation of Flour—Alteration in Regulations in regard to the—
Severally ordered to lie on the Table.
8. NEWSPAPER PROPRIETORS REGISTRATION BILL.—The Honorable H. Cuthbert moved, That this Bill
be now read a second time.
Question—put and resolved in the affirmative.—Bill read a second time.
The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole
Council.
Question—put and resolved in the affirmative.
And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council
resolved itself into a Committee of the whole for the consideration of this Bill.
The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had
made progress in the Bill, and that he was directed to move that the Committee may have leave
to sit again.
Resolved—That the Council will, on the next day of meeting, again resolve itself into the said
Committee.
9. EMPLOYERS' LIABILITY BILL.—The Honorable H. Cuthbert moved, That this Bill be now read a second
time.
Debate ensued.
Question—put and resolved in the affirmative.—Bill read a second time.
The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole
Council.
Question—put and resolved in the affirmative.
And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the
Council resolved itself into a Committee of the whole for the consideration of this Bill.
The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had
made progress in the Bill, and that he was directed to move that the Committee may have leave
to sit again.
Resolved—That the Council will, on Tuesday, 13th July next, again resolve itself into the said
Committee.
10. TRADING COMPANIES BILL.—The Honorable J. Lorimer moved, That this Bill be now read a second
time.
Debate ensued.
Question—put and resolved in the affirmative.—Bill read a second time.
The Honorable J. Lorimer moved, That this Bill be now committed to a Committee of the whole
Council.
Question—put and resolved in the affirmative.
And, on the further motion of the Honorable J. Lorimer, the President left the Chair, and the
Council resolved itself into a Committee of the whole for the consideration of this Bill.
The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had
made progress in the Bill, and that he was directed to move that the Committee may have leave
to sit again.
Resolved—That the Council will, on Tuesday, 6th July next, again resolve itself into the said
Committee.
11. MEDICAL PRACTITIONERS STATUTE AMENDMENT BILL.—The Honorable J. Bell moved, That this
Bill be now read a second time.
Debate ensued.
Question—put and resolved in the affirmative.—Bill read a second time.
The Honorable J. Bell moved, That this Bill be now committed to a Committee of the whole Council.
Question—put and resolved in the affirmative.
And, on the further motion of the Honorable J. Bell, the President left the Chair, and the Council
resolved itself into a Committee of the whole for the consideration of this Bill.
The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had
made progress in the Bill, and that he was directed to move that the Committee may have leave
to sit again.
Resolved—That the Council will, on the next day of meeting, again resolve itself into the said
Committee.
12. LEAVE OF ABSENCE.—THE HONORABLE N. FITZGERALD.—The Honorable W. E. Hearn moved,
pursuant to notice, That leave of absence for the remainder of the Session be granted to the
Honorable Nicholas Fitzgerald, in consequence of ill health.
Question—put and resolved in the affirmative.

13. PRINTING AND CIRCULATION OF BILLS.—The Honorable H. H. Wettenhall moved, pursuant to notice, That the second reading of any Bill, excepting money Bills, shall not, without the expressed leave of the Council, be taken until the Bill has been printed and circulated amongst Members for one week.

Debate ensued.

Question—put and negatived.

14. LEAVE OF ABSENCE.—THE HONORABLE SIR W. J. CLARKE.—The Honorable T. F. Cumming moved, pursuant to notice, That leave of absence for the remainder of the Session be granted to the Honorable Sir William J. Clarke, on account of private business.

Question—put and resolved in the affirmative.

15. ADJOURNMENT.—The Honorable H. Cuthbert moved, That the Council, at its rising, adjourn until Thursday, 1st July next.

Debate ensued.

Motion—by leave, withdrawn.

Question—put and resolved in the affirmative.

The Honorable H. Cuthbert then moved, That the Council, at its rising, adjourn until Tuesday, 6th July next.

The Council adjourned at twenty-two minutes past ten o'clock until Tuesday next, at half-past four o'clock.

JOHN BARKER,

Clerk of the Legislative Council.



VICTORIA.

No. 5.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 6TH JULY, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. RETURN TO WRIT.—The President announced that he had received a return to the Writ he had issued for the election of a Member to serve for the Wellington Province, by which it appeared that David Ham had been elected in pursuance thereof.
5. NEW MEMBER.—The Honorable D. Ham being introduced, took and subscribed the oath required by the 13th clause of the Act No. 702, as hereunder set forth :—

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, DAVID HAM, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Five hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Ballaarat East, and are known as houses and land in Victoria-street.

“And I further declare that such of the said lands or tenements as are situated in the municipal district of Ballaarat East are rated in the rate-book of such district upon a yearly value of Three hundred pounds.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“DAVID HAM.”
6. THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President again laid upon the Table of the Council the Warrant appointing “The Committee of Elections and Qualifications.”
7. PAPERS.—The Honorable J. Bell presented, by command of His Excellency the Governor—

Geelong Vine Disease District.—Reports of the Board appointed to enquire and report as to the advisability or otherwise of permitting Vines to be planted in any portion of the Geelong Vine Disease District; together with the Minutes of Evidence.

Ordered to lie on the Table.

The Honorable J. Lorimer presented, pursuant to Act of Parliament—

The Fisheries Act 1873.—Notice of Proclamation closing the Natural Oyster Beds at Western Port, and, during the duration of such Proclamation, rendering it illegal for any person to take any Oysters or Oyster Brood from the beds mentioned.

Ordered to lie on the Table.
8. POSTPONEMENT OF ORDERS OF THE DAY.—The Council ordered that the consideration of the several Orders on the Paper for to-day be postponed until after the consideration of the Notice of Motion on the Paper.
9. TRANSFERS, TITLES OFFICE.—The Honorable C. J. Ham moved, pursuant to notice, That there be laid on the Table of the Council a return of all the transfers made in the Titles Office for the past three months, viz., from 1st March to 1st June, showing the time each transfer took from its initiation to its completion.

Question—put and resolved in the affirmative.
10. PAPER.—The Honorable H. Cuthbert presented—

Transfers—Titles Office.—Return to above Order.

Ordered to lie on the Table.

11. **NEWSPAPER PROPRIETORS REGISTRATION BILL.**—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read—The President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof. The President resumed the Chair, and the Honorable Dr. Dobson having reported that the Committee had gone through the Bill, and agreed to the same with amendments, the Council ordered the same to be taken into consideration the next day of meeting.—Bill as amended to be printed.
12. **MESSAGE FROM THE LEGISLATIVE ASSEMBLY.**—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—
MR. PRESIDENT—
 The Legislative Assembly transmit to the Legislative Council a Bill intituled “ *An Act to further amend ‘The Drawbacks Act 1872,’*” with which they desire the concurrence of the Legislative Council.
- PETER LALOR,
Speaker.
- Legislative Assembly Chamber,
Melbourne, 6th July, 1886.
13. **DRAWBACKS ACT FURTHER AMENDMENT BILL.**—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled “ *An Act to further amend ‘The Drawbacks Act 1872,’*” be now read a first time.
 Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time the next day of meeting.
14. **MESSAGE FROM THE LEGISLATIVE ASSEMBLY.**—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—
MR. PRESIDENT—
 The Legislative Assembly transmit to the Legislative Council a Bill intituled “ *An Act to indemnify the Councillors of various Municipalities for borrowing Moneys by Overdrafts on Bankers for the purposes of their Municipalities contrary to the provisions of ‘The Local Government Act 1874,’ and for other purposes,*” with which they desire the concurrence of the Legislative Council.
- PETER LALOR,
Speaker.
- Legislative Assembly Chamber,
Melbourne, 6th July, 1886.
15. **MUNICIPALITIES OVERDRAFT INDEMNITY BILL.**—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled “ *An Act to indemnify the Councillors of various Municipalities for borrowing Moneys by Overdrafts on Bankers for the purposes of their Municipalities contrary to the provisions of ‘The Local Government Act 1874,’ and for other purposes,*” be now read a first time.
 Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time the next day of meeting.
16. **TRADING COMPANIES BILL.**—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read—The President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof. The President resumed the Chair, and the Honorable Dr. Dobson having reported that the Committee had gone through the Bill, and agreed to the same with amendments, the Council ordered the same to be taken into consideration the next day of meeting.—Bill as amended to be printed.
17. **MEDICAL PRACTITIONERS STATUTE AMENDMENT BILL.**—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read, The President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.
 The President resumed the Chair, and the Honorable Dr. Dobson reported that the Committee had gone through the Bill, and agreed to the same without amendment.
 On the motion of the Honorable James Bell, the Council adopted the Report from the Committee of the whole on this Bill.
 The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable James Bell, read a third time and *passed*.
 The Honorable James Bell moved, That the following be the title of the Bill :—“ *An Act to amend ‘The Medical Practitioners Act 1865.’*”
 Question—put and resolved in the affirmative.
 Ordered—That the Bill be transmitted to the Legislative Assembly, with a Message desiring their concurrence therein.
18. **ADJOURNMENT.**—The Honorable H. Cuthbert moved, by leave, That the Council, at its rising, adjourn until Tuesday, 13th July instant.
 Question—put and resolved in the affirmative.

The Council adjourned at three minutes past six o'clock until Tuesday next, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 13TH JULY, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. **DECLARATION OF MEMBER.**—The Honorable J. G. Dougharty delivered to the Clerk the declaration required by the 13th Clause of the Act No. 702, as hereunder set forth :—

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, JOHN G. DOUGHARTY, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Two hundred and fifty pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment ; and further, that such lands or tenements are situated in the municipal shires of Wodonga, Bogong, and Benambra, and are known as and situated in the parishes of Noorongong, Burrowye, Walwa, and Belvoir.

Wodonga, rated £31 net annual value.
 Noorongong, do. £122 do.
 Jinjellie, do. £101 do.
 „ do. £40 do.

“And I further declare that such of the said lands or tenements as are situate in the municipal districts of Wodonga, Noorongong, and Jinjellie are rated in the rate-books of such districts upon a yearly value of £294, as detailed above.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“JOHN G. DOUGHARTY.”

5. **THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.**—The President again laid upon the Table of the Council the Warrant appointing “The Committee of Elections and Qualifications.”
6. **RESIGNATION OF SEAT.**—The President announced that, since the last meeting of the Council, he had received from His Excellency the Governor the resignation by the Honorable C. J. Jenner of his seat as Member for the South-Western Province.
7. **ISSUE OF WRIT.**—The President also announced that he had issued a Writ for the election of a Member to serve for the South-Western Province.
8. **PAPER.**—The Honorable H. Cuthbert presented, by command of His Excellency the Governor—
 Central Board of Health.—Report of the Board.
 Ordered to lie on the Table.
9. **EMPLOYERS' LIABILITY BILL.**—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read, The President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.
 The President resumed the Chair, and the Honorable Dr. Dobson having reported that the Committee had gone through the Bill, and agreed to the same without amendment, the Council ordered the Report to be taken into consideration the next day of meeting.
10. **NEWSPAPER PROPRIETORS REGISTRATION BILL.**—On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.
 The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.
 The Honorable H. Cuthbert moved, That the following be the title of the Bill :—“*An Act to amend the Law relating to the Registration of Newspaper Proprietors.*”
 Question—put and resolved in the affirmative.
 Ordered—That the Bill be transmitted to the Legislative Assembly, with a Message desiring their concurrence therein.
11. **POSTPONEMENT OF ORDER OF THE DAY.**—The Council ordered that the consideration of the 3rd Order be postponed until after the consideration of the 4th Order for to-day.

12. **MUNICIPALITIES OVERDRAFT INDEMNITY BILL.**—The Honorable H. Cuthbert moved, That this Bill be now read a second time.
 Debate ensued.
 Question—put and resolved in the affirmative.—Bill read a second time.
 The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.
 Question—put and resolved in the affirmative.
 And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.
 The President resumed the Chair, and the Honorable F. T. Sargood having reported that the Committee had gone through the Bill, and agreed to the same with amendments, the Council ordered the same to be taken into consideration this day.
 On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.
 The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.
 The Honorable H. Cuthbert moved, That the following be the title of the Bill:—“*An Act to indemnify the Councillors of various Municipalities for borrowing Moneys by Overdrafts on Bankers for the purposes of their Municipalities contrary to the provisions of ‘The Local Government Act 1874,’ and for other purposes.*”
 Question—put and resolved in the affirmative.
 Ordered—That the Bill be returned to the Legislative Assembly, with a Message acquainting them that the Legislative Council have agreed to the same with amendments, and requesting their concurrence therein.
13. **MESSAGE FROM THE LEGISLATIVE ASSEMBLY.**—The President announced to the Council the receipt of the following Message from the Legislative Assembly:—
 MR. PRESIDENT—
 The Legislative Assembly acquaint the Legislative Council that they have appointed a Committee, consisting of seven Members, to join with a Committee of the Legislative Council, to consider and report upon the position of all officers connected with Parliament under *The Public Service Act 1883*, and as to whether it is desirable that they should continue under the provisions of that Act, and request that the Legislative Council will be pleased to appoint an equal number to be joined with the Members of this House, seven to be a quorum.
- PETER LALOR,
Speaker.
- Legislative Assembly Chamber,
Melbourne, 13th July, 1886.
14. **OFFICERS OF PARLIAMENT.**—The Honorable H. Cuthbert moved, That the above Message be taken into consideration the next day of meeting.
 Question—put and resolved in the affirmative.
15. **DRAWBACKS ACT FURTHER AMENDMENT BILL.**—The Honorable H. Cuthbert moved, That this Bill be now read a second time.
 Debate ensued.
 The Honorable C. J. Ham moved, That the debate be now adjourned.
 Debate continued.
 Question—That the debate be now adjourned until the next day of meeting—put and resolved in the affirmative.
16. **DISCHARGE OF ORDER OF THE DAY.**—On the motion of the Honorable J. Lorimer, the following Order of the Day was read and discharged:—
Trading Companies Bill.—Adoption of Report.
17. **TRADING COMPANIES BILL.**—The Honorable J. Lorimer moved, That this Bill be re-committed to a Committee of the whole Council for re-consideration of clauses 5 and 9 of this Bill.
 Question—put and resolved in the affirmative.
 And, on the further motion of the Honorable J. Lorimer, the President left the Chair, and the Council resolved itself into a Committee of the whole for the re-consideration of clauses 5 and 9 of this Bill.
 The President resumed the Chair, and the Honorable F. T. Sargood having reported that the Committee had agreed to the Bill with further amendments, the Council ordered the same to be taken into consideration the next day of meeting; Bill, as further amended, to be printed.
18. **MESSAGE FROM THE LEGISLATIVE ASSEMBLY.**—The President announced to the Council the receipt of the following Message from the Legislative Assembly:—
 MR. PRESIDENT—
 The Legislative Assembly return to the Legislative Council the Bill intituled “*An Act to indemnify the Councillors of various Municipalities for borrowing Moneys by Overdrafts on Bankers for the purposes of their Municipalities contrary to the provisions of ‘The Local Government Act 1874,’ and for other purposes,*” and acquaint the Legislative Council that the Legislative Assembly have agreed to the amendments made in such Bill by the Legislative Council.
- PETER LALOR,
Speaker.
- Legislative Assembly Chamber,
Melbourne, 13th July, 1886.
19. **ADJOURNMENT.**—The Honorable H. Cuthbert moved, by leave, That the Council, at its rising, adjourn until Tuesday, 20th July instant.
 Question—put and resolved in the affirmative.
- The Council adjourned at ten minutes to ten o'clock until Tuesday next, at half-past four o'clock.
- JOHN BARKER,
Clerk of the Legislative Council.

VICTORIA.

No. 7.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 20TH JULY, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. RETURN TO WRIT.—The President announced that he had received a return to the Writ he had issued for the election of a Member to serve for the South Western Province, by which it appeared that William Robertson, landowner, had been elected in pursuance thereof.

5. NEW MEMBER.—The Honorable W. Robertson, being introduced, took and subscribed the oath required by the 32nd clause of the Constitution Act, and delivered to the Clerk the declaration required by the 13th clause of the Act No. 702, as hereunder set forth:—

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, WILLIAM ROBERTSON, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Fifteen hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Colac, and are known as The Hill Estate.

“And I further declare that such of the said lands or tenements as are situate in the municipal district of Colac are rated in the rate-book of such district upon a yearly value of £1500.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“WM. ROBERTSON.”

6. THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President laid upon the Table of the Council the following Warrant appointing a Member of “The Committee of Elections and Qualifications” :—

VICTORIA :

Pursuant to the provisions of an Act of the Legislative Council of Victoria, passed in the nineteenth year of Her present Majesty’s reign, intituled “*An Act to provide for the Election of Members to serve in the Legislative Council and Legislative Assembly of Victoria respectively,*”

I do hereby appoint—

The Honorable George Young

to be a Member of the Committee to be called “The Committee of Elections and Qualifications.”

Given under my hand this twentieth day of July, One thousand eight hundred and eighty-six.

JAS. MACBAIN,

President of the Legislative Council.

7. PAPERS.—The Honorable H. Cuthbert presented, by command of His Excellency the Governor—
 Penal Establishments and Gaols—Report of the Inspector-General for the year 1885.
 The Judicature Act 1883—Report of the Council of Judges, under section 54 of.
 Statistical Register of Victoria for the year 1885—Part I, Blue Book.

Severally ordered to lie on the Table.

The Honorable J. Lorimer presented, by command of His Excellency the Governor—

Land Acts.—Report of the proceedings taken under the provisions of the Land Act 1869, the Land Act 1878, the Land Acts Amendment Act 1880, the Land Act 1884, and the Mallee Pastoral Leases Act 1883, during the year ending 31st December, 1885.

Ordered to lie on the Table.

The Honorable J. Lorimer presented, pursuant to Act of Parliament—

Coode Island.—Site for proposed Graving Dock and conditions of proposed Lease.

Ordered to lie on the Table.

8. STATUTE OF EVIDENCE FURTHER AMENDMENT BILL.—The Honorable H. Cuthbert moved, by leave, That he have leave to bring in a Bill to further amend the Statute of Evidence 1864.
 Question—put and resolved in the affirmative.
 Ordered—That the Honorable H. Cuthbert do prepare and bring in the Bill.

The Honorable H. Cuthbert then brought up a Bill intituled "*A Bill to further amend the Statute of Evidence 1864*," and moved, That it be now read a first time.
 Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time on Tuesday, 27th July instant.

9. DISCHARGE OF ORDER OF THE DAY.—On the motion of the Honorable H. Cuthbert, the following Order of the Day was read and discharged :—

Employers' Liability Bill.—Adoption of Report.

10. EMPLOYERS' LIABILITY BILL.—The Honorable H. Cuthbert moved, That this Bill be re-committed to a Committee of the whole Council for re-consideration.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the re-consideration of this Bill.

The President resumed the Chair, and the Honorable Dr. Dobson reported that the Committee had agreed to the Bill with amendments.

The Honorable H. Cuthbert moved, That this Bill be re-committed to a Committee of the whole Council for further re-consideration.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the further re-consideration of this Bill.

The President resumed the Chair; and the Honorable Dr. Dobson having reported that the Committee had agreed to the Bill with further amendments—

On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.

The Honorable H. Cuthbert moved, That the following be the title of the Bill :—"*An Act to extend and regulate the liability of Employers, and to make compensation for personal injuries suffered by Workmen in their service.*"

Question—put and resolved in the affirmative.

Ordered—That the Bill be transmitted to the Legislative Assembly, with a Message desiring their concurrence therein.

11. OFFICERS OF PARLIAMENT.—The Order of the Day for the consideration of the Message from the Legislative Assembly having been read, the Honorable H. Cuthbert moved, That, in compliance with the request of the Legislative Assembly, a Committee be appointed, consisting of seven Members, to join with the Committee of the Legislative Assembly, to consider and report upon the position of all Officers connected with Parliament under "*The Public Service Act 1883*," and as to whether it is desirable they should continue under the provisions of that Act; such Committee to consist of the Honorables the President, Jas. Balfour, F. E. Beaver, W. E. Hearn, F. T. Sargood, W. A. Zeal, and the Mover; that seven do form a quorum of the said Committee, that they have power to send for persons, papers, and records, and to meet on days on which the Council does not sit; and, further, that the Committees meet in the first instance in the South Library on Tuesday next, at half-past three o'clock.

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them of the above resolution.

12. POSTPONEMENT OF ORDER OF THE DAY.—The Council ordered that the consideration of the 3rd Order be postponed until after the consideration of the 4th Order for to-day.

13. TRADING COMPANIES BILL.—On the motion of the Honorable James Lorimer, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable James Lorimer, read a third time and *passed*.

The Honorable James Lorimer moved, That the following be the title of the Bill :—"*An Act to amend the Law with respect to the Liability of Members of Trading Companies, and for other purposes.*"

Question—put and resolved in the affirmative.

Ordered—That the Bill be transmitted to the Legislative Assembly, with a Message desiring their concurrence therein.

14. DRAWBACKS ACT FURTHER AMENDMENT BILL.—The Order of the Day for the resumption of the debate on the question—That this Bill be now read a second time, having been read, Debate resumed.

Question—That this Bill be now read a second time—put and resolved in the affirmative.—Bill read a second time.

The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.

Resolved—That the Council will, this day, again resolve itself into the said Committee.

15. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—PARLIAMENT OFFICERS.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly acquaint the Legislative Council that they have directed the Select Committee appointed by the Legislative Assembly to join with a Committee of the Legislative Council to consider and report upon the position of all officers connected with Parliament, under *The Public Service Act 1883*, and as to whether it is desirable that they should continue under the provisions of that Act, to meet the Committee appointed by the Legislative Council in the South Library, on Tuesday, 27th July, at half-past three o'clock.

PETER LALOR,
Speaker.

Legislative Assembly Chamber,
Melbourne, 20th July, 1886.

16. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT,

The Legislative Assembly transmit to the Legislative Council a Bill intituled "*An Act to apply out of the Consolidated Revenue the sum of One million six hundred and fifty-three thousand pounds to the service of the Year One thousand eight hundred and eighty-six and seven,*" with which they desire the concurrence of the Legislative Council.

PETER LALOR,
Speaker.

Legislative Assembly Chamber,
Melbourne, 20th July, 1886.

17. CONSOLIDATED REVENUE BILL.—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled "*An Act to apply out of the Consolidated Revenue the Sum of One million six hundred and fifty-three thousand pounds to the service of the year One thousand eight hundred and eighty-six and seven*" be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time this day.

The Honorable H. Cuthbert moved, That this Bill be now read a second time.

Debate ensued.

Question—put and resolved in the affirmative.—Bill read a second time.

The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had gone through the Bill, and agreed to the same without amendment.

On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.

The Honorable H. Cuthbert moved, That the following be the title of the Bill :—"*An Act to apply out of the Consolidated Revenue the sum of One million six hundred and fifty-three thousand pounds to the service of the year One thousand eight hundred and eighty-six and seven.*"

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

18. DRAWBACKS ACT FURTHER AMENDMENT BILL.—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read, the President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.

The President resumed the Chair, and the Honorable Dr. Dobson reported that the Committee had gone through the Bill and agreed to the same without amendment.

On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.

The Honorable H. Cuthbert moved, That the following be the title of the Bill :—"*An Act to further amend the Drawbacks Act 1872.*"

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

19. ADJOURNMENT.—The Honorable H. Cuthbert moved, by leave, That the Council, at its rising, adjourn until Tuesday next at half-past four o'clock.

Question—put and resolved in the affirmative.

The Council adjourned at half-past nine o'clock until Tuesday next, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.



VICTORIA.

No. 8.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 27TH JULY, 1886.

1. The Council met in accordance with adjournment.
 2. The President took the Chair.
 3. The President read the prayer.
 4. THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President again laid upon the Table his Warrant appointing a Member of “The Committee of Elections and Qualifications.”
 5. PARLIAMENT BUILDINGS COMMITTEE.—The Honorable W. A. Zeal, on behalf of the Chairman, brought up a Report from this Committee.
Ordered to lie on the Table, and, together with the Proceedings of the Committee, to be printed.
 6. PAPERS.—The Honorable H. Cuthbert presented, pursuant to Act of Parliament—
The Public Service Act 1883.—Regulations relating to the office of the Government Shorthand Writer.
Ordered to lie on the Table.
The Honorable J. Lorimer presented, pursuant to Act of Parliament—
Land Act 1884 Regulation—Order in Council under section 136 of.
Ordered to lie on the Table.
 7. STATUTE OF EVIDENCE FURTHER AMENDMENT BILL.—The Honorable H. Cuthbert moved, That this Bill be now read a second time.
Question—put and resolved in the affirmative.—Bill read a second time.
The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.
Question—put and resolved in the affirmative.
And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.
The President resumed the Chair; and the Honorable Dr. Dobson having reported that the Committee had gone through the Bill, and agreed to the same with an amendment, the Council ordered the same to be taken into consideration the next day of meeting.—Bill, as amended, to be printed.
 8. ADJOURNMENT.—The Honorable H. Cuthbert moved, by leave, That the Council, at its rising, adjourn until Tuesday, 10th August next.
Question—put and resolved in the affirmative.
- The Council adjourned at five minutes past five o'clock until Tuesday, 10th August next, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.



VICTORIA.

No. 9.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 10TH AUGUST, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President again laid upon the Table his Warrant appointing a Member of "The Committee of Elections and Qualifications."
5. MESSAGES FROM HIS EXCELLENCY THE GOVERNOR.—The following Messages from His Excellency the Governor were presented by the Honorable Henry Cuthbert, and the same were read, and are as follow :—

HENRY B. LOCH,
Governor.

Message.

The Governor informs the Legislative Council that he has, on this day, at the Government Offices, given the Royal Assent to the undermentioned Act of the present Session, presented to him by the Clerk of the Parliaments, viz. :—

"An Act to indemnify the Councillors of various Municipalities for borrowing Moneys by Overdrafts on Bankers for the purposes of their Municipalities contrary to the provisions of 'The Local Government Act 1874,' and for other purposes."

Government Offices,
Melbourne, 16th July, 1886.

HENRY B. LOCH,
Governor.

Message No.

The Governor informs the Legislative Council that he has, on this day, at the Government House, given the Royal Assent to the undermentioned Act of the present Session, presented to him by the Clerk of the Parliaments, viz. :—

"An Act to apply out of the Consolidated Revenue the sum of One million six hundred and fifty-three thousand pounds to the service of the year One thousand eight hundred and eighty-six and seven."

Government House,
Melbourne, 20th July, 1886.

HENRY B. LOCH,
Governor.

Message No.

The Governor informs the Legislative Council that he has, on this day, at the Government Offices, given the Royal Assent to the undermentioned Act of the present Session, presented to him by the Clerk of the Parliaments, viz. :—

"An Act to further amend 'The Drawbacks Act 1872.'"

Government Offices,
Melbourne, 4th August, 1886.

6. PAPERS.—The Honorable H. Cuthbert presented, by command of His Excellency the Governor—
 - Statistical Register of the Colony of Victoria for the year 1885—Part II.—Population.
 - Post Office and Telegraph Department—Report upon the affairs of—for the year 1885.
 Severally ordered to lie on the Table.
 - The Honorable H. Cuthbert presented, pursuant to Act of Parliament—
 - Friendly Societies—Report of the Registrar of—for the year ending 31st December, 1885.
 - Hospitals for the Insane—Report of the Inspector of Lunatic Asylums on the—for the year ending 31st December, 1885.
 Severally ordered to lie on the Table.
 - The Honorable J. Lorimer presented, pursuant to Act of Parliament—
 - Victorian Military Forces—Regulations.—Alterations and additions.
 Ordered to lie on the Table.

7. **STATUTE OF EVIDENCE FURTHER AMENDMENT BILL.**—On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.

The Honorable H. Cuthbert moved, That the following be the title of the Bill :—“ *An Act to further amend ‘The Statute of Evidence 1864.’*”

Question—put and resolved in the affirmative.

Ordered—That the Bill be transmitted to the Legislative Assembly, with a Message desiring their concurrence therein.

8. **REFRESHMENT INTERVAL.**—The Honorable F. E. Beaver moved, pursuant to *amended* notice, That the time for refreshment each sitting day of this House be from half-past six to half-past seven.

The Honorable Dr. Beaney moved, as an amendment, That the words “to half-past seven” be omitted, with a view to insert instead thereof the words “till eight o’clock.”

Debate ensued.

Question—That the words proposed to be omitted stand part of the question—put and negatived.

Question—That the words proposed to be inserted in the place of the words omitted be so inserted—put. Council divided.

Ayes, 15.

The Hon. J. Balfour
 J. G. Beaney, M.D.
 G. F. Belcher
 J. Bell
 F. Brown
 D. Coutts
 T. F. Cumming
 H. Cuthbert
 Dr. Dobson
 F. Ormond
 W. Robertson
 W. P. Simpson
 J. Williamson
 W. I. Winter
 J. Lorimer (*Teller*).

Noes, 13.

The Hon. J. Buchanan
 J. H. Connor
 P. Hanna
 W. E. Hearn, LL.D.
 T. Henty
 W. McCulloch
 G. Meares, C.M.G.
 D. Melville
 W. Ross
 F. T. Sargood
 J. A. Wallace
 W. A. Zeal
 F. E. Beaver (*Teller*).

And so it was resolved in the affirmative.

Question—That the time for refreshment each sitting day of this House be from half-past six till eight o’clock—put and resolved in the affirmative.

9. **ADJOURNMENT.**—The Honorable H. Cuthbert moved, by leave, That the Council, at its rising, adjourn until Tuesday, 24th August instant.

Question—put and resolved in the affirmative.

The Council adjourned at twenty-five minutes past five o’clock until Tuesday, 24th August instant, at half-past four o’clock.

JOHN BARKER,
Clerk of the Legislative Council.

VICTORIA.

No. 10.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 24TH AUGUST, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. PAPERS.—The Honorable H. Cuthbert presented, pursuant to Act of Parliament—
 - Public Library, Museums, and National Gallery of Victoria—Report of the Trustees of the— with the Reports of the Sectional Committees for 1885, and a Statement of Income and Expenditure for the Financial Year 1884-5.
 - Mining on Private Property Act 1884.—Order in Council.—Regulations.
 - The Water Conservation Act 1881.—Order in Council.—Regulations providing for the election of Commissioners of the Cohuna Irrigation Trust.
 - The Water Conservation Act 1881.—Order in Council.—Regulations providing for the election of Commissioners of the Tragowel Plains Irrigation Trust.
 Severally ordered to lie on the Table.
 - The Honorable J. Lorimer presented, pursuant to Act of Parliament—
 - Victorian Military Forces.—Additional Regulations.
 - Victorian Military Forces.—Alterations and Additions.
 - Council of Defence.—Report of the.
 - Victorian Naval Brigade.—Regulations, Alterations, and Additions.
 Severally ordered to lie on the Table.
5. JUSTICES OF THE PEACE LAW CONSOLIDATION AND AMENDMENT BILL.—The Honorable H. Cuthbert moved, That he have leave to bring in a Bill to consolidate and amend the Law relating to Justices of the Peace and Courts of General and Petty Sessions.
 - Question—put and resolved in the affirmative.
 - Ordered—That the Honorable H. Cuthbert do prepare and bring in the Bill.
 - The Honorable H. Cuthbert then brought up a Bill intituled “*A Bill to consolidate and amend the Law relating to Justices of the Peace and Courts of General and Petty Sessions,*” and moved, That it be now read a first time.
 - Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 7th September next.
6. INTESTATE ESTATES LAW AMENDMENT BILL.—The Honorable H. Cuthbert moved, That he have leave to bring in a Bill to amend the Law relating to the Curator of the Estates of Deceased Persons.
 - Question—put and resolved in the affirmative.
 - Ordered—That the Honorable H. Cuthbert do prepare and bring in the Bill.
 - The Honorable H. Cuthbert then brought up a Bill intituled “*A Bill to amend the Law relating to the Curator of the Estates of Deceased Persons,*” and moved, That it be now read a first time.
 - Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 31st August instant.
7. MINING COMPANIES ACT AMENDMENT BILL.—The Honorable H. Cuthbert moved, That he have leave to bring in a Bill to amend “*The Mining Companies Act 1871.*”
 - Question—put and resolved in the affirmative.
 - Ordered—That the Honorable H. Cuthbert do prepare and bring in the Bill.
 - The Honorable H. Cuthbert then brought up a Bill intituled “*A Bill to amend ‘The Mining Companies Act 1871,’*” and moved, That it be now read a first time.
 - Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 31st August instant.
8. ADJOURNMENT.—The Honorable H. Cuthbert moved, by leave, That the Council, at its rising, adjourn until Tuesday, 31st August instant.
 - Question—put and resolved in the affirmative.

The Council adjourned at ten minutes to five o'clock until Tuesday next, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.



No. 11.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 31st AUGUST, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. **RETURN TO WRITS.**—The President announced that he had received returns to Writs he had issued for the election of Members to serve for the undermentioned Provinces in the places of Members retiring by rotation, by which it appeared that the following Members had been returned for the several Electoral Provinces set opposite their respective names, viz. :—

Cornelius Job Ham, for Melbourne Province.

Simon Fraser, gentleman, for South Yarra Province.

Donald Melville, for Southern Province.

Francis Ormond, for South-Western Province.

Nathan Thornley, surveyor, for Western Province.

The Honorable David Coutts, M.L.C., for North-Western Province.

David Chaplin Sterry, for Northern Province.

The Honorable Frederick Brown, barrister-at-law, for North-Eastern Province.

5. **SWEARING IN OF MEMBERS.**—The Honorables C. J. Ham, S. Fraser, F. Ormond, N. Thornley, D. Coutts, D. C. Sterry, and D. Melville, being severally introduced, took and subscribed the oath required by the 32nd clause of the Constitution Act, and severally delivered to the Clerk the declaration required by the 13th clause of the Act No. 702, as hereunder set forth :—

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, CORNELIUS JOB HAM, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Five hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment ; and further, that such lands or tenements are situated in the municipal district of Prahran, and are known as—

“Dwelling-house and premises (known as ‘Lalbert’) situated in the Orrong-road, Prahran, with about eleven acres of land, in my own occupation.

“And I further declare that such of the said lands or tenements as are situate in the municipal district of Prahran are rated in the rate-book of such district upon a yearly value of Four hundred and fifteen pounds.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“C. J. HAM.”

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, SIMON FRASER, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Four hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment ; and further, that such lands or tenements are situated in the municipal district of Echuca Shire, and are known as land containing an area of three thousand three hundred and four acres, or thereabout, in the parishes of Terrick and Patho.

“ And I further declare that such of the said lands or tenements as are situate in the municipal district of Echuca Shire are rated in the rate-book of such district upon a yearly value of Three hundred and fifty-three pounds.

“ And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“ SIMON FRASER.”

“ In compliance with the provisions of the Act 45 Victoria, No. 702, I, FRANCIS ORMOND, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Four hundred and fifty pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Prahran, and are known as Egoleen house and land.

“ And I further declare that such of the said lands or tenements as are situate in the municipal district of Prahran are rated in the rate-book of such district upon a yearly value of Four hundred and fifty pounds.

“ And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“ FRANCIS ORMOND.”

“ In compliance with the provisions of the Act 45 Victoria, No. 702, I, NATHAN THORNLEY, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Kew, and are known as—

“ Part of Crown portion 71, parish of Booroondara, county of Bourke.

“ And I further declare that such of the said lands or tenements as are situate in the municipal district of Kew are rated in the rate-book of such district upon a yearly value of One hundred pounds.

“ And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“ N. THORNLEY.”

“ In compliance with the provisions of the Act 45 Victoria, No. 702, I, DAVID COUTTS, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred and twelve pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of East Loddon and Korong shires, and are known as 24 acres freehold land, parish of Hayanmi, shire of East Loddon; 320 acres freehold land, parish of Powlett; and 273 acres of freehold land, parish of Salisbury West, shire of Korong.

“ And I further declare that such of the said lands or tenements as are situate in the municipal district of East Loddon are rated in the rate-book of such district upon a yearly value of Twenty-four pounds; and that such of the said lands or tenements as are situate in the municipal district of Korong shire are rated in the rate-book of such district upon a yearly value of Eighty-eight pounds; 240 acres freehold land, parish of Hayanmi, East Loddon shire; 320 acres freehold land, parish of Powlett; and 273 acres freehold land, parish Salisbury West, Korong Shire.

“ And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“ DAVID COUTTS.”

“ In compliance with the provisions of the Act 45 Victoria, No. 702, I, DAVID CHAPLIN STERRY, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred and eight pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Sandhurst, and are known as—

“ Lands and buildings in Inglewood-road, and land in Forest-street, Sandhurst.

“ And I further declare that such of the said lands or tenements as are situate in the municipal district of Sandhurst are rated in the rate-book of such district upon a yearly value of One hundred and ten pounds.

“ And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“ D. C. STERRY.”

“ In compliance with the provisions of the Act 45 Victoria, No. 702, I, DONALD MELVILLE, Brunswick, grain broker, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Two hundred and thirty-eight pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal districts of Brunswick and Pyalong, and are known as—

“My residence, situate in Albion-street, West Brunswick, with twenty acres land, and also ten acres adjoining same; also two hundred and six acres land within the municipal district of Pyalong.

“And I further declare that such of the said lands or tenements as are situate in the municipal district of Brunswick are rated in the rate-book of such district upon a yearly value of One hundred and thirty pounds and Eighty pounds, and that such of the said lands or tenements as are situate in the municipal district of Pyalong are rated in the rate-book of such district upon a yearly value of Twenty-eight pounds.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“DONALD MELVILLE.”

6. PAPERS.—The Honorable H. Cuthbert presented, by command of His Excellency the Governor—
British New Guinea.—Correspondence respecting future Administration.
Statistical Register of Victoria for 1885.—Part III.—Finance, &c.
Severally ordered to lie on the Table.

The Honorable H. Cuthbert presented, pursuant to Act of Parliament—
Irrigation Trust.—Regulations providing for the election of the Commissioners of the Cohuna Irrigation Trust.
Ordered to lie on the Table.

7. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly:—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled “An Act to apply a sum temporarily out of ‘The Public Account’ for the construction of Rolling-stock for Victorian Railways,” with which they desire the concurrence of the Legislative Council.

PETER LALOR,
Speaker.

Legislative Assembly Chamber,
Melbourne, 31st August, 1886.

8. RAILWAY ROLLING-STOCK BILL.—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message intituled “An Act to apply a Sum temporarily out of ‘The Public Account’ for the construction of Rolling-stock for Victorian Railways,” be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 7th September next.

9. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly:—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled “An Act to regulate the Practice of the Legal Profession,” with which they desire the concurrence of the Legislative Council.

PETER LALOR,
Speaker.

Legislative Assembly Chamber,
Melbourne, 31st August, 1886.

10. LEGAL PROFESSIONS PRACTICE BILL.—The Honorable F. E. Beaver moved, That the Bill transmitted by the above Message, intituled “An Act to regulate the Practice of the Legal Profession,” be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 14th September next.

11. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly:—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled “An Act to amend ‘The Trades Unions Act 1884,’” with which they desire the concurrence of the Legislative Council.

PETER LALOR,
Speaker.

Legislative Assembly Chamber,
Melbourne, 31st August, 1886.

12. TRADES UNIONS ACT AMENDMENT BILL.—The Honorable F. E. Beaver moved, That the Bill transmitted by the above Message intituled “An Act to amend ‘The Trades Unions Act 1884,’” be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed; and read a second time, Tuesday, 14th September next.

13. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly:—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled “An Act to amend ‘The Regulation of Mines and Mining Machinery Act 1883,’” with which they desire the concurrence of the Legislative Council.

PETER LALOR,
Speaker.

Legislative Assembly Chamber,
Melbourne, 31st August, 1886.

14. REGULATION OF MINES ACT AMENDMENT BILL.—The Honorable W. E. Hearn moved, That the Bill transmitted by the above Message intituled “An Act to amend ‘The Regulation of Mines and Mining Machinery Act 1883,’” be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 14th September next.

15. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled "*An Act to amend the Police Regulation Statute 1873,*" with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 31st August, 1886.

PETER LALOR,
Speaker.

16. POLICE REGULATION STATUTE AMENDMENT BILL.—The Honorable W. E. Hearn moved, That the Bill transmitted by the above Message intituled "*An Act to amend the Police Regulation Statute 1873,*" be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday 14th September next.

17. INTESTATE ESTATES LAW AMENDMENT BILL.—The Honorable H. Cuthbert moved, That this Bill be now read a second time.

Debate ensued.

Question—put and resolved in the affirmative.—Bill read a second time.

The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.

Resolved—That the Council will, on Tuesday, 7th September next, again resolve itself into the said Committee.

18. MINING COMPANIES ACT AMENDMENT BILL.—The Honorable H. Cuthbert moved, That this Bill be now read a second time.

Debate ensued.

The Honorable Dr. Dobson moved, That the debate be now adjourned.

Question—That the debate be now adjourned until Tuesday, 7th September next, put and resolved in the affirmative.

19. MELBOURNE HOSPITAL.—The Honorable Dr. Beaney moved, pursuant to *amended* notice, That a Select Committee be appointed to inquire into and report on the condition and management of the Melbourne Hospital :—

(1.) As to its sanitary condition.

(2.) As to its construction.

(3.) As to its capability to meet the present and probable future requirements of the city and suburbs.

(4.) As to the desirability or otherwise of retaining an hospital on the present site.

(5.) In the event of removal being considered advisable, to obtain evidence as to the best site obtainable for a new and permanent building.

(6.) As to the method by which such removal may be most advantageously accomplished.

(7.) As to the general management of the existing institution.

And that such Committee consist of the Honorables D. Melville, F. E. Beaver, S. Fraser, W. I. Winter, W. A. Zeal, and the Mover, with power to send for persons and papers; three to form a quorum.

Debate ensued.

The Honorable C. J. Ham moved, That the debate be now adjourned.

Question—That the debate be now adjourned until Tuesday, 7th September next—put and resolved in the affirmative.

20. ADJOURNMENT.—The Honorable H. Cuthbert moved, by leave, That the Council, at its rising, adjourn until Tuesday, 7th September next.

Question—put and resolved in the affirmative.

The Council adjourned at twenty-five minutes to seven o'clock until Tuesday, 7th September next, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

VICTORIA.

No. 12.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 7TH SEPTEMBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. **NEW MEMBER.**—The Honorable F. Brown was introduced, and took and subscribed the oath required by the 32nd clause of the Constitution Act, and delivered to the Clerk the declaration required by the 13th clause of the Act No. 702, as hereunder set forth :—

“ In compliance with the provisions of the Act 45 Victoria, No. 702, I, FREDERICK BROWN, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred and ten pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment ; and further, that such lands or tenements are situated in the municipal district of Beechworth, and are known as—

“ Shrublands—Allotments 2, 3, and 4 of section A, with dwelling-house and out-houses, occupied by me ; also allotment 8 of section P 1, 17 of section 4, and part of allotment 3 of section B, all in the town and parish of Beechworth.

“ And I further declare that such of the said lands or tenements as are situate in the municipal district of United Shire of Beechworth are rated in the rate-book of such district upon a yearly value of One hundred and ten pounds ten shillings.

“ And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements or any part thereof for the purpose of enabling me to be returned a Member of the Legislative Council.

“ FRED^K. BROWN.”
5. **PAPERS.**—The Honorable H. Cuthbert presented, pursuant to Act of Parliament—

Lunatic Asylums.—Return of the Inspector of Lunatic Asylums of the number of patients visited and the number of miles travelled by him during the six months ended 30th June, 1886.

Ordered to lie on the Table.

The Honorable J. Lorimer presented, pursuant to Act of Parliament—

Victorian Military Forces.—Regulations—Alterations, and Additions.

Ordered to lie on the Table.
6. **POSTPONEMENT OF ORDER OF THE DAY.**—The Council ordered that the consideration of the following Order of the Day be postponed until Tuesday, 21st September instant :—

Justices of the Peace Law Consolidation and Amendment Bill.—To be read a second time.
7. **RAILWAY ROLLING STOCK BILL.**—The Honorable James Lorimer moved, That this Bill be now read a second time.

Debate ensued.

Question—put and resolved in the affirmative.—Bill read a second time.

The Honorable James Lorimer moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable James Lorimer, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair, and the Honorable Dr. Dobson reported that the Committee had gone through the Bill and agreed to the same without amendment.

On the motion of the Honorable James Lorimer, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable James Lorimer, read a third time and *passed*.

The Honorable James Lorimer moved, That the following be the title of the Bill:—“*An Act to apply a sum temporarily out of ‘The Public Account’ for the construction of Rolling Stock for the Victorian Railways.*”

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

8. **INTESTATE ESTATES LAW AMENDMENT BILL.**—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read—The President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.

The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.

Resolved—That the Council will, on Tuesday, 14th September instant, again resolve itself into the said Committee.

9. **MINING COMPANIES ACT AMENDMENT BILL.**—The Order of the Day for the resumption of the debate on the question—That this Bill be now read a second time, having been read,

Debate resumed.

Question—put and resolved in the affirmative.—Bill read a second time.

The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.

Resolved—That the Council will, on Tuesday, 14th September instant, again resolve itself into the said Committee.

10. **UNEMPLOYED—FREE PASSES FOR.**—The Honorable W. Ross moved, pursuant to notice, That, in the opinion of this House, the system of granting free passes to the unemployed is inexpedient, and not calculated to benefit the country districts.

Debate ensued.

Motion by leave withdrawn.

11. **MELBOURNE HOSPITAL.**—The Order of the Day for the resumption of the debate on the question, That a Select Committee be appointed to inquire into and report on the condition and management of the Melbourne Hospital:—

(1.) As to its sanitary condition.

(2.) As to its construction.

(3.) As to its capability to meet the present and probable future requirements of the city and suburbs.

(4.) As to the desirability or otherwise of retaining an hospital on the present site.

(5.) In the event of removal being considered advisable, to obtain evidence as to the best site obtainable for a new and permanent building.

(6.) As to the method by which such removal may be most advantageously accomplished.

(7.) As to the general management of the existing institution.

And that such Committee consist of the Honorables D. Melville, F. E. Beaver, S. Fraser, W. I. Winter, T. F. Cumming, J. Williamson, W. A. Zeal, and the Mover, with power to send for persons and papers, three to form a quorum; and to meet on days on which the Council does not sit—having been read,

Debate resumed.

Question—put and resolved in the affirmative.

12. **ADJOURNMENT.**—The Honorable H. Cuthbert moved, by leave, That the Council, at its rising, adjourn until Tuesday, 14th September instant.

Question—put and resolved in the affirmative.

The Council adjourned at seventeen minutes to seven o'clock until Tuesday next, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

No. 13.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 14TH SEPTEMBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. RETURNS TO WRITS.—The President announced that he had received returns to Writs he had issued for the election of Members to serve for the undermentioned Provinces in the places of Members retiring by rotation, by which it appeared that the following Members had been returned for the several Electoral Provinces set opposite their respective names, viz. :—

William Edward Stanbridge, gentleman, for North Central Province.
William Henry Roberts, for North Yarra Province.
Henry Gore, for Wellington Province.

5. SWEARING IN OF MEMBERS.—The Honorables W. E. Stanbridge, William Henry Roberts, and Henry Gore, being severally introduced, took and subscribed the oath required by the 32nd clause of the Constitution Act, and severally delivered to the Clerk the declaration required by the 13th clause of the Act No. 702, as hereunder set forth :—

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, WILLIAM EDWARD STANBRIDGE, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Two hundred and forty pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment ; and further, that such lands or tenements are situated in the municipal district of Daylesford, and are known as allotment 4 of section 6, township of Daylesford.

“And I further declare that such of the said lands or tenements as are situate in the municipal district of Daylesford are rated in the rate-book of such district upon a yearly value of Two hundred and forty pounds stg.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“W. E. STANBRIDGE.”

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, WILLIAM HENRY ROBERTS, of No. 90, Chancery-lane, Melbourne, in the colony of Victoria, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment ; and further, that such lands are situated in the municipal district of Williamstown and of Melbourne, and are known as Tudor House, Electra-street, Williamstown, and No. 90, Chancery-lane, Melbourne.

“And I further declare that such of the said lands or tenements as are situate in the municipal district of Williamstown are rated in the rate-book of such district upon a yearly value of Ninety pounds ; and that such of the said lands and hereditaments as are situate in the municipal district of Melbourne are rated in the rate-book of such district upon a yearly value of Two hundred and sixty pounds.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“WM. H. ROBERTS.”

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, HENRY GORE, Civil Engineer, do declare and testify that I am legally or equitably seized of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Six hundred and forty pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Korong, and are known as—

"Spring Hill and Richmond Plains pre-emptive rights, &c.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Korong are rated in the rate-book of such district upon a yearly value of Six hundred and forty pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"HENRY GORE."

6. PAPERS.—The Honorable H. Cuthbert presented, by command of His Excellency the Governor—
Technological and Industrial Instruction—Report of the Royal Commission for promoting—
Race Telegrams.—Order in Council.

Severally ordered to lie on the Table.

The Honorable J. Lorimer presented, pursuant to Act of Parliament—

Cohuna Irrigation Trust—Regulations providing for the Election of Commissioners of the.—
Order in Council.

Land Act No. 812 and Loan Act No. 845—Estimate of Expenditure which the Railways

Commissioners propose to incur during the year ending 30th June, 1887, under—

Importation of Wheat and Exportation of Flour—Regulations in regard to.

Importation of Wheat and Exportation of Flour—Alterations in Regulations in regard to.

Severally ordered to lie on the Table.

7. INTTESTATE ESTATES LAW AMENDMENT BILL.—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read—The President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.

The President resumed the Chair, and the Honorable Dr. Dobson having reported that the Committee had gone through the Bill, and agreed to the same with amendments and with an amended title, the Council ordered that the Report be taken into consideration Tuesday, 21st September instant.—Bill as amended to be printed.

8. RETURN TO WRIT.—The President announced that he had received a return to a Writ he had issued for the election of a Member to serve for the South-Eastern Province in the place of the Honorable J. Buchanan, retiring by rotation, by which it appeared that James Buchanan, farmer, had been returned for the said Province.

9. SWEARING IN OF MEMBER.—The Honorable J. Buchanan being introduced, took and subscribed the oath required by the 32nd clause of the Constitution Act, and delivered to the Clerk the declaration required by the 13th Clause of the Act No. 702, as hereunder set forth :—

"In compliance with the provisions of the Act 45 Victoria, No. 702, I, JAMES BUCHANAN, do declare and testify that I am legally or equitably seized of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred and five pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Berwick, and are known as house and land in my own occupation.

"And I further declare that such of the said lands or tenements as are situate in the municipal district of Berwick are rated in the rate-book of such district upon a yearly value of One hundred and five pounds.

"And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

"JAMES BUCHANAN."

10. MESSAGE FROM HIS EXCELLENCY THE GOVERNOR.—The following Message from His Excellency the Governor was presented by the Honorable H. Cuthbert, and the same was read, and is as follows :—

HENRY B. LOCH,

Governor.

Message No. .

The Governor informs the Legislative Council that he has, on this day, at the Government Offices, given the Royal Assent to the undermentioned Act of the present Session, presented to him by the Clerk of the Parliaments, viz. :—

"An Act to apply a sum, temporarily, out of 'The Public Account' for the construction of
"Rolling Stock for the Victorian Railways."

Government Offices,

Melbourne, 13th September, 1886.

Ordered to lie on the Table.

11. MINING COMPANIES ACT AMENDMENT BILL.—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read—The President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.

The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.

Resolved—That the Council will, on Tuesday, 21st September instant, again resolve itself into the said Committee.

12. **POSTPONEMENT OF ORDERS OF THE DAY.**—The Council ordered that the consideration of the following Orders of the Day be postponed as under :—
Legal Profession Practice Bill.—*To be read a second time, until Tuesday, 28th September instant ;*
Police Regulation Statute Amendment Bill.—*To be read a second time, until Tuesday, 21st September instant.*
13. **TRADES UNIONS ACT AMENDMENT BILL.**—The Honorable F. E. Beaver moved, That this Bill be now read a second time.
 Debate ensued.
 Question—put and resolved in the affirmative.—Bill read a second time.
 The Honorable F. E. Beaver moved, That this Bill be now committed to a Committee of the whole Council.
 Question—put and resolved in the affirmative.
 And, on the further motion of the Honorable F. E. Beaver, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.
 The President resumed the Chair ; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.
 Resolved—That the Council will, on Tuesday, 21st September instant, again resolve itself into the said Committee.
14. **REGULATION OF MINES ACT AMENDMENT BILL.**—The Honorable D. C. Sterry moved, That this Bill be now read a second time.
 Debate ensued.
 Question—put and resolved in the affirmative.—Bill read a second time.
 The Honorable D. C. Sterry moved, That this Bill be now committed to a Committee of the whole Council.
 Question—put and resolved in the affirmative.
 And, on the further motion of the Honorable D. C. Sterry, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.
 The President resumed the Chair ; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.
 Resolved—That the Council will, on Tuesday, 21st September instant, again resolve itself into the said Committee.
15. **ADJOURNMENT.**—The Honorable H. Cuthbert moved, by leave, That the Council, at its rising, adjourn until Tuesday, 21st September instant.
 Question—put and resolved in the affirmative.

The Council adjourned at twenty-five minutes to seven o'clock until Tuesday next, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.



No. 14.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 21ST SEPTEMBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. MELBOURNE HOSPITAL COMMITTEE.—The Honorable Dr. Beaney moved, by leave, That the Melbourne Hospital Committee have leave to move from place to place, and to report the evidence from day to day.
Question—put and resolved in the affirmative.
5. PETITION.—The Honorable D. Melville presented a Petition from certain attorneys and solicitors of the Supreme Court, praying the Council to take such steps as might be necessary to prevent the passing of the Bill intituled “*An Act to regulate the practice of the Legal Professions.*”
Petition received and ordered to lie on the Table.
6. RETURNS TO WRITS.—The President announced that he had received returns to Writs he had issued for the election of Members to serve for the undermentioned provinces in the places of Members retiring by rotation, by which it appeared that the following Members had been returned for the several electoral provinces set opposite their respective names :—
Thomas Dowling, sheep farmer, for Nelson Province.
William Pearson, for Gippsland Province.
7. PAPERS.—The Honorable H. Cuthbert presented, by command of His Excellency the Governor—
Statistical Register of Victoria, for the Year 1885.—Part IV.—Vital Statistics, &c.
Ordered to lie on the Table.
The Honorable J. Lorimer presented, by command of His Excellency the Governor—
Land Act 1884.—Regulations.—Order in Council.
Ordered to lie on the Table.
The Honorable J. Lorimer presented, pursuant to Act of Parliament—
Melbourne Harbour Trust—The Accounts of the—for the Quarter ended 31st March, 1886.
Ordered to lie on the Table.
8. DISCIPLINE ACT 1870 AMENDMENT BILL.—The Honorable F. T. Sargood moved, by leave, That he have leave to bring in a Bill to amend “*The Discipline Act 1870*” and Acts amending the same, and to provide for the better regulation of artillery and rifle practice.
Question—put and resolved in the affirmative.
Ordered—That the Honorable F. T. Sargood do prepare and bring in the Bill.
The Honorable F. T. Sargood then brought up a Bill intituled “*A Bill to amend ‘The Discipline Act 1870,’ and Acts amending the same, and to provide for the better regulation of Artillery and Rifle Practice,*” and moved, That it be now read a first time.
Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 28th September instant.
9. JUSTICES OF THE PEACE LAW CONSOLIDATION AND AMENDMENT BILL.—The Honorable H. Cuthbert moved, That this Bill be now read a second time.
Debate ensued.
The Honorable Dr. Dobson moved, That the debate be now adjourned.
Question—That the debate be now adjourned until Tuesday, 28th September instant—put and resolved in the affirmative.
10. DISCHARGE OF ORDER OF THE DAY.—On the motion of the Honorable H. Cuthbert, the following Order of the Day was read and discharged :—
Intestate Estates Law Amendment Bill—Adoption of Report.

11. **INTESTATE ESTATES LAW AMENDMENT BILL.**—The Honorable H. Cuthbert moved, That this Bill be re-committed to a Committee of the whole Council for re-consideration.
Question—put and resolved in the affirmative.
And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the re-consideration of this Bill.
The President resumed the Chair, and the Honorable Dr. Dobson having reported that the Committee had agreed to the Bill with a further amendment, the Council ordered the same to be taken into consideration Tuesday, 28th September instant.—Bill as amended to be printed.
12. **MINING COMPANIES ACT AMENDMENT BILL.**—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read—The President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.
The President resumed the Chair; and the Honorable Dr. Dobson having reported that the Committee had gone through the Bill, and agreed to the same with amendments, the Council ordered the Report to be taken into consideration Tuesday, 28th September instant.—Bill as amended to be printed.
13. **TRADES UNIONS ACT AMENDMENT BILL.**—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read—The President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.
The President resumed the Chair, and the Honorable Dr. Dobson reported that the Committee had gone through the Bill, and agreed to the same without amendment.
On the motion of the Honorable F. E. Beaver, the Council adopted the Report from the Committee of the whole on this Bill.
The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable F. E. Beaver, read a third time and *passed*.
The Honorable F. E. Beaver moved, That the following be the title of the Bill :—“ *An Act to amend “The Trades Unions Act 1884.”*”
Question—put and resolved in the affirmative.
Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.
14. **REGULATION OF MINES ACT AMENDMENT BILL.**—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read—The President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.
The President resumed the Chair, and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.
Resolved—That the Council will, on Tuesday, 28th September instant, again resolve itself into the said Committee.
15. **POSTPONEMENT OF ORDER OF THE DAY.**—The Council ordered that the consideration of the following Order of the Day be postponed until Tuesday, 28th September instant :—
Police Regulation Statute Amendment Bill.—To be read a second time.
16. **ADJOURNMENT.**—The Honorable H. Cuthbert moved, by leave, That the Council, at its rising, adjourn until Tuesday, 28th September instant.
Question—put and resolved in the affirmative.
- The Council adjourned at twenty-five minutes to seven o'clock until Tuesday next, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

No. 15.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 28TH SEPTEMBER, 1886.

1. The Council met in accordance with adjournment.

2. The President took the Chair.

3. The President read the prayer.

4. MESSAGE FROM HIS EXCELLENCY THE GOVERNOR.—The following Message from His Excellency the Governor was presented by the Honorable James Lorimer, and the same was read, and is as follows :—

HENRY B. LOCH,

Governor.

Message No. .

The Governor informs the Legislative Council that he has, on this day, at the Government Offices, given the Royal Assent to the undermentioned Act of the present Session, presented to him by the Clerk of the Parliaments, viz. :—

“*An Act to amend ‘The Trades Unions Act 1884.’*”

Government Offices,
Melbourne, 27th September, 1886.

Ordered to lie on the Table.

5. SWEARING IN OF MEMBER.—The Honorable Thomas Dowling, being introduced, took and subscribed the oath required by the 32nd clause of the Constitution Act, and delivered to the Clerk the declaration required by the 13th clause of the Act No. 702, as hereunder set forth :—

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, THOMAS DOWLING, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Two hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal districts of Hampden and Mortlake, and are known as Jellalabad, situated on Mount Emu Creek, and bounded on south by town of Darlington, on the east by lands belonging to Messrs. Cole and Dodd, on the north by Station known as Terirrallum, and on west by Station known as Mount Fyans.

“And I further declare that such of the said lands or tenements as are situate in the municipal district of Mortlake are rated in the rate-book of such district upon a yearly value of One thousand seven hundred and twenty pounds, and that such of the said lands or tenements as are situate in the municipal district of Hampden are rated in the rate-book of such district upon a yearly value of Five hundred and forty-six pounds.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“THOMAS DOWLING.”

6. PETITIONS.—The Honorable H. Cuthbert presented a Petition from certain members of the Council and the Secretary of the Law Institute of Victoria, praying the Council would give favorable consideration to the subject matter of the Petition, and would refuse to pass the Bill to regulate the practice of the Legal Profession.

Petition read and ordered to lie on the Table.

The Honorable David Ham presented a Petition from certain solicitors and attorneys of the Supreme Court, practising in the city of Ballarat, praying the House would give favorable consideration to the subject matter of the Petition, and would refuse to pass the Bill to regulate the practice of the Legal Profession.

Petition read and ordered to lie on the Table.

The Honorable David Ham presented a Petition from Newton Wanliss, styling himself President, and J. R. Davies, styling himself Vice-President and Honorary Secretary of the Ballarat Articled Clerks Mutual Improvement Association, praying the Council would take such steps as might be necessary to prevent the passing of the Bill to regulate the practice of the Legal Profession.

Ordered to lie on the Table.

The Honorable W. A. Zeal presented a Petition from certain articled law clerks in and around the city of Melbourne, praying the Council to take such steps as might be necessary to prevent the passing of the Bill to regulate the practice of the Legal Professions.

Petition read and ordered to lie on the Table.

7. PAPERS.—The Honorable H. Cuthbert presented, by command of His Excellency the Governor—
Constitution Act.—Statement of Expenditure under Schedule D, for the Year 1885–6.
Underground Telephone Wires.—Reports of the Board appointed to inquire into schemes proposed for Underground Telephone Wires; together with Minutes of Evidence.
Severally ordered to lie on the Table.
The Honorable J. Lorimer presented, pursuant to Act of Parliament—
Shire of Seymour Waterworks Trust.—Detailed Statement and Report.
Victorian Military Forces.—Regulations.—Additions.
Severally ordered to lie on the Table.
8. POSTPONEMENT OF ORDERS OF THE DAY.—The Honorable H. Cuthbert moved, That the consideration of the Orders of the Day, Government Business, be postponed until after the consideration of the second Order, General Business, on the Paper for to-day.
Debate ensued.
Question—put and resolved in the affirmative.
The Honorable F. E. Beaver moved, That the consideration of the first Order of the Day, General Business, be postponed until after the consideration of the second Order, General Business, on the Paper for to-day.
Debate ensued.
Question—put and resolved in the affirmative.
9. DISCIPLINE ACT 1870 AMENDMENT BILL.—The Honorable F. T. Sargood moved, That this Bill be now read a second time.
Debate ensued.
Question—put and resolved in the affirmative.—Bill read a second time.
The Honorable F. T. Sargood moved, That this Bill be now committed to a Committee of the whole Council.
Question—put and resolved in the affirmative.
And, on the further motion of the Honorable F. T. Sargood, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.
The President resumed the Chair; and the Honorable Dr. Dobson having reported that the Committee had gone through the Bill, and agreed to the same with amendments, the Council ordered the same to be taken into consideration to-morrow.—Bill, as amended, to be printed.
10. POSTPONEMENT OF ORDER OF THE DAY.—The Council ordered that the consideration of the 1st Order, Government Business, be postponed until after the consideration of the 3rd Order, Government Business, on the Paper for to-day.
11. INTESTATE ESTATES LAW AMENDMENT BILL.—On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.
The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.
The Honorable H. Cuthbert moved, That the following be the title of the Bill:—“*An Act to amend the Law relating to the Curator of the Estates of Deceased Persons, and for other purposes.*”
Question—put and resolved in the affirmative.
Ordered—That the Bill be transmitted to the Legislative Assembly, with a Message desiring their concurrence therein.
12. MINING COMPANIES ACT AMENDMENT BILL.—On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.
The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.
The Honorable H. Cuthbert moved, That the following be the title of the Bill:—“*An Act to amend ‘The Mining Companies Act 1871.’*”
Question—put and resolved in the affirmative.
Ordered—That the Bill be transmitted to the Legislative Assembly, with a Message desiring their concurrence therein.
13. JUSTICES OF THE PEACE LAW CONSOLIDATION AND AMENDMENT BILL.—The Order of the Day for the resumption of the debate on the question, That this Bill be now read a second time, having been read—
Debate resumed.
Question—put and resolved in the affirmative.—Bill read a second time.
The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.
Question—put and resolved in the affirmative.
And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.

Resolved—That the Council will, to-morrow, again resolve itself into the said Committee.

14. POSTPONEMENT OF ORDERS OF THE DAY.—The Council ordered that the consideration of the following Orders of the Day, be postponed as under :—

Legal Profession Practice Bill.—*To be read a second time*, until Tuesday, 5th October next, to take precedence of all other Orders.

Regulation of Mines Act Amendment Bill.—*To be further considered in Committee.*

Police Regulation Statute Amendment Bill.—*To be read a second time*, until to-morrow.

The Council adjourned at ten minutes past ten o'clock until to-morrow, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

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VICTORIA.

No. 16.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

WEDNESDAY, 29TH SEPTEMBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. DISCIPLINE ACT 1870 AMENDMENT BILL.—On the motion of the Honorable F. T. Sargood, the Council adopted the Report from the Committee of the whole on this Bill.
The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable F. T. Sargood, read a third time and *passed*.
The Honorable F. T. Sargood moved, That the following be the title of the Bill:—“*An Act to amend ‘The Discipline Act 1870’ and Acts amending the same, and to provide for the better regulation of Artillery and Rifle Practice.*”
Question—put and resolved in the affirmative.
Ordered—That the Bill be transmitted to the Legislative Assembly, with a Message desiring their concurrence therein.
5. PAPER.—The Honorable H. Cuthbert presented, pursuant to Act of Parliament—
Industrial and Reformatory Schools—Report of the Secretary of the Department of—
for the year 1885.
Ordered to lie on the Table.
6. JUSTICES OF THE PEACE LAW CONSOLIDATION AND AMENDMENT BILL.—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read—The President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.
The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.
Resolved—That the Council will, on Tuesday, 5th October next, again resolve itself into the said Committee.
7. POSTPONEMENT OF ORDERS OF THE DAY.—The Council ordered that the consideration of the following Orders of the Day be postponed until Tuesday, 5th October next:—
Regulation of Mines Act Amendment Bill.—To be further considered in Committee.
Police Regulation Statute Amendment Bill.—To be read a second time.
8. ADJOURNMENT.—The Honorable H. Cuthbert moved, by leave, That the Council, at its rising, adjourn until Tuesday, 5th October next.
Question—put and resolved in the affirmative.

The Council adjourned at ten o'clock until Tuesday next, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

No. 17.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 5TH OCTOBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. PAPER.—The Honorable J. Lorimer presented, pursuant to Act of Parliament—
Fisheries Acts.—Notice of intention to move His Excellency the Governor in Council to
make a Proclamation prohibiting netting at the Gippsland Lakes entrance.
Ordered to lie on the Table.
5. LEGAL PROFESSION PRACTICE BILL.—The Honorable F. E. Beaver moved, That this Bill be now
read a second time.
Debate ensued.
The Honorable W. E. Hearn moved, as an amendment, That the word "now" be omitted, and that the
words "this day six months" be added to the word "time."
Debate continued.
Question—That the word proposed to be omitted stand part of the question—put.
Council divided.

Ayes, 7.

The Hon. J. Balfour
F. E. Beaver
J. Buchanan
H. Cuthbert
Dr. Dobson
C. J. Ham
J. Bell (*Teller*).

Noes, 18.

The Hon. F. Brown
J. G. Dougharty
T. Dowling
S. Fraser
H. Gore
D. Ham
P. Hanna
W. E. Hearn, LL.D.
T. Henty
J. Lorimer
D. Melville
W. H. Roberts
W. Robertson
W. Ross
W. P. Simpson
J. Williamson
W. A. Zeal
W. I. Winter (*Teller*.)

And so it passed in the negative.

Question—That the words proposed to be added be so added—put and resolved in the affirmative.

Question—That this Bill be read a second time this day six months—put and resolved in the affirmative.

6. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly:—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled "*An Act to make better provision for the Supply of Water for Irrigation and also for Mining Manufacturing and other purposes,*" with which they desire the concurrence of the Legislative Council.

PETER LALOR,
Speaker.

Legislative Assembly Chamber,
Melbourne, 5th October, 1886.

7. **WATER SUPPLY BILL.**—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled “*An Act to make better provision for the Supply of Water for Irrigation and also for Mining Manufacturing and other purposes,*” be now read a first time.
Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 19th October instant.
8. **JUSTICES OF THE PEACE LAW CONSOLIDATION AND AMENDMENT BILL.**—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read—The President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.
The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.
Resolved—That the Council will, to-morrow, again resolve itself into the said Committee.
9. **POSTPONEMENT OF ORDERS OF THE DAY.**—The Council ordered that the consideration of the following Orders of the Day be postponed until to-morrow :—
Regulation of Mines Act Amendment Bill.—To be further considered in Committee.
Police Regulation Statute Amendment Bill.—To be read a second time.

The Council adjourned at nine minutes to ten o'clock until to-morrow, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

VICTORIA.

No. 18.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

WEDNESDAY, 6TH OCTOBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. **STANDING ORDERS COMMITTEE.**—The Honorable H. Cuthbert moved, by leave of the Council, That the Honorable W. A. Zeal be appointed a Member of the Standing Orders Committee.
Question—put and resolved in the affirmative.
5. **LIBRARY COMMITTEE.**—The Honorable H. Cuthbert moved, by leave of the Council, That the Honorables D. Melville and F. Brown be appointed Members of the Library Committee.
Question—put and resolved in the affirmative.
6. **PARLIAMENT BUILDINGS COMMITTEE.**—The Honorable H. Cuthbert moved, by leave of the Council, That the Honorable N. Thornley be appointed a Member of the Parliament Buildings Committee.
Question—put and resolved in the affirmative.
7. **REFRESHMENT ROOMS COMMITTEE.**—The Honorable H. Cuthbert moved, by leave of the Council, That the Honorables J. A. Wallace, J. Buchanan, and D. C. Sterry, be appointed Members of the Refreshment Rooms Committee.
Question—put and resolved in the affirmative.
8. **PRINTING COMMITTEE.**—The Honorable H. Cuthbert moved, by leave of the Council, That the Honorable F. Ormond be appointed a Member of the Printing Committee.
Question—put and resolved in the affirmative.
9. **JUSTICES OF THE PEACE LAW CONSOLIDATION AND AMENDMENT BILL.**—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read—The President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.
The President resumed the Chair; and the Honorable Dr. Dobson having reported that the Committee had gone through the Bill, and agreed to the same with amendments, the Council ordered the same to be taken into consideration Tuesday, the 12th October instant.—Bill, as amended, to be printed.
10. **REGULATION OF MINES ACT AMENDMENT BILL.**—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read—The President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.
The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.
Resolved—That the Council will, on Tuesday, 12th October instant, again resolve itself into the said Committee.
11. **POSTPONEMENT OF ORDER OF THE DAY.**—The Council ordered that the consideration of the following Order of the Day be postponed until Tuesday, 12th October instant:—
Police Regulation Statute Amendment Bill.—To be read a second time.
12. **ADJOURNMENT.**—The Honorable H. Cuthbert moved, by leave, That the Council, at its rising, adjourn until Tuesday, 12th October instant.
Question—put and resolved in the affirmative.

The Council adjourned at half-past ten o'clock until Tuesday next, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

VICTORIA.

No. 19.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 12TH OCTOBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. **SWEARING IN OF MEMBER.**—The Honorable William Pearson being introduced, took and subscribed the oath required by the 32nd clause of the Constitution Act, and delivered to the Clerk the declaration required by the 13th Clause of the Act No. 702, as hereunder set forth :—

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, WILLIAM PEARSON, do declare and testify that I am legally or equitably seized of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Two thousand nine hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal district of Rosedale, and are known as—

“Kilmanny Park, near Sale, containing 14,741 acres more or less freehold land.

“And I further declare that such of the said lands or tenements as are situate in the municipal district of Rosedale are rated in the rate-book of such district upon a yearly value of Two thousand nine hundred pounds.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“WM. PEARSON.”
5. **PAPERS.**—The Honorable H. Cuthbert presented, pursuant to Act of Parliament—
Education Act No. 447—Regulation under.
Ordered to lie on the Table.
The Honorable J. Lorimer presented, pursuant to Act of Parliament—
Victorian Military Regulations—Additions.
Ordered to lie on the Table.
6. **DISCHARGE OF ORDER OF THE DAY.**—On the motion of the Honorable H. Cuthbert, the following Order of the Day was read and discharged :—
Justices of the Peace Law Consolidation and Amendment Bill.—Adoption of Report.
7. **JUSTICES OF THE PEACE LAW CONSOLIDATION AND AMENDMENT BILL.**—The Honorable H. Cuthbert moved, That this Bill be re-committed to a Committee of the whole Council for re-consideration of Clauses 2, 3, 4, 5, 15, 16, 18, 19, 20, sub-section 5; 48, 78, sub-section 13; 101, sub-section 4; 102, subsection 2; 103, 106, 153, 154, 157, 162, 201, 206, the Second Schedule, and two new clauses, and certain new clauses, being Clauses 64, 65, 66, 67, 68, and 69, of the original Bill.
Debate ensued.
Question—That this Bill be re-committed to a Committee of the whole for re-consideration of Clauses 2, 3, 4, 5, 15, 16, 18, 19, 20, sub-section 5; 48, 78, sub-section 13; 101, sub-section 4; 102, sub-section 2; 103, 106, 153, 154, 157, 162, 201, 206, the Second Schedule, and two new clauses—put and resolved in the affirmative.
The President resumed the Chair; and the Honorable Dr. Dobson having reported that the Committee had agreed to the Bill, with further amendments, the Council ordered the same to be taken into consideration Tuesday, 19th October instant.—Bill, as further amended, to be printed.
8. **MESSAGE FROM THE LEGISLATIVE ASSEMBLY.**—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—
MR. PRESIDENT—
The Legislative Assembly transmit to the Legislative Council a Bill intituled “An Act for granting to Her Majesty certain Duties of Customs for repealing and altering certain other Duties and for other purposes,” with which they desire the concurrence of the Legislative Council.
PETER LALOR,
Speaker.
Legislative Assembly Chamber,
Melbourne, 12th October, 1886.

9. CUSTOMS DUTIES BILL.—The Honorable J. Lorimer moved, That the Bill transmitted by the above Message, intituled “*An Act for granting to Her Majesty certain Duties of Customs for repealing and altering certain other Duties, and for other purposes,*” be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 19th October instant.

10. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly return to the Legislative Council the Bill intituled “*An Act to amend ‘The Mining Companies Act 1871,’*” and acquaint the Legislative Council that the Legislative Assembly have agreed to the same without amendment.

PETER LALOR,
Speaker.

Legislative Assembly Chamber,
Melbourne, 12th October, 1886.

11. LEAVE OF ABSENCE—THE HONORABLE F. T. SARGOOD.—The Honorable J. Lorimer moved, pursuant to notice, That leave of absence be granted to the Honorable F. T. Sargood for one month, to enable him to visit New Zealand on important private business.

Question—put and resolved in the affirmative.

12. POSTPONEMENT OF ORDER OF THE DAY.—The Council ordered that the consideration of the following Order of the Day be postponed until Tuesday, 19th October instant :—

Regulation of Mines Act Amendment Bill.—To be further considered in Committee.

13. POLICE REGULATION STATUTE AMENDMENT BILL.—The Honorable Dr. Beaney moved, That this Bill be now read a second time.

Debate ensued.

Question—put.

Council divided.

Ayes 7.

The Hon. J. G. Beaney, M.D.
J. Buchanan
T. Dowling
D. Ham
D. Melville
J. A. Wallace
W. H. Roberts (*Teller*).

Noes 10.

The Hon. J. Bell
F. Brown
H. Cuthbert
J. G. Dougharty
H. Gore
J. Lorimer
W. McCulloch
W. P. Simpson
W. I. Winter
W. A. Zeal (*Teller*).

And so it passed in the negative.

14. ADJOURNMENT.—The Honorable H. Cuthbert moved, by leave, That the Council, at its rising, adjourn until Tuesday, 19th October instant.

Question—put and resolved in the affirmative.

The Council adjourned at ten minutes to nine o'clock until Tuesday next, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 19TH OCTOBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. WELLINGTON PROVINCE ELECTION PETITION.—The President announced to the Council that there had been presented to him a Petition from Thomas Drummond Wanliss, against the return of the Honorable Henry Gore, as Member for Wellington Province, and which he then laid before the Council, and is as follows :—

To the Honorable Sir James MacBain, Knight, President of the Legislative Council of Victoria.

The humble Petition of Thomas Drummond Wanliss, of Ballarat, in the Colony of Victoria, gentleman,

RESPECTFULLY SHEWETH :

That, on the ninth day of September last past, an election was held for one Member to serve in the Legislative Council of the Colony of Victoria, to represent the Electoral Province of Wellington.

That your Petitioner was a candidate at the said election.

That Henry Gore, Esquire, was the only other candidate at the said election.

That, as the result of the said election, the returning officer announced that the said Henry Gore, Esquire, had received 2512 votes, and your Petitioner 2511 votes; and thereupon the said returning officer publicly declared that Henry Gore, Esquire, had received the majority of votes, and was duly elected as Member as aforesaid, and such returning officer made his return accordingly.

That, on the taking of the poll for the said election, divers votes for the said Henry Gore were improperly admitted and counted thereat, and divers votes for your Petitioner were improperly rejected, set aside, and not counted at all.

That, in the taking of the said poll for the said election, divers ballot-papers which were polled on behalf of your Petitioner were wrongfully declared informal, and were not counted in the computation of votes polled on behalf of your Petitioner, whereby the actual vote polled on behalf of your Petitioner was under-estimated, and so many votes omitted from the count in his behalf as would, if the count were now fairly made, result in giving the return for the said Electoral Province of Wellington to your Petitioner, setting aside the colorable majority on which the said Henry Gore has been wrongfully declared one of the Members elect for the said Electoral Province.

That divers votes were given at the said election by persons not of age, and therefore not entitled to vote in the said Electoral Province of Wellington at the time indicated, whereby the said Henry Gore obtained an apparent and colorable majority only; whereas in truth and in fact your Petitioner had a majority of the votes of the electors truly voted in the said Electoral Province of Wellington, at the said election, over the said Henry Gore, and was duly elected as a Member to serve in Parliament for the said Province, and ought to have been returned as such Member.

That, at the said election, divers electors were personated and votes colorably given at the poll for the said Henry Gore, some of the persons falsely represented as being present and voting being absent, and others dead; and that such votes should, for such reasons, be declared null and void, and struck from the said poll for the said Electoral District.

That divers votes, which your Petitioner is informed and believes were properly tendered and voted on behalf of your Petitioner in divers of the polling booths in the said election for the said Electoral Province of Wellington, were afterwards voted a second time for the said Henry Gore during the said election in other polling booths, in the same or other divisions of the said Electoral Province, and were wrongfully counted, to the detriment of your Petitioner.

That divers votes, which were duly tendered and voted on behalf of the said Henry Gore in divers of the polling booths for the said election for the said Province, were afterwards tendered and voted a second time on behalf of the said Henry Gore during the said election in other polling booths, in the same or other divisions of the said Electoral Province, and were wrongfully counted, to the detriment of your Petitioner.

That many persons who were registered as electors of the said Province in respect of freehold qualifications, or as lessees or occupiers of lands or tenements in the said Province, or as the holders of certain electoral rights, and who voted at the said election for the said Province, became

disqualified as electors for the said Province before and at the time of the holding of the said election for the said Province by reason of the non-retention by them of a sufficient qualification.

That the votes of such persons, as in the last paragraph mentioned, were improperly admitted at the said election for the said Province.

That divers votes were given at the said election by persons who neither at the time of the said election and voting, nor at all, were possessed of a sufficient qualification, and who therefore were not entitled to vote in the said Electoral Province of Wellington at the time indicated, whereby the said Henry Gore obtained an apparent and colorable majority only; whereas in truth and in fact your Petitioner had a majority of the votes of the electors truly voted in the said Electoral Province of Wellington at the said election over the said Henry Gore, and was duly elected as a Member to serve in Parliament for the said Province, and ought to have been returned as such Member.

That the votes of such persons who so voted as in the last paragraph mentioned were improperly admitted at the said election for the said Province.

That, if the votes of all those persons so disqualified and unqualified as in the last four paragraphs mentioned, but who, nevertheless, voted at the said election for the said Province, were struck off the roll, it would be found that your Petitioner had obtained a greater number of votes at the said election than the said Henry Gore.

That errors in computation were made in divers polling booths, whereby votes properly tendered and duly received on behalf of your Petitioner were not properly counted, whereby the said Henry Gore was made to appear to have received a larger number of votes than your Petitioner, for whom in reality the larger number of votes was polled.

Your Petitioner therefore respectfully prays—

That you will communicate the matter of this Petition to the Legislative Council, in order that the same be referred to the Committee of Elections and Qualifications.

That all and every the ballot-papers used, not used, and set aside at the taking of the poll at such election for Ballarat West may be again respectively examined and tallied with the poll-books used thereat, and that the votes in such ballot-papers be again counted, and that those improperly admitted in such taking of the poll be now rejected and struck out, and that those erroneously rejected or set aside at such taking of the poll be now admitted and counted as good votes, and that the votes given colorably for the electors who were personated, or by voters who voted twice at the said election, or by voters who did not retain a sufficient qualification, or by voters who, neither at the time of the said election and voting, nor at all, were possessed of a sufficient qualification, or were otherwise wrongfully given, be struck out.

That the said Committee may determine and report to the said Legislative Council that the said Henry Gore was not duly elected, and ought not to have been returned, at the said election; and that your Petitioner may be declared to have been duly elected at such election, and to be the person that ought to have been returned; and that the said return to said writ may be amended accordingly.

That your Petitioner may have such further or other relief as the circumstances of the case may require, or as to the said Committee may seem meet.

And your Petitioner will ever pray, &c., &c.

T. D. WANLISS.

Dated at Ballarat this twelfth day of October, 1886.

Witness—H. A. NEVETT, solicitor, Ballarat.

The Honorable J. Lorimer then moved, That the above Petition be referred to "The Committee of Elections and Qualifications" for consideration and report.

Question—put and resolved in the affirmative.

5. MESSAGE FROM HIS EXCELLENCY THE GOVERNOR.—The following Message from His Excellency the Governor was presented by the Honorable James Lorimer, and the same was read, and is as follows:—

HENRY B. LOCH,
Governor.

Message No.

The Governor informs the Legislative Council that he has, on this day, at the Government Offices, given the Royal Assent to the undermentioned Act of the present Session, presented to him by the Clerk of the Parliaments, viz. :—

"An Act to amend 'The Mining Companies Act 1871.'"

Government Offices,
Melbourne, 18th October, 1886.

Ordered to lie on the Table.

6. PAPERS.—The Honorable J. Lorimer presented, pursuant to Act of Parliament—
Exhibition Trustees—Report of the Proceedings of the—for the Year ending 30th June, 1886; together with a Statement of Income and Expenditure.
Yan Yean Water Supply.—Cash Statement, from 1st July, 1885, to 30th June, 1886, and Balance-Sheet to 30th June, 1886.
The Education Act 1872.—Regulation.

Severally ordered to lie on the Table.

7. CUSTOMS DUTIES BILL.—The Honorable James Lorimer moved, That this Bill be now read a second time.

Question—put and resolved in the affirmative.—Bill read a second time.

The Honorable James Lorimer moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable James Lorimer, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had gone through the Bill, and agreed to the same without amendment.

On the motion of the Honorable James Lorimer, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable James Lorimer, read a third time and *passed*.

The Honorable James Lorimer moved, That the following be the title of the Bill:—“*An Act for granting to Her Majesty certain Duties of Customs, for repealing and altering certain other Duties, and for other purposes.*”

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

8. WATER SUPPLY BILL.—The Honorable H. Cuthbert moved, That this Bill be now read a second time. Debate ensued.

The Honorable D. Melville moved, That the debate be now adjourned.

Question—That the debate be now adjourned until to-morrow—put and resolved in the affirmative.

9. DISCHARGE OF ORDER OF THE DAY.—On the motion of the Honorable H. Cuthbert, the following Order of the Day was read and discharged:—

Justices of the Peace Law Consolidation and Amendment Bill.—Adoption of Report.

10. JUSTICES OF THE PEACE LAW CONSOLIDATION AND AMENDMENT BILL.—The Honorable H. Cuthbert moved, That this Bill be re-committed to a Committee of the whole Council for re-consideration.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the re-consideration of this Bill.

The President resumed the Chair; and the Honorable James Balfour having reported that the Committee had agreed to the Bill with further amendments, the Council ordered the same to be taken into consideration to-morrow.—Bill, as further amended, to be printed.

11. POSTPONEMENT OF ORDER OF THE DAY.—The Council ordered that the consideration of the following Order of the Day be postponed until to-morrow:—

Regulation of Mines Act Amendment Bill.—To be further considered in Committee.

The Council adjourned at four minutes to eleven o'clock until to-morrow, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

WEDNESDAY, 20TH OCTOBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. WELLINGTON PROVINCE ELECTION PETITION.—The President announced to the Council that there had been presented to him a Petition from John Noble Wilson, against the return of the Honorable Henry Gore, as Member for Wellington Province, and which he then laid before the Council, and is as follows :—

To the Honorable Sir James MacBain, Knight, President of the Legislative Council of Victoria.

The humble Petition of John Noble Wilson, of Mair street, Ballarat, in the Colony of Victoria, estate agent, whose name is hereto subscribed,

RESPECTFULLY SHEWETH :

That, on the ninth day of September last past, an election was held for one Member to serve in the Legislative Council of the Colony of Victoria, to represent the Electoral Province of Wellington.

That your Petitioner was a registered elector of the said Province, and had a right to vote, and did vote at the said election.

That, at the said election, Henry Gore, Esquire, and Thomas Drummond Wanliss, Esquire, were the candidates, and, a poll having been taken, the returning officer announced that the said Henry Gore, Esquire, had received 2512 votes, and the said Thomas Drummond Wanliss, Esquire, 2511 votes ; and thereupon the said returning officer publicly declared that the said Henry Gore, Esquire, had received the majority of votes, and was duly elected as Member as aforesaid, and such returning officer made his return accordingly.

That, on the taking of the poll for the said election, divers votes for the said Henry Gore were improperly admitted and counted thereat, and divers votes for the said Thomas Drummond Wanliss were improperly rejected, set aside, and not counted at all.

That, in the taking of the said poll for the said election, divers ballot-papers which were polled on behalf of the said Thomas Drummond Wanliss were wrongfully declared informal, and were not counted in the computation of votes polled on behalf of the said Thomas Drummond Wanliss, whereby the actual vote polled on behalf of the said Thomas Drummond Wanliss was under-estimated, and so many votes omitted from the count in his behalf as would, if the count were now fairly made, result in giving the return for the said Electoral Province of Wellington to the said Thomas Drummond Wanliss, setting aside the colorable majority on which the said Henry Gore has been wrongfully declared one of the Members elect for the said Electoral Province.

That divers votes were given at the said election by persons not of age, and therefore not entitled to vote in the said Electoral Province of Wellington at the time indicated, whereby the said Henry Gore obtained an apparent and colorable majority only ; whereas in truth and in fact the said Thomas Drummond Wanliss had a majority of the votes of the electors truly voted in the said Electoral Province of Wellington, at the said election, over the said Henry Gore, and was duly elected as a Member to serve in Parliament for the said Province, and ought to have been returned as such Member.

That, at the said election, divers electors were personated and votes colorably given at the poll for the said Henry Gore, some of the persons falsely represented as being present and voting being absent, and others dead ; and that such votes should, for such reasons, be declared null and void, and struck from the said poll for the said Electoral District.

That divers votes, which your Petitioner is informed and believes were properly tendered and voted on behalf of the said Thomas Drummond Wanliss in divers of the polling booths at the said election for the said Electoral Province of Wellington, were afterwards voted a second time for the said Henry Gore during the said election in other polling booths, in the same or other divisions of the said Electoral Province, and were wrongfully counted, to the detriment of the said Thomas Drummond Wanliss.

That divers votes, which were duly tendered and voted on behalf of the said Henry Gore in divers of the polling booths for the said election for the said Province, were afterwards tendered and voted a second time on behalf of the said Henry Gore during the said election in other polling booths, in the same or other divisions of the said Electoral Province, and were wrongfully counted, to the detriment of the said Thomas Drummond Wanliss.

That many persons who were registered as electors of the said Province in respect of freehold qualifications, or as lessees or occupiers of lands or tenements in the said Province, or as the holders of certain electoral rights, and who voted at the said election for the said Province, became disqualified as electors for the said Province before and at the time of the holding of the said election for the said Province by reason of the non-retention by them of a sufficient qualification.

That the votes of such persons, as in the last paragraph mentioned, were improperly admitted at the said election for the said Province.

That divers votes were given at the said election by persons who neither at the time of the said election and voting, nor at all, were possessed of a sufficient qualification, and who therefore were not entitled to vote in the said Electoral Province of Wellington at the time indicated, whereby the said Henry Gore obtained an apparent and colorable majority only; whereas in truth and in fact the said Thomas Drummond Wanliss had a majority of the votes of the electors truly voted in the said Electoral Province of Wellington at the said election over the said Henry Gore, and was duly elected as a Member to serve in Parliament for the said Province, and ought to have been returned as such Member.

That the votes of such persons who so voted, as in the last paragraph mentioned, were improperly admitted at the said election for the said Province.

That, if the votes of all those persons so disqualified and unqualified as in the last four paragraphs mentioned, but who, nevertheless, voted at the said election for the said Province, were struck off the roll, it would be found that the said Thomas Drummond Wanliss had obtained a greater number of votes at the said election than the said Henry Gore.

That errors in computation were made in divers polling booths, whereby votes properly tendered and duly received on behalf of the said Thomas Drummond Wanliss were not properly counted, whereby the said Henry Gore was made to appear to have received a larger number of votes than the said Thomas Drummond Wanliss, for whom in reality the larger number of votes was polled.

Your Petitioner therefore respectfully prays—

That you will communicate the matter of this Petition to the Legislative Council, in order that the same be referred to the Committee of Elections and Qualifications.

That all and every the ballot-papers used, not used, and set aside at the taking of the poll at such election for the said Electoral Province of Wellington may be again respectively examined and tallied with the poll-books used thereat, and that the votes in such ballot-papers be again counted, and that those improperly admitted in such taking of the poll be now rejected and struck out, and that those erroneously rejected or set aside at such taking of the poll be now admitted and counted as good votes, and that the votes given colorably for the electors who were personated, or by voters who voted twice at the said election, or by voters who did not retain a sufficient qualification, or by voters who, neither at the time of the said election and voting, nor at all, were possessed of a sufficient qualification, or were otherwise wrongfully given, be struck out.

That the said Committee may determine and report to the said Legislative Council that the said Henry Gore was not duly elected, and ought not to have been returned at the said election; and that the said Thomas Drummond Wanliss may be declared to have been duly elected at such election, and to be the person that ought to have been returned; and that the said return to said writ may be amended accordingly.

That your Petitioner may have such further or other relief as the circumstances of the case may require, or as to the said Committee may seem meet.

And your Petitioner will ever pray, &c., &c.

J. NOBLE WILSON.

Dated at Ballarat this Nineteenth day of October, 1886.

Witness—H. A. NEVETT, solicitor, Ballarat.

The Honorable J. Lorimer then moved, That the above Petition be referred to "The Committee of Elections and Qualifications" for consideration and report.

Question—put and resolved in the affirmative.

5. PAPERS.—The Honorable J. Lorimer presented, pursuant to Act of Parliament—

Victorian Volunteer Cadet Corps—Regulation for.—Alterations.

Fisheries Acts.—Notice of Proclamation altering the period during which netting shall be prohibited at the Gippsland Lakes entrance.

Fisheries Acts.—Notice of intention to prohibit the use of any trammel, trawl, or other net or engine, whether fixed or unfixed, in fishing at Queenscliff.

The Fisheries Act Amendment Act 1878.—Notice of intention to prohibit fishing in Black Range Creek.

Severally ordered to lie on the Table.

The Honorable J. Bell presented, pursuant to Act of Parliament—

Agricultural Colleges and Council of Agricultural Education—Balance-sheet showing the Revenue and Expenditure by the Trustees of—from 1st July, 1885, to 30th June, 1886.

Ordered to lie on the Table.

6. WATER SUPPLY BILL.—The Order of the Day for the resumption of the debate on the question, That this Bill be now read a second time, having been read,

Debate resumed.

The Honorable H. Gore moved, That the debate be now adjourned.

Debate continued.

Question—That the debate be now adjourned until to-morrow—put.
The Council divided.

Ayes 14.

The Hon. J. Balfour
F. Brown
J. Buchanan
D. Coutts
H. Cuthbert
T. Dowling
H. Gore
J. Lorimer
W. H. Roberts
W. Robertson
W. P. Simpson
W. I. Winter
G. Young
J. Bell (*Teller*).

Noes 11.

The Hon. J. G. Dougharty
D. Ham
W. E. Hearn, LL.D.
T. Henty
D. Melville
F. Ormond
W. Pearson
W. E. Stanbridge
D. C. Sterry
J. A. Wallace
W. A. Zeal (*Teller*).

And so it was resolved in the affirmative.

7. JUSTICES OF THE PEACE LAW CONSOLIDATION AND AMENDMENT BILL.—On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.

Ordered—That the Bill be read a third time to-morrow.

8. POSTPONEMENT OF ORDER OF THE DAY.—The Council ordered that the consideration of the following Order of the Day be postponed until to-morrow :—
Regulation of Mines Act Amendment Bill.—To be further considered in Committee.

The Council adjourned at three minutes to eleven o'clock until to-morrow, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.



Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

THURSDAY, 21ST OCTOBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. **WATER SUPPLY BILL.**—The Order of the Day for the resumption of the debate on the question, That this Bill be now read a second time, having been read,
Debate resumed.
Question—put and resolved in the affirmative.—Bill read a second time.
The Honorable H. Cuthbert moved, That the Bill be committed to a Committee of the whole Council.
Question—put and resolved in the affirmative.
The Honorable W. A. Zeal then moved, pursuant to *contingent* notice, That it be an instruction to the Committee that they have power to examine witnesses and call for papers.
Debate ensued.
Motion by leave withdrawn.
The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.
Question—put and resolved in the affirmative.
And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.
The President resumed the Chair, and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.
Resolved—That the Council will, on Tuesday, 26th October instant, again resolve itself into the said Committee.
5. **MELBOURNE HOSPITAL COMMITTEE.**—The Honorable Dr. Beaney moved, by leave, that a Message be transmitted to the Legislative Assembly requesting that leave be given to Mr. Laurens, a Member of the Legislative Assembly, to attend, if he thinks fit, and give evidence before the Select Committee of the Council on the Melbourne Hospital.
Question—put and resolved in the affirmative.
6. **MESSAGE FROM THE LEGISLATIVE ASSEMBLY.**—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—
MR. PRESIDENT—
The Legislative Assembly transmit to the Legislative Council a Bill intituled “*An Act to enable the Mayor, Councillors, and Citizens of the City of Ballarat to demise for terms of years certain lands vested in them, and for other purposes,*” with which they desire the concurrence of the Legislative Council.
T. COOPER,
Deputy-Speaker.
Legislative Assembly Chamber,
Melbourne, 21st October, 1886.
7. **BALLAARAT CITY LANDS BILL.**—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled “*An Act to enable the Mayor, Councillors, and Citizens of the City of Ballarat to demise for terms of years certain lands vested in them, and for other purposes,*” be now read a first time.
Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 26th October instant.

8. JUSTICES OF THE PEACE LAW CONSOLIDATION AND AMENDMENT BILL.—The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.

The Honorable H. Cuthbert moved, That the following be the title of the Bill :—“*An Act to consolidate and amend the Law relating to Justices of the Peace and Courts of General and Petty Sessions.*”

Question—put and resolved in the affirmative.

Ordered—That the Bill be transmitted to the Legislative Assembly, with a Message desiring their concurrence therein.

9. REGULATION OF MINES ACT AMENDMENT BILL.—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read—The President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.

The President resumed the Chair; and the Honorable Dr. Dobson having reported that the Committee had gone through the Bill and agreed to the same without amendment, the Council ordered the same to be taken into consideration Tuesday, 26th October instant.

The Council adjourned at twenty-seven minutes to seven o'clock until Tuesday next, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 26TH OCTOBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. MESSAGE FROM HIS EXCELLENCY THE GOVERNOR.—The following Message from His Excellency the Governor was presented by the Honorable J. Lorimer, and the same was read, and is as follows:—

HENRY B. LOCH,
Governor.

Message No.

The Governor informs the Legislative Council that he has, on this day, at the Government Offices, given the Royal Assent to the undermentioned Act of the present Session, presented to him by the Clerk of the Parliaments, viz. :—

“An Act for granting to Her Majesty certain Duties of Customs for repealing and altering certain other Duties and for other purposes.”

Government Offices,
Melbourne, 25th October, 1886.

Ordered to lie on the Table.
5. PAPERS.—The Honorable H. Cuthbert presented, by command of His Excellency the Governor—

Education—Report of the Minister of Public Instruction for the Year 1885–6.

Ordered to lie on the Table.

The Honorable J. Lorimer presented, pursuant to Act of Parliament—

Melbourne Harbour Trust—The Accounts of the—for the Quarter ended 30th June, 1886.

Ordered to lie on the Table.
6. THE REFRESHMENT ROOMS COMMITTEE.—The Honorable Jas. Williamson brought up a Report from this Committee.

Ordered to lie on the Table, and to be printed.
7. WATER SUPPLY BILL.—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read, the President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.

The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.

Resolved—That the Council will, to-morrow, again resolve itself into the said Committee.
8. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly acquaint the Legislative Council that they have given leave to John Laurens, Esq., a Member, to attend, if he think fit, to be examined as a witness and give evidence before a Committee of the Legislative Council on the Melbourne Hospital.

T. COOPER,
Deputy-Speaker.

Legislative Assembly Chamber,
Melbourne, 26th October, 1886.
9. THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The following Members of “The Committee of Elections and Qualifications” were sworn at the Table of the Council by and before the Clerk thereof, viz. :—The Honorables J. Balfour, H. Cuthbert, J. Williamson, Geo. Young, and W. A. Zeal.

The President appointed Wednesday, 3rd November next, at 11 o'clock a.m., as the time, and the East Lobby as the place, of the first meeting of “The Committee of Elections and Qualifications.”

10. **POSTPONEMENT OF ORDER OF THE DAY.**—The Council ordered that the consideration of the following Order of the Day be postponed until to-morrow :—
Ballaarat City Lands Bill.—*To be read a second time.*
11. **REGULATION OF MINES ACT AMENDMENT BILL.**—On the motion of the Honorable W. P. Simpson, the Council adopted the Report from the Committee of the whole on this Bill.
 The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable W. P. Simpson, read a third time and *passed*.
 The Honorable W. P. Simpson moved, That the following be the title of the Bill :—“*An Act to amend ‘The Regulation of Mines and Mining Machinery Act 1883.’*”
 Question—put and resolved in the affirmative.
 Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.
12. **ADJOURNMENT.**—The Honorable H. Cuthbert moved, That the Council do now adjourn.
 Debate ensued.
 Question—put and resolved in the affirmative.
- Whereupon the Council adjourned at twenty-eight minutes to eleven o'clock until to-morrow at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

No. 24.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

WEDNESDAY, 27TH OCTOBER, 1886.

1. The Council met in accordance with adjournment.
 2. The President took the Chair.
 3. The President read the prayer.
 4. PAPER.—The Honorable J. Lorimer presented, by command of His Excellency the Governor—
Naval Defences.—Correspondence respecting Naval Defences of Australasia.
Ordered to lie on the Table.
 5. IRRIGATION TRUSTS.—The Honorable N. Thornley moved, pursuant to *amended* notice, That there be laid on the Table of the Council—
 - (1.) Copies of the plans showing the area of the districts proposed to be irrigated by the several Irrigation Trusts whose schemes have received Government approval.
 - (2.) A return showing the number of owners within such area.
 - (3.) The proportion of such owners who have formed themselves into such Trusts.
 - (4.) The estimated cost of the works in each scheme.
 - (5.) The amount of loan approved by the Government.
 - (6.) The rate of interest.
 Question—put and resolved in the affirmative.
 6. POSTPONEMENT OF ORDER OF THE DAY.—The Council ordered that the consideration of the 1st Order be postponed until after the consideration of the 2nd Order on the Paper for to-day.
 7. BALLAARAT CITY LANDS BILL.—The Honorable H. Cuthbert moved, That this Bill be now read a second time.
Debate ensued.
Question—put and resolved in the affirmative.—Bill read a second time.
The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.
Question—put and resolved in the affirmative.
And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.
The President resumed the Chair; and the Honorable Dr. Dobson having reported that the Committee had gone through the Bill and agreed to the same without amendment, the Council ordered the same to be taken into consideration to-morrow.
 8. WATER SUPPLY BILL.—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read, the President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.
The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.
Resolved—That the Council will, to-morrow, again resolve itself into the said Committee.
- The Council adjourned at eight minutes past ten o'clock until half-past four o'clock to-morrow.

JOHN BARKER,
Clerk of the Legislative Council.



Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

THURSDAY, 28TH OCTOBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. PAPER.—The Honorable H. Cuthbert presented, pursuant to Act of Parliament—
Mining Statute 1865.—Order in Council.—Regulations relating to Licenses to cut, construct, and use Races, Drains, Dams, and Reservoirs.
Ordered to lie on the Table.
5. BALLAARAT CITY LANDS BILL.—On the motion of the Honorable H. Cuthbert the Council adopted the Report from the Committee of the whole on this Bill.
The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.
The Honorable H. Cuthbert moved, That the following be the title of the Bill:—“*An Act to enable the Mayor, Councillors, and Citizens of the City of Ballaarat to demise for terms of years certain lands vested in them, and for other purposes.*”
Question—put and resolved in the affirmative.
Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.
6. WATER SUPPLY BILL.—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read, the President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.
The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.
Resolved—That the Council will, this day, again resolve itself into the said Committee.
7. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly:—
MR. PRESIDENT,
The Legislative Assembly transmit to the Legislative Council a Bill intituled “*An Act to apply out of the Consolidated Revenue the sum of One million two hundred and sixteen thousand four hundred pounds to the service of the year One thousand eight hundred and eighty-six and seven,*” with which they desire the concurrence of the Legislative Council.
T. COOPER,
Deputy-Speaker.
Legislative Assembly Chamber,
Melbourne, 28th October, 1886.
8. CONSOLIDATED REVENUE BILL (2).—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled “*An Act to apply out of the Consolidated Revenue the Sum of One million two hundred and sixteen thousand four hundred pounds to the service of the year One thousand eight hundred and eighty-six and seven*” be now read a first time.
Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time this day.
The Honorable H. Cuthbert moved, That this Bill be now read a second time.
Question—put and resolved in the affirmative.—Bill read a second time.
The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.
Question—put and resolved in the affirmative.
And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable Dr. Dobson having reported that the Committee had gone through the Bill and agreed to the same without amendment, the Council ordered the same to be taken into consideration this day.

On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.

The Honorable H. Cuthbert moved, That the following be the title of the Bill:—“*An Act to apply out of the Consolidated Revenue the sum of One million two hundred and sixteen thousand four hundred pounds to the service of the year One thousand eight hundred and eighty six and seven.*”

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

9. WATER SUPPLY BILL.—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read, the President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.

The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.

Resolved—That the Council will, on Wednesday, 10th November next, again resolve itself into the said Committee.

10. ADJOURNMENT.—The Honorable H. Cuthbert moved, by leave, That the Council, at its rising, adjourn until Wednesday, 10th November next.

Question—put and resolved in the affirmative.

The Council adjourned at twenty-five minutes to seven o'clock until Wednesday, 10th November next, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

VICTORIA.

No. 26.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

WEDNESDAY, 10TH NOVEMBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. PETITION.—The Honorable T. Henty presented a Memorial from J. O. Inglis, styling himself President of the Bacchus Marsh, Wallan, and Pentland Hills Agricultural and Pastoral Society, praying that the Council would give due consideration to objections set forth in the Petition, and that the Council would be induced to amend the Water Supply Bill in the manner suggested by the memorialists.

Ordered to lie on the Table.

5. THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The Honorable T. F. Cumming, a Member of the Committee of Elections and Qualifications, was sworn at the Table of the Council by and before the Clerk thereof.
6. THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President announced that he had received from the Honorable H. Cuthbert a letter addressed to him resigning his appointment as Member of this Committee.
7. THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President laid upon the Table the following Warrant appointing a Member of "The Committee of Elections and Qualifications."

VICTORIA.

Pursuant to the provisions of an Act of the Legislative Council of Victoria, passed in the nineteenth year of Her present Majesty's reign, intituled "*An Act to provide for the election of Members to serve in the Legislative Council and Legislative Assembly of Victoria respectively,*"

I do hereby appoint—

The Honorable James Lorimer

to be a Member of a Committee called "The Committee of Elections and Qualifications."

Given under my hand this tenth day of November, One thousand eight hundred and eighty-six.

JAS. MACBAIN,

President of the Legislative Council.

8. PAPERS.—The Honorable J. Lorimer presented, pursuant to Act of Parliament—Defence Department.—Statement of Expenditure.—Special Appropriation Act No. 777, section 7, and Appropriation Act No. 846, Financial Year 1885-6.

Ordered to lie on the Table.

The Honorable H. Cuthbert presented—

Irrigation Trusts.—Return to an Order of the Legislative Council dated 27th October last for—

- (1.) Copies of the plans showing the area of the districts proposed to be irrigated by the several Irrigation Trusts whose schemes have received Government approval.
- (2.) A return showing the number of owners within such area.
- (3.) The proportion of such owners who have formed themselves into such Trusts.
- (4.) The estimated cost of the works in each scheme.
- (5.) The amount of loan approved by the Government.
- (6.) The rate of interest.

Ordered to lie on the Table, and to be printed.

9. WATER SUPPLY BILL.—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read, the President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.

The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.

Resolved—That the Council will, to-morrow, again resolve itself into the said Committee.

The Council adjourned at sixteen minutes past eleven o'clock until to-morrow at half-past four o'clock.

JOHN BARKER,

Clerk of the Legislative Council.

No. 10

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL

of the Province of Ontario

for the Session of 1881

Volume 10

Part 1

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VICTORIA.

No. 27.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

THURSDAY, 11TH NOVEMBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President again laid upon the Table his Warrant appointing a Member of “The Committee of Elections and Qualifications.”
5. PAPERS.—The Honorable H. Cuthbert presented, by command of His Excellency the Governor—
The Land Act 1884.—Regulations.—Order in Council.
Ordered to lie on the Table.
The Honorable J. Lorimer presented, pursuant to Act of Parliament—
The Education Act 1872.—Regulations.
Savings Banks.—Statements and Returns for the year ending 30th June, 1886.
Severally ordered to lie on the Table.
6. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly:—
MR. PRESIDENT—
The Legislative Assembly transmit to the Legislative Council a Bill intituled “*An Act to extend the time within which Licensed Victuallers must comply with the provisions of section 36 of Act DCCCLVII, and to amend the law with regard to the transfer of Licenses under the said Act and for other purposes,*” with which they desire the concurrence of the Legislative Council.
PETER LALOR,
Legislative Assembly Chamber, Speaker.
Melbourne, 11th November, 1886.
7. LICENSING ACT 1885 AMENDMENT BILL.—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message intituled “*An Act to extend the time within which Licensed Victuallers must comply with the provisions of section 36 of Act DCCCLVII, and to amend the law with regard to the transfer of Licenses under the said Act and for other purposes,*” be now read a first time.
Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 16th November instant.
8. WATER SUPPLY BILL.—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read, the President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.
The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.
Resolved—That the Council will, on Tuesday, 16th November instant, again resolve itself into the said Committee.

The Council adjourned at seventeen minutes past ten o'clock until Tuesday next, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

THE HISTORY OF THE UNITED STATES

BY
JAMES M. SMITH

NEW YORK

1850

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 16TH NOVEMBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. ADJOURNMENT.—The Honorable W. Ross moved, That the House do now adjourn. The following Members rose in their places, and required that the motion be proposed, viz. :—The Honorables W. A. Zeal, J. Buchanan, Dr. Dobson, J. Williamson, W. E. Stanbridge, and N. Thornley. The Honorable W. Ross stated that forest conservation was the subject he proposed to speak to.
Debate ensued.
Question—put and negatived.
5. PETITION.—The Honorable D. Melville presented a Petition from certain wine and spirit merchants in the city of Melbourne and elsewhere, in the colony of Victoria, praying that a clause be inserted in "*The Licensing Act 1885 Amendment Bill*," in order to effect the amendment of "*The Licensing Act 1885*," in the manner and to the intent set forth in the Petition, and suggesting that such amendment be effected by a repeal of that portion of the First Schedule to the said Act which sets forth the form of a spirit merchant's and a grocer's licence and the substitution therefor of forms omitting the restrictions therein to particular premises ; and further, by a repeal of section 8 of the said Act, and the substitution therefor of an amended section omitting the restriction in the Petition referred to.
Ordered to lie on the Table and to be referred to the Committee of the whole on "*The Licensing Act 1885 Amendment Bill*."
6. OFFICERS OF PARLIAMENT BILL.—The Honorable W. A. Zeal, on behalf of the President, Chairman of the Joint Committee on this Bill, brought up a Report from the Committee.
Ordered to lie on the Table, and, together with the Proceedings of the Committee, to be printed.
7. WATER CONSERVATION ACT 1885 AMENDMENT BILL.—The Honorable D. Coutts moved, by leave, That he have leave to bring in a Bill to amend "*The Victorian Water Conservation Act 1885*."
Question—put and resolved in the affirmative.
Ordered—That the Honorable D. Coutts do prepare and bring in the Bill.
The Honorable D. Coutts then brought up a Bill intituled "*A Bill to amend 'The Victorian Water Conservation Act 1885'*," and moved, That it be now read a first time.
Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 23rd November instant.
8. THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President again laid upon the Table his Warrant appointing a Member of "*The Committee of Elections and Qualifications*."
9. LICENSING ACT 1885 AMENDMENT BILL.—The Honorable H. Cuthbert moved, That this Bill be now read a second time.
Question—put and resolved in the affirmative.—Bill read a second time.
The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.
Question—put and resolved in the affirmative.
And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.
The President resumed the Chair ; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.
Resolved—That the Council will, to-morrow, again resolve itself into the said Committee.

10. **WATER SUPPLY BILL.**—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read, the President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.
11. **ABSENCE OF THE PRESIDENT.**—The Clerk having informed the Council that the President was unavoidably absent, the Council, on the motion of the Honorable H. Cuthbert, and in accordance with the provisions of the Act No. 702, chose the Honorable J. Lorimer to fill temporarily the office and perform all the duties of the President during his absence.
The Acting-President took the Chair.
12. **WATER SUPPLY BILL.**—The Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.
Resolved—That the Council will, to-morrow, again resolve itself into the said Committee.

The Council adjourned at eight minutes to eleven o'clock until to-morrow, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

WEDNESDAY, 17TH NOVEMBER, 1886.

1. The Council met in accordance with adjournment.
2. **ABSENCE OF THE PRESIDENT.**—The Clerk having informed the Council that, owing to indisposition, the President was unavoidably absent, the Council, on the motion of the Honorable H. Cuthbert, and in accordance with the provisions of the Act No. 702, chose the Honorable Dr. Dobson to fill temporarily the office and perform all the duties of the President during his absence.
3. The Acting President took the Chair.
4. The Acting President read the prayer.
5. **PAPER.**—The Honorable J. Bell presented, pursuant to Act of Parliament—
Agricultural Education.—Accounts of the Trustees of Agricultural Colleges and the Council of Agricultural Education from 1st July, 1885, to 30th June, 1886.
 Ordered to lie on the Table.
6. **ADJOURNMENT.**—The Honorable J. H. Connor moved, That the Council do now adjourn. The following Members required the motion to be proposed, viz. :—The Honorables T. Henty, W. A. Zeal, D. Melville, T. Dowling, H. Gore, and D. Ham. The subjects to which it was proposed to speak were the state of the wharf, the supply of water to, and amount of police protection, Geelong.
 Debate ensued.
 Question—put and negatived.
7. **THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.**—The Honorable J. Lorimer, a Member of the Committee of Elections and Qualifications, was sworn at the Table of the Council by and before the Clerk thereof.
8. **MINING BOARDS ELECTORS LAW AMENDMENT BILL.**—The Honorable J. Bell moved, by leave, That he have leave to bring in a Bill to amend the law relating to the qualification of persons entitled to vote at elections of members of Mining Boards.
 Question—put and resolved in the affirmative.
 Ordered—That the Honorable J. Bell do prepare and bring in the Bill.
 The Honorable J. Bell then brought up a Bill intituled "*A Bill to amend the Law relating to the Qualification of Persons entitled to vote at Elections of Members of Mining Boards,*" and moved, That it be now read a first time.
 Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 23rd November instant.
9. **LICENSING ACT 1885 AMENDMENT BILL.**—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read—The Acting President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof. The Acting President resumed the Chair, and the Honorable W. A. Zeal reported that the Committee had gone through the Bill and agreed to the same with an amendment.
 The Honorable H. Cuthbert moved, That this Bill be re-committed to a Committee of the whole Council for re-consideration of clause 9.
 Question—put and resolved in the affirmative.
 And, on the further motion of the Honorable H. Cuthbert, the Acting President left the Chair, and the Council resolved itself into a Committee of the whole for the re-consideration of clause 9.
 The Acting President resumed the Chair; and the Honorable W. A. Zeal reported that the Committee had agreed to the Bill with a further amendment.
 On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.

The Acting President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.

The Honorable H. Cuthbert moved, That the following be the title of the Bill :—“ *An Act to extend the time within which Licensed Victuallers must comply with the provisions of section thirty-six of Act DCCCLVII, and to amend the law with regard to the transfer of Licenses under the said Act and for other purposes.*”

Question—put and resolved in the affirmative.

Ordered—That the Bill be returned to the Legislative Assembly, with a Message acquainting them that the Legislative Council have agreed to the same with amendments, and requesting their concurrence therein.

10. **WATER SUPPLY BILL.**—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read, the Acting President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.

The Acting President resumed the Chair ; and the Honorable W. A. Zeal reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.

Resolved—That the Council will, on Tuesday, 23rd November next, again resolve itself into the said Committee.

11. **ADJOURNMENT.**—The Honorable H. Cuthbert moved, by leave, That the Council, at its rising, adjourn until Tuesday, 23rd November instant.

Question—put and resolved in the affirmative.

The Council adjourned at a quarter past eleven o'clock until Tuesday, 23rd November next, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

VICTORIA.

No. 30.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 23RD NOVEMBER, 1886.

1. The Council met in accordance with adjournment.
2. **ABSENCE OF THE PRESIDENT.**—The Clerk having informed the Council that, owing to continued indisposition, the President was absent, the Honorable H. Cuthbert moved, That, in accordance with the provisions of the Act No. 702, the Honorable Dr. Dobson be chosen to fill the office and perform all the duties of the President during his absence.
Question—put and resolved in the affirmative.
3. The Acting President took the Chair.
4. The Acting President read the prayer.
5. **THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.**—The Honorable F. T. Sargood, a Member of “The Committee of Elections and Qualifications,” was sworn at the Table of the Council by and before the Clerk thereof.
6. **PAPER.**—The Honorable J. Lorimer presented, by command of His Excellency the Governor—
The Messrs. Chaffey.—Agreement between the Government of the Colony of Victoria and George Chaffey and William Benjamin Chaffey, to secure the application of private capital to the construction of irrigation works and the establishment of a system of instruction in practical irrigation.
Ordered to lie on the Table.
7. **DECLARATION OF MEMBER.**—The Honorable Nicholas Fitz Gerald delivered to the Clerk the declaration required by the 13th clause of the Act 45 Vict., No. 702, as hereunder set forth :—
“In compliance with the provisions of the Act 45 Victoria, No. 702, I, NICHOLAS FITZ GERALD, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of One hundred pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further, that such lands or tenements are situated in the municipal districts of Castlemaine and St. Kilda, and are known as—
“Malt-houses, dwelling-houses at Castlemaine, in the county of Talbot, and at Alma Road, St. Kilda, in the county of Bourke.
“And I further declare that such of the said lands or tenements as are situate in the municipal districts of Castlemaine and St. Kilda are rated in the rate-books of such districts upon a yearly value of One thousand and eighty pounds.
“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.
“N. FITZ GERALD.”
8. **POSTPONEMENT OF ORDER OF THE DAY.**—The Council ordered that the consideration of the following Order of the Day be postponed until Tuesday, 30th November inst.:—
Mining Boards Electors Law Amendment Bill.—To be read a second time.
9. **WATER SUPPLY BILL.**—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read, the Acting President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.
The Acting President resumed the Chair; and the Honorable W. A. Zeal reported that the Committee had gone through the Bill and agreed to the same with amendments.
The Honorable H. Cuthbert moved, That this Bill be re-committed to a Committee of the whole Council for re-consideration of clauses 18, 26, 64, 114, 124, 143, 144, 166, 190, 213, and 234.
Question—put and resolved in the affirmative.
And, on the further motion of the Honorable H. Cuthbert, the Acting President left the Chair, and the Council resolved itself into a Committee of the whole for the re-consideration of clauses 18, 26, 64, 114, 124, 143, 144, 166, 190, 213, and 234.

The Acting President resumed the Chair; and the Honorable W. A. Zeal reported that the Committee had agreed to the Bill with further amendments.

The Honorable H. Cuthbert moved, That this Bill be re-committed to a Committee of the whole Council for re-consideration of clause 212.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable H. Cuthbert, the Acting President left the Chair, and the Council resolved itself into a Committee of the whole for the reconsideration of this Bill.

The Acting President resumed the Chair, and the Honorable W. A. Zeal having reported that the Committee had agreed to the Bill with a further amendment, the Council ordered the same to be taken into consideration to-morrow; Bill as further amended to be printed.

10. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The Acting President announced to the Council the receipt of the following Message from the Legislative Assembly:—

MR. PRESIDENT—

The Legislative Assembly return to the Legislative Council the Bill intituled "*An Act to extend the time within which Licensed Victuallers must comply with the provisions of section thirty-six of Act DCCCLVII. and to amend the Law with regard to the transfer of Licences under the said Act and for other purposes,*" and acquaint the Legislative Council that the Legislative Assembly have disagreed to the amendments made in such Bill by the Legislative Council.

PETER LALOR,
Speaker.

Legislative Assembly Chamber,

Melbourne, 23rd November, 1886.

The Honorable H. Cuthbert moved, That the Council do not insist on the said several amendments.

Debate ensued.

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Legislative Council do not insist on their said amendments.

11. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The Acting President announced to the Council the receipt of the following Message from the Legislative Assembly:—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled "*An Act to enable the Trustees of the Queenscliff Public Library to sell and convey certain land in the Town of Queenscliff, and to expend the proceeds of such sale in the erection of Buildings for a Free Library and Mechanics' Institute, and for offices and conveniences connected therewith,*" with which they desire the concurrence of the Legislative Council.

PETER LALOR,
Speaker.

Legislative Assembly Chamber,

Melbourne, 23rd November, 1886.

12. QUEENSCLIFF PUBLIC LIBRARY LAND BILL.—The Honorable J. H. Connor moved, That the Bill transmitted by the above Message, intituled "*An Act to enable the Trustees of the Queenscliff Public Library to sell and convey certain land in the Town of Queenscliff, and to expend the proceeds of such sale in the erection of Buildings for a Free Library and Mechanics' Institute, and for offices and conveniences connected therewith,*" be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time on Tuesday, 30th November instant.

13. WATER CONSERVATION ACT 1885 AMENDMENT BILL.—The Honorable D. Coutts moved, That this Bill be now read a second time.

Question—put and resolved in the affirmative.—Bill read a second time.

The Honorable D. Coutts moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable D. Coutts, the Acting President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The Acting President resumed the Chair; and the Honorable W. A. Zeal reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.

Resolved—That the Council will, on Tuesday, 30th November instant, again resolve itself into the said Committee.

14. CITY OF MELBOURNE MORGUE SITE BILL.—The Honorable H. Cuthbert moved, by leave, That he have leave to bring in a Bill to set apart a site for a Morgue in the City of Melbourne.

Question—put and resolved in the affirmative.

Ordered—That the Honorable H. Cuthbert do prepare and bring in the Bill.

The Honorable H. Cuthbert then brought up a Bill intituled "*A Bill to set apart a site for a Morgue in the City of Melbourne,*" and moved, That it be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time to-morrow.

The Council adjourned at twenty-five minutes to ten o'clock until to-morrow, at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

No. 31.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

WEDNESDAY, 24TH NOVEMBER, 1886.

1. The Council met in accordance with adjournment.
2. The Acting President took the Chair.
3. The Acting President read the prayer.
4. BUILDING SOCIETIES ACT 1874 FURTHER AMENDMENT BILL.—The Honorable J. Balfour moved, by leave, That he have leave to bring in a Bill to further amend "*The Building Societies Act 1874.*"
Question—put and resolved in the affirmative.
Ordered—That the Honorable J. Balfour do prepare and bring in the Bill.
The Honorable J. Balfour then brought up a Bill intituled "*A Bill to further amend 'The Building Societies Act 1874,'*" and moved, That it be now read a first time.
Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time, Tuesday, 30th November instant.
5. POSTPONEMENT OF ORDER OF THE DAY.—The Council ordered that the consideration of the 1st Order be postponed until after the consideration of the 2nd Order for to-day.
6. CITY OF MELBOURNE MORGUE SITE BILL.—The Honorable H. Cuthbert moved, That this Bill be now read a second time.
Question—put and resolved in the affirmative.—Bill read a second time.
The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.
Question—put and resolved in the affirmative.
And, on the further motion of the Honorable H. Cuthbert, the Acting President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.
The Acting President resumed the Chair; and the Honorable W. A. Zeal reported that the Committee had gone through the Bill and agreed to the same without amendment.
On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.
The Acting President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed.*
The Honorable H. Cuthbert moved, That the following be the title of the Bill:—" *An Act to set apart a site for a Morgue in the City of Melbourne.*"
Question—put and resolved in the affirmative.
Ordered—That the Bill be transmitted to the Legislative Assembly, with a Message desiring their concurrence therein.
7. WATER SUPPLY BILL.—On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.
Ordered—That the Bill be read a third time, Tuesday, 30th November inst.
8. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The Acting President announced to the Council the receipt of the following Message from the Legislative Assembly:—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled "*An Act to provide for reimbursing Members of the Legislative Assembly their expenses in relation to their attendance in Parliament,*" with which they desire the concurrence of the Legislative Council.

PETER LALOR,

Speaker.

Legislative Assembly Chamber,
Melbourne, 24th November, 1886.

9. MEMBERS OF ASSEMBLY REIMBURSEMENT BILL.—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled “*An Act to provide for reimbursing Members of the Legislative Assembly their expenses in relation to their attendance in Parliament,*” be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 30th November instant.

10. ADJOURNMENT.—The Honorable H. Cuthbert moved, by leave, That the Council at its rising adjourn until Tuesday, 30th November instant.

Question—put and resolved in the affirmative.

The Council adjourned at a-quarter past five o'clock until Tuesday next at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 30TH NOVEMBER, 1886.

1. The Council met in accordance with adjournment.
2. The Acting President took the Chair.
3. The Acting President read the prayer.
4. MESSAGE FROM HIS EXCELLENCY THE GOVERNOR.—The following Message from His Excellency the Governor was presented by the Honorable H. Cuthbert, and the same was read, and is as follows:—

HENRY B. LOCH,
Governor.

Message.

The Governor informs the Legislative Council that he has, on this day, at the Government Offices, given the Royal Assent to the undermentioned Act of the present Session, presented to him by the Clerk of the Parliaments, viz.:—

“ An Act to extend the time within which Licensed Victuallers must comply with the provisions of section thirty-six of Act DCCCLVII. and to amend the Law with regard to the transfer of Licences under the said Act and for other purposes.”

Government Offices,
Melbourne, 29th November, 1886.

Ordered to lie on the Table.

5. PAPER.—The Honorable H. Cuthbert presented, by command of His Excellency the Governor—
Australasian Statistics for the Year 1885.
Ordered to lie on the Table.
6. PARLIAMENT BUILDINGS (JOINT) COMMITTEE.—The Honorable W. A. Zeal, on behalf of the Chairman, brought up the Second Report from this Committee.
Ordered to lie on the Table and to be printed.
7. MINING BOARDS ELECTORS LAW AMENDMENT BILL.—The Honorable J. Bell moved, That this Bill be now read a second time.
Question—put and resolved in the affirmative.—Bill read a second time.
The Honorable J. Bell moved, That this Bill be now committed to a Committee of the whole Council.
Question—put and resolved in the affirmative.
And, on the further motion of the Honorable J. Bell, the Acting President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.
The Acting President resumed the Chair; and the Honorable W. A. Zeal reported that the Committee had gone through the Bill, and agreed to the same without amendment.
On the motion of the Honorable J. Bell, the Council adopted the Report from the Committee of the whole on this Bill.
The Acting President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable J. Bell, read a third time and *passed*.
The Honorable J. Bell moved, That the following be the title of the Bill:—*“ An Act to amend the Law relating to the Qualification of Persons entitled to vote at Elections of Members of Mining Boards.”*
Question—put and resolved in the affirmative.
Ordered—That the Bill be transmitted to the Legislative Assembly, with a Message desiring their concurrence therein.

8. DISCHARGE OF ORDER OF THE DAY.—On the motion of the Honorable H. Cuthbert, the following Order of the Day was read and discharged :—
Water Supply Bill.—To be read a third time.
9. WATER SUPPLY BILL.—The Honorable H. Cuthbert moved, That this Bill be re-committed to a Committee of the whole Council for re-consideration of Clauses 4, 22, 126, and 145.
 Question—put and resolved in the affirmative.
 And, on the further motion of the Honorable H. Cuthbert, the Acting President left the Chair, and the Council resolved itself into a Committee of the whole for the re-consideration of Clauses 4, 22, 126, and 145 of this Bill.
 The Acting President resumed the Chair; and the Honorable W. A. Zeal reported that the Committee had agreed to the Bill with further amendments.
 On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.
 The Acting President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.
 The Honorable H. Cuthbert moved, That the following be the title of the Bill :—“ *An Act to make better provision for the Supply of Water for Irrigation, and also for Mining, Manufacturing, and other purposes.*”
 Question—put and resolved in the affirmative.
 Ordered—That the Bill be returned to the Legislative Assembly, with a Message acquainting them that the Legislative Council have agreed to the same with amendments, and requesting their concurrence therein.
10. POSTPONEMENT OF ORDERS OF THE DAY.—The Council ordered that the consideration of the 3rd Order, Government Business, and of the 1st and 2nd Orders, General Business, be postponed until after the consideration of the 3rd Order, General Business, on the paper for to-day.
11. BUILDING SOCIETIES ACT 1874 FURTHER AMENDMENT BILL.—The Honorable J. Balfour moved, That this Bill be now read a second time.
 Question—put and resolved in the affirmative.—Bill read a second time.
 The Honorable J. Balfour moved, That this Bill be now committed to a Committee of the whole Council.
 Question—put and resolved in the affirmative.
 And, on the further motion of the Honorable J. Balfour, the Acting President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.
 The Acting President resumed the Chair, and the Honorable W. A. Zeal reported that the Committee gone through the Bill and agreed to the same without amendment.
 On the motion of the Honorable J. Balfour, the Council adopted the Report from the Committee of the whole on this Bill.
 The Acting President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable J. Balfour, read a third time and *passed*.
 The Honorable J. Balfour moved, That the following be the title of the Bill :—“ *An Act to further amend ‘The Building Societies Act 1874.’*”
 Question—put and resolved in the affirmative.
 Ordered—That the Bill be transmitted to the Legislative Assembly, with a Message desiring their concurrence therein.
12. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The Acting President announced to the Council the receipt of the following Message from the Legislative Assembly :—
 MR. PRESIDENT—
 The Legislative Assembly transmit to the Legislative Council a Bill intituled “ *An Act to apply out of ‘The Railway Loan Account 1885’ certain sums of money for railway works and other purposes,*” with which they desire the concurrence of the Legislative Council.
 PETER LALOR,
 Legislative Assembly Chamber, Speaker.
 Melbourne, 30th November, 1886.
13. RAILWAY LOAN ACCOUNT 1885 APPLICATION BILL.—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled “ *An Act to apply out of ‘The Railway Loan Account 1885’ certain sums of money for railway works and other purposes,*” be now read a first time.
 Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time to-morrow.
14. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The Acting President announced to the Council the receipt of the following Message from the Legislative Assembly :—
 MR. PRESIDENT—
 The Legislative Assembly return to the Legislative Council the Bill intituled “ *An Act to extend and regulate the liability of Employers and to make compensation for personal injuries suffered by Workmen in their service,*” and acquaint the Legislative Council that the Legislative Assembly have agreed to the same with amendments, with which they desire the concurrence of the Legislative Council.
 PETER LALOR,
 Legislative Assembly Chamber, Speaker.
 Melbourne, 30th November, 1886.
 On the motion of the Honorable H. Cuthbert, the Council ordered the amendments to be printed and taken into consideration to-morrow.

15. MEMBERS OF ASSEMBLY REIMBURSEMENT BILL.—The Honorable H. Cuthbert moved, That this Bill be now read a second time.

Debate ensued.

The Honorable W. A. Zeal moved, as an amendment, that all the words after the word "be" be omitted, with a view to insert instead thereof the words "laid aside."

Debate continued.

Question—That the words proposed to be omitted stand part of the question—put.

The Council divided.

Ayes, 22.

The Hon. J. Balfour
F. E. Beaver
F. Brown
J. Buchanan
J. H. Connor
D. Coutts
H. Cuthbert
N. Fitz Gerald
S. Fraser
H. Gore
C. J. Ham
J. Lorimer
D. Melville
F. Ormond
W. H. Roberts
W. Ross
F. T. Sargood
W. P. Simpson
W. E. Stanbridge
D. C. Sterry
G. Young
J. Bell (*Teller*).

Noes, 10.

The Hon. T. Bromell
T. F. Cumming
J. G. Dougharty
P. Hanna
T. Henty
W. McCulloch
J. A. Wallace
J. Williamson
W. I. Winter
W. A. Zeal (*Teller*).

And so it was resolved in the affirmative.

Question—That the Bill be now read a second time—put.

The Council divided.

Ayes, 23.

The Hon. J. Balfour
F. E. Beaver
F. Brown
J. Buchanan
J. H. Connor
D. Coutts
H. Cuthbert
N. Fitz Gerald
S. Fraser
H. Gore
C. J. Ham
P. Hanna
J. Lorimer
D. Melville
F. Ormond
W. H. Roberts
W. Ross
F. T. Sargood
W. P. Simpson
W. E. Stanbridge
D. C. Sterry
G. Young
J. Bell (*Teller*).

Noes, 9.

The Hon. T. Bromell
T. F. Cumming
J. G. Dougharty
T. Henty
W. McCulloch
J. A. Wallace
J. Williamson
W. I. Winter
W. A. Zeal (*Teller*).

And so it was resolved in the affirmative.

Bill read a second time.

The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable H. Cuthbert, the Acting President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The Acting President resumed the Chair; and the Honorable W. A. Zeal reported that the Committee had gone through the Bill and agreed to the same without amendment.

On the motion of the Honorable H. Cuthbert, the Council adopted the Report of the Committee of the whole on this Bill.

Ordered—That the Bill be read a third time to-morrow.

16. QUEENSLIFF PUBLIC LIBRARY LAND BILL.—The Honorable J. H. Connor moved, That this Bill be now read a second time.

Question—put and resolved in the affirmative.—Bill read a second time.

The Honorable J. H. Connor moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable J. H. Connor, the Acting President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The Acting President resumed the Chair; and the Honorable W. A. Zeal reported that the Committee had gone through the Bill and agreed to the same without amendment.

On the motion of the Honorable J. H. Connor, the Council adopted the Report from the Committee of the whole on this Bill.

The Acting President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable J. H. Connor, read a third time and *passed*.

The Honorable J. H. Connor moved, That the following be the title of the Bill :—“ *An Act to enable the Trustees of the Queenscliff Public Library to sell and convey certain land in the Town of Queenscliff, and to expend the proceeds of such sale in the erection of Buildings for a Free Library and Mechanics' Institute, and for offices and conveniences connected therewith.*”

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

17. WATER CONSERVATION ACT 1885 AMENDMENT BILL.—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read—The Acting President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.

The Acting President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable D. Coutts, read a third time and *passed*.

The Honorable D. Coutts moved, That the following be the title of the Bill :—“ *An Act to amend “The Victorian Water Conservation Act 1885.”*”

Question—put and resolved in the affirmative.

Ordered—That the Bill be transmitted to the Legislative Assembly with a Message desiring their concurrence therein.

The Council adjourned at twenty-five minutes past ten o'clock until to-morrow at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

No. 33.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

WEDNESDAY, 1ST DECEMBER, 1886.

1. The Council met in accordance with adjournment.
2. The Acting President took the Chair.
3. The Acting President read the prayer.
4. PAPERS.—The Honorable H. Cuthbert presented, pursuant to Act of Parliament—
 University of Melbourne—Report of the Proceedings of the—during the period beginning on the 1st day of November, 1884, and ending on the 31st day of December, 1885; together with a Statement of Accounts for the Year 1884.
 Shepparton Water Trust.—Detailed Statement and Report.
 Severally ordered to lie on the Table.
5. ROYAL PARK RESERVE.—The Honorable D. Melville moved, pursuant to notice, That in view of the large absorption of the best portion of the Royal Park for railway or other purposes, it is incumbent on the Government to consider the desirability of purchasing some of the adjacent lands along the Moonee Ponds Creek, say from 10 to 20 chains in width, in all under 300 acres, as an extension of the Royal Park northwards, as an equivalent to the public for the valuable lands taken from the Royal Park.
 Debate ensued.
 Motion, by leave, withdrawn.
6. PRESERVATION AND MAINTENANCE OF FORESTS.—The Honorable W. Ross moved, pursuant to notice, That, pending the introduction of a Forest Conservation Bill, it is, in the opinion of this House, desirable that especial attention should be given to the preservation and maintenance of forests occupying tracts of mountainous country unsuited to other culture.
 Debate ensued.
 Motion, by leave, withdrawn.
7. SEATS IN THE COUNCIL CHAMBER—ALTERATION OF.—The Honorable W. E. Stanbridge moved, pursuant to notice, That it is desirable seats be erected on the floor of the Chamber in continuation of the seats on the floor at the west end of the Chamber.
 Debate ensued.
 Motion, by leave, withdrawn.
8. RAILWAY LOAN ACCOUNT 1885 APPLICATION BILL.—The Honorable H. Cuthbert moved, That this Bill be now read a second time.
 Debate ensued.
 Question—put and resolved in the affirmative.—Bill read a second time.
 The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.
 Question—put and resolved in the affirmative.
 And, on the further motion of the Honorable H. Cuthbert, the Acting President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.
 The Acting President resumed the Chair; and the Honorable F. T. Sargood reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.
 Resolved—That the Council will, on Tuesday, 7th December instant, again resolve itself into the said Committee.

9. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The Acting President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled "*An Act to further amend the Law relating to the Impounding of Cattle and for other purposes,*" with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 1st December, 1886.

PETER LALOR,
Speaker.

10. IMPOUNDING LAW FURTHER AMENDMENT BILL.—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled "*An Act to further amend the Law relating to the Impounding of Cattle and for other purposes,*" be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 7th December instant.

11. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The Acting President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled "*An Act to sanction the issue and application of certain sums of Money as Loans for Water Supply in the country districts and for other purposes,*" with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 1st December, 1886.

PETER LALOR,
Speaker.

12. WATER SUPPLY LOANS BILL.—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled "*An Act to sanction the issue and application of certain Sums of Money as Loans for Water Supply in the country districts and for other purposes,*" be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 7th December instant.

13. EMPLOYERS' LIABILITY BILL.—The Order of the Day for the consideration of the amendments made by the Legislative Assembly in this Bill having been read—On the motion of the Honorable H. Cuthbert, the said amendments were read and are as follow :—

1. Clause 2, line 16, omit "and who is not ordinarily engaged in manual labour."

2. Same clause, line 18, omit "or menial."

3. Same clause, page 2, line 1, after "handicraftsman" insert "seaman."

4. Clause 5, line 19, omit "six weeks," and insert "three months."

On the motion of the Honorable H. Cuthbert, the Council agreed to amendments Nos. 1, 2, and 4.

The Honorable H. Cuthbert moved, That the Council agree to amendment No. 3.

Debate ensued.

Question—put and negatived.

Ordered—That the Bill be returned to the Legislative Assembly, with a Message acquainting them that the Legislative Council have agreed to some of the amendments made in this Bill, and have disagreed with one of the said amendments.

14. MEMBERS OF ASSEMBLY REIMBURSEMENT BILL.—The Acting President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.

The Honorable H. Cuthbert moved, That the following be the title of the Bill :—

"*An Act to provide for reimbursing Members of the Legislative Assembly their expenses in relation to their attendance in Parliament.*"

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

15. ADJOURNMENT.—The Honorable H. Cuthbert moved, by leave, That the Council at its rising adjourn until Tuesday, 7th December instant.

Question—put and resolved in the affirmative.

The Council adjourned at ten minutes to ten o'clock until Tuesday next at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

No. 34.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 7TH DECEMBER, 1886.

1. The Council met in accordance with adjournment.

2. The President took the Chair.

3. The President read the prayer.

4. **DECLARATION OF MEMBER.**—The Honorable Sir W. J. Clarke, Bart., delivered to the Clerk the declaration required by the thirteenth clause of the Act 45 Victoria, No. 702, as hereunder set forth :—

“In compliance with the provisions of the Act 45 Victoria, No. 702, I, SIR WILLIAM JOHN CLARKE, Baronet, do declare and testify that I am legally or equitably seised of or entitled to an estate of freehold for my own use and benefit in lands or tenements in the colony of Victoria of the yearly value of Nine hundred and eighty pounds above all charges and incumbrances affecting the same, other than any public or parliamentary tax or municipal or other rate or assessment; and further that such lands or tenements are situated in the municipal district of the shire of Merriang, and are known as—Three thousand four hundred and sixty-one acres, in the parishes of Kalkallo, Mickleham, and Darraweit Guim, No. 83 in the rate-book.

“And I further declare that such of the said lands or tenements as are situated in the municipal district of the shire of Merriang are rated in the rate-book of such district upon a yearly value of Nine hundred and eighty pounds.

“And I further declare that I have not collusively or colorably obtained a title to or become possessed of the said lands or tenements, or any part thereof, for the purpose of enabling me to be returned a Member of the Legislative Council.

“W. J. CLARKE.”

5. **PAPERS.**—The Honorable H. Cuthbert presented, by command of His Excellency the Governor—
The Observatory—Twenty-first Report of the Board of Visitors to—together with the Annual Report of the Government Astronomer.

Ordered to lie on the Table.

The Honorable H. Cuthbert presented—

Irrigation Trusts.—Completion of Return to an Order of the Legislative Council dated 27th October last for copies of the Plans showing the area of the districts proposed to be irrigated by the several Irrigation Trusts whose schemes have received Government approval.

Ordered to lie on the Table.

The Honorable J. Lorimer presented, by command of His Excellency the Governor—

The Land Act 1884—Regulation.—Order in Council.

Ordered to lie on the Table.

6. **RAILWAY LOAN ACCOUNT 1885 APPLICATION BILL.**—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read, the President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof. The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had gone through the Bill, and agreed to the same without amendment. On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.

The Honorable H. Cuthbert moved, That the following be the title of the Bill:—"An Act to apply out of 'The Railway Loan Account 1885' certain sums of money for Railway Works and other purposes."

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

7. MESSAGES FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Messages from the Legislative Assembly:—

MR. PRESIDENT—

The Legislative Assembly return to the Legislative Council the Bill intituled "An Act to amend the Law relating to the qualification of persons entitled to vote at elections of Members of Mining Boards," and acquaint the Legislative Council that the Legislative Assembly have agreed to the same without amendment.

Legislative Assembly Chamber,
Melbourne, 7th December, 1886.

PETER LALOR,
Speaker.

MR. PRESIDENT—

The Legislative Assembly return to the Legislative Council the Bill intituled "An Act to amend 'The Medical Practitioners Statute 1865,'" and acquaint the Legislative Council that the Legislative Assembly have agreed to the same without amendment.

Legislative Assembly Chamber,
Melbourne, 7th December, 1886.

PETER LALOR,
Speaker.

MR. PRESIDENT—

The Legislative Assembly return to the Legislative Council the Bill intituled "An Act to further amend 'The Building Societies Act 1874,'" and acquaint the Legislative Council that the Legislative Assembly have agreed to the same without amendment.

Legislative Assembly Chamber,
Melbourne, 7th December, 1886.

PETER LALOR,
Speaker.

8. IMPOUNDING LAW FURTHER AMENDMENT BILL.—The Honorable H. Cuthbert moved, That this Bill be now read a second time.

Debate ensued.

Question—put and resolved in the affirmative—Bill read a second time.

The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.

Resolved—That the Council will, to-morrow, again resolve itself into the said Committee.

9. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly:—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled "An Act to give effect in Victoria to Probates and Letters of Administration granted in the United Kingdom or any of the other Australasian Colonies," with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 7th December, 1886.

PETER LALOR,
Speaker.

10. PROBATES AND LETTERS OF ADMINISTRATION BILL.—The Honorable F. T. Sargood moved, That the Bill transmitted by the above Message, intituled "An Act to give effect in Victoria to Probates and Letters of Administration granted in the United Kingdom or any of the other Australasian Colonies," be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time to-morrow.

11. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly:—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled "An Act to authorize the Board of Land and Works to make a Canal from the Borough of Sale to the Thomson River, and for other purposes," with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 7th December, 1886.

PETER LALOR,
Speaker.

12. **SALE CANAL CONSTRUCTION BILL.**—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled, “*An Act to authorize the Board of Land and Works to make a Canal from the “Borough of Sale to the Thomson River, and for other purposes,”*” be now read a first time. Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time to-morrow.
13. **MELBOURNE HOSPITAL COMMITTEE.**—The Honorable W. A. Zeal, on behalf of the Honorable Dr. Beaney, Chairman, brought up the Report from this Committee. Ordered to lie on the Table, and together with the Proceedings of the Committee, Minutes of Evidence, and Appendices to be printed.
14. **WATER SUPPLY LOANS BILL.**—The Honorable H. Cuthbert moved, That this Bill be now read a second time. Question—put and resolved in the affirmative.—Bill read a second time. The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council. Question—put and resolved in the affirmative. And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill. The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had gone through the Bill and agreed to the same without amendment. On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill. The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*. The Honorable H. Cuthbert moved, That the following be the title of the Bill:—“*An Act to sanction “the issue and application of certain Sums of Money as Loans for Water Supply in the country “districts and for other purposes.”*” Question—put and resolved in the affirmative. Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

The Council adjourned at twenty-five minutes past ten o'clock until to-morrow at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.



No. 35.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

WEDNESDAY, 8TH DECEMBER, 1886.

1. The Council met in accordance with adjournment.
 2. The President took the Chair.
 3. The President read the prayer.
 4. PAPERS.—The Honorable H. Cuthbert presented—
Supreme Court.—Regula Generalis.
Ordered to lie on the Table.
The Honorable J. Lorimer presented, pursuant to Act of Parliament—
Victorian Military Regulations.—Additions.
Ordered to lie on the Table.
 5. COUNTY COURT JUDGES.—The Honorable N. Thornley moved, pursuant to notice, That there be laid on the Table of the Council a copy of any correspondence between the Honorable the Minister of Justice and the County Court Judges, or any of them, as to the desirableness of their being compelled to reside within their respective districts.
Debate ensued.
Motion, by leave, withdrawn.
 6. MESSAGES FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Messages from the Legislative Assembly :—
MR. PRESIDENT—
The Legislative Assembly return to the Legislative Council the Bill intituled “*An Act to amend ‘The Victorian Water Conservation Act 1885,’*” and acquaint the Legislative Council that the Legislative Assembly have agreed to the same without amendment.
PETER LALOR,
Legislative Assembly Chamber,
Melbourne, 8th December, 1886. Speaker.
 - MR. PRESIDENT—
The Legislative Assembly return to the Legislative Council the Bill intituled “*An Act to make better provision for the Supply of Water for Irrigation, and also for Mining, Manufacturing, and other purposes,*” and acquaint the Legislative Council that the Legislative Assembly have agreed to some of the amendments made in such Bill by the Legislative Council, and have disagreed to others of the said amendments, and have agreed to some of the said amendments with amendments, with which they desire the concurrence of the Legislative Council.
PETER LALOR,
Legislative Assembly Chamber,
Melbourne, 7th December, 1886. Speaker.
- On the motion of the Honorable H. Cuthbert, the Council ordered the said amendments disagreed to by the Legislative Assembly, and agreed to by the Legislative Assembly with amendments, to be printed and taken into consideration this day.
7. IMPOUNDING LAW FURTHER AMENDMENT BILL.—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read, the President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof. The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.
Resolved—That the Council will, this day, again resolve itself into the said Committee.

8. WATER SUPPLY BILL.—The Order of the Day for the consideration of the amendments made by the Legislative Council, disagreed to or agreed to by the Legislative Assembly, with amendments, having been read—

On the motion of the Honorable H. Cuthbert the said amendments were read and are as follow:—

- (6.) Clause 14, line 11, after “than” insert “forty chains to.” Disagreed to.
- (7.) „ line 12, after “inch” omit “to two miles.” Disagreed to.
- (16.) Clause 26, line 18, omit “but not” and insert “or.” Disagreed to.
- (19.) Clause 64, line 33, after “who” insert “is not a member or an associate member of the Institute of Civil Engineers, London, or a certificated engineer or master of engineering of any of the universities of the Australian colonies or New Zealand, or of the universities of the United Kingdom of Great Britain and Ireland, or of such universities as are recognised by the University of Melbourne, or who.” Agreed to, with the following amendments:—Omit “or an associate member” and after “University of Melbourne” insert “(such person having also obtained a certificate of sufficient service from the Board hereinafter mentioned).”
- (23.) Clause 77, line 7, omit “engineer” and insert “surveyor.” Disagreed to.
- (27.) Clause 81, line 4, omit “one acre” and insert “five acres except in the case of a cemetery.” Disagreed to.
- (49.) After clause 138 insert new clause:—
 A. Subject to the provisions of this Act it shall be lawful for a Trust or the promoters of a Trust to enter into an agreement in writing with the owner of any land situate within the Trust district or the proposed Trust district for the supply of water after the constitution of such proposed Trust upon such lands of such owner situate within the district or proposed district as may be specified in such agreement for a term of years not exceeding fourteen years at a price by measure to be stated in such agreement, such price not being less than the current price of water supplied or to be supplied by measure by the Trust or proposed Trust; and in every such agreement the owner of such land shall agree to pay such price for the term limited in the agreement, and to take not less water in any year than the minimum quantity specified in such agreement, and such agreement by the owner, whether under seal or not, shall be deemed to be a covenant running with the land, and shall bind the land and the successive owners thereof during the said term, but nothing in such agreement shall be construed to create any obligation on the part of any Trust entering into such agreement to supply any stated quantity of water in the event of any insufficiency of water as hereinafter provided; but the owner of land shall pay for the water actually supplied to him at the price provided for in such agreement.
- (52.) Clause 145, line 22, after “aforesaid” insert “provided always that all capital advanced to any Trust by the Government out of any Public Loan shall be taken by such Trust at the actual cost to the Government in Melbourne.” Disagreed to.
- (61.) Clause 213, line 9, omit “one year” and insert “three years.” Agreed to, with the following amendment, omit “three” and insert “two.”
- (63.) Clause 217, line 8 (p. 57), after “parties” insert “where the amount awarded as compensation does not exceed Three hundred pounds.” Agreed to, with the following amendment, omit “three” and insert “five.”
- (65.) Clause 222, line 35, after “part” insert “where the amount awarded as compensation does not exceed Three hundred pounds.” Agreed to, with the following amendment, omit “three” and insert “five.”
- (66.) After clause 222 insert new clause:—
 B. In the case of any award made by an arbitrator under the provisions of this Part where the sum awarded as compensation shall exceed the sum of Three hundred pounds, and either party shall be dissatisfied with the award and shall desire Agreed to, with the following amendment, omit “three” and insert “five.”

to have the compensation settled by an appeal to a Judge of the Supreme Court, and shall within twenty days after making the award and notice thereof signify such desire by notice in writing to the other party, then no steps shall be taken to enforce performance of the award, but the party claiming compensation shall proceed in the Supreme Court to a trial before a Judge of that Court without a jury by means of an issue in the form of or to the effect in the Schedule hereto, to be settled by the parties or their respective attorneys (or in case of difference by a Judge of the Supreme Court), to recover from the Trust or Board (as the case may be) the compensation to which he may be entitled under the provisions of this Act. And the decision of the Judge of the Supreme Court in every such case shall be final and conclusive, and shall not be subject to any appeal or review, and shall be enforced in the same manner as any judgment of the Court may be enforced.

(68.) Clause 225, line 18, omit—

“(1.) No compensation shall be awarded in any case where the injury for which compensation is sought appears to such police magistrate or arbitrator to have been the result of the execution of works which were incomplete at the time of such injury if it shall appear to him that such works are being *bonâ fide* prosecuted to completion.”

Agreed to, with the following amendment:—At end of Clause 225 add “If compensation is sought to be recovered under the provisions of this section for an injury alleged to be the result of the execution of works which at the time of the alleged injury and of the claim to compensation in respect thereof are incomplete, it shall be lawful for any Judge of the Supreme Court upon an application by the Board or Trust made without action, and either by summons or by motion upon notice to the claimant for compensation, to make an order directing that the proceedings upon the claim for compensation shall be stayed until the completion of such works, or for such period to be stated in the order as the Judge may consider sufficient for the completion of such works, and the proceedings to recover such compensation shall be stayed accordingly; but at the expiration of the stay limited in such order the claimant shall be at liberty to resume his proceedings for the recovery of such compensation without commencing any fresh proceedings.”

Amendment 6, disagreed to by the Legislative Assembly, read.

The Honorable H. Cuthbert moved, That the Council do not insist on such amendment.
Debate ensued.

Question—put and resolved in the affirmative.

Amendment 7, disagreed to by the Legislative Assembly, read and not insisted on by the Council.

Amendment 16, disagreed to by the Legislative Assembly, read.

The Honorable H. Cuthbert moved, That the Council do not insist on such amendment.

Debate ensued.

Question—put.

Council divided.

Ayes, 9.

The Hon. J. Bell
F. Brown
J. H. Connor
P. Hanna
J. Lorimer
W. H. Roberts
F. T. Sargood
D. C. Sterry
H. Cuthbert (*Teller*).

Noes, 20.

The Hon. T. Bromell
J. Buchanan
T. F. Cumming
J. G. Dougharty
T. Dowling
S. Fraser
H. Gore
D. Ham
W. McCulloch
D. Melville
F. Ormond
W. P. Simpson
W. E. Stanbridge
N. Thornley
J. A. Wallace
J. Williamson
W. I. Winter
G. Young
W. A. Zeal
C. J. Ham (*Teller*).

And so it passed in the negative.

Amendment 19, agreed to by the Legislative Assembly, with amendments read.

The Honorable H. Cuthbert moved, That the Council agree with the Legislative Assembly in their amendment to omit the words “or an associate member.”

Debate ensued.

Question—put and negatived.

The Honorable H. Cuthbert moved, That the Council agree with the Legislative Assembly in their amendment to insert words.

Question—put and resolved in the affirmative.

On the motion of the Honorable H. Cuthbert the Council agreed not to insist on amendments 23 and 27.

On the motion of the Honorable H. Cuthbert the Council agreed to the amendments of the Legislative Assembly on the amendment 49.

The Honorable H. Cuthbert moved, That the Council do not insist on amendment 52.

Debate ensued.

Question—put and resolved in the affirmative.

On the motion of the Honorable H. Cuthbert, the Council agreed with the Legislative Assembly in amendment on the amendment of the Council 61.

The Honorable H. Cuthbert moved, That the Council agree with the Legislative Assembly in their amendments in 63, 65 and 66.

Question—put and negated.

On the motion of the Honorable H. Cuthbert the Council agreed to the amendment of the Legislative Assembly on amendment 68.

Ordered—That the Bill be returned to the Legislative Assembly with a Message acquainting them that the Legislative Council do not now insist on some of their amendments, do insist on others of their amendments, that they agree with some of the amendments of the Legislative Assembly on amendments of the Legislative Council, and disagree with other amendments of the Legislative Assembly on amendments of the Council in the said Bill.

9. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled "*An Act to amend certain verbal errors in various Acts of Parliament and for other purposes.*" with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 8th December, 1886.

PETER LALOR,
Speaker.

10. STATUTE LAW REVISION BILL.—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled "*An Act to amend certain verbal errors in various Acts of Parliament and for other purposes.*" be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time to-morrow.

11. MESSAGES FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Messages from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly return to the Legislative Council the Bill intituled "*An Act to extend and regulate the Liability of Employers and to make compensation for personal injuries suffered by workmen in their service.*" and acquaint the Legislative Council that the Legislative Assembly do not insist on their amendment in this Bill with which the Legislative Council have disagreed.

Legislative Assembly Chamber,
Melbourne, 8th December, 1886.

PETER LALOR,
Speaker.

MR. PRESIDENT—

The Legislative Assembly return to the Legislative Council the Bill intituled "*An Act to set apart a site for a Morgue in the City of Melbourne.*" and acquaint the Legislative Council that the Legislative Assembly have agreed to the same with an amendment, with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 8th December, 1886.

PETER LALOR,
Speaker.

And the said amendment was read and is as follows :—

Omit all words in the Schedule after the word "rood" in the first line, down to and inclusive of the word "nine-tenths" in the last line, and insert the following words in place thereof :—"twenty perches, city of Melbourne, county of Bourke: Commencing at a point bearing S. 28° E. five chains twenty links and N. 87° 25' E. twenty-four chains eighty links from the intersection of the south-eastern side of Flinders-street and the north-eastern side of Swanston-street; bounded thence by lines bearing respectively N. 22° 20' E. two chains fifty links, S. 67° 40' E. one chain fifty links, S. 22° 20' W. two chains fifty links, and north-westerly one chain fifty links in an arc of a circle whose centre lies twenty-three chains twenty-one links south-westerly."

On the motion of the Honorable H. Cuthbert, the Legislative Council agreed to the said amendment.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Legislative Council have agreed to the said amendment.

12. IMPOUNDING LAW FURTHER AMENDMENT BILL.—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read, the President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.

The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had gone through the Bill, and agreed to the same with amendments.

On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.

The Honorable H. Cuthbert moved, That the following be the title of the Bill :—“*An Act to further amend the Law relating to the Impounding of Cattle and for other purposes.*”

Question—put and resolved in the affirmative.

Ordered—That the Bill be returned to the Legislative Assembly, with a Message acquainting them that the Legislative Council have agreed to the same with amendments, and requesting their concurrence therein.

13. POSTPONEMENT OF ORDERS OF THE DAY.—The Council ordered that the consideration of the following Orders of the Day be postponed until to-morrow :—

Probates and Letters of Administration Bill.—To be read a second time.

Sale Canal Construction Bill.—To be read a second time.

The Council adjourned at twenty-five minutes to eleven o'clock until to-morrow at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.



Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

THURSDAY, 9TH DECEMBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. **STATUTE LAW REVISION BILL.**—The Honorable H. Cuthbert moved, That this Bill be now read a second time.
Debate ensued.
Question—put and resolved in the affirmative—Bill read a second time.
The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.
Question—put and resolved in the affirmative.
And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.
The President resumed the Chair; and the Honorable Dr. Dobson having reported that the Committee had gone through the Bill and agreed to the same with amendments, the Council ordered the same to be taken into consideration Tuesday, 14th December instant; Bill as amended to be printed.
5. **MESSAGES FROM THE LEGISLATIVE ASSEMBLY.**—The President announced to the Council the receipt of the following Messages from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly return to the Legislative Council the Bill intituled "*An Act to make better provision for the Supply of Water for Irrigation, and also for Mining, Manufacturing, and other purposes,*" and acquaint the Legislative Council that the Legislative Assembly do not insist on their amendments on the amendments of the Legislative Council, to which the Legislative Council have disagreed, and that they do not now insist on disagreeing to the amendment in clause 26, insisted on by the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 9th December, 1886.

PETER LALOR,
Speaker.

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled "*An Act to apply a sum out of the Consolidated Revenue to the service of the year ending on the 30th day of June, 1887, and to appropriate the supplies granted in this Session of Parliament,*" with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 9th December, 1886.

PETER LALOR,
Speaker.

6. **APPROPRIATION BILL.**—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled "*An Act to apply a sum out of the Consolidated Revenue to the service of the year ending on the 30th day of June, 1887, and to appropriate the supplies granted in this Session of Parliament,*" be now read a first time.
Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time, Tuesday, 14th December instant.

7. SALE CANAL CONSTRUCTION BILL.—The Honorable H. Cuthbert moved, That this Bill be now read a second time.

Question—put and resolved in the affirmative.—Bill read a second time.

The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had gone through the Bill and agreed to the same without amendment.

On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.

The Honorable H. Cuthbert moved, That the following be the title of the Bill:—“*An Act to authorize the Board of Land and Works to make a Canal from the Borough of Sale to the Thomson River, and for other purposes.*”

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

8. MESSAGES FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Messages from the Legislative Assembly:—

MR. PRESIDENT—

The Legislative Assembly return to the Legislative Council the Bill intituled “*An Act to amend the Law relating to the Curator of the Estates of Deceased Persons and for other purposes,*” and acquaint the Legislative Council that the Legislative Assembly have agreed to the same without amendment.

PETER LALOR,
Speaker.

Legislative Assembly Chamber,
Melbourne, 9th December, 1886.

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled “*An Act to amend ‘The Trade Marks Registration Act 1876,’*” with which they desire the concurrence of the Legislative Council.

PETER LALOR,
Speaker.

Legislative Assembly Chamber,
Melbourne, 9th December, 1886.

9. TRADE MARKS REGISTRATION ACT AMENDMENT BILL.—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled “*An Act to amend ‘The Trade Marks Registration Act 1876’*” be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time Tuesday, 14th December instant.

10. PROBATES AND LETTERS OF ADMINISTRATION BILL.—The Honorable F. T. Sargood moved, That this Bill be now read a second time.

Debate ensued.

Question—put and resolved in the affirmative.—Bill read a second time.

The Honorable F. T. Sargood moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable F. T. Sargood, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.

Resolved—That the Council will, on Tuesday, 14th December instant, again resolve itself into the said Committee.

The Council adjourned at twenty-four minutes to seven o'clock until Tuesday next at half-past four o'clock.

JOHN BARKER,
Clerk of the Legislative Council.

No. 37.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

TUESDAY, 14TH DECEMBER, 1886.

1. The Council met in accordance with adjournment.

2. The President took the Chair.

3. The President read the prayer.

4. MESSAGE FROM HIS EXCELLENCY THE GOVERNOR.—The following Message from His Excellency the Governor was presented by the Honorable H. Cuthbert, and the same was read, and is as follows:—

HENRY B. LOCH,
Governor.

Message No.

The Governor informs the Legislative Council that he has, on this day, at the Government Offices, given the Royal Assent to the undermentioned Acts of the present Session, presented to him by the Clerk of the Parliaments, viz. :—

“An Act to enable the Trustees of the Queenscliff Public Library to sell and convey certain land
“in the Town of Queenscliff, and to expend the proceeds of such sale in the erection of
“Buildings for a Free Library and Mechanics’ Institute, and for offices and conveniences
“connected therewith.”

“An Act to provide for reimbursing Members of the Legislative Assembly their expenses in
“relation to their attendance in Parliament.”

“An Act to apply out of ‘The Railway Loan Account 1885’ certain sums of money for railway
“works and other purposes.”

“An Act to amend the Law relating to the qualification of persons entitled to vote at elections of
“Members of Mining Boards.”

“An Act to amend ‘The Medical Practitioners Statute 1865.’”

“An Act to further amend ‘The Building Societies Act 1874.’”

“An Act to amend ‘The Victorian Water Conservation Act 1885.’”

“An Act to extend and regulate the Liability of Employers and to make compensation for
“personal injuries suffered by workmen in their service.”

Government Offices,
Melbourne, 13th December, 1886.

Ordered to lie on the Table.

5. PAPERS.—The Honorable H. Cuthbert presented, by command of His Excellency the Governor—
Protection of the Aborigines—Twenty-second Report of the Board for the—
Statistical Register of the Colony of Victoria for the year 1885.—Part V.—Interchange.
Severally ordered to lie on the Table.

The Honorable J. Lorimer presented, pursuant to Act of Parliament—

The Land Act 1884, sec. 69.—Schedule of Country Lands proposed to be offered for sale by
public auction during the year 1887.

Ordered to lie on the Table.

6. THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The Honorable J. Balfour, chairman, brought
up a Report from this Committee.

Report read, and ordered to lie on the Table, and, together with the Proceedings of the Committee and
Minutes of Evidence, to be printed.

7. COUNTY COURTS BILL.—The Honorable H. Cuthbert moved, pursuant to notice, That he have leave to
bring in a Bill to remove doubts and to facilitate the prompt disposal of business in County Courts.
Question—put and resolved in the affirmative.

Ordered—That the Honorable H. Cuthbert do prepare and bring in the Bill.

The Honorable H. Cuthbert then brought up a Bill intituled "*A Bill to remove doubts and to facilitate the prompt disposal of business in County Courts,*" and moved, That it be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed and read a second time this day.

8. DISCHARGE OF ORDER OF THE DAY.—On the motion of the Honorable H. Cuthbert the following Order of the Day was read and discharged :—

Statute Law Revision Bill.—Adoption of Report.

9. STATUTE LAW REVISION BILL.—The Honorable H. Cuthbert moved, That this Bill be re-committed to a Committee of the whole Council for re-consideration.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the re-consideration of this Bill.

The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had agreed to the Bill with further amendments.

On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.

The Honorable H. Cuthbert moved, That the following be the title of the Bill:—"An Act to amend certain Verbal Errors in various Acts of Parliament, and for other purposes."

Question—put and resolved in the affirmative.

Ordered—That the Bill be returned to the Legislative Assembly with a Message acquainting them that the Legislative Council have agreed to the same with amendments, and requesting their concurrence therein.

10. POSTPONEMENT OF ORDER OF THE DAY.—The Council ordered that the consideration of the following Order of the Day be postponed until later this day:—

Appropriation Bill.—Second reading.

11. TRADE MARKS REGISTRATION ACT 1876 AMENDMENT BILL.—The Honorable J. Lorimer moved, That this Bill be now read a second time.

Question—put and resolved in the affirmative.—Bill read a second time.

The Honorable J. Lorimer moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable J. Lorimer, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable Dr. Dobson reported that the Committee had gone through the Bill and agreed to the same without amendment.

On the motion of the Honorable J. Lorimer, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable J. Lorimer, read a third time and *passed*.

The Honorable J. Lorimer moved, That the following be the title of the Bill:—"An Act to amend "*The Trade Marks Registration Act 1876.*"

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

12. SOUTH AUSTRALIAN BOUNDARY.—The Honorable W. A. Zeal moved, pursuant to notice, That, in the opinion of this House, no reference should be made to the Lords of the Privy Council of the claim of the South Australian Government to that portion of the colony of Victoria which lies to the west of the 141st meridian of longitude, until the exact details of the alleged reference are submitted to and have received the approval of the Parliament of Victoria.

Debate ensued.

Question—put.

Council divided.

Ayes, 15.

The Hon. J. Balfour
F. E. Beaver
F. Brown
J. Buchanan
T. F. Cumming
C. J. Ham
P. Hanna
T. Henty
W. McCulloch
D. Melville
F. T. Sargood
W. E. Stanbridge
J. A. Wallace
W. A. Zeal
J. Williamson (*Teller*).

Noes, 12.

The Hon. J. G. Beaney, M.D.
D. Coutts
H. Cuthbert
T. Dowling
N. Fitz Gerald
H. Gore
D. Ham
J. Lorimer
W. H. Roberts
W. Ross
W. P. Simpson
J. Bell (*Teller*).

And so it was resolved in the affirmative.

13. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Message from His Excellency the Governor recommending amendments in the Bill intituled "*An Act to make better provision for the Supply of Water for Irrigation and also for Mining, Manufacturing, and other purposes,*" and acquaint the Legislative Council that the Legislative Assembly have agreed to the several amendments recommended by His Excellency the Governor in this Bill, with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 14th December, 1886.

T. COOPER,
Deputy-Speaker.

HENRY B. LOCH,
Governor.

Message No. .

Pursuant to the provisions of Section 36 of the Constitution Act the Governor transmits to the Legislative Assembly for their consideration the following amendments, which he desires to be made in a Bill intituled "*An Act to make better provision for the Supply of Water for Irrigation, and also for Mining, Manufacturing, and other purposes*" :—

In clause 3, after the word "Irrigation," where the same last occurs in that clause, insert the words "and Water Supply."

In clause 18, sub-clause (7), after the words "other than," strike out the word "from."

In clause 77, strike out the word "surveyor," and substitute the word "engineer."

In clause 88, after the words "right of access to," strike out the word "by," and after the word "them" insert the word "by."

In clause 122, after the words "demised or licensed under the provisions of," strike out the word "this" and substitute the words "*The Land Act 1884.*"

In clause 208, after the words "at any time," insert the words "and from time to time."

In clause 224, before the word "Schedule," insert the word "Fourth"

In clause 227, after the words "police magistrate or arbitrator" where the same first occurs, insert the words "or Judge of the Supreme Court."

In sub-clause (1) thereof, after the word "arbitrator," insert the words "or Judge."

In sub-clause (5) thereof, after the word "arbitrator," insert the words "or Judge."

In clause 235, after words "Minister may think fit for the" strike out the word "purposes" and substitute the word "protector."

In clause 244, strike out the words "incorporated herewith."

Government Offices,
Melbourne, 13th December, 1886.

On the motion of the Honorable H. Cuthbert, the Council agreed to the several amendments recommended by His Excellency the Governor, and ordered that a Message be transmitted to the Legislative Assembly acquainting them therewith.

14. TUBERCULOSIS IN CATTLE BOARD.—The Honorable J. Buchanan moved, pursuant to notice, That, in the opinion of this House, it is desirable, in the interest of public health, that the Government take the necessary steps to give immediate effect to the recommendations of the Tuberculosis Board, as embodied in their final Report.

Debate ensued.

Question—put and resolved in the affirmative.

15. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled "*An Act to vest certain land situate in the Town of Hotham in the Victorian Railways Commissioners and to permanently reserve certain other land in the said Town of Hotham, and for other purposes,*" with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 14th December, 1886.

T. COOPER,
Deputy-Speaker.

16. HOTHAM TOWN LANDS BILL.—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled "*An Act to vest certain land situate in the Town of Hotham in the Victorian Railways Commissioners and to permanently reserve certain other land in the said Town of Hotham, and for other purposes,*" be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time this day.

The Honorable H. Cuthbert moved, That this Bill be now read a second time.

Question—put and resolved in the affirmative.—Bill read a second time.

The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable F. E. Beaver reported that the Committee had made progress in the Bill, and that he was directed to move that the Committee may have leave to sit again.

Resolved—That the Council will, to-morrow, again resolve itself into the said Committee.

17. PROBATES AND LETTERS OF ADMINISTRATION BILL.—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read, the President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof.

The President resumed the Chair; and the Honorable F. E. Beaver reported that the Committee had gone through the Bill, and agreed to the same without amendment.

On the motion of the Honorable F. T. Sargood, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable F. T. Sargood, read a third time and *passed*.

The Honorable F. T. Sargood moved, That the following be the title of the Bill :—“ *An Act to give effect in Victoria to Probates and Letters of Administration granted in the United Kingdom or any other of the Australasian Colonies.*”

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

18. APPROPRIATION BILL.—The Honorable H. Cuthbert moved, That this Bill be now read a second time. Debate ensued.

The Honorable N. Fitz Gerald moved, as an amendment, That all the words after the word “be” be omitted, with a view to insert instead thereof the words “laid aside.”

The Honorable W. A. Zeal moved, That the debate be now adjourned.

Question—That the debate be adjourned until to-morrow—put and resolved in the affirmative.

19. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled “ *An Act to sanction the issue and application of certain sums of Money as Loans to Shires for the Construction of Tramways in Country Districts,*” with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 14th December, 1886.

T. COOPER,
Deputy-Speaker.

20. SHIRES TRAMWAYS LOANS BILL.—The Honorable J. Bell moved, That the Bill transmitted by the above Message, intituled “ *An Act to sanction the issue and application of certain sums of Money as Loans to Shires for the Construction of Tramways in Country Districts,*” be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time to-morrow.

21. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled “ *An Act to continue various Expiring Laws,*” with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 14th Decr., 1886.

T. COOPER,
Deputy-Speaker.

22. EXPIRING LAWS CONTINUANCE BILL.—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled “ *An Act to continue various Expiring Laws,*” be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time this day.

The Honorable H. Cuthbert moved, That this Bill be now read a second time.

Question—put and resolved in the affirmative—Bill read a second time.

The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable F. T. Sargood reported that the Committee had gone through the Bill, and agreed to the same without amendment.

On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.

The Honorable H. Cuthbert moved, That the following be the title of the Bill :—“ *An Act to continue various expiring Laws.*”

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly, acquainting them that the Council have agreed to the Bill without amendment.

23. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly:—
 MR. PRESIDENT—
 The Legislative Assembly transmit to the Legislative Council a Bill intituled “*An Act to encourage private enterprise in the construction of Works for the Supply of Water for Irrigation and other purposes,*” with which they desire the concurrence of the Legislative Council.
 Legislative Assembly Chamber,
 Melbourne, 14 Decr., 1886.
 T. COOPER,
 Deputy-Speaker.
24. WATERWORKS ENCOURAGEMENT CONSTRUCTION BILL.—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled “*An Act to encourage private enterprise in the construction of Works for the Supply of Water for Irrigation and other purposes,*” be now read a first time.
 Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time to-morrow.
25. COUNTY COURTS BILL.—The Honorable H. Cuthbert moved, That this Bill be now read a second time.
 Question—put and resolved in the affirmative.—Bill read a second time.
 The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.
 Question—put and resolved in the affirmative.
 And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.
 The President resumed the Chair; and the Honorable F. T. Sargood reported that the Committee had gone through the Bill and agreed to the same with an amendment.
 On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.
 The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.
 The Honorable H. Cuthbert moved, That the following be the title of the Bill:—“*An Act to remove doubts and to facilitate the prompt disposal of business in County Courts.*”
 Question—put and resolved in the affirmative.
 Ordered—That the Bill be transmitted to the Legislative Assembly, with a Message desiring their concurrence therein.
26. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly:—
 MR. PRESIDENT—
 The Legislative Assembly transmit to the Legislative Council a Bill intituled “*An Act to amend the Drainage of Mines Act 1877,*” with which they desire the concurrence of the Legislative Council.
 Legislative Assembly Chamber,
 Melbourne, 14th December, 1886.
 T. COOPER,
 Deputy-Speaker.
27. DRAINAGE OF MINES ACT AMENDMENT BILL.—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled “*An Act to amend the Drainage of Mines Act 1877,*” be now read a first time.
 Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time to-morrow.
28. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly:—
 MR. PRESIDENT—
 The Legislative Assembly return to the Legislative Council the Bill intituled “*An Act to amend certain verbal errors in various Acts of Parliament and for other purposes,*” and acquaint the Legislative Council that the Legislative Assembly have disagreed to the amendments made in such Bill by the Legislative Council.
 Legislative Assembly Chamber,
 Melbourne, 14th December, 1886.
 T. COOPER,
 Deputy-Speaker.
 On the motion of the Honorable H. Cuthbert, the Council agreed not to insist on the said amendments, and ordered that a Message be transmitted to the Legislative Assembly acquainting them therewith.
29. RESCINDING OF SESSIONAL ORDER.—On the motion of the Honorable H. Cuthbert, the Council ordered that the Sessional Order fixing the hour of meeting be rescinded.
30. ADJOURNMENT.—The Honorable H. Cuthbert moved, by leave, That the Council at its rising adjourn until to-morrow at three o'clock.
 Question—put and resolved in the affirmative.

The Council adjourned at twenty-five minutes to twelve o'clock until to-morrow at three o'clock.

JOHN BARKER,
 Clerk of the Legislative Council.



VICTORIA.

No. 38.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

WEDNESDAY, 15TH DECEMBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled "*An Act to sanction the issue and application of a certain sum of Money for the construction of a Weir in the River Goulburn and Works in connexion therewith,*" with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 14 Decr., 1886.

T. COOPER,
Deputy-Speaker.

5. GOULBURN RIVER WEIR BILL.—The Honorable H. Cuthbert moved, That the Bill transmitted by the above Message, intituled "*An Act to sanction the issue and application of a certain sum of Money for the construction of a Weir in the River Goulburn and Works in connexion therewith,*" be now read a first time.
Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time this day.
The Honorable H. Cuthbert moved, That this Bill be now read a second time
Debate ensued.
Question—put and resolved in the affirmative.—Bill read a second time.
The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.
Question—put and resolved in the affirmative.
And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.
The President resumed the Chair; and the Honorable F. T. Sargood reported that the Committee had gone through the Bill and agreed to the same without amendment.
On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.
Ordered—That the Bill be read a third time this day.
6. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—
MR. PRESIDENT—
The Legislative Assembly return to the Legislative Council the Bill intituled "*An Act to further amend the Law relating to the Impounding of Cattle and for other purposes,*" and acquaint the Legislative Council that the Legislative Assembly have agreed to the amendments made in such Bill by the Legislative Council.
Legislative Assembly Chamber,
Melbourne, 15th Decr., 1886.
T. COOPER,
Deputy-Speaker.
7. PAPERS.—The Honorable H. Cuthbert presented, by command of His Excellency the Governor—
Press Telegrams—Rates on—Victoria to New South Wales and South Australia.
Ordered to lie on the Table.
The Honorable J. Lorimer presented, pursuant to Act of Parliament—
Pilot Board—Accounts of—For the year ending 31st August, 1886, together with the Audit Commissioners' Report thereon.
Ordered to lie on the Table.

8. HOTHAM TOWN LANDS BILL.—The Order of the Day for the further consideration of this Bill in Committee of the whole Council having been read, the President left the Chair, and the Council resolved itself into a Committee of the whole for the further consideration thereof. The President resumed the Chair; and the Honorable F. T. Sargood reported that the Committee had gone through the Bill, and agreed to the same without amendment. On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.

The Honorable H. Cuthbert moved, That the following be the title of the Bill :—“ *An Act to vest certain Land situate in the Town of Hotham in the Victorian Railways Commissioners, and to permanently reserve certain other land in the said Town of Hotham, and for other purposes.*”

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

9. POSTPONEMENT OF ORDER OF THE DAY.—The Council ordered that the consideration of the following Order of the Day be postponed until after the consideration of the other Orders for to-day :—
Appropriation Bill.—Adjourned debate on second reading.

10. SHIRES TRAMWAYS LOANS BILL.—The Honorable J. Bell moved, That this Bill be now read a second time.

Debate ensued.

Question—put and resolved in the affirmative.—Bill read a second time.

The Honorable J. Bell moved, That this Bill be now committed to a Committee of the whole Council. Question—put and resolved in the affirmative.

And, on the further motion of the Honorable J. Bell, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable J. Balfour having reported that the Committee had gone through the Bill, and agreed to the same with an amendment, the Council ordered the same to be taken into consideration this day.

11. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly return to the Legislative Council a “ *Bill to remove doubts and to facilitate the prompt disposal of business in County Courts,*” and acquaint the Legislative Council that the Legislative Assembly have agreed to the same with an amendment, with which they desire the concurrence of the Legislative Council.

T. COOPER,
Deputy-Speaker.

Legislative Assembly Chamber,
Melbourne, 15th December, 1886.

On the motion of the Honorable H. Cuthbert, the said amendment was read, and is as follows :—In the Title of the Bill, after “ Courts,” add “ and for other purposes.”

On the motion of the Honorable H. Cuthbert, the Council agreed to the said amendment and ordered a Message to be transmitted to the Legislative Assembly acquainting them therewith.

12. DRAINAGE OF MINES ACT AMENDMENT BILL.—The Honorable H. Cuthbert moved, That this Bill be now read a second time.

Debate ensued.

Question—put and resolved in the affirmative.—Bill read a second time.

The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable J. Balfour reported that the Committee had gone through the Bill and agreed to the same without amendment.

On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.

The Honorable H. Cuthbert moved, That the following be the title of the Bill :—“ *An Act to amend the ‘ Drainage of Mines Act 1877.’*”

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

13. GOULBURN VALLEY WEIR BILL.—The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.

The Honorable H. Cuthbert moved, That the following be the title of the Bill :—“ *An Act to sanction the issue and application of a certain Sum of Money for the construction of a Weir in the River Goulburn, and Works in connexion therewith.*”

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly, acquainting them that the Council have agreed to the Bill without amendment.

14. **WATERWORKS CONSTRUCTION ENCOURAGEMENT BILL.**—The Honorable H. Cuthbert moved, That this Bill be now read a second time.
 Debate ensued.
 Question put and resolved in the affirmative.—Bill read a second time.
 The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.
 Question—put and resolved in the affirmative.
 And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.
 The President resumed the Chair; and the Honorable J. Balfour reported that the Committee had gone through the Bill, and agreed to the same without amendment.
 On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.
 The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable H. Cuthbert, read a third time and *passed*.
 The Honorable H. Cuthbert moved, That the following be the title of the Bill :—“*An Act to encourage private enterprise in the construction of Works for the Supply of Water for Irrigation and other purposes,*”
 Question—put and resolved in the affirmative.
 Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

15. **MESSAGE FROM THE LEGISLATIVE ASSEMBLY.**—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly return to the Legislative Council a Bill intituled “*An Act to amend ‘The Discipline Act 1870,’ and Acts amending the same, and to provide for the better regulation of Artillery and Rifle Practice,*” and acquaint the Legislative Council that the Legislative Assembly have agreed to the same with an amendment, with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
 Melbourne, 15th December, 1886.

T. COOPER,
 Deputy-Speaker.

And the said amendment was read and is as follows :—

Clause 1. At the beginning of the clause omit “Where any public or private street, road, highway, right-of-way, or public reserve crosses or is contiguous or adjacent to any range or place where target practice is appointed to be held, the Governor in Council may order such public or private street, road, highway, right-of-way, or public reserve to be closed during the times when target practice is being held on such range or place and.”

On the motion of the Honorable F. T. Sargood, the Council agreed to the said amendment, and ordered a Message to be transmitted to the Legislative Assembly acquainting them therewith.

16. **MESSAGE FROM THE LEGISLATIVE ASSEMBLY.**—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled “*An Act to amend an Act intituled ‘An Act to provide for the protection and management of the Aboriginal Natives of Victoria,’*” with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
 Melbourne, 15 Decr., 1886.

T. COOPER,
 Deputy-Speaker.

17. **PROTECTION OF ABORIGINES ACT AMENDMENT BILL.**—The Honorable J. Lorimer moved, That the Bill transmitted by the above Message, intituled “*An Act to amend an Act intituled ‘An Act to provide for the protection and management of the Aboriginal Natives of Victoria,’*” be now read a first time.

And the Council having continued to sit until after twelve of the clock—

THURSDAY, 16TH DECEMBER, 1886.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time this day.

The Honorable J. Lorimer moved, That this Bill be now read a second time.

Question—put and resolved in the affirmative.—Bill read a second time.

The Honorable J. Lorimer moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable J. Lorimer, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable F. T. Sargood reported that the Committee had gone through the Bill, and agreed to the same without amendment.

On the motion of the Honorable J. Lorimer, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable J. Cuthbert, read a third time and *passed*.

The Honorable J. Lorimer moved, That the following be the title of the Bill:—“*An Act to amend an Act intituled ‘An Act to provide for the Protection and Management of the Aborigines Natives of Victoria.’*”

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

18. APPROPRIATION BILL.—The Order of the Day for the resumption of the debate on the question, That this Bill “be” now read a second time, and upon the amendment that all the words after the word “be” be omitted with a view to insert instead thereof the words “laid aside,” having been read,

Debate resumed.

Amendment, by leave, withdrawn.

Question—That this Bill be now read a second time—put and resolved in the affirmative.—Bill read a second time.

The Honorable H. Cuthbert moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable H. Cuthbert, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable F. T. Sargood reported that the Committee had gone through the Bill, and agreed to the same without amendment.

On the motion of the Honorable H. Cuthbert, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported,

The Honorable H. Cuthbert moved, That this Bill be now read a third time.

The Honorable F. T. Sargood moved, as an amendment, that the following words be inserted after the word “time,” viz.—“subject to the following protest, viz. :—

“That this House objects to the proviso on page 44, viz. : ‘Provided that within six months the County Court Judges shall reside within the districts in which they discharge their duties, if it be necessary in the public interests.’

“(a) Because it involves a question of public policy, concerning which the Legislative Council is precluded from giving a free deliberative vote, and deprives them therefore of their constitutional right.

“(b) But, as the subject of such proviso has been adopted in a separate Bill, which has received the Assent of both Houses of Parliament, since the introduction into the Legislative Council of this Appropriation Bill, this House, while protesting against such proviso, declares that it passes this Bill, including the proviso, with the sole view of preventing injury to Her Majesty’s service from the stoppage of supplies.”

Question—That the words proposed to be added be so added—put and resolved in the affirmative.

Question—That this Bill be now read a third time, “subject to the following protest, viz. :—

“That this House objects to the proviso on page 44, viz. : ‘Provided that within six months the County Court Judges shall reside within the districts in which they discharge their duties, if it be necessary in the public interests.’

“(a) Because it involves a question of public policy, concerning which the Legislative Council is precluded from giving a free deliberative vote, and deprives them therefore of their constitutional right.

“(b) But, as the subject of such proviso has been adopted in a separate Bill, which has received the assent of both Houses of Parliament, since the introduction into the Legislative Council of this Appropriation Bill, this House, while protesting against such proviso, declares that it passes this Bill, including the proviso, with the sole view of preventing injury to Her Majesty’s service from the stoppage of supplies”—

put and resolved in the affirmative.

Question—That the Bill do *pass*—put and resolved in the affirmative.

The Honorable H. Cuthbert moved, That the following be the title of the Bill:—“*An Act to apply a Sum out of the Consolidated Revenue to the service of the year ending on the thirtieth day of June One thousand eight hundred and eighty-seven and to appropriate the Supplies granted in this session of Parliament.*”

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

19. DISCHARGE OF ORDER OF THE DAY.—On the motion of the Honorable J. Bell, the following Order of the Day was read and discharged:—

Shires Tramways Loans Bill.—Adoption of Report.

20. SHIRES TRAMWAYS LOANS BILL.—The Honorable J. Bell moved, That this Bill be re-committed to a Committee of the whole Council for reconsideration of clauses 9, 17, 18, 19, and a new clause.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable J. Bell, the President left the Chair, and the Council resolved itself into a Committee of the whole for the reconsideration of clauses 9, 17, 18, and 19 of this Bill and a new clause.

The President resumed the Chair; and the Honorable J. Balfour reported that the Committee had agreed to the Bill with further amendments.

On the motion of the Honorable J. Bell, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable J. Bell, read a third time and *passed*.

The Honorable J. Bell moved, That the following be the title of the Bill :—“ *An Act to sanction the issue and application of certain sums of Money as Loans to Shires for the Construction of Tramways in Country Districts.*”

Question—put and resolved in the affirmative.

Ordered—That the Bill be returned to the Legislative Assembly with a Message acquainting them that the Legislative Council have agreed to the same with amendments, and requesting their concurrence therein.

21. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled “ *An Act to further amend ‘The Mallee Pastoral Leases Act 1883,’*” with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 15th December, 1886.

T. COOPER,
Deputy-Speaker.

22. MALLEE PASTORAL LEASES ACT AMENDMENT BILL.—The Honorable F. T. Sargood moved, That the Bill transmitted by the above Message, intituled “ *An Act to further amend ‘The Mallee Pastoral Leases Act 1883,’*” be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time this day.

The Honorable F. T. Sargood moved, That this Bill be now read a second time.

Question—put and resolved in the affirmative.—Bill read a second time.

The Honorable F. T. Sargood moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable F. T. Sargood, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable James Balfour reported that the Committee had gone through the Bill and agreed to the same without amendment.

On the motion of the Honorable F. T. Sargood the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable F. T. Sargood, read a third time and *passed*.

The Honorable F. T. Sargood moved, That the following be the title of the Bill :—“ *An Act to further amend ‘The Mallee Pastoral Leases Act 1883.’*”

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

23. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly transmit to the Legislative Council a Bill intituled “ *An Act to make temporary provision for the issue of Licenses to sell Liquor on Ship-board,*” with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 15th December, 1886.

T. COOPER,
Deputy-Speaker.

24. SHIP-BOARD LIQUOR LICENSES BILL.—The Honorable W. A. Zeal moved, That the Bill transmitted by the above Message, intituled “ *An Act to make temporary provision for the issue of Licenses to sell Liquor on Shipboard,*” be now read a first time.

Question—put and resolved in the affirmative.—Bill read a first time, ordered to be printed, and read a second time this day.

The Honorable W. A. Zeal moved, That this Bill be now read a second time.

Question—put and resolved in the affirmative.—Bill read a second time.

The Honorable W. A. Zeal moved, That this Bill be now committed to a Committee of the whole Council.

Question—put and resolved in the affirmative.

And, on the further motion of the Honorable W. A. Zeal, the President left the Chair, and the Council resolved itself into a Committee of the whole for the consideration of this Bill.

The President resumed the Chair; and the Honorable J. Balfour reported that the Committee had gone through the Bill, and agreed to the same without amendment.

On the motion of the Honorable W. A. Zeal, the Council adopted the Report from the Committee of the whole on this Bill.

The President having reported that the Chairman of Committees had certified that the fair print of this Bill was in accordance with the Bill as reported—Bill, on the motion of the Honorable W. A. Zeal, read a third time and *passed*.

The Honorable W. A. Zeal moved, That the following be the title of the Bill :—“ *An Act to make temporary provision for the issue of licenses to sell liquor on Shipboard.*”

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them that the Council have agreed to the Bill without amendment.

25. ADJOURNMENT.—The Honorable H. Cuthbert moved, That the House at its rising adjourn until this day at 1.45 p.m.

Question—put and resolved in the affirmative.

26. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly return to the Legislative Council the Bill intituled "*An Act to sanction the issue and application of certain Sums of Money as Loans to Shires for the construction of Tramways in Country Districts,*" and acquaint the Legislative Council that the Legislative Assembly have agreed to some of the amendments made in such Bill by the Legislative Council, and have disagreed to others of the said amendments.

Legislative Assembly Chamber,
Melbourne, 16th December, 1886.

T. COOPER,
Deputy-Speaker.

On the motion of the Honorable F. T. Sargood, the Council insisted on their amendment to omit clause 19 and to insert new Clause A, with the following addition, viz., "Provided that nothing herein contained shall refer to the original sum of £200,000 authorized by '*The Railway Loan Act 1885.*'"

And, on the motion of the Honorable C. J. Ham, the Council agreed not to insist on their amendment to insert new clause B.

Ordered—That the Bill be returned to the Legislative Assembly, with a Message acquainting them that the Council insisted on one of their amendments with an amendment, and did not insist on another of their amendments.

27. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt from the Legislative Assembly of the following Message :—

MR. PRESIDENT—

The Legislative Assembly return to the Legislative Council the Bill intituled "*An Act to sanction the issue and application of certian sums of money as loans to shires for the construction of Tramways in Country Districts,*" and acquaint the Legislative Council that the Legislative Assembly do not insist on disagreeing to the amendment of the Legislative Council, but now agree with the amendment of the Legislative Council to omit clause 19, and to insert new clause A, with the addition made thereto by the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 16th December, 1886.

T. COOPER,
Deputy Speaker.

The Council adjourned at six minutes to two o'clock until forty-five minutes past one o'clock this day.

JOHN BARKER,
Clerk of the Legislative Council.

No. 39.

Minutes of the Proceedings

OF THE

LEGISLATIVE COUNCIL.

THURSDAY, 16TH DECEMBER, 1886.

1. The Council met in accordance with adjournment.
2. The President took the Chair.
3. The President read the prayer.
4. PAPER.—The Honorable J. Bell presented, pursuant to Act of Parliament :—
Shire of Bacchus Marsh Waterworks Trust—Detailed Statement and Report.
Ordered to lie on the Table.
5. MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT,

The Legislative Assembly transmit to the Legislative Council a Message from His Excellency the Governor recommending an amendment in the Bill intituled "*An Act to amend the Drainage of Mines Act 1877*," and acquaint the Legislative Council that the Legislative Assembly have agreed to the said amendment recommended by His Excellency the Governor in this Bill, with which they desire the concurrence of the Legislative Council.

Legislative Assembly Chamber,
Melbourne, 16th December, 1886.

PETER LALOR,
Speaker.

And the said Message was read, and is as follows :—

HENRY B. LOCH,
Governor.

Message No. .

Pursuant to the provisions of Section 36 of the Constitution Act the Governor transmits to the Legislative Assembly for their consideration the following amendment, which he desires to be made in a Bill intituled "*An Act to amend the Drainage of Mines Act 1877*" :—

In clause 4, line 3, immediately before words "*Act 1877*" insert the words "*of Mines*".
Government Offices,
Melbourne, 16th December, 1886.

On the motion of the Honorable J. Bell the Council agreed to the said amendment, and ordered that a Message be transmitted to the Legislative Assembly acquainting them therewith.

6. APPROACH OF HIS EXCELLENCY THE GOVERNOR.—The approach of His Excellency the Governor was announced by the Usher.
7. ROYAL ASSENT TO BILLS.—His Excellency the Governor came into the Council Chamber and commanded the Usher to desire the attendance of the Legislative Assembly in the Council Chamber, who having come with their Speaker, he delivered the Appropriation Bill to the Clerk of the Parliaments, who brought it to the Table.

His Excellency was then pleased to assent in Her Majesty's name to the following Bills:—

- "*An Act to apply a sum out of the Consolidated Revenue to the service of the year ending on the thirtieth day of June, One thousand eight hundred and eighty-seven, and to appropriate the Supplies granted in this Session of Parliament.*"
"*An Act to sanction the issue and application of certain sums of money as Loans for Water Supply in the Country Districts, and for other purposes.*"

- “An Act to set apart a site for a Morgue in the City of Melbourne.”
- “An Act to make better provision for the Supply of Water for Irrigation, and also for Mining, Manufacturing, and other purposes.”
- “An Act to authorize the Board of Land and Works to make a Canal from the Borough of Sale to the Thomson River, and for other purposes.”
- “An Act to amend the Law relating to the Curator of the Estates of Deceased Persons and for other purposes.”
- “An Act to amend ‘The Trade Marks Registration Act 1876.’”
- “An Act to give effect in Victoria to Probates and Letters of Administration granted in the United Kingdom or any of the other Australasian Colonies.”
- “An Act to continue various Expiring Laws.”
- “An Act to amend certain Verbal Errors in various Acts of Parliament, and for other purposes.”
- “An Act to further amend the Law relating to the Impounding of Cattle, and for other purposes.”
- “An Act to vest certain land situate in the Town of Hotham in the Victorian Railways Commissioners, and to permanently reserve certain other land in the said Town of Hotham, and for other purposes.”
- “An Act to remove doubts and to facilitate the prompt disposal of business in County Courts, and for other purposes.”
- “An Act to amend ‘The Drainage of Mines Act 1877.’”
- “An Act to sanction the issue and application of a certain sum of money for the construction of a Weir in the River Goulburn and works in connexion therewith.”
- “An Act to encourage private enterprise in the construction of works for the Supply of Water for Irrigation and other purposes.”
- “An Act to amend the ‘Discipline Act 1870’ and Acts amending the same, and to provide for the better regulation of Artillery and Rifle Practice.”
- “An Act to amend an Act intituled ‘An Act to provide for the Protection and Management of the Aboriginal Natives of Victoria.’”
- “An Act to further amend ‘The Mallee Pastoral Leases Act 1883.’”
- “An Act to make Temporary Provision for the Issue of Licences to Sell Liquor on Ship-board.”
- “An Act to sanction the issue and application of certain Sums of Money as Loans to Shires for the construction of Tramways in Country Districts.”

The Royal Assent being severally read by the Clerk of the Parliaments in the following words:—
“In the name and on behalf of Her Majesty I assent to this Act.”

The Clerk of the Parliaments delivered to Mr. Speaker a Schedule of the Bills.

8. GOVERNOR'S SPEECH.—His Excellency was then pleased to speak as follows:—

MR. PRESIDENT AND HONORABLE GENTLEMEN OF THE LEGISLATIVE COUNCIL:

MR. SPEAKER AND GENTLEMEN OF THE LEGISLATIVE ASSEMBLY:

I am happy to be enabled to release you for a time from further attendance in Parliament.

Much of the work you have done has been of more than ordinary importance.

The Water Supply and Irrigation Act deals with a subject of vital concern to the whole community, gives the power to unlock and distribute waters which have hitherto been unemployed, and provides a settlement of the vexed questions which were certain to arise on account of the indeterminate nature of existing riparian rights. Should the Act for the encouragement of private enterprise in the same connexion lead to the establishment of irrigation colonies, in which scientific methods of intense culture will endow the country with new products, Victoria will have enlarged her habitable territory by the addition of a new, rich, and populous domain.

At a time when the apprehension of war is general in Europe, it is satisfactory to know that the measures you have sanctioned are rapidly placing the colony in a position to defy any ordinary invader.

After a trial of sixteen years, the principle of remunerating members for their attendance has been incorporated with our Statutes as a permanent measure.

I have to congratulate you upon the final passing into law, after some years' deliberation, of the Bill to extend and regulate the liability of employers in case of accidents to workmen. By this measure an admitted defect in the Statute book of Victoria is dealt with, and the same protection that English law grants to the labourer of every kind is assured to those who live by the work of their hands in this community.

The Shires Tramways Loans Act, which enables country districts to establish communication cheaply and expeditiously with our main lines, will, I feel assured, contribute to the immediate development of remote or difficult country, and introduce a system that admits of great extension in the future.

MR. SPEAKER AND GENTLEMEN OF THE LEGISLATIVE ASSEMBLY:

I thank you on behalf of Her Majesty for the liberality with which you have granted supplies for the public service in all its branches.

MR. PRESIDENT AND HONORABLE GENTLEMEN OF THE LEGISLATIVE COUNCIL:

MR. SPEAKER AND GENTLEMEN OF THE LEGISLATIVE ASSEMBLY:

I congratulate you on the promptitude with which you have adopted the idea of holding an Exhibition in connexion with the centenary of New South Wales. I cannot doubt that such an undertaking, conceived and carried out in a spirit of hearty co-operation with our neighbours in Australasia, will stimulate the feeling of federal unity; and it will be of great advantage to our industries that the world should know what strides we have made since 1880.

I have communicated with New South Wales, in order that the invitation addressed to Their Royal Highnesses the Prince and Princess of Wales to visit Australia may be sent jointly from the two great Sister Colonies, united in loyal attachment to the Throne.

It has been matter of satisfaction for me that the Postal Conference lately held in Melbourne has come to a unanimous agreement as to the requirements of the future service connecting us with Europe and the East. It may fairly be hoped that, as the three great communities of New South Wales, South Australia, and Victoria have now only a single aim and interest, a Federal Ocean Mail Service may be established to the eminent advantage of all the colonies interested.

It will be a satisfaction to you to carry away to your homes the reflection that the country for whose laws and administration you have been caring is in a state of great prosperity, with a steadily increasing income, with every prospect of an abundant harvest, and with indications that the mining industry—effectively promoted by you—is about to have a substantial revival.

I now, in Her Majesty's name, declare this Parliament to be prorogued to the 20th day of January, 1887, and it is hereby prorogued accordingly.

Which being concluded, a copy of the Speech was delivered to the President of the Council and to Mr. Speaker, and the Legislative Assembly withdrew.

His Excellency the Governor left the Council Chamber.

JOHN BARKER,
Clerk of the Legislative Council.



SELECT COMMITTEES,
APPOINTED DURING THE SESSION 1886.

No. 1.—STANDING ORDERS.

Appointed 1st June, 1886.

The Hon. The President
Dr. Dobson
W. E. Hearn
G. Meares

The Hon. F. T. Sargood
J. Lorimer
H. Cuthbert
W. A. Zeal.*

* Appointed 6th October 1886, *vice* Hon. G. Meares, whose seat was vacated by effluxion of time.

No. 2.—LIBRARY (JOINT).

Appointed 1st June, 1886.

The Hon. The President
D. Melville.*
F. Brown *

The Hon. W. E. Hearn
H. Cuthbert.

* Re-appointed after re-election, 6th October, 1886.

No. 3.—PARLIAMENT BUILDINGS (JOINT).

Appointed 1st June, 1886.

The Hon. The President
J. Balfour
W. I. Winter

The Hon. N. Thornley *
W. A. Zeal.

* Re-appointed after re-election, 6th October, 1886.

No. 4.—REFRESHMENT ROOMS (JOINT).

Appointed 1st June, 1886.

The Hon. W. Pearson
J. Buchanan
J. Williamson *

The Hon. D. C. Sterry *
W. P. Simpson
J. A. Wallace.†

* Re-appointed after re-election, 6th October, 1886.—† Appointed 6th October, 1886, *vice* Hon. W. Pearson, whose seat was vacated by effluxion of time.

No. 5.—PRINTING.

Appointed 1st June, 1886.

The Hon. The President
G. Young
T. F. Cumming

The Hon. F. E. Beaver
F. Ormond *
J. Bell.

* Re-appointed after re-election, 6th October, 1886.

No. 6.—ADDRESS IN REPLY.

Appointed 1st June, 1886.

The Hon. W. P. Simpson
J. Lorimer
J. Bell
F. E. Beaver
D. Melville

The Hon. F. T. Sargood
W. Ross
J. Balfour
C. J. Jenner
J. H. Connor.

No. 7.—ELECTIONS AND QUALIFICATIONS.

Appointed 29th June, 1886.

The Hon. J. Balfour
 T. F. Cumming
 H. Cuthbert
 C. J. Jenner
 F. T. Sargood

The Hon. J. Williamson
 W. A. Zeal
 G. Young*
 J. Lorimer.†

* Appointed 20th July, 1886, *vice* Hon. C. J. Jenner, resigned.—† Appointed 10th November, 1886, *vice* Hon. H. Cuthbert, resigned.

No. 8.—OFFICERS OF PARLIAMENT (JOINT).

Appointed 20th July, 1886.

The Hon. The President
 J. Balfour
 F. E. Beaver
 W. E. Hearn

The Hon. F. T. Sargood
 W. A. Zeal
 H. Cuthbert.

No. 9.—MELBOURNE HOSPITAL.

Appointed 7th September, 1886.

The Hon. D. Melville
 F. E. Beaver
 S. Fraser
 W. I. Winter.

The Hon. T. F. Cumming
 J. Williamson
 W. A. Zeal
 J. G. Beaney.

VICTORIA.

LEGISLATIVE COUNCIL.

SESSION 1886.

WEEKLY REPORT OF DIVISIONS

IN

COMMITTEE OF THE WHOLE COUNCIL.

No. 1.

Extracted from the Minutes.

No. 1.—DRAWBACKS ACT FURTHER AMENDMENT BILL.—Clause 2.—If any person shall wilfully and knowingly make and subscribe any declaration required by any Regulations made and approved by the Governor in Council under “*The Drawbacks Act 1872*,” or which shall hereafter be made and approved by the Governor in Council under the said Act, to be made and subscribed, the same being false or untrue in any particular, such person shall be deemed to be guilty of wilful and corrupt perjury, and be punishable accordingly.—(*Hon. H. Cuthbert.*)

Question—That Clause 2 stand part of the Bill—put.

Committee divided.

Ayes, 9.

The Hon. J. Buchanan
D. Coutts
H. Cuthbert
D. Ham
J. Lorimer
G. Meares, C.M.G.
W. I. Winter
G. Young
J. Bell (*Teller*).

Noes, 7.

The Hon. C. J. Ham
W. E. Hearn, LL.D.
D. Melville
W. E. Stanbridge
J. Williamson
W. A. Zeal
F. T. Sargood (*Teller*).



VICTORIA.

LEGISLATIVE COUNCIL.

SESSION 1886.

WEEKLY REPORT OF DIVISIONS

IN

COMMITTEE OF THE WHOLE COUNCIL.

No. 2.

Extracted from the Minutes.

WEDNESDAY, 29TH SEPTEMBER, 1886.

No. 1.—JUSTICES OF THE PEACE LAW CONSOLIDATION AND AMENDMENT BILL.—Clause 54.—In addition to the jurisdiction given to it by any Act of Parliament for the time being in force, every court of petty sessions shall except as hereinafter provided have subject to the provisions hereinafter contained jurisdiction in the following cases:—

- (1.) It may where a summary jurisdiction is given inquire into felonies and misdemeanors, and either commit the accused person for trial or discharge him or punish the offender according to law:
- (2.) Upon a complaint against the assailant for an assault in which damages are claimed for a sum not exceeding "Fifty" pounds, it may make an order for the payment to the complainant by the defendant of any sum not exceeding the sum claimed.

Amendment proposed—That the word "Fifty" in the ninth line of the above clause be omitted, with a view of inserting instead thereof the words "One hundred"—(*Hon. F. T. Sargood*).

Question—That the word proposed to be omitted stand part of clause—put.

Committee divided.

Ayes, 12.

The Hon. J. G. Beaney, M.D.
H. Cuthbert
J. G. Dougharty
T. Dowling
C. J. Ham
D. Ham
P. Hanna
F. Ormond
W. H. Roberts
J. Williamson
W. I. Winter
J. Lorimer (*Teller*).

Noes, 8.

The Hon. J. H. Connor
S. Fraser
W. McCulloch
D. Melville
F. T. Sargood
J. A. Wallace
W. A. Zeal
F. E. Beaver (*Teller*).

VICTORIA.

LEGISLATIVE COUNCIL.

SESSION 1886.

WEEKLY REPORT OF DIVISIONS

IN

COMMITTEE OF THE WHOLE COUNCIL.

No. 3.

Extracted from the Minutes.

WEDNESDAY, 6TH OCTOBER, 1886.

No. 1.—JUSTICES OF THE PEACE LAW CONSOLIDATION AND AMENDMENT BILL.—Clause 64.—Any police magistrate on application by or on behalf of any person (hereinafter called the creditor) upon due proof to the satisfaction of such police magistrate by affidavit of the creditor or of some other person who can swear positively to the facts that he has either alone or jointly with some other person or persons a cause of action for any debt or liability amounting to Ten pounds at least, cognizable by a court of petty sessions against some other person (hereinafter called the debtor) alone or jointly with any other person, and that there is probable cause for believing that the debtor is about to remove or is making preparations to remove out of Victoria and that such creditor's claim in respect of his cause of action will be thereby defeated unless the debtor be forthwith apprehended, may grant a warrant for the arrest of the debtor requiring him to be brought before the said or any police magistrate or be otherwise dealt with according to this Act, which warrant shall be in the form given in the Second Schedule or to the like effect and shall be executed within one month after its date including the day of such date in any part of Victoria, and the debtor shall be served with a copy thereof at the time of arrest. The police magistrate in granting such warrant shall fix such sum as he may consider reasonable to cover the costs of executing such warrant and shall direct that before the warrant be delivered to any person for execution the creditor shall deposit with such clerk of petty sessions as the police magistrate names the said sum so fixed as aforesaid. The said police magistrate shall also fix such sum as he considers reasonable for costs other than the costs of executing the warrant. If any person arrested as aforesaid proves to the satisfaction of any police magistrate that he had three weeks at least before the issue of such warrant given public notice by advertisement in two newspapers published in Melbourne or one newspaper published within seven miles of his usual residence or place of business of his intended departure and the time and manner thereof, such police magistrate may if he think fit order such person to be discharged upon his undertaking to answer to the complaint.

Question—That Clause 64 stand part of the Bill—put.

Committee divided.

Ayes, 10.

The Hon. J. Bell
H. Cuthbert
H. Gore
D. Ham
J. Lorimer
W. Robertson
W. E. Stanbridge
J. A. Wallace
W. I. Winter
N. Thornley (*Teller*).

Noes, 10.

The Hon. J. G. Beaney, M.D.
T. Dowling
S. Fraser
C. J. Ham
D. Melville
D. C. Sterry
J. Williamson
G. Young
W. A. Zeal
W. H. Roberts (*Teller*).

The Tellers having declared the numbers for the Ayes and for the Noes to be respectively ten, or equal, the Chairman gave his vote with the Noes, in order to allow of further consideration of the subject, and declared the question to have been resolved in the negative.

VICTORIA.

LEGISLATIVE COUNCIL.

SESSION 1886.

WEEKLY REPORT OF DIVISIONS

IN

COMMITTEE OF THE WHOLE COUNCIL.

No. 4.

Extracted from the Minutes.

WEDNESDAY, 27TH OCTOBER, 1886.

No. 1.—WATER SUPPLY BILL.—Clause 146.—The payment of the interest upon any loan advanced or the payment for water supplied from National or joint works to any Trust may, if the Governor in Council so think fit, be deferred and postponed for a period not exceeding five years from the commencement of the National works if the scheme include National works, and if not, then “five” years from the date of the appointment of the Trust in the proportions hereinafter provided (that is to say):—During such period the Trust may be required to pay for only such water as it may actually take from the National works, and may be required to pay such proportion only of the whole interest payable by it upon any such loan as the area of land actually brought under irrigation from year to year in such Trust district bears to the total area of land capable of irrigation in such district. Provided that all the unpaid balances in respect both of water and interest arising from such deferred and postponed payments shall from the time from which they have first been so deferred or postponed be added to and in all respects be deemed part of the principal sum owing by such Trust to the Board. Provided that where a loan or loans have been advanced for joint works or water has been supplied to joint works each Trust in respect of which such joint works are carried on shall be liable only for its own proportion of the principal moneys or interest of such loan or loans and for its own proportion of the water supplied for such joint works.

Amendment proposed that the word “five” in the fourth line be omitted, with a view of inserting instead thereof the word “three.”—(*Hon. W. A. Zeal.*)

Question—That the word proposed to be omitted stand part of the clause—put.

Committee divided.

Ayes, 14.

The Hon. J. Bell
 F. Brown
 J. Buchanan
 H. Cuthbert
 T. Dowling
 S. Fraser
 H. Gore
 P. Hanna
 W. E. Hearn, LL.D.
 W. Robertson
 W. P. Simpson
 N. Thornley
 G. Young
 J. Lorimer *Teller*).

Noes, 7.

The Hon. T. Bromell
 C. J. Ham
 W. McCulloch
 D. Melville
 W. E. Stanbridge
 J. A. Wallace
 W. A. Zeal (*Teller*).

No. 2.—Clause 148.—The aggregate amount of money borrowed by any Trust shall not at any time together with the balance owing by such Trust on any loan to it from the Board exceed “seventy” per centum of the gross value of all rateable property within the district of such Trust or exceed the amount specified in the Order in Council appointing such Trust, and the amount of money subsequently borrowed shall not together with the balance of the moneys owing on account of any previous loan exceed at any time seventy per centum of the then gross value of all rateable property within such district.

Amendment proposed—That the word “seventy” in the second line of the above clause be omitted, with a view of inserting instead thereof the word “fifty.”—(*Hon. W. A. Zeal.*)

Question—That the word proposed to be omitted stand part of the clause—put.

Committee divided.

Ayes, 14.

The Hon. J. Bell
 F. Brown
 J. Buchanan
 H. Cuthbert
 S. Fraser
 H. Gore
 P. Hanna
 W. E. Hearn, LL.D
 J. Lorimer
 W. Robertson
 W. P. Simpson
 J. A. Wallace
 G. Young
 N. Thornley (*Teller*).

Noes, 7.

The Hon. T. Bromell
 T. Dowling
 C. J. Ham
 W. McCulloch
 D. Melville
 W. E. Stanbridge
 W. A. Zeal (*Teller*.)

VICTORIA.

LEGISLATIVE COUNCIL.

SESSION 1886.

WEEKLY REPORT OF DIVISIONS

IN

COMMITTEE OF THE WHOLE COUNCIL.

No. 5.

Extracted from the Minutes.

WEDNESDAY, 10TH NOVEMBER, 1886.

No. 1.—WATER SUPPLY BILL.—Clause 2.—In this Act, unless inconsistent with the subject-matter or context, the following words shall have the meanings hereinafter respectively assigned to them (that is to say) :—

“Board” shall mean Board of Land and Works :

“District” shall mean the locality placed under the authority of a Trust under this Act :

“Joint works” shall mean works undertaken and constructed jointly by two or more Trusts :

“Minister” shall mean responsible Minister of the Crown for the time being administering this Act :

“National works” shall mean those works which “in the opinion of the Minister are of such magnitude affect such sources of water supply and command such large areas of country that it is advisable that they should be constructed by and retained under the direct control of the State,” and which in accordance with such opinion shall have been declared by Order of the Governor in Council to be National works :

“Owner” shall with respect to land mean any person seised of any land at law or in equity for his own life or for the life of another or for any larger estate :

“Trust” shall mean an Irrigation and Water Supply Trust appointed under this Act :

“Trust works” shall mean works undertaken and constructed by a Trust :

Amendment proposed—That the words “in the opinion of the Minister are of such magnitude affect such sources of water supply and command such large areas of country that it is advisable that they should be constructed by and retained under the direct control of the State,” in the ninth line, be omitted, with the view of inserting instead thereof the words “some Act of Parliament shall have declared to be national”—(*Hon. W. E. Hearn*).

Question—That the words proposed to be omitted stand part of the clause—put.

Committee divided.

Ayes, 19.

The Hon. Dr. Beaney
 J. Bell
 J. Buchanan
 D. Coutts
 H. Cuthbert
 J. G. Dougharty
 S. Fraser
 H. Gore
 D. Ham
 P. Hanna
 J. Lorimer
 W. McCulloch
 W. H. Roberts
 W. P. Simpson
 J. A. Wallace
 W. I. Winter
 G. Young
 W. A. Zeal
 D. C. Sterry (*Teller*).

Noes, 14.

The Hon. J. Balfour
 T. Bromell
 J. H. Connor
 T. F. Cumming
 T. Dowling
 C. J. Ham
 W. E. Hearn, LL.D.
 T. Henty
 D. Melville
 F. Ormond
 W. Pearson
 W. Ross
 N. Thornley
 J. Williamson (*Teller*).

No. 2.—Clause 4.—The right to the use of all water at any time in any river stream watercourse lake lagoon swamp or marsh shall for the purposes of this Act in every case be deemed to be vested in the Crown until the contrary be proved by establishing any other right than that of the Crown to the use of such water, and save in the exercise of any legal right existing at the time of such diversion or appropriation no person shall divert or appropriate any water from any river stream watercourse lake lagoon swamp or marsh excepting under the provisions of this Act or of some other Act already or hereafter to be passed.

Question—That Clause 4 stand part of the Bill—put.

Committee divided.

Ayes, 16.

The Hon. Dr. Beane
J. Buchanan
D. Coutts
H. Cuthbert
J. G. Dougharty
S. Fraser
H. Gore
J. Lorimer
W. McCulloch
W. H. Roberts
W. P. Simpson
D. C. Sterry
W. I. Winter
G. Young
W. A. Zeal
J. Bell (*Teller.*)

Noes, 15.

The Hon. J. Balfour
T. Bromell
J. H. Connor
T. F. Cumming
T. Dowling
C. J. Ham
D. Ham
W. E. Hearn, LL.D
D. Melville
F. Ormond
W. Robertson
W. Ross
N. Thornley
J. A. Wallace
J. Williamson (*Teller.*)

THURSDAY, 11TH NOVEMBER, 1886.

No. 3.—WATER SUPPLY BILL.—Clause 143.—The Governor in Council may if in any special case he may think fit on the petition of any Trust out of any moneys which may be legally available for such purpose from time to time make any further loan to such Trust in addition to any loan provided for in the order appointing such Trust and on such terms and conditions as he may by Order in Council declare, but before any such loan shall be legally available such last mentioned Order in Council shall be laid before both Houses of Parliament and such loan shall be submitted “for the sanction of the Legislative Assembly in the same manner as the Annual Estimates of Expenditure for the Public Service.”

Amendment proposed—That the words “for the sanction of the Legislative Assembly in the same manner as the Annual Estimates of Expenditure for the Public Service” in the seventh line be omitted, with the view of inserting instead thereof “to and receive the sanction of both Houses of Parliament”—(*Hon. W. A. Zeal.*)

Question—That the words proposed to be omitted stand part of the clause—put.

Committee divided.

Ayes, 13.

The Hon. J. Balfour
D. Coutts
H. Cuthbert
T. Dowling
H. Gore
J. Lorimer
W. McCulloch
F. Ormond
W. Ross
W. P. Simpson
J. Williamson
G. Young
J. Bell (*Teller.*)

Noes, 8.

The Hon. T. F. Cumming
S. Fraser
C. J. Ham
D. Ham
T. Henty
D. Melville
J. A. Wallace
W. A. Zeal (*Teller.*)

VICTORIA.

LEGISLATIVE COUNCIL.

SESSION 1886.

WEEKLY REPORT OF DIVISIONS

IN

COMMITTEE OF THE WHOLE COUNCIL.

No. 6.

Extracted from the Minutes.

WEDNESDAY, 1ST DECEMBER, 1886.

RAILWAY LOAN ACCOUNT 1885 APPLICATION BILL.—Schedule.

Section 1.

	£
1. Melbourne to Essendon Junction	34,300
2. Essendon Junction to Echuca	2,674
3. Lancefield Road to Lancefield	945
4. Carlsruhe to Daylesford	1,062
5. Sandhurst to Wycheproof and Boort branch	3,193
6. Eaglehawk to Kerang	1,440
7. Footscray to Williamstown	2,877
8. Newport to Ballarat and Dimboola	33,335
9. Geelong to Queenscliff and Camperdown	833
10. Ballarat to Scarsdale	892
11. Branzholme to Casterton	2,500
12. Essendon Junction to the River Murray	8,034
13. Mangalore to Numurkah and Tatura branch	1,375
14. Everton to Myrtleford	1,150
15. North Melbourne to Coburg, including duplication of line from North Melbourne to Royal Park station	36,550
16. South Yarra to Sale	16,795
17. Hawthorn to Lilydale	2,110
18. Caulfield to Frankston	5,490
19. Hobson's Bay lines	5,080
20. Workshops in country districts, additional amount to complete ..	21,000
21. Towards Quarters for Station Masters	3,000
22. Towards Interlocking	20,000
23. Towards Block System	5,000
24. For duplicating the line between Brighton and Picnic Point ...	7,205
25. Sundry alterations and additions and to meet urgent contingencies	20,000
26. Amount to pay the Universal Continuous Brake Company in full discharge of all Royalties for the use of their Patent Automatic Continuous Brakes fitted to or which may hereafter be fitted to any Rolling Stock on the Victorian Railways	3,000
	£239,840

Motion made and question put—That the Chairman report progress and ask leave to sit again.—

(Hon. W. A. Zeal.)

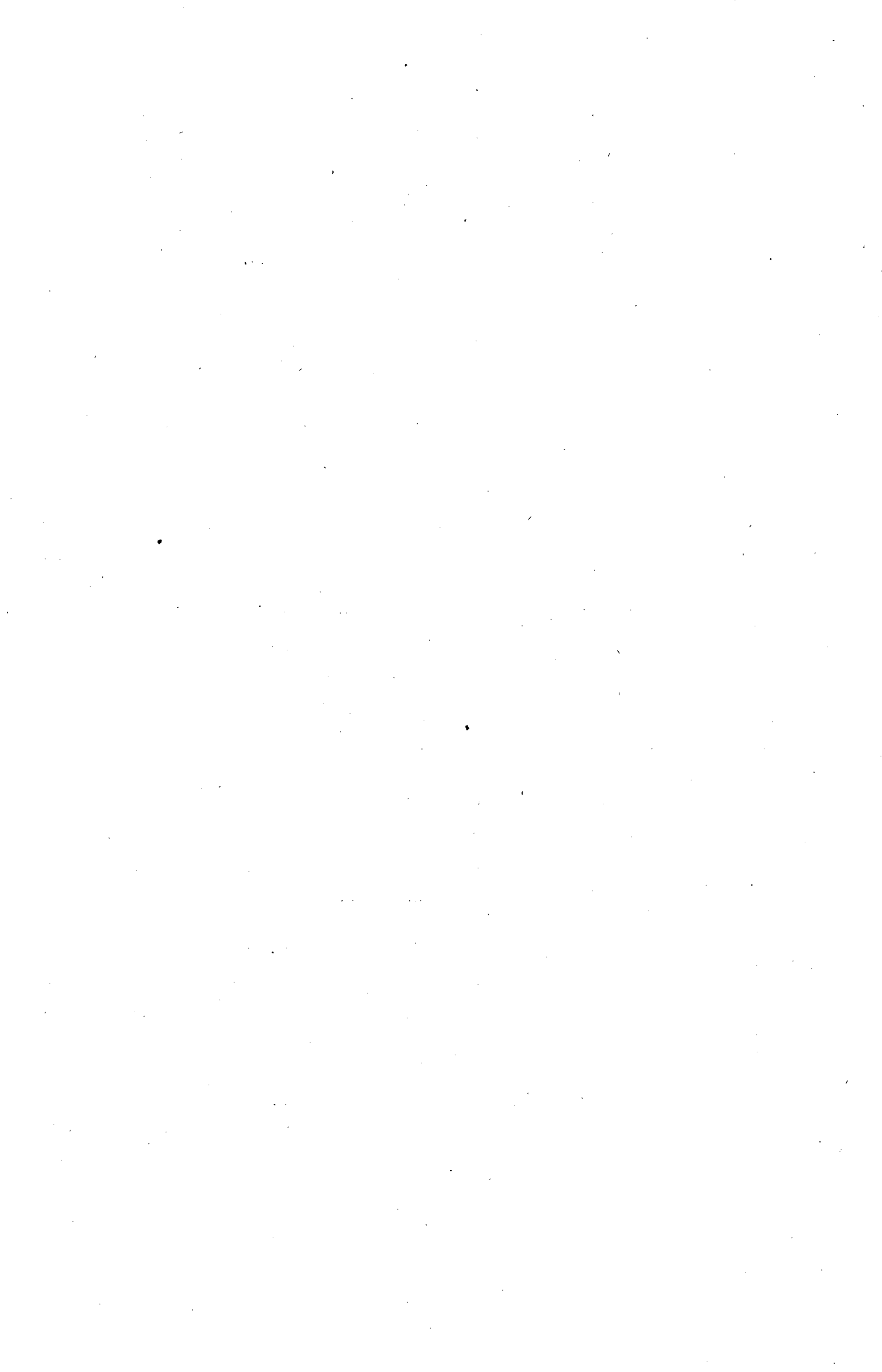
Committee divided.

Ayes, 12.

The Hon. J. Balfour
T. Bromell
F. Brown
T. F. Cumming
W. McCulloch
D. Melville
F. Ormond
W. E. Stanbridge
J. A. Wallace
G. Young
W. A. Zeal
W. H. Roberts (*Teller*).

Noes, 7.

The Hon. J. Bell
H. Cuthbert
S. Fraser
N. Thornley
J. Williamson
W. I. Winter
J. Lorimer (*Teller*).



VICTORIA.

LEGISLATIVE COUNCIL.

SESSION 1886.

WEEKLY REPORT OF DIVISIONS

IN

COMMITTEE OF THE WHOLE COUNCIL.

No. 7.

Extracted from the Minutes.

WEDNESDAY, 8TH DECEMBER, 1886.

No. 1. IMPOUNDING LAW FURTHER AMENDMENT BILL.—Clause 5, *as amended*.—It shall not be lawful for any person to drive any great cattle exceeding twenty-five or any other cattle exceeding one hundred and fifty in number along or over any public or surveyed road or public highway or track or Crown lands unless such person be lessee or licensee thereof unless such person have previously obtained a permit in accordance with the provisions herein contained. Provided always that nothing contained in this Act shall prevent any person from driving any great or other cattle to or from any pound, railway station, or to market for sale or from any one property to any other property in his possession without a permit, provided he complies with the provisions of clause 8 as regards the distances to which such cattle shall travel.

Question—That Clause 5, as amended, stand part of the Bill—put.

Committee divided.

Ayes, 9.

The Hon. J. Bell
 J. H. Connor
 H. Cuthbert
 H. Gore
 D. Ham
 P. Hanna
 N. Thornley
 G. Young
 J. Lorimer (*Teller*).

Noes, 17.

The Hon. T. Bromell
 F. Brown
 J. Buchanan
 T. F. Cumming
 J. G. Dougharty
 T. Dowling
 S. Fraser
 W. McCulloch
 D. Melville
 F. Ormond
 W. P. Simpson
 W. E. Stanbridge
 J. A. Wallace
 J. Williamson
 W. I. Winter
 W. A. Zeal
 F. T. Sargood (*Teller*).

Dear Sir,

Reference is made to your letter of the 14th inst.

concerning the above mentioned matter.

The same has been referred to the proper authorities.

Very truly yours,

Yours faithfully,

[Signature]

Enclosed for you are the following documents:

1. A copy of the report of the committee appointed to investigate the matter.

1886.
—
VICTORIA.

FEDERAL COUNCIL:

APPOINTMENTS, RESIGNATION, ETC., OF REPRESENTATIVES IN THE.

ORDERED BY THE LEGISLATIVE COUNCIL TO BE PRINTED, 1st JUNE, 1886.

HENRY B. LOCH,
Governor.

Message No. 1.

In accordance with Section 5 of "*The (Victorian) Federal Council Act 1885*," the Governor notifies to the Legislative Council the following appointments, resignation, etcetera, of Representatives in the Federal Council, on the dates opposite to their names respectively, viz. :—

Date.	Whether Appointment or Resignation, &c.	Name.
1886.		
5th January ...	Appointment... ..	The Hon. James Service.
5th January ...	"	" Graham Berry.
16th February ...	Resignation	" Graham Berry.
18th February ...	Cessation to hold office on vacating office as a Minister of the Crown under second paragraph of Section 3 of the Act	" James Service.
31st May ...	Appointment... ..	" Duncan Gillies.
31st May ...	"	" Henry John Wrixon.

Government Offices,
Melbourne, 1st June, 1886.



1886.
VICTORIA.

IRRIGATION TRUSTS.

RETURN TO AN ORDER OF THE LEGISLATIVE COUNCIL.
THE HONORABLE N. THORNLEY.—27TH OCTOBER, 1886

ORDERED BY THE LEGISLATIVE COUNCIL TO BE PRINTED, 10TH NOVEMBER, 1886.

RETURN showing—

- (1.) Copies of the plans showing the area of the districts proposed to be irrigated by the several Irrigation Trusts whose schemes have received Government approval.
- (2.) A return showing the number of owners within such area.
- (3.) The proportion of such owners who have formed themselves into such Trusts.
- (4.) The estimated cost of the works in each scheme.
- (5.) The amount of loan approved by the Government.
- (6.) The rate of interest.

Name of Irrigation Trust.	Extent of Irrigation Area.	Number of Owners within Area.	Number of Owners who have formed themselves into Trusts.	Proportion per cent.	Estimated Cost of Works of each Scheme.	Amount of Loan approved by Government.	Rate of Interest per annum.	Remarks.
	Acres.				£	£		
Leaghur and Meering ...	8,127	31	24	77	650	650	...	The whole of the works of this Trust have been carried out by means of contributions of the land owners. Borrowing power to the amount of the expenditure was, however, given to the Trust.
Tragowel Plains ...	228,453	583	324	55	165,000	165,000	4½ per cent.	
Cohuna ...	89,309	228	173	75	17,000	17,000	"	
Koondrook ...	4,028	11	11	100	1,700	1,700	"	
Benjeroop and Murrabit	17,893	46	31	67	2,000	2,000	"	
Twelve-Mile ...	9,031	26	22	84	3,000	3,000	"	

C. W. LANGTREE,

Secretary for Mines and Water Supply.

Department of Mines and Water Supply,
3rd November, 1886.

1886.
—
VICTORIA.

REPORT

FROM THE

SELECT (JOINT) COMMITTEE

UPON THE

PARLIAMENT BUILDINGS.

ORDERED BY THE COUNCIL TO BE PRINTED 27TH JULY, 1886.

By Authority:

JOHN FERRES, GOVERNMENT PRINTER, MELBOURNE.



REPORT.

THE SELECT COMMITTEE (JOINT) upon Parliament Buildings, have the honor to report as follows:—

That your Committee have held two meetings, and that at the last meeting it was resolved that the following Resolution be reported to both Houses of Parliament, viz. :—

That the Report of Mr. Kerr is consistent with the experience of many Honorable Members in the Legislative Assembly, and that, as Mr. Lloyd Tayler's experiment has not been successful, the same be at once abandoned.

1886.
—
VICTORIA.

R E P O R T

OF THE

J O I N T S E L E C T C O M M I T T E E

OF THE

L E G I S L A T I V E C O U N C I L A N D L E G I S L A T I V E A S S E M B L Y

ON THE

R E F R E S H M E N T R O O M S .

ORDERED BY THE COUNCIL TO BE PRINTED, 26TH OCTOBER, 1886.

By Authority:

JOHN FERRIS, GOVERNMENT PRINTER, MELBOURNE.

EXTRACTED FROM THE MINUTES.

TUESDAY, 1ST JUNE, 1886.

REFRESHMENT ROOMS COMMITTEE.—The Honorable J. Lorimer moved, by leave of the Council, That the Honorables W. Pearson, J. Buchanan, J. Williamson, D. C. Sterry, and W. P. Simpson be Members of the Joint Committee of both Houses to manage the Refreshment Rooms.

Question—put and resolved in the affirmative.

WEDNESDAY, 6TH OCTOBER, 1886.

REFRESHMENT ROOMS COMMITTEE.—The Honorable H. Cuthbert moved, by leave of the Council, That the Honorables J. A. Wallace, J. Buchanan, and D. C. Sterry, be appointed Members of the Refreshment Rooms Committee.

Question—put and resolved in the affirmative.

TUESDAY, 26TH OCTOBER, 1886.

THE REFRESHMENT ROOMS COMMITTEE.—The Honorable Jas. Williamson brought up a Report from this Committee. Ordered to lie on the Table, and to be printed.

REPORT.

THE SELECT COMMITTEE upon the Refreshment Rooms have the honor to report :—

1. That your Committee have enquired into the complaints recently made regarding the management of the Refreshment Rooms, and are of opinion that, if the kitchens are removed from the unsuitable positions they now occupy to the one indicated by Mr. Kerr, the contractor will be enabled to cater in a more satisfactory manner.

2. Your Committee have carefully considered the Report submitted to them on this question (and attached hereto) by the architect to the Parliament House, and have the honor to recommend that the alterations suggested by Mr. Kerr should be at once carried out.

South Library,
October 20th, 1886.

DEPARTMENT OF PUBLIC WORKS,

No. 86/2677.

Melbourne, 20th October, 1886.

SIR,

I have the honor to acknowledge the receipt of your letter dated the 14th inst., and to forward herewith, in accordance with the wish of the Refreshment Rooms Committee of Parliament Houses, a report from the Architect (Mr. Kerr) on the subjects of accommodation for cooking and ventilation of ^{One enclosure.} dining-room.

I have the honor to be,

Sir,

Your obedient servant,

CHARLES LE CREN,

Secretary.

The Clerk of the Legislative Assembly, &c., &c.

86.7/269
1924.

DEPARTMENT OF PUBLIC WORKS,

Melbourne, 18th October, 1886.

HOUSES OF PARLIAMENT, MELBOURNE—REMOVAL OF KITCHEN, ETC., AND
VENTILATION OF DINING-ROOM.

MEMORANDUM.

I have carefully considered the question of so modifying the present arrangements for cooking in connexion with the refreshment-rooms at the Houses of Parliament, and have examined the present kitchen in the basement and also the temporary wooden kitchen which is on the same level as the dining-room.

It has been proposed by Mr. Gregory, the Caterer, to use the two small rooms off the staircase, on the west side of the Library dome (one of which is at present used for the storage of books), for a kitchen. I find, however, that these rooms are very unsuitable for the purpose; they are small in size, one being only 17 ft. by 8 ft. 6 in. and the other only 10 ft. 6 in. by 10 ft. 6 in., whilst both of them are only 9 ft. high. I do not think that cooking could be successfully carried on in so limited a space, whilst the proper ventilation of such rooms would be simply impossible. I do not think, therefore, that the alteration proposed by Mr. Gregory should be carried out, if the Refreshment Rooms Committee can by any means see their way clear to adopt the proposition hereinafter made.

I find that the Caterer has at present in the basement of the Library building a kitchen, scullery, &c., occupying altogether a space measuring 48 ft. by 16 ft. 6 in.; these, so far as I can ascertain, although they include a large range, a baker's oven, &c., are only used for the purpose of washing—presumably the washing of table-linen, &c.; and on the other side of the corridor, in this same portion of the basement, the Caterer has a space measuring 16 ft. 6 in. by 15 ft. 6 in., which, I believe, is only used for laundry purposes.

The great difficulty which presents itself in re-arranging the kitchen accommodation is, that most of the rooms on the upper floors which are suitable for the purpose are closely packed with tiers of books, for which there is no room in the bookcases in the libraries themselves, but which must be readily accessible at all times, as any one of them may be called for at a moment's notice. I believe, therefore, that the true solution of the problem lies in devoting the present kitchen and laundry accommodation in the basement to the storage of books, and placing the kitchen on the floor above the dining-room, and as close to it as possible. There exists, I am informed, at the present time, a pressing need for more extended accommodation for the storage of bound volumes of newspapers; and, as the space I propose to take from the Librarian on the upper floor is much less than that which I propose to give him in exchange in the basement, this alteration, if carried out, will provide a portion, at any rate, of the additional accommodation needed, and that, too, in a convenient position, the present newspaper-room being in the centre of the basement.

I propose therefore that, of the three rooms immediately over the dining-room, the western and central ones shall be thrown into one and formed into a kitchen. These rooms measure respectively 23 ft. 3 in. by 17 ft., and 17 ft. 9 in. by 13 ft. 9 in., and they are both 12 ft. 6 in. high. The larger of these two rooms is at present used for the storage of books, whilst the smaller is used as a bed-room. There would be no danger of any smell from a kitchen so situated making its way to the floor below, whilst ample space would be afforded for carrying on all culinary operations. The existing lift could be continued upwards; and, whilst it would still communicate with the corridor in the basement for the purpose of bringing up stores, &c., it would also communicate, as at present, with the landing outside the dining-room for the purpose of serving. It is probable that by this arrangement the Caterer would be compelled to have the table-linen, &c., washed off the premises; but I do not think there should be any difficulty in arranging this or in giving up the bed-room required.

The atmosphere of the dining-room cannot be made agreeable, or indeed healthy, whilst the present hot-closet and gas-stoves remain in it, consuming the oxygen required by the members, and loading it with the products of combustion and super-heated air. I would recommend, therefore, that these should be removed to the present temporary kitchen on the other side of the corridor, which I consider is sufficiently near to be convenient, and sufficiently far removed to prevent any objectionable effects.

On the other hand, I have always looked upon the present temporary kitchen, which is a wooden structure, as a source of danger, constantly threatening the destruction of the whole building by fire; and I would strongly recommend, therefore, that, when the present gas-stoves are removed from the dining-room, the dining-room should be supplied with boiling water by pipes from the kitchen above, and that a hot-closet, heated by steam from a boiler also in the kitchen above, should be substituted for the present one. The present temporary kitchen could then be removed.

I do not think that anything else is required to make the atmosphere of the dining-room pleasant at all times; but, at any rate, this should be tried first; for, until these objectionable appliances are removed out of the apartment, all attempts to render the air comfortable or agreeable will necessarily prove futile, and ventilating appliances would only tend to more equally diffuse the deleterious gases.

One very strong argument in favour of carrying out the above proposal is that, in deciding on this alteration, the Refreshment Rooms Committee will be adopting a permanent position for the kitchen, &c., from which they need never be again removed; for in the plans of the completed building already prepared the whole of the space over the dining-room is allotted to the kitchen, &c., and it will only be necessary in the future, therefore, if additional kitchen accommodation is required, to throw into the kitchen the eastern room, when, through the erection of the side-libraries, this can be spared. Estimates of the cost of building the side-library on the north side and of the north front have already been submitted to the Joint Committee on Parliament Buildings; but, if the proposal I have recommended is carried out, the Committee might think it better, in furtherance of it, to build the side-library on the south side first.

I estimate the cost of making this alteration in the way I have proposed at £200, supposing the existing ranges, &c., can be utilized for the new kitchen; this amount includes the cost of laying on hot water to the dining-room, and of providing a hot-closet heated by steam. In addition to the above amount, about £50 would be required to fit the present kitchen, &c., in the basement for the storage of books, &c., making a total of £250.

P. KERR,
Architect.

1886
—
VICTORIA.

THE OFFICERS OF PARLIAMENT BILL.

REPORT

OF THE

SELECT COMMITTEE OF THE LEGISLATIVE COUNCIL,

TOGETHER WITH THE

PROCEEDINGS OF THE JOINT COMMITTEE OF THE LEGISLATIVE COUNCIL
AND THE LEGISLATIVE ASSEMBLY.

ORDERED BY THE COUNCIL TO BE PRINTED, 16TH NOVEMBER, 1886.

By Authority:

JOHN FERRES, GOVERNMENT PRINTER, MELBOURNE.

EXTRACTED FROM THE MINUTES.

TUESDAY, 13TH JULY, 1886.

MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly:—

MR. PRESIDENT—

The Legislative Assembly acquaint the Legislative Council that they have appointed a Committee, consisting of seven Members, to join with a Committee of the Legislative Council, to consider and report upon the position of all officers connected with Parliament under *The Public Service Act*, 1883, and as to whether it is desirable that they should continue under the provisions of that Act, and request that the Legislative Council will be pleased to appoint an equal number to be joined with the Members of this House, seven to be a quorum.

PETER LALOR,
Speaker.

Legislative Assembly Chamber,
Melbourne, 13th July, 1886.

OFFICERS OF PARLIAMENT.—The Honorable H. Cuthbert moved, That the above Message be taken into consideration the next day of meeting.

Question—put and resolved in the affirmative.

TUESDAY, 20TH JULY, 1886.

OFFICERS OF PARLIAMENT.—The Order of the Day for the consideration of the Message from the Legislative Assembly having been read, the Honorable H. Cuthbert moved, That, in compliance with the request of the Legislative Assembly, a Committee be appointed, consisting of seven Members, to join with the Committee of the Legislative Assembly, to consider and report upon the position of all Officers connected with Parliament under *The Public Service Act* 1883, and as to whether it is desirable they should continue under the provisions of that Act; such Committee to consist of the Honorables the President, Jas. Balfour, F. E. Beaver, W. E. Hearn, F. T. Sargood, W. A. Zeal, and the Mover; that seven do form a quorum of the said Committee, that they have power to send for persons, papers, and records, and to meet on days on which the Council does not sit; and, further, that the Committees meet in the first instance in the South Library on Tuesday next, at half-past three o'clock.

Question—put and resolved in the affirmative.

Ordered—That a Message be transmitted to the Legislative Assembly acquainting them of the above resolution.

TUESDAY, 16TH NOVEMBER, 1886.

OFFICERS OF PARLIAMENT BILL.—The Honorable W. A. Zeal, on behalf of the President, Chairman of the Joint Committee on this Bill, brought up a Report from the Committee.

Ordered to lie on the Table, and together with the Proceedings of the Committee, to be printed.

REPORT.

—

THE COMMITTEE appointed to join with the Committee of the Legislative Assembly to consider and report upon the position of all officers connected with Parliament, under the Public Service Act 1883, and as to whether it is desirable they should continue under the provisions of that Act, have the honor to report:—

That, in the first instance, your Committee authorised the Honorable The President of the Legislative Council and the Honorable The Speaker of the Legislative Assembly to instruct counsel to prepare a Bill in accordance with certain resolutions agreed to by the Committee. Such Bill having been revised, your Committee resolved that it be submitted for the consideration of Parliament.

That, in accordance with such resolution, your Committee have now the honor to report to your honorable House the annexed Bill:—

A BILL

To provide for the Appointment and Control of all Persons in the service of both Houses of Parliament and for other purposes.

WHEREAS certain persons in the Public Service of Victoria are more immediately employed in the service of both Houses of Parliament: And whereas by virtue of the provisions of the "*The Public Service Act 1883*" such persons are under the control of the Public Service Board appointed under that Act: And whereas it is considered expedient to remove such persons from such control and to place them more immediately under the control of a Joint Committee of the Legislative Council and Legislative Assembly: Be it therefore enacted by the Queen's Most Excellent Majesty by and with the advice and consent of the Legislative Council and the Legislative Assembly of Victoria in this Parliament assembled and by the authority of the same as follows:—

1. This Act shall be known and may be cited as "*The Officers of Parliament Act 1886.*" Preamble.
2. From and after the passing of this Act the Act No. CLX. being an Act to regulate the civil service and the Act No. DCCLXXIII. being an Act to make better provision for the public service of Victoria shall save and except as to all matters and things done under and to all the privileges and rights now existing or hereafter accruing of all persons now subject thereto be and are hereby repealed so far as affects the persons employed as aforesaid in the service of both Houses or either House of Parliament but no further, and all such persons shall in every respect be subject to the provisions of this Act in the same way and to the same extent as if they had been appointed after the passing hereof. Short title.
Repeal of Acts
160 and 773.

PART I.—THE JOINT COMMITTEE.—SEPARATE COMMITTEES.

3. All the powers conferred by this Act shall subject to the provisions hereinafter contained be vested in a Joint Committee of the Legislative Council and Legislative Assembly which Joint Committee shall consist of Ten members (that is to say) of the President of the Legislative Council and Speaker of the Legislative Assembly for the time being and Four members of the Legislative Council to be appointed by the Legislative Council hereinafter called the "Legislative Council Committee" and Four members of the Legislative Assembly to be appointed by the Legislative Assembly and hereinafter called the "Legislative Assembly Committee" who shall continue to act as such members so long as they remain members of the said Legislative Council and Legislative Assembly respectively unless the said Council or Assembly should otherwise direct, and in the event of such Council or Assembly so otherwise directing then and in that case such Council or Assembly (as the case may be) shall appoint another or other members of such Council or Assembly as member or members of such Joint Committee. Provided always that in the event of a dissolution of Parliament or of such President Speaker or of any member of the Council or Assembly as aforesaid resigning or seat being vacated by effluxion of time then such President Speaker or member shall continue to hold office as member of such Joint Committee until his place be filled up by his successor as President or Speaker or by the appointment of such member as aforesaid. Powers vested in
Joint Com-
mittee.
Who to be
members.
Legislative
Council Com-
mittee.
Legislative
Assembly Com-
mittee.
Provision in case
of dissolution of
Parliament or
vacancy on
Committee.

4. The President of the Legislative Council, and in his absence the Speaker of the Legislative Assembly, shall be chairman of the said Joint Committee, and such Committee shall not be competent to transact any business unless Four members thereof be present, two of whom shall be members of the Chairman of
Joint Com-
mittee.
Quorum.

Legislative Council and two of them members of the Legislative Assembly, of whom one shall be the aforesaid President or Speaker, and all questions before such Joint Committee shall be decided by a majority of the members for the time being present, including the chairman, and whenever the votes shall be equal the chairman shall have a casting vote.

Casting vote of
Chairman.

5. The President of the Legislative Council shall be chairman of the said Legislative Council Committee and the Speaker of the Legislative Assembly shall be chairman of the said Legislative Assembly Committee, and it shall not be competent for either of the said last-mentioned Committees to transact any business unless *three* members thereof respectively be present, one of whom shall be the aforesaid President or Speaker, and all questions before such last-mentioned Committees shall be decided by a majority of the members for the time being present in like manner as in the case of the Joint Committee.

Chairman of
Legislative
Council Com-
mittee.

Of Legislative
Assembly Com-
mittee.

Quorum.

Nomination of
persons to
vacant offices.

6. The said Joint Committee shall have the exclusive right of nominating persons to all vacancies in offices in the Departments of the "Library," "The *Hansard* Reporting Staff," and the "Joint Establishment," and the control of all such persons under this Act. The said Legislative Council Committee shall have the exclusive right of nominating persons to all vacancies in offices in the Department of the "Legislative Council," and the control of all such persons under this Act. And the said Legislative Assembly Committee shall have the exclusive right of nominating persons to all vacancies in offices in the Department of the "Legislative Assembly," and the control of all such persons under this Act. All such persons to be taken from the officials in the service of Parliament if eligible, and in the event of there being no such officials eligible then to be taken from the existing Public Service if any persons therein be deemed eligible.

Joint Committee
how summoned.

7. The Joint Committee may be summoned for the despatch of business at any time by the Clerk of the Legislative Council and the Clerk of the Legislative Assembly on a direction to that effect by the President and Speaker.

8. The annual estimates of expenditure for the several departments shall be prepared by the respective Committees two months before the ending of each financial year, that is to say by the Joint Committee for the Departments of "The Library," "The *Hansard* Reporting Staff," and "The Joint Establishment," by the Legislative Council Committee for the Department of the "Legislative Council" (other than the expenses chargeable to the fund set apart by Schedule D to *The Constitution Act* for the "Clerk and expenses of the Legislative Council"), and by the "Legislative Assembly Committee" for the Department of the Legislative Assembly; and after such estimates are approved of by the said several Committees respectively they shall be forwarded to the Treasurer of Victoria for inclusion in the annual estimates for the year; and for the purpose of carrying out the provisions of this Act all communications shall be addressed by the Joint Committee to such Treasurer for the time being.

No action or suit
against mem-
bers of Joint
Committee.

No. 773 s. 6.

9. No action shall be brought or maintained against any person who is or who shall have been a member of the Joint Committee for any nonfeasance or misfeasance in connexion with the duties imposed upon him by this Act, nor shall any action lie nor any costs be payable in respect of any proceeding before the said Joint Committee or before the said Legislative Council or Legislative Assembly Committee respectively.

PART II.—DIVISION AND CLASSIFICATION.

Divisions of
service.

10. All persons employed in the service of Parliament shall for the purposes of this Act be divided into five divisions, to be called "Officials of the Legislative Council," "Officials of the Legislative Assembly," "Officials of the Library," "The *Hansard* Reporting Staff," and "Officials connected with 'The Refreshment Rooms,' and with 'The Parliament Buildings and Gardens,' hereinafter called the "Joint Establishment."

Permanent
heads.

The persons holding the offices of "Clerk of the Legislative Council" and of "Clerk of the Legislative Assembly," "Librarian," and "Chief *Hansard* Reporter" for the time being respectively shall be designated "permanent heads" of Departments, and shall be permanent heads of the Departments of the "Legislative Council," "Legislative Assembly," "Library," and "*Hansard* Reporting Staff" respectively and the "permanent head" of the "Joint Establishment" shall be such person as the Joint Committee may from time to time appoint; and such "permanent heads" except in case of any official paid by any Act now in force shall be paid such emoluments salaries and allowances as may be provided for them in the annual Appropriation Act.

Ib. s. 16.

Clerical and
non-clerical
divisions.

11. All officials performing duties in the service of Parliament, not being "permanent heads" of departments, shall for the purposes of this Act be divided into two divisions, to be called the "clerical" and "non-clerical." The "clerical" division shall be divided into five classes, first second third fourth and fifth, and shall include all persons performing clerical duties; the "non-clerical" division shall include all persons performing other than clerical duties. Provided also that it shall be in the power of the respective Committees to transfer any person now or hereafter appointed to office under this Act within their respective departments from the non-clerical to the clerical division, such person having shown his fitness and capacity to the satisfaction of the proper Committee in that behalf.

Salaries and
annual incre-
ments.

No. 160 s. 6.

12. Every class in each division shall have a maximum and a minimum limit of salary, ascertained in the manner hereinafter directed, and every official therein shall be entitled to receive in every financial year by way of increase to his salary a sum equal to one-sixth part of the difference between the aforesaid limits in each such year, but no official shall in any year receive a salary higher than the maximum limit for that year in his division and class.

Officials to be
classified.

Ib. s. 8.

13. As soon as conveniently may be after the passing of this Act the respective Committees shall severally arrange what offices and determine what number of officials of each division and class aforesaid are required for the efficient working of each department, and shall classify the officials in the service of Parliament, other than permanent heads of departments, according to such arrangement and shall fix the maximum and minimum limit of salary of each such class, and as soon as such classification has been completed a statement thereof shall be laid on the table of both Houses of Parliament if Parliament be then sitting and if not then sitting then within one month after the next meeting of Parliament. Provided however that in such classification no present official shall have his present classification salary rights or status reduced or in any way prejudicially affected.

Statement to be
laid on table.

Appeal given to
aggrieved
officials.

Ib. s. 9.

14. Where any official thinks that in such classification he has been placed in a class lower than that in which from the nature of the services he perform he ought to have been placed he may within one

month from the date of the laying of the aforesaid classification before Parliament apply to the Committee making such classification to further inquire into his classification, and the said Committee may confirm or alter such classification and such classification so confirmed or altered shall be final.

15. Where any question arises respecting the rights or the obligations under this Act of any official or class of officials the proper Committee may decide the same and such decision shall be final.

16. As soon as convenient after the aforesaid arrangement and classification a list of all officials in the service of Parliament classified as aforesaid with the date of their first appointment shall be published in the *Government Gazette*, and such list shall be *prima facie* evidence of the character of the office and of the rank and length of service of every official therein named.

17. It shall be lawful for the Governor in Council, on the recommendation of the proper Committee, from time to time to increase or diminish the total number and alter the distribution of the officials in the service of Parliament in each or any department as circumstances may require.

18. When the services of any official are dispensed with, in consequence of any change in any department and not for any fault on the part of such official, he shall as compensation receive for each year of service one month's salary according to the rate of salary paid to him at the time when his services shall be so dispensed with as aforesaid and a proportionate sum for any additional time less than a year.

PART III.—APPOINTMENTS.

19. Every person entering the service of the Parliament within the meaning of this Act shall be subject to probation and shall be conditionally employed in the lowest class or where special qualifications are required in such class and division as may be determined by the proper Committee at the minimum salary of such class.

20. When any person has been conditionally employed upon probation in any office in the service of the Parliament or either House thereof, if at the expiration of three months from the date of such employment the permanent head of the department in which such probationer has served recommends in writing such probationer as a suitable person to be appointed an official in the service of Parliament or either House thereof, the Governor in Council on the nomination of the proper Committee may if he think fit then, but not before, appoint such person.

The proper Committee may at any time during the probation summarily dismiss any probationer and every probationer shall during the aforesaid period receive half the salary of the class in which he is conditionally employed, but if he be permanently appointed he shall receive the remaining moiety from the date of his conditional appointment.

PART IV.—PROMOTION.

21. When any vacancy occurs in any class, if it be expedient to fill up such vacancy, the Governor in Council on the nomination of the proper Committee (except as hereinafter provided) may in his discretion promote from the class next below that in which the vacancy has occurred if any official therein be deemed by such Committee to be eligible such official as they shall judge the most deserving of such promotion.

22. When any appointment is made a statement thereof and of the reasons for which it has been made shall be thereupon laid on the table of both Houses of Parliament if Parliament be then sitting and if Parliament be not then sitting then within one week after the next meeting of Parliament.

PART V.—PENALTIES: DISMISSALS.

23. After the passing of this Act no official in the service of Parliament shall be dismissed therefrom or suffer any other penalty in respect thereof except for the causes and in the manner set forth in this Act, but nothing herein contained shall be taken to prevent the Governor in Council on the recommendation of the proper Committee, if it be expedient to reduce the number of officials in any department or to amalgamate two or more departments, from dispensing with the services of any officials in consequence of any such alteration. Every resolution or decision of the proper Committee relating to the superannuation or dismissal of any official shall be laid before both Houses of Parliament if then sitting and if Parliament be not then sitting then within one month of the next meeting of Parliament.

24. The several Committees may from time to time make and lay on the table of both Houses of Parliament regulations and repeal or vary the same concerning the duties to be performed by officials in the service of the Parliament within their respective departments and the discipline to be observed in the performance of such duties, and may affix to breaches of such regulations according to the nature of the offence the penalties herein set forth.

25. If any official be guilty of any breach of such regulations the Governor in Council, on the recommendation of the proper Committee, may according to the nature of the offence dismiss him from the service or reduce him to a lower rank therein or to a lower salary within his class or deprive him of such future annual increment as he would otherwise have been entitled to receive or of any part thereof or of his leave of absence during such time as the Governor in Council, on such recommendation, thinks fit.

26. Where any official is guilty of any conduct which in the opinion of the proper Committee renders him unfit to continue in the service of the Parliament, such official upon proof thereof may be dismissed from such service by the Governor in Council on the recommendation of the said Committee.

27. When any official is negligent or careless in the discharge of his duties, if the "permanent head" of the department where such official is engaged be of opinion that the offence is not of so serious a nature that a report thereof should in the course of his duty be made to the proper Committee, such "permanent head" may for every such case of misconduct order to be deducted by way of fine from the salary of such official a sum not exceeding Five pounds, and the proper Committee may on the appeal of the official so punished confirm or disallow such penalty and their decision shall be final and without appeal.

28. The Treasurer of Victoria, on receiving notice of any pecuniary penalty imposed under the authority of this Act, shall deduct the amount thereof from the salary or next payment made by him on account of salary to the official incurring such penalty.

29. Whenever the proper Committee shall be of opinion that any official is unqualified for the service of Parliament, or if any official in the service of Parliament desires to be transferred to the public service, the proper Committee may thereupon require the Public Service Board to provide for such official in one

Decision of proper Committee to be final. No. 160 s. 10. Classification to be published. Ib. s. 11.

Number of officials may be altered. Ib. s. 12.

Compensation for loss of office. Ib. s. 16.

Persons entering the service to be subject to probation. Ib. s. 17.

After probation appointment may be made absolute. Ib. s. 19.

Probationer may be summarily dismissed. Ib. s. 20.

Promotion. Ib. s. 21.

Statement of such appointments to be laid on the table of Parliament. Ib. s. 24.

No official to be dismissed except under this Act. Ib. s. 27.

Regulations may be made for the service of Parliament. Ib. s. 28.

Penalties for breach of regulations. Ib. s. 29.

Official guilty of dishonorable conduct may be dismissed. Ib. s. 32.

Summary punishment for trivial offences. Ib. s. 33.

Fines to be stopped from salary. Ib. s. 34.

Officials may be transferred to public service.

of the divisions or classes in the public service of the colony of the same rank as the said official held in the service of Parliament, and the said Public Service Board are hereby authorized and required so to provide for such official on a vacancy occurring if he be qualified therefor, and such official shall be entitled to all the rights and privileges to which he would be entitled under the Acts No. CLX. and No. DCCLXXIII. or either of them as if he had been originally appointed under those Acts or one of them. Provided always that no official shall be removed from or be permitted to leave the service of the Departments of the Legislative Council or Legislative Assembly without the written consent of the Committee of the said Legislative Council or Legislative Assembly respectively.

Proviso.

PART VI.—LEAVE OF ABSENCE.

30. The proper Committee may at such times as may be convenient grant to every official leave of absence for recreation for any period or periods, and in cases of illness or other pressing necessity grant such leave not exceeding twelve months and on such terms as they think fit.

31. Where any official desires to visit Europe or some other distant country, if he have continued at least ten years in the aggregate in the civil service of this colony or in the public service and in the service of Parliament or of both or ten years in the service of Parliament alone and have not been reduced for misconduct or deprived of leave of absence under this Act, the proper Committee may grant to him leave of absence upon such terms as they think fit for a period not exceeding twelve months.

Leave of absence for recreation. No. 160 s. 36.

Furlough. Ib. s. 37.

PART VII.—SUPERANNUATION.

32. When any present official after the passing of this Act (except as hereinafter provided) has attained the full age of sixty years he shall thereupon retire from active service upon a superannuation allowance, any Act to the contrary notwithstanding.

33. The proper Committee may nevertheless allow any official who would otherwise retire as aforesaid notwithstanding his age to continue to perform his duties.

34. When any present official desires to retire from active service and has not attained the full age of sixty years, if he produce medical evidence satisfactory to the proper Committee that he is incapable from infirmity of mind or body to discharge the duties of his office and that such infirmity is likely to be permanent, the Governor in Council may on the recommendation of the proper Committee permit such official to retire accordingly upon a superannuation allowance. Notwithstanding anything herein contained, any official of Parliament and entitled to superannuation allowance or gratuity shall be permitted to retire on such superannuation allowance or gratuity whenever he shall have completed a full period of thirty years' service or as soon thereafter as he shall make application for permission so to retire.

35. Every present official who may hereafter be superannuated whether his remuneration be computed by day pay weekly wages or annual salary shall receive in respect of such superannuation the following annual allowance (that is to say) after ten years' service and under eleven years' ten-sixtieths of the average annual salary received by him during three years preceding his superannuation after eleven and under twelve years' service eleven-sixtieths of such annual salary and in like manner for each additional year of service an addition to his annual allowance of one-sixtieth of such salary.

36. Where any present official has served for a less period than ten years either entirely in the service of Parliament or partly in the civil service and partly in the public service and partly in the service of Parliament if without his own default or in the discharge of his public duty he receive such bodily injury as to incapacitate him from the discharge of his duties the Governor in Council may on the recommendation of the proper Committee grant to such official a gratuity as he may think fit.

37. Where any present official has served for a less period than ten years either entirely in the service of Parliament or partly in the civil service and partly in the public service and partly in the service of Parliament if he be constrained from infirmity of body or of mind to leave the service the Governor in Council may on the recommendation of the proper Committee grant to him such gratuity as he may think fit.

38. If any official shall die from bodily injury received without his own default in the discharge of his public duty the Governor in Council on the recommendation of the proper Committee may grant to the widow or children or at his discretion to any other relations of such official a gratuity as he may think fit.

39. When any superannuation allowance is granted under this Act the causes of the granting thereof shall be set forth in the Order in Council granting the same.

Officials to be superannuated at sixty. Ib. s. 39.

Retiring officials may be required to continue to perform duties. Ib. s. 41.

Retirement through ill-health before sixty. Ib. s. 42.

Rates of superannuation allowance. Ib. s. 44.

Gratuities to officials not entitled to an allowance but disabled in the performance of their duties. Ib. s. 45.

Gratuities to such persons retiring from ill-health. Ib. s. 46.

Gratuity to widow or relatives of official killed in the discharge of his duties. Ib. s. 47.

Causes of granting allowance to be stated. Ib. s. 48.

PART VIII.—MISCELLANEOUS.

41. Nothing herein contained shall be deemed to alter "*The Constitution Act*" or the Act of the Parliament of Victoria numbered LXXXVI.

42. No official in the service of Parliament shall be deemed to be entitled to any compensation by reason of any reduction of his salary or annual increment consequent upon any alteration of the limits of salary of his class as hereinbefore provided or by reason of any alteration in the scale of superannuation allowances which may be made by any Act amending or repealing this Act.

43. Where any money has been appropriated by Parliament in any year for the payment of the salaries of the officials in any class and division if during the year for which such appropriation has been made any vacancy occur in any such class and be not filled up the Governor in Council may apply the money appropriated to such vacant office or any part thereof to the payment of any other officials in a lower class of the same division.

Constitution Act and Act No. 86 not repealed. No claim for compensation if Act altered. Ib. s. 54.

Money voted for one class may if unexpended be applied to a lower class. Ib. s. 55.

OFFICERS OF PARLIAMENT BILL.

(*Memorandum by C. A. Smyth, Esq.*)

Herewith I return the Draft Bill, settled in accordance with the amendments of the Joint Committee of the 18th October ultimo.

In doing so I desire to draw the attention of the Joint Committee to the effect of one of the amendments made by them, and which renders the Bill inconsistent in terms.

The original instructions, which are still embodied in the preamble, were to place the officers under the full control of a "Joint Committee" of both Houses. This is altered now to the control of—not of the

“Joint Committee”—but in part of the “Joint,” in part of the “Legislative Council,” and in part of the “Legislative Assembly” Committees. As these latter Committees are, however, to be a part of the “Joint Committee,” I do not think the preamble need be altered on that account, though it would be more accurate if it said “under the control of a Joint Committee of the Legislative Council and Legislative Assembly and Committees of the Legislative Council and Legislative Assembly respectively.”

This may be looked upon as verbal only; but beyond this there is an entire alteration in the original principle of the Bill caused by the introduction into Clause 2 of the “Saving clauses” taken from the Act No. 773.

It is my duty to call the attention of the Committee to this alteration, as it renders the supposed full control by either the “Joint and the Separate Committees” inoperative; in other words, it introduces what I may call a “power behind the Throne,” leaving the final control of the officers of Parliament it may be in the Supreme Court; and as their rights and privileges are not defined, it is impossible to say when or how that outside authority might be invoked.

The matter is entirely for the Committee, and is one on which I do not presume to offer any opinion. I simply confine myself to directing the attention of the Committee to the point.

The Joint Committee have struck out the words “except as hereinafter provided” from Clause 18. The effect of this alteration—and the striking out of a clause I had originally introduced to follow on those words—would be to limit the selection of its Committees to classified officers (after probation) only, and would prevent the introduction of new blood into the service of Parliament, however desirable that might be in special cases.

I recommend the re-insertion of the words, and the subsequent re-insertion of the clause I had taken originally from section 23 Act No. 773—and which stood as Clause 22 in the Bill as drafted originally—as follows:—

22. Whenever it is expedient to secure for the service of Parliament on the occurrence of any vacancy the services of some person of known ability, and to place such person immediately in some of the higher classes of the service of Parliament, although such person may not have been previously engaged in the civil service or public service of this colony and although there may be in the lower classes of the service of Parliament officers competent to perform the duties of the vacant office, the Governor in Council on the recommendation of the proper Committee, anything in this Act to the contrary notwithstanding, may appoint such person accordingly and without probation.

In special cases persons may be appointed without probation or examination. Ib. s. 23.

On a smaller point I desire also to call attention to the effect of striking out the “limited leave of absence” (three weeks) from Clause 30. It leaves Clauses 30 and 31 in rather an unsatisfactory state, as by them the same leave of twelve months may be granted for any similar reasons.

C. A. SMYTH.

3rd November, 1886.

PROCEEDINGS OF THE COMMITTEE.

TUESDAY, 27TH JULY, 1886.

Members present:

Council.	Assembly.
The Hon The President,	The Hon. The Speaker.
F. T. Sargood,	R. D. Reid,
F. E. Beaver,	T. Bent,
H. Cuthbert.	W. Madden,
	Mr. Officer,
	Rees.

The Honorable the President was appointed Chairman.

The Committee deliberated.

The Honorable R. D. Reid gave notice, that at the next meeting he would move—

- (1.) That, in the opinion of this Committee, the whole of the Officers of Parliament ought to be removed from the operation of the Public Service Act 1883, without prejudice to their right to promotion in any Department of the Public Service.
- (2.) That, in the opinion of this Committee, the appointment and control of all Officers connected with Parliament should be vested in a Joint Committee of the Legislative Council and the Legislative Assembly.
- (3.) That a Bill be prepared for submission to Parliament, for the purpose of carrying out the foregoing resolutions, and that a Sub-Committee be appointed to draft such a Bill for the consideration of this Committee.

The Honorable W. A. Zeal here took his seat.

The Honorable W. E. Hearn here took his seat.

The Committee deliberated, and ordered the above motion to be printed and circulated amongst the members of the Committee.

Committee adjourned until 10th August, at Three o'clock.

TUESDAY, 10TH AUGUST, 1886.

Members present:

Council.	Assembly.
The Hon. The PRESIDENT, in the Chair;	
The Hon. F. T. Sargood,	The Hon. The Speaker,
W. E. Hearn.	R. D. Reid,
	C. H. Pearson,
	W. Madden,
	Mr. Officer,
	Rees.

The Committee deliberated on the notice of motion given by the Honorable R. D. Reid at the last meeting.

The Honorable F. E. Beaver here took his seat.

The Honorable H. Cuthbert here took his seat.

The Honorable H. A. Zeal here took his seat.

The Honorable T. Bent here took his seat.

The Honorable R. D. Reid withdrew his notice of motion.

Moved by the Honorable C. H. Pearson—

- (1.) That the nomination and control of all the Officers of Parliament be vested in a Joint Committee of the Legislative Council and the Legislative Assembly.

Question—put and resolved in the affirmative.

- (2.) That such Committee shall nominate out of the existing Public Service when any Officer therein is eligible.

Question—put and resolved in the affirmative.

- (3.) That all rights acquired to the Officers of Parliament by the Acts Nos. 160 and 773 be reserved to them.

Question—put and resolved in the affirmative.

- (4.) That a Bill be prepared for submission to Parliament for the purpose of carrying out the foregoing resolutions.

Question—put and resolved in the affirmative.

Resolved—That a Sub-Committee be appointed to draft a Bill for the consideration of the Committee.

Resolved—That the Sub-Committee consist of the Honorable the President and the Honorable the Speaker.

Committee adjourned sine die.

TUESDAY, 14th SEPTEMBER, 1886.

Members present:

The Hon. The PRESIDENT, in the Chair;	
Council.	Assembly.
The Hon. F. T. Sargood, W. A. Zeal.	The Hon. The Speaker, C. H. Pearson, R. D. Reid, W. Madden, Mr. Officer, Rees.

The Honorable the President laid before the Committee a Bill "To provide for the appointment and control of all Persons in the service of both Houses of Parliament and for other purposes" as prepared in accordance with the resolution of the Committee—(see Appendix).

The Committee deliberated.

The Honorable J. Balfour here took his seat.

The Preamble was postponed.

Clause 1, carried.

Clause 2 debated and postponed.

The Honorable F. E. Beaver here took his seat.

Clause 3.—Moved by the Honorable R. D. Reid—That the blank in line 7 be filled up with the word "Ten."

Moved by the Honorable the Speaker—That the blank be filled up with the word "Two."

Question put—That the blank be filled up with the word "Ten."

Committee divided.

Ayes, 8.	No, 1.
The Hon. F. T. Sargood, W. A. Zeal, F. E. Beaver, J. Balfour, C. H. Pearson, R. D. Reid, Mr. Officer, Rees.	The Hon. The Speaker.

And so it was resolved in the affirmative.

Moved by the Honorable R. D. Reid—That the blanks in lines 9 and 10 be filled up by the word "four" in each case. Agreed to.

Clause, as amended, carried.

Clause 4.—Moved by the Honorable R. D. Reid—That the blank in line 28 be filled up with the word "four" in each case. Agreed to.

Moved by the Honorable W. A. Zeal—That after the word "present" in the same line, the following words be inserted, viz., "two of whom shall be Members of the Legislative Council, and two of them shall be Members of the Legislative Assembly." Agreed to.

Clause, as amended, carried.

Clause 5.—Moved by the Honorable W. A. Zeal—That all the words down to and inclusive of the word "Act" be omitted, with a view to insert instead thereof the following words, viz.:—"The President of the Legislative Council and the Members thereof to be appointed as mentioned in Section 3 shall have the exclusive right of nominating persons to all vacancies in offices in the Legislative Council, and the control of such persons under this Act, and the Speaker of the Legislative Assembly and the Members thereof to be appointed as mentioned in Section 3, shall have the exclusive right of nominating persons to all vacancies in offices in the Legislative Assembly and the control of such persons under this Act. All" Agreed to.

Clause, as amended, carried.

Committee adjourned until 21st instant, at Eleven a.m.

TUESDAY, 21st SEPTEMBER, 1886.

Members present:

The Hon. The PRESIDENT, in the Chair;	
Council.	Assembly.
The Hon. F. T. Sargood, W. A. Zeal.	The Hon. The Speaker, R. D. Reid, W. Madden, Mr. Officer, Rees.

The Honorable W. Madden proposed, That a Bill be drafted providing—

- (1.) That the officers of the Legislative Council be under the control of the President and a Committee of that House.
- (2.) That the officers of the Legislative Assembly be under the control of the Speaker and a Committee of that House.
- (3.) That the officers common to both Houses be under the control of a Joint Committee.
- (4.) That no officer be appointed or removed by the Civil Service Commissioners without the full concurrence of the Committee concerned.
- (5.) That on a vacancy occurring, if there is no suitable officer on the Parliamentary staff, then the Committee concerned shall have the right to choose any suitable officer from any branch of the Public Service to fill such vacancy.

The Honorable T. Bent here took his seat.
Committee deliberated.

Motion made and question put—That the Committee do adjourn until this day fortnight.
The Committee divided.

Ayes, 4.
The Hon. The Speaker,
T. Bent,
W. Madden,
Mr. Officer.

Noes, 3.
The Hon. W. A. Zeal,
R. D. Reid,
Mr. Rees.

And so it was resolved in the affirmative.

Resolved—That the resolutions proposed by the Honorable W. Madden be printed and circulated amongst the members of the Committee.

Committee adjourned until 5th October next, at half-past Two o'clock.

TUESDAY, 5TH OCTOBER, 1886.

Members present:

The Hon. The PRESIDENT, in the Chair;	
Council.	Assembly.
The Hon. W. A. Zeal, F. E. Beaver.	The Hon. The Speaker, R. D. Reid, W. Madden, Mr. Officer, Rees.

The Committee deliberated.

The Honorable R. D. Reid moved, That the Bill be proceeded with.

The Honorable the Speaker moved—

- (1.) That, owing to the advanced period of the session and the difficulty of obtaining the unanimous approval of the Committee to a Draft Bill for submission to the Legislative Council and Legislative Assembly, we are of opinion that it is unadvisable to proceed further this session.
- (2.) That, whilst unanimously approving of the principles of *The Public Service Act 1883*, your Committee are of opinion that, in any amending Bill introduced by the Government next session, provision should be made for placing all officers of Parliament under the control of Parliament.

Mr. Reid moved, as an amendment, That all the words after the first word "That" be omitted, with a view to insert in place thereof the words "the Committee proceed with the consideration of the Bill."

Question—That the words proposed to be omitted stand part of the question—put.

Committee divided.

Ayes, 3.
The Hon. The Speaker,
W. Madden,
F. E. Beaver.

Noes, 4.
The Hon. W. A. Zeal,
R. D. Reid,
Mr. Rees,
Officer.

And so it passed in the negative.

Question—That the Committee proceed with the consideration of the Bill—put and resolved in the affirmative.

The Honorable W. E. Hearn here took his seat.

Clause 6—Moved by the Honorable W. A. Zeal—lines 40 and 42, That the word "or" be omitted from each with the view to insert the word "and" instead thereof in each case. Agreed to.

Clause, as amended, carried.

Clause 7, postponed.

Clause 8.—Moved by the Honorable W. E. Hearn—lines 10 and 13, That the words "or suit" be omitted from each. Agreed to.

Clause, as amended, carried.

Clause 9.—*Ordered*—That the Head of the *Hansard* staff be summoned to attend the next meeting of the Committee. Postponed.

Clause 10.—Moved by the Honorable R. D. Reid—That the following words be added at the end of the clause, viz.:—"Provided also that it shall be in the power of the said Committee to transfer any person now or hereafter appointed to office under this Act from the non-clerical to the clerical division, such person having shown his fitness and capacity to the satisfaction of such Committee."

Question put—That the words proposed to be added be so added.

Committee divided.

Ayes, 5.
The Hon. W. A. Zeal,
F. E. Beaver,
R. D. Reid,
Mr. Rees,
Officer.

Noes, 3.
The Hon. The Speaker,
W. E. Hearn,
W. Madden.

And so it was resolved in the affirmative.

Clause, as amended, carried.

The Honorable T. Bent here took his seat.

Committee deliberated.

Clause 11, debated and carried.

Clause 12.—Moved by the Honorable W. E. Hearn, line 14, That the following words be omitted, viz.:—"Joint Committee," with a view to insert instead thereof the word "Committees," and that after the word "shall" in the same line there be inserted the word "severally."

Agreed to.

Moved by the Honorable R. D. Reid, That the following words be added to the clause, viz.:—"Provided however that in such classification no present official shall have his present classification salary rights or status reduced, or in any way prejudicially affected." Agreed to.

Clause, as amended, carried.

Clause 13, postponed.

Clause 14, postponed.

Clause 15, carried.

Clause 16, postponed.

Clause 17, carried.

Clause 18, postponed.

Clause 19.—Moved by the Honorable W. E. Hearn—lines 14 and 18, after the word "Parliament," in each case, That the following words be severally inserted, viz., "or either House thereof." Agreed to.

Moved by the Honorable W. E. Hearn—lines 19 and 21, that the word "Joint" be omitted from each, with a view to insert instead thereof the word "proper" in each case. Agreed to.

Clause, as amended, carried.

Clause 20, debated and postponed.

Clause 21, carried.

Committee adjourned until 12th instant, at Half-past Two o'clock.

TUESDAY, 12TH OCTOBER, 1886.

Members present:

The Hon. The PRESIDENT, in the Chair;

Council.

The Hon. W. A. Zeal,
F. E. Beaver.

Assembly.

The Hon. The Speaker,
C. H. Pearson,
R. D. Reid,
T. Bent,

Mr. Officer,
Rees.

Clause 22.—Moved by the Honorable R. D. Reid, line 2, that the word "Joint" be omitted and the word "proper" inserted instead thereof. Agreed to.

Moved by the Honorable R. D. Reid, That the following words be added to the clause, viz.:—"Every resolution or decision of the proper committee relating to the classification, superannuation, or dismissal of any official shall be laid before both Houses of Parliament, if then sitting, or within one month of their being called together." Agreed to.

Clause, as amended, carried.

The Honorable H. Cuthbert here took his seat.

In regard to clause 9, Mr. Thomas R. Hadley, head of the *Hansard* staff, being in attendance at the request of the Committee, was called in, and stated that he had consulted with his colleagues, and that they were desirous of being brought under the control of the Joint Committee of Parliament, and that they wished to be recognised as a distinct division of which he (Mr. Hadley) would be the first permanent head, and that on his retirement, which might be in about two years, the next on the *Hansard* staff would take that position, with the approval of the Joint Committee.

Mr. Hadley then retired.

Clause 23, line 6;

Clause 24, line 13;

Clause 25, line 21;

Clause 26, lines 29 and 31—Moved by the Honorable R. D. Reid, That the word "Joint" be omitted from each, and the word "proper" be inserted in each case instead thereof. Agreed to.

Clauses 23, 24, 25, and 26, as amended, carried.

Clause 27, carried.

Clause 28, negatived.

Clause 29—Moved by the Honorable R. D. Reid, lines 1 and 4, That the word "Joint" be omitted from each, and the word "proper" be inserted instead thereof in each case. Agreed to.

Moved by the Honorable T. Bent, line 8, That after the first word "Official" the following words be inserted, viz.:—"on a vacancy occurring if he be qualified therefor." Agreed to.

Moved by the Honorable R. D. Reid, line 14, That the following words be omitted, viz.:—"President or Speaker, respectively," with a view to insert instead thereof the word "Committee." Agreed to.

Clause, as amended, carried.

Clause 30.—Moved by the Honorable R. D. Reid, line 17, That the word "Joint" be omitted, and the word "proper" be inserted instead thereof. Agreed to.

Moved by the Honorable R. D. Reid, line 19, That the following words be omitted, viz.:—"not exceeding in the whole three weeks in each year." Agreed to.

Clause, as amended, carried.

Clause 31.—Moved by the Honorable R. D. Reid, line 27, That the word “Joint” be omitted, and the word “proper” be inserted instead thereof. Agreed to.

Clause, as amended, carried.

Clauses 32 to 40.—Moved by Mr. Officer, That, in the opinion of this Committee, the Superannuation clauses should apply to the present officials only. Carried.

Committee adjourned until the 19th instant, at Half-past Two o'clock.

TUESDAY, 19TH OCTOBER, 1886.

Members present :

The Hon. The PRESIDENT, in the Chair ;	
Council.	Assembly.
The Hon. W. A. Zeal,	The Hon. T. Bent,
F. E. Beaver.	C. H. Pearson,
	R. D. Reid,
	Mr. Officer,
	Rees.

The Honorable The President laid before the Committee a letter from the Honorable The Speaker, apologising for his absence on account of ill health, and requesting that the labors of the Committee be not finally concluded until his return, which he hoped would be in about a fortnight.

Committee deliberated.

Resolved—That the Bill be proceeded with.

Clause 32.—Moved by the Honorable W. A. Zeal, line 31, That the word “present” be inserted after the word “any.” Agreed to.

Clause, as amended, carried.

Clause 33.—Moved by the Honorable W. A. Zeal, line 35, That the word “Joint” be omitted, and the word “proper” inserted instead thereof. Agreed to.

Moved by the Honorable C. H. Pearson, same line, That the word “require” be omitted, and the word “allow” be inserted instead thereof. Agreed to.

Clause, as amended, carried.

Clause 34.—Moved by the Honorable C. H. Pearson, line 38, That the word “present” be inserted after the word “any.” Agreed to.

Moved by the Honorable C. H. Pearson, lines 40 and 43, That the word “Joint” be omitted from each, and the word “proper” be inserted instead thereof in each case. Agreed to.

Moved by the Honorable W. A. Zeal, That the following words be added at the end of the clause, viz.:—“Notwithstanding anything herein contained, any official of Parliament, and entitled to superannuation allowance or gratuity, shall be permitted to retire on such superannuation allowance or gratuity whenever he shall have completed a full period of thirty years’ service, or as soon thereafter as he shall make application for permission so to retire.” Agreed to.

Clause, as amended, carried.

Clause 35.—Moved by the Honorable H. Cuthbert, line 1, That the following words be omitted after the word “every,” viz.:—“superannuated official,” and the words “present official who may hereafter be superannuated” be inserted instead thereof. Agreed to.

Moved by the Honorable H. Cuthbert, same line, That the following words be omitted, viz.:—“(except as hereinbefore expressly provided).” Agreed to.

Clause, as amended, carried.

Clause 36.—Moved by the Honorable R. D. Reid, line 10, That the word “present” be inserted after the word “any.” Agreed to.

Moved by the Honorable R. D. Reid, line 16, That the word “Joint” be omitted, and the word “proper” be inserted instead thereof. Agreed to.

Moved by the Honorable C. H. Pearson, same line, That the following words be omitted, viz.:—“not exceeding three months’ pay at his then rate of salary for each year of service,” and that the following words be added at the end of the clause instead thereof, viz.:—“as he may think fit.” Agreed to.

Clause, as amended, carried.

Clause 37.—Moved by the Honorable H. Cuthbert, line 18, That the word “present” be inserted after the word “any.” Agreed to.

Moved by the Honorable H. Cuthbert, line 22, That the word “Joint” be omitted and the word “proper” be inserted instead thereof. Agreed to.

Clause, as amended, carried.

Clause 38.—Moved by the Honorable R. D. Reid, line 26, That the word “Joint” be omitted and the word “proper” be inserted instead thereof. Agreed to.

Moved by the Honorable H. Cuthbert, line 28, that the following words be omitted, viz.:—“not exceeding one month’s pay for each year of service at the annual salary such official was receiving at the time of his decease,” and that the following words be added at the end of the clause instead thereof, viz.:—“as he may think fit.” Agreed to.

Clause, as amended, carried.

Clause 39, carried.

Clause 40, negatived.

Clause 41, carried.

Clause 42, carried.

Clause 43, carried.

Postponed Clauses—

Clause 2.—Moved by the Honorable R. D. Reid, line 18, That the following words be inserted after the word “shall,” viz.:—“save and except as to all matters and things done under and to all the privileges and rights now existing or hereafter accruing of all persons now subject thereto.” Agreed to.

Clause, as amended, carried.

Clause 7.—Moved by the Honorable W. A. Zeal, line 2, That the following words be inserted after the word “Council,” viz.:—“(other than the expenses chargeable to the fund set apart by schedule D to the Constitution Act for the ‘Clerk and expenses of the Legislative Council.’)” Agreed to.

Moved by the Honorable W. A. Zeal, same line, That the following words be inserted after the word “Library,” viz.:—“*Hansard* Reporting Staff.” Agreed to.

Moved by the Honorable R. D. Reid, lines 3 and 4, That the words “Joint Committee” be omitted, and the words “proper committees respectively” be inserted instead thereof. Agreed to.

Moved by the Honorable R. D. Reid, line 5, that the words “Joint Committee” be omitted, and the words “proper committees” be inserted instead thereof. Agreed to.

Clause, as amended, carried.

Clause 9.—Moved by the Honorable W. A. Zeal, line 17, That the word “four” be omitted, and the word “five” inserted instead thereof. Agreed to.

Moved by the Honorable W. A. Zeal, line 19, That after the word “Library” the following words be inserted, viz.:—“The *Hansard* Reporting Staff.” Agreed to.

Moved by the Honorable W. A. Zeal, line 27, That the cypher letter “4” (a) be omitted. Agreed to.

Moved by the Honorable W. A. Zeal, line 28, That the cypher letter “4” (b) be omitted. Agreed to.

Moved by the Honorable W. A. Zeal, line 29, That the cypher letters “4” (c) “6” be omitted, and the cypher letter “5½” be inserted instead thereof. Agreed to.

Moved by the Honorable W. A. Zeal, line 31, That the word “and” be omitted after the word “Librarian,” and that the following words, viz.:—“and Chief *Hansard* Reporter” be inserted instead thereof. Agreed to.

Moved by the Honorable W. A. Zeal, line 34, That the word “and” be omitted after the word “Librarian,” and that the following words, viz.:—“and *Hansard* Reporting Staff” be inserted instead thereof. Agreed to.

Clause, as amended, carried.

Clause 13.—Moved by the Honorable W. A. Zeal, lines 23 and 24, That after the word “by” the following words be omitted, viz.:—“said joint,” and that the word “proper” be inserted instead thereof. Agreed to.

Moved by the Honorable W. A. Zeal, line 26, That after the word “placed” the following words be omitted, viz.:—“if the permanent head of the department in which he serves so consent in writing.” Agreed to.

Moved by the Honorable W. A. Zeal, line 29, That the word “Joint” in two places be omitted, and that the word “proper” be inserted instead thereof in each case. Agreed to.

Clause, as amended, carried.

Clause 16.—Moved by the Honorable H. Cuthbert, line 42, after the word “to” that the following words, viz.:—“increase or” be inserted instead thereof. Agreed to.

Clause, as amended, carried.

Clause 18.—Moved by the Honorable W. A. Zeal, line 12, That the word “joint” be omitted, and that the word “proper” be inserted instead thereof. Agreed to.

Clause, as amended, carried.

Clause 20.—Moved by the Honorable C. H. Pearson, line 29, That that the word “Joint” be omitted, and that the word “proper” be inserted instead thereof. Agreed to.

Moved by the Honorable C. H. Pearson, same line, That the word “shall” be omitted, and that the following words, viz.:—“may in his discretion” be inserted instead thereof. Agreed to.

Moved by the Honorable C. H. Pearson, line 31, That the following words be inserted after the word “be,” viz.:—“deemed by such committee to be.” Agreed to.

Clause, as amended, carried.

Resolved—That the Bill, as amended, be printed and forwarded to the draftsman for revision, under the direction of the Honorable the President and the Honorable the Speaker.

Committee adjourned until the 2nd November next, at Eleven o'clock.

THURSDAY, 11TH NOVEMBER.

Members Present:

The Hon. The PRESIDENT, in the Chair.

Council.

Assembly.

The Hon. The Speaker,
C. H. Pearson,
R. D. Reid,

Mr. Officer.

A quorum of members not being present at the expiration of half an hour after the time appointed for the meeting, the members present adjourned until the 16th instant, at half-past two o'clock.

TUESDAY, 16TH NOVEMBER.

Members Present:

The Hon. The PRESIDENT, in the Chair.

Council.
The Hon. W. A. Zeal.

Assembly.
The Hon. The Speaker,
C. H. Pearson,
T. Bent,
R. D. Reid,
Mr. Officer,
Rees.

The Honorable The President laid before the Committee the Bill as revised by the draftsman, C. A. Smyth, Esq., together with his Memorandum.—(*See Report ante.*)

Moved by the Honorable R. D. Reid, That the Bill, as revised, be now adopted.

Moved by the Honorable The Speaker, That, as this Bill makes permanent the salaries and classification of the several officers of Parliament, and as there is reasonable ground for believing that, in some cases such salaries and classification were improperly fixed by the Public Service Board, the members of the said board be summoned to attend and give evidence at the next meeting of this Committee.

Question put.

Committee divided.

Ayes, 2.
The Hon. The Speaker,
T. Bent.

Noes, 5.
The Hon. W. A. Zeal,
R. D. Reid,
C. H. Pearson,
Mr. Officer,
Rees.

And so it was resolved in the negative.

Question put—That the Bill, as revised, be now adopted—carried.

Moved by the Honorable C. H. Pearson, That clause 22, as proposed in Mr. Smyth's memorandum, be now inserted in the Bill, viz.:—"Whenever it is expedient to secure for the service of Parliament, on the occurrence of any vacancy, the service of some person of known ability, and to place such person immediately in some of the higher classes of the service of Parliament, although such person may not have been previously engaged in the civil service or public service of this colony, and, although there may be in the lower classes of the service of Parliament officers competent to perform the duties of the vacant office, the Governor in Council on the recommendation of the proper committee, anything in this Act to the contrary notwithstanding, may appoint such person accordingly and without probation."

Question put.

Committee divided.

Ayes, 1.
The Hon. C. H. Pearson.

Noes, 5.
The Hon. T. Bent,
W. A. Zeal,
R. D. Reid,
Mr. Officer,
Rees.

And so it was resolved in the negative.

Question put—That the Bill, as revised, be now adopted, and reported to both Houses of Parliament.
Carried.

Committee adjourned.

APPENDIX.

A BILL

To provide for the Appointment and Control of all Persons in the service of both Houses of Parliament and for other purposes.

WHEREAS certain persons in the Public Service of Victoria are more immediately employed in the service of both Houses of Parliament : And whereas by virtue of the provisions of "*The Public Service Act 1883*" such persons are under the control of the Public Service Board appointed under that Act : And whereas it is considered expedient to remove such persons from such control and to place them more immediately under the control of a Joint Committee of the Legislative Council and Legislative Assembly : Be it therefore enacted by the Queen's Most Excellent Majesty by and with the advice and consent of the Legislative Council and the Legislative Assembly of Victoria in this present Parliament assembled and by the authority of the same as follows :—

1. This Act shall be known and may be cited as "*The Officers of Parliament Act 1886.*" Short title.
2. From and after the passing of this Act the Act No. CLX. being an Act to regulate the civil service and the Act No. DCCLXXIII. being an Act to make better provision for the public service of Victoria shall be and are hereby repealed so far as affects the persons employed as aforesaid in the service of both Houses of Parliament but no further, and all such persons shall in every respect be subject to the provisions of this Act in the same way and to the same extent as if they had been appointed after the passing hereof. Repeal of Acts
160 and 773.

PART I.—THE JOINT COMMITTEE.

3. That all the powers conferred by this Act shall be vested in a Joint Committee of the Legislative Council and Legislative Assembly which Joint Committee shall consist of _____ members (that is to say) _____ members of the Legislative Council and Speaker of the Legislative Assembly for the time being and _____ members of the Legislative Council to be appointed by the Legislative Council and _____ members of the Legislative Assembly to be appointed by the Legislative Assembly who shall continue to act as such members so long as they remain members of the said Legislative Council and Legislative Assembly respectively unless the said Council or Assembly should otherwise direct, and in the event of such Council or Assembly so otherwise directing them and in that case such Council or Assembly (as the case may be) shall appoint another or other members of such Council or Assembly as member or members of such Joint Committee. Provided always that in the event of a dissolution of Parliament or of such President Speaker or of any member of the Council or Assembly as aforesaid resigning or his seat being vacated by effluxion of time then such President Speaker or member shall continue to hold office as member of such Joint Committee until his place be filled up by his successor as President or Speaker or by the appointment of such member as aforesaid. Powers vested in
Joint Committee.

Who to be
members.

Provision in case
of dissolution of
Parliament or
vacancy on
Committee.

4. The President of the Legislative Council, and in his absence the Speaker of the Legislative Assembly, shall be chairman of the said Joint Committee, and such Committee shall not be competent to transact any business unless _____ members thereof be present, one of whom shall be the aforesaid President or Speaker, and all questions before such Joint Committee shall be decided by a majority of the members for the time being present, including the chairman, and whenever the votes shall be equal the chairman shall have a casting vote. Chairman of
Joint Com-
mittee.
Quorum.

Casting vote of
Chairman.

5. That subject to the provisions of this Act the said Joint Committee shall have the exclusive right of nominating persons to all vacancies in offices under this Act, such persons to be taken from the officials in the service of Parliament if eligible, and in the event of there being no such officials eligible then to be taken from the existing Public Service, if any persons therein be deemed eligible. Nomination of
persons to
vacant offices.

6. The Joint Committee may be summoned for the despatch of business at any time by the Clerk of the Legislative Council or the Clerk of the Legislative Assembly on a direction to that effect by the President or Speaker (as the case may be). Joint Committee
how summoned.

7. The annual estimates of expenditure for the Departments of the "Legislative Council" the "Legislative Assembly" "The Library" and "the Joint Establishment" shall be prepared by the Joint Committee two months before the ending of each financial year, and after such estimates are approved of by the said Joint Committee they shall be forwarded to the Treasurer of Victoria for inclusion in the annual estimates for the year, and for the purpose of carrying out the provisions of this Act all communications shall be addressed by the Joint Committee to such Treasurer for the time being. Preparation of
annual esti-
mates.

8. No action or suit shall be brought or maintained against any person who is or shall have been a member of the Joint Committee for any nonfeasance or misfeasance in connexion with the duties imposed upon him by this Act nor shall any action or suit lie nor any costs be payable in respect of any proceeding before the said Joint Committee. No action or suit
against mem-
bers of Joint
Committee.
No. 773 s. 6.

PART II.—DIVISION AND CLASSIFICATION.

9. All persons employed in the service of Parliament shall for the purposes of this Act be divided into four divisions, to be called "Officials of the Legislative Council" "Officials of the Legislative Assembly" "Officials of the Library" "Officials of the Joint Establishment" (which last division shall Divisions of
service.

consist of officials common to both Houses of Parliament not exclusively connected with either House of Parliament), and shall include all persons directly connected with the service of Parliament in the departments hereinafter mentioned (that is to say):—

Departments.

1. The Legislative Council.
2. The Legislative Assembly.
3. The Library.
- 4 (a). 4. The *Hansard* Reporting Staff.
- 4 (b). 5. The Refreshment-rooms.
- 4 (c). 6. The Parliament Buildings and Gardens.

Permanent heads.

No. 773 s. 16.

The persons holding the offices of "Clerk of the Legislative Council" "Clerk of the Legislative Assembly" and "Librarian" for the time being respectively shall be designated "permanent heads" of Departments, and shall be permanent heads of the "Legislative Council," "Legislative Assembly," and "Library" respectively, and the "permanent head" of the "Joint Establishment" shall be such person as the Joint Committee may from time to time appoint; and such "permanent heads" except in case of any official paid by any Act now in force shall be paid such emoluments salaries and allowances as may be provided for them in the annual Appropriation Act.

Clerical and non-clerical divisions.

10. All officials performing duties in the service of Parliament, not being "permanent heads" of departments, shall for the purposes of this Act be divided into two divisions, to be called the "clerical" and "non-clerical." The "clerical" division shall be divided into five classes, first second third fourth and fifth, and shall include all persons performing clerical duties; the "non-clerical" division shall include all persons performing other than clerical duties.

Salaries and annual increments.

No. 160 s. 6.

11. Every class in each division shall have a maximum and a minimum limit of salary, ascertained in the manner hereinafter directed, and every official therein shall be entitled to receive in every financial year by way of increase to his salary a sum equal to one-sixth part of the difference between the aforesaid limits in each such year, but no official shall in any year receive a salary higher than the maximum limit for that year in his division and class.

Officials to be classified.

Ib. s. 8.

12. As soon as conveniently may be after the passing of this Act the Joint Committee shall arrange what offices and determine what number of officials of each division and class aforesaid are required for the efficient working of each department, and shall classify the officials in the service of Parliament according to such arrangement and shall fix the maximum and minimum limit of salary of each such class, and as soon as such classification has been completed a statement thereof shall be laid on the table of both Houses of Parliament if Parliament be then sitting and if not then sitting then within one month after the next meeting of Parliament.

Statement to be laid on Table.

Appeal given to aggrieved officials.

Ib. s. 9.

13. Where any official thinks that in the classification by the said Joint Committee he has been placed in a class lower than that in which from the nature of the services he performs he ought to have been placed, if the permanent head of the department in which he serves so consent in writing, he may within one month from the date of the laying of the aforesaid classification before Parliament apply to the Joint Committee to further inquire into his classification, and the Joint Committee may confirm or alter such classification and such classification so confirmed or altered shall be final.

Decision of Joint Committee to be final.

Ib. s. 10.

14. Where any question arises respecting the rights or the obligations under this Act of any official or class of officials the Joint Committee may decide the same and such decision shall be final.

Classification to be published.

Ib. s. 11.

15. As soon as convenient after the aforesaid arrangement and classification a list of all officials in the service of Parliament classified as aforesaid with the date of their first appointment shall be published in the *Government Gazette*, and such list shall be *prima facie* evidence of the character of the office and of the rank and length of service of every official therein named.

Number of officials may be altered.

Ib. s. 12.

16. It shall be lawful for the Governor in Council, on the recommendation of the Joint Committee, from time to time to diminish the total number and alter the distribution of the officials in the service of Parliament in each or any department as circumstances may require.

Compensation for loss of office.

Ib. s. 16.

17. When the services of any official are dispensed with, in consequence of any change in any department and not for any fault on the part of such official, he shall as compensation receive for each year of service one month's salary according to the rate of salary paid to him at the time when his services shall be so dispensed with as aforesaid and a proportionate sum for any additional time less than a year.

PART III.—APPOINTMENTS.

Persons entering the service to be subject to probation.

Ib. s. 17.

18. Every person entering the service of the Parliament within the meaning of this Act shall be subject to probation and shall be conditionally employed in the lowest class or where special qualifications are required in such class and division as may be determined by the Joint Committee at the minimum salary of such class.

After probation appointment may be made absolute.

Ib. s. 19.

19. When any person has been conditionally employed upon probation in any office in the service of the Parliament, if at the expiration of three months from the date of such employment the permanent head of the department in which such probationer has served recommends in writing such probationer as a suitable person to be appointed an official in the service of Parliament, the Governor in Council on the nomination of the Joint Committee may if he think fit then, but not before, appoint such person.

Probationer may be summarily dismissed.

Ib. s. 20.

The Joint Committee may at any time during the probation summarily dismiss any probationer and every probationer shall during the aforesaid period receive half the salary of the class in which he is conditionally employed, but if he be permanently appointed he shall receive the remaining moiety from the date of his conditional appointment.

PART IV.—PROMOTION.

Promotion.

Ib. s. 21.

20. When any vacancy occurs in any class, if it be expedient to fill up such vacancy, the Governor in Council on the nomination of the Joint Committee (except as hereinafter provided) shall promote from the class next below that in which the vacancy has occurred if any official therein be eligible such official as they shall judge the most deserving of such promotion.

21. When any appointment is made a statement thereof and of the reasons for which it has been made shall be thereupon laid on the table of both Houses of Parliament if Parliament be then sitting and if Parliament be not then sitting then within one week after the next meeting of Parliament.

Statement of such appointments to be laid on the table of Parliament.
No. 160 s. 24.

PART V.—PENALTIES: DISMISSALS.

22. After the passing of this Act no official in the service of Parliament shall be dismissed therefrom or suffer any other penalty in respect thereof except for the causes and in the manner set forth in this Act, but nothing herein contained shall be taken to prevent the Governor in Council on the recommendation of the Joint Committee, if it be expedient to reduce the number of officials in any department or to amalgamate two or more departments, from dispensing with the services of any officials in consequence of any such alteration.

No official to be dismissed except under this Act.
Ib. s. 27.

23. The Joint Committee may from time to time make and lay on the table of both Houses of Parliament regulations and repeal or vary the same concerning the duties to be performed by officials in the service of the Parliament and the discipline to be observed in the performance of such duties, and may affix to breaches of such regulations according to the nature of the offence the penalties herein set forth.

Regulations may be made for the service of Parliament.
Ib. s. 28.

24. If any official be guilty of any breach of such regulations the Governor in Council, on the recommendation of the Joint Committee, may according to the nature of the offence dismiss him from the service or reduce him to a lower rank therein or to a lower salary within his class or deprive him of such future annual increment as he would otherwise have been entitled to receive or of any part thereof or of his leave of absence during such time as the Governor in Council, on such recommendation, thinks fit.

Penalties for breach of regulations.
Ib. s. 29.

25. Where any official is guilty of any conduct which in the opinion of the Joint Committee renders him unfit to continue in the service of the Parliament, such official upon proof thereof as hereinafter directed may be dismissed from such service by the Governor in Council on the recommendation of the said Committee.

Official guilty of dishonorable conduct may be dismissed.
Ib. s. 32.

26. When any official is negligent or careless in the discharge of his duties, if the "permanent head" of the department wherein such official is engaged be of opinion that the offence is not of so serious a nature that a report thereof should in the course of his duty be made to the Joint Committee, such "permanent head" may for every such case of misconduct order to be deducted by way of fine from the salary of such official a sum not exceeding Five pounds, and the Joint Committee may on the appeal of the official so punished confirm or disallow such penalty, and their decision shall be final and without appeal.

Summary punishment for trivial offences.
Ib. s. 33.

27. The Treasurer of Victoria, on receiving notice of any pecuniary penalty imposed under the authority of this Act, shall deduct the amount thereof from the salary or next payment made by him on account of salary to the official incurring such penalty.

Fines to be stopped from salary.
Ib. s. 34.

28. When any official is accused of a breach of his duty or of any conduct rendering it unfit that he should remain in the service of the Parliament, if he deny the truth of such accusation the Joint Committee shall inquire as to the truth of such charge, and shall after duly hearing the case report to both Houses of Parliament their opinion thereon.

Joint Committee may try charges.

29. Whenever the Joint Committee shall be of opinion that any official is unqualified for the service of Parliament, or if any official in the service of Parliament desires to be transferred to the public service, the Joint Committee may thereupon require the Public Service Board to provide for such official in one of the divisions or classes in the public service of the colony of the same rank as the said official held in the service of Parliament, and the said Public Service Board are hereby authorized and required so to provide for such official, and such official shall be entitled to all the rights and privileges to which he would be entitled under the Acts No. CLX. and No. DCCLXXIII. or either of them as if he had been originally appointed under those Acts or one of them. Provided always that no official shall be removed from or be permitted to leave the service of the Legislative Council or Legislative Assembly without the written consent of the said President or Speaker respectively.

Officials may be transferred to public service.
Proviso.

PART VI.—LEAVE OF ABSENCE.

30. The Joint Committee may at such times as may be convenient grant to every official leave of absence for recreation for any period or periods not exceeding the whole three weeks in each year, and in cases of illness or other pressing necessity grant such extended leave not exceeding twelve months and on such terms as they think fit.

Leave of absence for recreation.
Ib. s. 36.

31. Where any official desires to visit Europe or some other distant country, if he have continued at least ten years in the aggregate in the civil service of this colony or in the public service and in the service of Parliament or of both or ten years in the service of Parliament alone and have not been reduced for misconduct or deprived of leave of absence under this Act, the Joint Committee may grant to him leave of absence upon such terms as they think fit for a period not exceeding twelve months.

Furlough.
Ib. s. 37.

PART VII.—SUPERANNUATION.

32. When any official after the passing of this Act (except as hereinafter provided) has attained the full age of sixty years he shall thereupon retire from active service upon a superannuation allowance, any Act to the contrary notwithstanding.

Officials to be superannuated at sixty.
Ib. s. 39.

33. The Joint Committee may nevertheless require any official who would otherwise retire as aforesaid notwithstanding his age to continue to perform his duties.

Retiring officials may be required to continue to perform duties.
Ib. s. 41.

34. When any official desires to retire from active service and has not attained the full age of sixty years, if he produce medical evidence satisfactory to the Joint Committee that he is incapable from infirmity of mind or body to discharge the duties of his office and that such infirmity is likely to be permanent, the Governor in Council may on the recommendation of the Joint Committee permit such official to retire accordingly upon a superannuation allowance.

Retirement through ill-health before sixty.
Ib. s. 42.

Rates of superannuation allowance.
No. 160 s. 44.

35. Every superannuated official (except as hereinbefore expressly provided) whether his remuneration be computed by day pay weekly wages or annual salary shall receive in respect of such superannuation the following annual allowance (that is to say) after ten years' service and under eleven years' ten-sixtieths of the average annual salary received by him during three years preceding his superannuation after eleven and under twelve years' service eleven-sixtieths of such annual salary and in like manner for each additional year of service an addition to his annual allowance of one-sixtieth of such salary.

Gratuities to officials not entitled to an allowance but disabled in the performance of their duties.
Ib. s. 45.

36. Where any official has served for a less period than ten years either entirely in the service of Parliament or partly in the civil service and partly in the public service and partly in the service of Parliament if without his own default or in the discharge of his public duty he receives such bodily injury as to incapacitate him from the discharge of his duties the Governor in Council may on the recommendation of the Joint Committee grant to such official a gratuity not exceeding three months' pay at his then rate of salary for each year of service.

Gratuities to such persons retiring from ill-health.
Ib. s. 46.

37. Where any official has served for a less period than ten years either entirely in the service of Parliament or partly in the civil service and partly in the public service and partly in the service of Parliament if he be constrained from infirmity of body or of mind to leave the service the Governor in Council may on the recommendation of the Joint Committee grant to him such gratuity as he may think fit.

Gratuity to widow or relatives of official killed in the discharge of his duties.
Ib. s. 47.

38. If any official shall die from bodily injury received without his own default in the discharge of his public duty the Governor in Council on the recommendation of the Joint Committee may grant to the widow or children or at his discretion to any other relations of such official a gratuity not exceeding one month's pay for each year of service at the annual salary such official was receiving at the time of his decease.

Causes of granting allowance to be stated.
Ib. s. 48.

39. When any superannuation allowance is granted under this Act the causes of the granting thereof shall be set forth in the Order in Council granting the same.

Governors's recommendation to the bounty of Parliament not restrained.
Ib. s. 49.

40. Nothing herein contained shall be taken to prevent the Governor from recommending to Parliament any addition to any superannuation allowance or gratuity in consideration of any special services rendered by the officials entitled thereto or of any other unusual circumstances.

PART VII.—MISCELLANEOUS.

Constitution Act and Act No. 86 not repealed.
No claim for compensation if Act altered.
Ib. s. 54.

41. Nothing herein contained shall be deemed to alter the *Constitution Act* or the Act of the Parliament of Victoria numbered LXXXVI.

Money voted for one class may if unexpended be applied to a lower class.
Ib. s. 55.

42. No official in the service of Parliament shall be deemed to be entitled to any compensation by reason of any reduction of his salary or annual increment consequent upon any alteration of the limits of salary of his class as hereinbefore provided or by reason of any alteration in the scale of superannuation allowances which may be made by an Act amending or repealing this Act.

43. Where any money has been appropriated by Parliament in any year for the payment of salaries of the officials in any class and division if during the year for which such appropriation has been made any vacancy occur in any such class and be not filled up the Governor in Council may apply the money appropriated to such vacant office or any part thereof to the payment of any other officials in a lower class of the same division.

1886.
—
VICTORIA.

SECOND REPORT

FROM THE

SELECT (JOINT) COMMITTEE

UPON THE

PARLIAMENT BUILDINGS;

TOGETHER WITH

MINUTES OF EVIDENCE.

ORDERED BY THE COUNCIL TO BE PRINTED, 30TH NOVEMBER, 1886.

By Authority :

JOHN FERRES, GOVERNMENT PRINTER, MELBOURNE.

EXTRACTED FROM THE MINUTES.

TUESDAY, 1ST JUNE, 1886.

PARLIAMENT BUILDINGS COMMITTEE.—The Honorable J. Lorimer moved, by leave of the Council, That the Honorables the President, J. Balfour, W. I. Winter, N. Thornley, and W. A. Zeal be Members of the Joint Committee of both Houses to manage and superintend the Parliament Buildings.

Question—put and resolved in the affirmative.

WEDNESDAY, 6TH OCTOBER, 1886.

PARLIAMENT BUILDINGS COMMITTEE.—The Honorable H. Cuthbert moved, by leave of the Council, That the Honorable N. Thornley be appointed a Member of the Parliament Buildings Committee.

Question—put and resolved in the affirmative.

TUESDAY, 30TH NOVEMBER, 1886.

PARLIAMENT BUILDINGS (JOINT) COMMITTEE.—The Honorable W. A. Zeal, on behalf of the Chairman, brought up the Second Report from this Committee.

Ordered to lie on the Table and to be printed.

REPORT.

THE SELECT (JOINT) COMMITTEE of the Legislative Council and Legislative Assembly on the Parliament Buildings have the honor to report that they have agreed to the following Resolution:—

That the Public Works Department be requested to take immediate steps for the completion of the north and north-east fronts of the Parliament House.

The President's Chambers,

23rd November, 1886.

MINUTES OF EVIDENCE.

TUESDAY, 23RD NOVEMBER, 1886.

Members present :

The Hon. JOHN NIMMO, in the Chair ;
 The Hon. the Speaker, | The Hon. John Woods,
 The Hon. James Munro, | The Hon. W. A. Zeal.

George H. Jenkins, Clerk of the Legislative Assembly, attended and made the following statement.

Mr. Hall, on the 28th October last, called the attention of the Minister of Public Works, in the Legislative Assembly, to the fact that there was not a room in the Parliament House where a Committee could sit, and he hoped that the Commissioner of Public Works would see that some accommodation was provided. He suggested that the basement of the new portion of the building should be used for that purpose. Mr. Nimmo replied "That he would recommend the Building Committee to consider the matter."

In reference to using the basement, I may say that the officials of the Public Works Department do not approve of the basement being used whilst the front of the building is being erected, because it is absolutely unsafe, and in my opinion the vaults are not suitable places for holding meetings of Committees. I have several times brought under the notice of the Speaker the great inconvenience Members of the Assembly are under in not having suitable Committee rooms. There is the Opposition Members' room, the Ministerial Supporters' room, and the North Lobby, all of which are constantly used by a large number of Members. We have had to use this Session the South Wing of the Library as a Committee-room, which is very inconvenient to Members of both Houses. As Secretary to the Parliament Buildings Commission, I have carefully considered the question of this want of proper accommodation, and I think the best thing for the Committee to do is to recommend the immediate completion of the north and north-east fronts of the building. Upon the 17th July last year I received from the Librarian the following letter :—

"Library of the Parliament, Victoria,
 "17th July, 1885.

"SIR,

"I have the honour, by direction of the Joint Parliamentary Library Committee, to request that the Parliament Buildings Commission will be pleased to have the Library building extended in accordance with the accompanying original plans, Nos. 2 and 3, marked red. As showing the urgent necessity there exists for the speedy carrying out of this work, I beg to point out that the shelves of the Library on the main floor and in the gallery are full, and that the temporary shelves erected in the north and south rooms are also full. Wherever shelves could possibly be placed, either in the basement or the attic, it has been done, and they are also filled with books. Additional space is required for the display of the valuable collection of maps and atlases, for 800 volumes of illustrated works, of 3,000 volumes of magazines, of 6,000 volumes of Imperial Parliamentary papers, and 1,600 volumes of newspapers in the Library, which are at present practically inaccessible to Honorable Members. In view of the pressing necessity there exists for making the requisite additions to the building without delay, I am further directed to request that the Parliament Buildings Commission will recommend that provision be made on a Supplementary Estimate for 1885-6 for the completion of the work.

"I have the honour to be, Sir,

"Your most obedient servant,

"J. FARRELL, Librarian."

"G. H. JENKINS, Esq.,

"Secretary, Parliament Buildings Commission."

On the 17th November instant, I received another letter, as follows :—

"Library of the Parliament, Victoria,
 "17th November, 1886.

"SIR,

"I have the honour, by direction of the Joint Parliamentary Library Committee, to again call the attention of the Parliament Buildings Commission to the pressing necessity there exists for extending the Library building, as suggested in my letter of the 17th July, 1885. As a considerable time must elapse before tenders can be called for, and a further period before the contractor can commence the work, I am to request that the Buildings Commission will be pleased to give directions to have the working plans prepared with the least possible delay, in order that the Public Works Department may be in a position to call for tenders for the additions before the end of 1887.

"I have the honour to be, Sir,

"Your most obedient servant,

"J. FARRELL, Librarian."

"G. H. JENKINS, Esq.,

"Secretary, Parliament Buildings Commission."

The north front is where the Committee-rooms of the Legislative Assembly will be, and I would strongly urge the Committee to pass a resolution requesting the Public Works Department to take immediate steps for the completion of the north and north-east fronts of the building. Mr. Kerr, the architect for the Parliament House, estimates that this will cost about £89,000, and can be completed in two years from the letting of the contract.

1886.
—
VICTORIA.

R E P O R T

OF THE

SELECT COMMITTEE OF THE LEGISLATIVE COUNCIL

ON THE

MELBOURNE HOSPITAL,

TOGETHER WITH

THE PROCEEDINGS OF THE COMMITTEE, THE MINUTES OF
EVIDENCE, AND APPENDICES.

ORDERED BY THE COUNCIL TO BE PRINTED, 7TH DECEMBER, 1886.

By Authority:

JOHN FERRES, GOVERNMENT PRINTER, MELBOURNE.

EXTRACTED FROM THE VOTES AND PROCEEDINGS.

TUESDAY, 7TH SEPTEMBER, 1886.

MELBOURNE HOSPITAL.—The Order of the Day for the resumption of the debate on the question, That a Select Committee be appointed to inquire into and report on the condition and management of the Melbourne Hospital :—

- (1.) As to its sanitary condition.
- (2.) As to its construction.
- (3.) As to its capability to meet the present and probable future requirements of the city and suburbs.
- (4.) As to the desirability or otherwise of retaining an hospital on the present site.
- (5.) In the event of removal being considered advisable, to obtain evidence as to the best site obtainable for a new and permanent building.
- (6.) As to the method by which such removal may be most advantageously accomplished.
- (7.) As to the general management of the existing institution.

And that such Committee consist of the Honorables D. Melville, F. E. Beaver, S. Fraser, W. I. Winter, T. F. Cumming, J. Williamson, W. A. Zeal, and the Mover, with power to send for persons and papers, three to form a quorum; and to meet on days on which the Council does not sit—having been read,

Debate resumed.

Question—put and resolved in the affirmative.

TUESDAY, 21ST SEPTEMBER, 1886.

MELBOURNE HOSPITAL COMMITTEE.—The Honorable Dr. Beaney moved, by leave, That the Melbourne Hospital Committee have leave to move from place to place, and to report the evidence from day to day.

Question—put and resolved in the affirmative.

THURSDAY, 21ST OCTOBER, 1886.

MELBOURNE HOSPITAL COMMITTEE.—The Honorable Dr. Beaney moved, by leave, that a Message be transmitted to the Legislative Assembly requesting that leave be given to Mr. Laurens, a Member of the Legislative Assembly, to attend, if he thinks fit, and give evidence before the Select Committee of the Council on the Melbourne Hospital.

Question—put and resolved in the affirmative.

TUESDAY, 26TH OCTOBER, 1886.

MESSAGE FROM THE LEGISLATIVE ASSEMBLY.—The President announced to the Council the receipt of the following Message from the Legislative Assembly :—

MR. PRESIDENT—

The Legislative Assembly acquaint the Legislative Council that they have given leave to John Laurens, Esq., a Member, to attend, if he think fit, to be examined as a witness and give evidence before a Committee of the Legislative Council on the Melbourne Hospital.

Legislative Assembly Chamber,
Melbourne, 26th October, 1886.

T. COOPRR,
Deputy-Speaker.

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REPORT.

THE SELECT COMMITTEE appointed to inquire into and report on the condition and management of the Melbourne Hospital have the honor to report to your Honorable House as follows:—

(1.) *As to its Sanitary Condition.*

1. Your Committee, during a very prolonged inquiry, at which much conflicting evidence from witnesses was obtained, have—after carefully weighing the various statements—arrived at the conclusion that the alleged insanitary condition of the Melbourne Hospital was greatly exaggerated; that the recent “scare” was intensified by the coloured and unwarranted assertions made and published respecting the condition of the institution, which the evidence elicited does not bear out; that the principal defects were attributable to overcrowding caused by the praiseworthy efforts of the management to relieve all accidents and *bonâ fide* cases of sickness. Such defects your Committee believe now no longer exist; the number of beds have been reduced, and the space allotted to each patient increased to 2000 feet for surgical and 1500 feet for medical cases respectively, with the result that the patients are now as carefully attended to as they would be in any well-conducted hospital, and that surgical operations are as successfully and regularly performed as before the overcrowding existed.

2. Your Committee find that the high rate of mortality for some years past amongst patients in the Melbourne Hospital has, in a great measure, been caused by the unrestricted admission of moribund and severe phthisical cases. In illustration, they point to the evidence of the Professor of Pathology, who, while not shrinking from exposing the defects of the institution, volunteered the remark “highly to its honor, the Melbourne Hospital never refuses any patient because nothing can be done for him.”

3. They, however, desire to recommend that some of the very valuable suggestions made by the experts examined be carried out, especially with regard to sewerage.

(2.) *As to its Construction.*

4. Your Committee, upon careful consideration, are of opinion that the Central block of buildings is not in accordance with the principles of modern construction, and requires radical alterations as regards both improved ventilation and closet arrangements. The Pavilions also require alterations in these respects; and better accommodation is required for the staff.

5. The nurses' bedrooms are barrack-like and badly ventilated. The wardsmen's rooms are under the ground floor, and though dry and well ventilated, are objectionable as dormitories.

(3.) *As to its Capability to meet the present and probable future requirements of the City and Suburbs.*

6. Your Committee consider that the accommodation is very limited for a general hospital, and for obvious sanitary reasons urge the immediate removal of the laundry to the country; additional building space would thereby be rendered available.

7. Your Committee strongly recommend the erection of an hospital in the country for the treatment of phthisical patients.

(4.) *As to the Desirability or otherwise of retaining an Hospital on the present site.*

8. The evidence tendered before your Committee shows conclusively that the present site is an unexceptionably good one, being centrally situated, convenient for the medical staff, for the reception of the sick, and for the visitation of their friends. Your Committee, having regard to these facts, unhesitatingly record their opinion that it is desirable to retain an hospital on the present site, no matter in which direction the city extends.

9. Your Committee are of opinion that all future extensions of the hospital should be on the basis of a well considered plan designed on modern principles, which plan should combine all the improvements in hospital construction and sanitary science. Your Committee believe this can be best obtained by offering a premium for the most suitable design.

(5.) *In the event of Removal being considered advisable, to obtain evidence as to the best site obtainable for a new and permanent building.*

10. Your Committee being impressed with the desirableness of retaining an hospital in the present position, think it needless to state further than that there was no consensus of opinion amongst the witnesses examined as to the greater suitability of any other site.

(6.) *As to the Method by which such removal may be most advantageously accomplished.*

11. The evidence taken before your Committee shows, that, should the removal of the hospital at any future time be deemed advisable, it will be absolutely necessary to retain the buildings on the present site until such time as the new hospital is completed for the reception of patients.

(7.) *As to the General Management of the existing Institution.*

12. Your Committee have, once unofficially and once officially, inspected the hospital. They found the testimony of witnesses amply corroborated by the scrupulous cleanliness everywhere observable, and which reflected the utmost credit upon the officials. The management is, however, susceptible of improvement in the direction indicated by the witnesses, namely, the removal of some of the outbuildings and remodelling the out-patients' department, and the extension of the system of suburban dispensaries.

(8.) *General Recommendations.*

13. Your Committee recommend that in view of the large annual grant made by the State to the Melbourne Hospital, and which amounts to nearly three-fourths of the entire revenue of that institution, it is desirable that the Government should appoint at least five members to the Board of Management, and would further strongly urge the immediate formation of Ambulance Corps similar to those existing in America.

14. Your Committee, after very careful deliberation, have arrived at the conclusion that, if a new hospital is erected on the present site, it should be capable of accommodating upwards of 500 patients. Further, it is highly desirable that such new buildings should be undertaken from time to time with a view of causing the least amount of inconvenience to the patients.

15. In conclusion, your Committee desire to express their sense of indebtedness to the several witnesses who have attended at considerable personal inconvenience to afford your Committee such valuable information and assistance.

Committee Room,
7th December, 1886.

PROCEEDINGS OF THE COMMITTEE.

WEDNESDAY, 15TH SEPTEMBER, 1886.

Members present :

The Hon. J. G. Beaney, M.D.,
D. Melville,
S. Fraser,

The Hon. W. I. Winter,
W. A. Zeal.

The Hon. J. G. Beaney, M.D., was called to the Chair.

The Hon. W. I. Winter moved, "That the Press be admitted."

Question—put and resolved in the affirmative.

The Hon. W. A. Zeal moved, "That, before business is commenced, the Melbourne Hospital be visited."

Question—put and resolved in the affirmative.

The Hon. F. E. Beaver here took his seat.

The Hon. S. Fraser moved, "That the Committee meet on Tuesday, Wednesday, and Thursday in each week, at Three o'clock."

Question—put and resolved in the affirmative.

The Committee adjourned until Three o'clock on the 16th inst.; and then proceeded to the Melbourne Hospital.

THURSDAY, 16TH SEPTEMBER, 1886.

Members present :

The Hon. J. G. BEANEY, M.D., in the Chair ;

The Hon. D. Melville,
F. E. Beaver,
S. Fraser,

The Hon. W. I. Winter,
W. A. Zeal.

James Williams, Esq., Secretary to the Melbourne Hospital, was in attendance; and was requested to furnish certain returns in connection with that institution forthwith.

The Hon. J. Williamson here took his seat.

The Committee adjourned until Three o'clock on the 21st instant.

TUESDAY, 21ST SEPTEMBER, 1886.

Members present :

The Hon. J. G. BEANEY, M.D., in the Chair ;

The Hon. D. Melville,
F. E. Beaver,
W. I. Winter,

The Hon. W. A. Zeal,
J. Williamson,
S. Fraser.

The Committee deliberated.

Richard Youl, Esq., M.D., was examined.

The Committee deliberated.

The Committee adjourned until Three o'clock on the 22nd instant.

WEDNESDAY, 22ND SEPTEMBER, 1886.

Members present :

The Hon. J. G. BEANEY, M.D., in the Chair ;

The Hon. D. Melville,
F. E. Beaver,
S. Fraser,

The Hon. W. A. Zeal,
J. Williamson.

James Williams, Esq., Secretary to the Melbourne Hospital, handed in portion of the Returns asked for on the 16th instant—(see Appendices A, B, C, D).

The Committee deliberated.

Tharp Mountain Girdlestone, Esq., F.R.C.S.E., was examined.

The Committee adjourned until Three o'clock on the 23rd instant.

THURSDAY, 23RD SEPTEMBER, 1886.

Members present :

The Hon. J. G. BEANEY, M.D., in the Chair ;	
The Hon. D. Melville,	The Hon. S. Fraser,
F. E. Beaver,	J. Williamson.

James Williams, Esq., Secretary to the Melbourne Hospital, forwarded further Returns asked for on the 16th instant.—(See Appendices E, F, G, H.)

The Committee deliberated.

James Robertson, Esq., M.D., was examined.

The Committee adjourned until Three o'clock on the 28th instant.

TUESDAY, 28TH SEPTEMBER, 1886.

Members present :

The Hon. J. G. BEANEY, M.D., in the Chair ;	
The Hon. D. Melville,	The Hon. S. Fraser,
F. E. Beaver,	J. Williamson.
W. A. Zeal,	

The Committee deliberated.

Richard Youl, Esq., M.D., was further examined.

James Williams, Esq., Secretary to the Melbourne Hospital, forwarded further Returns asked for on the 16th instant.—(See Appendices I, J, K, L, M, N, O.)

The Committee adjourned until Three o'clock on the 29th instant.

WEDNESDAY, 29TH SEPTEMBER, 1886.

Members present :

The Hon. J. G. BEANEY, M.D., in the Chair ;	
The Hon. S. Fraser,	The Hon. W. I. Winter.

The Committee deliberated.

Harry Brooks Allen, Esq., M.D., was examined.

The Hon. W. A. Zeal here took his seat.

The Hon. D. Melville here took his seat.

The Hon. F. E. Beaver here took his seat

The Hon. J. Williamson here took his seat.

The Committee adjourned until Three o'clock on the 30th instant.

THURSDAY, 30TH SEPTEMBER, 1886.

Members present :

The Hon. J. G. BEANEY, M.D., in the Chair.	
The Hon. W. A. Zeal,	The Hon. D. Melville.
F. E. Beaver,	

Harry Brooks Allen was further examined.

The Hon. W. I. Winter here took his seat.

The Hon. J. Williamson here took his seat.

Augustus John Richard Lewellin, M.B., L.K.Q.C.P.I., was examined.

The Committee deliberated.

The Committee adjourned until Three o'clock on the 6th October next.

WEDNESDAY, 6TH OCTOBER, 1886.

Members present :

The Hon. J. G. BEANEY, M.D., in the Chair ;	
The Hon. D. Melville,	The Hon. W. I. Winter,
F. E. Beaver,	J. Williamson,
S. Fraser,	W. A. Zeal.

John Williams, Esq., M.D., was examined.

The Committee deliberated.

The Committee adjourned until Three o'clock on the 7th instant,

THURSDAY, 7TH OCTOBER, 1886.

Members present:

The Hon. J. G. BEANEY, M.D., in the Chair;		
The Hon. D. Melville,	|	The Hon. F. E. Beaver.
W. A. Zeal,	|	

John Williams, Esq., M.D., was further examined.

Thomas Naughten Fitz Gerald, Esq., F.R.C.S.I., was examined.

The Committee adjourned until Three o'clock on the 13th instant.

WEDNESDAY, 13TH OCTOBER, 1886.

Members present:

The Hon. J. G. BEANEY, M.D., in the Chair;		
The Hon. D. Melville,	|	The Hon. W. I. Winter,
F. E. Reaver,	|	W. A. Zeal.

The Committee deliberated.

Robert Fawell Hudson, Esq., M.D., was examined.

J. Cosmo Newbery, Esq., was examined.

The Committee adjourned until Three o'clock on the 14th instant.

THURSDAY, 14TH OCTOBER, 1886.

Members present:

The Hon. J. G. BEANEY, M.D., in the Chair;		
The Hon. D. Melville,	|	The Hon. F. E. Beaver.
W. A. Zeal,	|	

A letter was laid before the Committee from the Town Clerk at Hotham, containing copy of a resolution passed by the Municipal Council of Hotham, protesting against any attempt being made for inducing the erection of a Hospital at either the Pig Market site or Royal Park.

Ordered—That receipt of same be acknowledged.

A letter was laid before the Committee from Richard Youl, Esq., M.D., supplementing the evidence given by him on the 28th September last.

Ordered—That receipt of same be acknowledged.

Edwin Matthews James, Esq., M.R.C.S.E., was examined.

James Williams, Esq., Secretary to the Melbourne Hospital, was examined, and handed in further Returns, which he thought might be useful to the Committee.—(See Appendices P, Q, R, S, T, U.)

It was resolved that the Melbourne Hospital be officially visited on the following day, such intention being notified to the Secretary.

The Committee adjourned until Three o'clock on the 15th instant.

FRIDAY, 15TH OCTOBER, 1886.

Members present:

The Hon. J. G. BEANEY, M.D., in the Chair;		
The Hon. D. Melville,	|	The Hon. W. A. Zeal.

The Committee met in accordance with adjournment at the Melbourne Hospital, and inspected the buildings throughout, in company with James Williams, Esq., the Secretary to that Institution; A. J. R. Lewellin, Esq., M.B., L.K.Q.C.P.I., Medical Superintendent; Richard Youl, Esq., M.D.; F. M. White, Esq., C.E.; William Salway, Esq., C.E.; William Pitt, Esq., C.E.; T. J. Crouch, Esq., C.E.; and S. Le Capelaine, Esq., C.E.

The Committee adjourned until Three o'clock on the 20th instant.

WEDNESDAY, 20TH OCTOBER, 1886.

Members present:

The Hon. J. G. BEANEY, M.D., in the Chair;		
The Hon. D. Melville,	|	The Hon. F. E. Beaver.
W. A. Zeal,	|	

The Committee deliberated.

David Boswell Reid, Esq., M.R.C.S.E., was examined.

The Hon. W. I. Winter here took his seat.

The Committee adjourned until half-past Two o'clock on the 21st instant.

THURSDAY, 21ST OCTOBER, 1886.

Members present:

The Hon. J. G. BEANEY, M.D., in the Chair;	
The Hon. D. Melville,	The Hon. F. E. Beaver.
W. A. Zeal,	|

David Boswell Reid, Esq., M.R.C.S.E., was further examined.

The Hon. W. I. Winter here took his seat.

James Williams, Esq., Secretary to the Melbourne Hospital, was further examined, and handed in an extract from the report of the Medical Superintendent, which he thought might be useful to the Committee.—(See Appendix V.)

The Committee adjourned until Three o'clock on the 22ND instant.

FRIDAY, 22ND OCTOBER, 1886.

Members present:

The Hon. J. G. BEANEY, M.D., in the Chair;	
The Hon. D. Melville,	The Hon. W. A. Zeal.

John Fulton, Esq., M.D., was examined.

The Hon. W. I. Winter here took his seat.

The Committee adjourned until Three o'clock on the 27TH instant.

WEDNESDAY, 27TH OCTOBER, 1886.

Members present:

The Hon. W. A. Zeal,	|	The Hon. F. E. Beaver,
D. Melville,	|	J. Williamson.

The Hon. W. A. Zeal was voted to the Chair.

John Laurens, Esq., a Member of the Legislative Assembly, was examined.

A Report on the condition of the Melbourne Hospital, and also a sketch showing position of the closet and drain pipes, prepared by G. J. Butler, Esq., C.E., was laid before the Committee.

The Committee adjourned until Three o'clock on the 28TH instant.

THURSDAY, 28TH OCTOBER, 1886.

Members present:

The Hon. W. A. Zeal,	|	The Hon. F. E. Beaver,
D. Melville,	|	S. Fraser.

The Hon. W. A. Zeal was voted to the Chair.

John Laurens, Esq., a Member of the Legislative Assembly, was further examined.

The Committee deliberated.

Ordered—That all Returns furnished by James Williams, Esq., Secretary to the Melbourne Hospital, be printed, and that the ground plan of that institution be lithographed on a reduced scale.—(See Appendices A to V.)

The Committee adjourned until half-past Two o'clock on the 29TH instant.

FRIDAY, 29TH OCTOBER, 1886.

Members present:

The Hon. W. A. Zeal,	|	The Hon. F. E. Beaver,
D. Melville,	|	J. Williamson.

The Hon. W. A. Zeal was voted to the Chair.

The Committee deliberated.

Ordered—That the Report furnished by G. J. Butler, Esq., C.E., be printed, and the accompanying sketch be lithographed.—(See Appendices W and X.)

John Laurens, Esq., a Member of the Legislative Assembly, was again further examined, and handed in Returns, which were ordered to be printed.—(See Appendix Y.)

The Committee adjourned until half-past Two o'clock on the 3RD November next.

WEDNESDAY, 3RD NOVEMBER, 1886.

Members present:

The Hon. W. A. Zeal,
D. Melville,

The Hon. F. E. Beaver.

The Hon. W. A. Zeal was voted to the Chair.

The Hon. F. E. Beaver moved, "That the Chairman be requested to prepare a letter to be addressed to the Clerk of the Legislative Council, asking that the services of a clerk be obtained for a few days for the purpose of compiling an analysis of the evidence taken before the Committee."

Question—put and resolved in the affirmative.

William White, Esq., C.E., was examined.

Thomas Edwards, Esq., C.E., was examined.

The Hon. J. Williamson here took his seat.

James Williams, Esq., Secretary to the Hospital, was again further examined.

The Committee adjourned until half-past Two o'clock on the 4th inst.

THURSDAY, 4TH NOVEMBER, 1886.

Members present:

The Hon. J. G. BEANEY, M.D., in the Chair;

The Hon. D. Melville,
W. A. Zeal,

The Hon. S. Fraser.

G. J. Butler, Esq., C.E., was examined.

The Hon. J. Williamson here took his seat.

F. M. White, Esq., C.E., was examined.

T. J. Crouch, Esq., C.E., was examined.

Major R. H. Shakespear was examined.

The Committee adjourned *sine die*.

MONDAY, 29TH NOVEMBER, 1886.

Members present:

The Hon. J. G. BEANEY, M.D., in the Chair;

The Hon. D. Melville,
F. E. Beaver,

The Hon. T. F. Cumming,
J. Williamson.

The Committee deliberated.

Ordered—That a letter, dated 23rd November, 1886, accompanied by a schedule received from Thos. Edwards, Esq., C.E., on the subject of the ventilation of the Hospital by means of the Blackman ventilator, be printed—(see Appendix Z).

Ordered—That a copy of a letter dated 23rd August, 1886, and addressed to the Committee of Management, Melbourne Hospital, on the subject of improvements in the drainage system, &c., of that institution, be printed—(see Appendix W).

The Committee adjourned until half-past Two o'clock on the 3rd December next.

FRIDAY, 3RD DECEMBER, 1886.

Members present:

The Hon. J. G. BEANEY, M.D., in the Chair;

The Hon. W. I. Winter,
S. Fraser,
F. E. Beaver,

The Hon. D. Melville,
T. F. Cumming,
W. A. Zeal.

The Chairman brought up a Draft Report, which was read, and is as follows:—

(1.) *As to its Sanitary Condition.*

1. Your Committee have heard much conflicting evidence, and have carefully weighed the same, and have arrived at the conclusion that its alleged insanitary condition has been greatly exaggerated, and that the recent "scare" in regard to that institution has been caused by the overcrowding of the inmates; this cause, however, no longer exists, owing to the number of beds having been reduced, and the cubic space per bed thereby being largely increased—namely, by allowing 2000 cubic feet to surgical, and 1500 cubic feet to medical cases, and with the result that surgical operations are now performed as regularly as heretofore.

2. They, however, desire to recommend that some of the very valuable suggestions made by the experts examined be carried out.

(2.) *As to its Construction.*

3. Your Committee, upon careful consideration, are of opinion that the Central block of buildings is not in accord with the principles of modern improvements, in point of construction, as it now stands, requiring radical alterations as regards ventilation and closet arrangements. The Pavilions also require some modification in these respects.

(3.) *As to its Capability to meet the present and probable future requirements of the City and Suburbs.*

4. Your Committee consider that the accommodation is rather limited for a general hospital; but with the removal of the Administration Branch, including the laundry, from off the premises, much additional space would thereby be rendered available. New buildings could be erected, and this would make the hospital capable of supplying the requirements of the city and suburbs for many years to come. At the same time your Committee would strongly recommend that provision be made for the erection of a new hospital in the country for the treatment of phthisical patients.

(4.) *As to the desirability or otherwise of retaining an Hospital on the present site.*

5. The evidence tendered before your Committee shows conclusively that the present site is unexceptionable, being centrally situated, convenient for the medical staff, for the reception of the sick, and for the visitation of their friends. And your Committee, having regard to the fact that no more suitable site can be desired, unhesitatingly record their opinion that it is desirable to retain an hospital on the present site; no matter on which side the city extends, your Committee think that an hospital must be retained there.

(5.) *In the event of removal being considered advisable, to obtain evidence as to the best Site obtainable for a new and permanent building.*

6. Your Committee, having expressed in the next preceding recommendation the desirability of retaining an hospital on the present site, think it needless to state further than that there was no consensus of opinion amongst all the witnesses examined as to the desirability of erecting an hospital on any particular site. No fewer than nine several sites have been suggested, none of which could, however, be said to be equal to the present position.

(6.) *As to the method by which such Removal may be most advantageously accomplished.*

7. The evidence taken before your Committee shows that, should the removal of the hospital from its present site at any future time be deemed advantageous, it will be absolutely necessary to retain the buildings on the present site until such time as new ones can be completed for the reception of the patients. To accomplish this, it will be an indispensable condition that money be secured by Government advance or otherwise, until the proceeds of the sale of the present site (which has been valued at from £150,000 to £200,000) are available.

(7.) *As to the general Management of the existing Institution.*

8. Your Committee have upon two occasions (once privately and once officially) visited and inspected the hospital. They find that the testimony of witnesses is amply corroborated by the scrupulous cleanliness everywhere observable, and which reflects the utmost credit upon the officials of that institution. The management is, however, susceptible of improvement in the direction indicated by several witnesses, namely, the removal of the out-patients' department, and the consequent extension of the system of suburban dispensaries now prevalent.

9. Your Committee, after very careful deliberation, have arrived at the conclusion that a new and permanent hospital should be erected on the present site, capable of accommodating from 500 to 1000 patients, and that the Government should provide the funds necessary for the carrying out of this recommendation; further, it is highly desirable that such new buildings should be undertaken from time to time with a view of causing the least amount of inconvenience to the sick poor.

10. Your Committee are at the same time desirous of placing on record, that the present hospital will meet all requirements until the new portions of the suggested building are made, and which your Committee urge should be commenced without delay.

11. In conclusion, your Committee desire to express their sense of indebtedness to the several witnesses who have so willingly and disinterestedly sacrificed their personal convenience to the hygienic and therapeutic welfare of the community.

The Committee deliberated.

Part (1) amended and read as follows:—

(1.) *As to its Sanitary Condition.*

1. Your Committee, during a very prolonged inquiry, at which much conflicting evidence from witnesses has been obtained, have—after carefully weighing these statements—arrived at the conclusion that the alleged insanitary condition of the Melbourne Hospital has been greatly exaggerated; that the recent scare was intensified by the colored and unwarranted assertions made and published respecting the present condition of the institution, which the evidence elicited does not bear out; that the principal defects were attributable to overcrowding caused by the praiseworthy efforts of the management to relieve all accidents and *bonâ fide* cases of sickness. These defects your Committee believe now no longer exist, the number of beds having been reduced, and the space allotted to each patient increased to 2000 feet for surgical and 1500 feet for medical cases respectively, with the result that all the patients are now as carefully attended to as they would be in any public hospital, and that surgical operations are now performed as successfully and regularly as before the overcrowding existed.

2. They, however, desire to recommend that some of the very valuable suggestions made by the experts examined be carried out, especially with regard to sewerage and the ward walls.

Question put—That Part 1, as so amended, stand part of the Report.
Committee divided.

Ayes, 4.
The Hon. T. F. Cumming,
W. I. Winter,
F. E. Beaver,
W. A. Zeal.

Noes, 2.
The Hon. S. Fraser,
D. Melville.

And so it was resolved in the affirmative.

Part (2) amended and read as follows:—

(2.) *As to its Construction.*

3. Your Committee, upon careful consideration, are of opinion that the Central block of buildings is not in accordance with the principles of modern construction, and requires radical alterations as regards both ventilation and improved closet arrangements. The Pavilions also require modification in these respects; and better accommodation is required for the nursing staff.

Question put—That Part 2, as so amended, stand part of the Report.
Committee divided.

Ayes, 4.
The Hon. T. F. Cumming,
W. I. Winter,
F. E. Beaver,
W. A. Zeal.

Noes, 2.
The Hon. S. Fraser,
D. Melville.

And so it was resolved in the affirmative.

Part (3) amended and read as follows:—

(3.) *As to its Capability to meet the present and probable future requirements of the City and Suburbs.*

4. Your Committee consider that the accommodation is very limited for a general hospital, and urge the immediate removal of the laundry to the country; much additional space would thereby be rendered available.

5. Your Committee strongly recommend the erection of an hospital in the country for the treatment of phthisical patients.

Question put—That Part 3, as so amended, stand part of the Report.
Committee divided.

Ayes, 4.
The Hon. T. F. Cumming,
W. I. Winter,
F. E. Beaver,
W. A. Zeal.

Noes, 2.
The Hon. S. Fraser,
D. Melville.

And so it was resolved in the affirmative.

The Hon. J. Williamson here took his seat.

Part (4) amended and read as follows:—

(4.) *As to the Desirability or otherwise of retaining an Hospital on the present Site.*

6. The evidence tendered before your Committee shows conclusively that the present site is an unexceptionably good one, being centrally situated, convenient for the medical staff, for the reception of the sick, and for the visitation of their friends. Your Committee, having regard to these facts, unhesitatingly record their opinion that it is desirable to retain an hospital on the present site, no matter in which direction the city extends.

7. Your Committee are of opinion that all future extensions of the hospital should be on the basis of a well considered plan designed on modern principles, which plan should combine all the improvements in hospital construction and sanitary science. Your Committee believe this can be best obtained by offering a premium for the most suitable design for such a building.

Question put—That Part 4, as so amended, stand part of the question.
Committee divided.

Ayes, 5.
The Hon. T. F. Cumming,
W. I. Winter,
F. E. Beaver,
W. A. Zeal,
J. Williamson.

Noes, 2.
The Hon. S. Fraser,
D. Melville.

And so it was resolved in the affirmative.

Part (5) amended and read as follows:—

(5.) *In the event of Removal being considered advisable, to obtain evidence as to the best Site obtainable for a new and permanent building.*

8. Your Committee, being impressed with the desirableness of retaining an hospital on the present site, think it needless to state further than that there was no consensus of opinion amongst the witnesses examined as to the greater suitability of any other site. No fewer than nine new sites have been suggested, none of which your Committee think are in any way equal to the present one.

Question put—That Part 5, as so amended, stand part of the Report.
Committee divided.

Ayes, 5.
The Hon. T. F. Cumming,
W. I. Winter,
F. E. Beaver,
W. A. Zeal,
J. Williamson.

Noes, 2.
The Hon. S. Fraser,
D. Melville.

And so it was resolved in the affirmative.

Part (6) amended and read as follows :—

(6.) *As to the Method by which such removal may be most advantageously accomplished.*

9. The evidence taken before your Committee shows, that, should the removal of the hospital at any future time be deemed advisable, it will be absolutely necessary to retain the buildings on the present site until such time as the new hospital is completed for the reception of patients.

Question put—That Part 6 as so amended, stand part of the Report.
Committee divided.

Ayes, 5.
The Hon. T. F. Cumming,
W. I. Winter,
F. E. Beaver,
W. A. Zeal,
J. Williamson.

Noes, 2.
The Hon. S. Fraser,
D. Melville.

And so it was resolved in the affirmative.

Part (7) amended and read as follows :—

(7.) *As to the General Management of the existing Institution.*

10. Your Committee have, once privately and once officially, visited and inspected the hospital. They find that the testimony of witnesses is amply corroborated by the scrupulous cleanliness everywhere observable, and which reflects the utmost credit upon the officials of that institution. The management is, however, susceptible of improvement in the direction indicated by the witnesses, namely, the removal of some of the outbuildings and remodelling the out-patients' department, and the extension of the system of suburban dispensaries.

Question put—That Part 7, as so amended, stand part of the Report.
Committee divided.

Ayes, 5.
The Hon. T. F. Cumming,
W. I. Winter,
F. E. Beaver,
W. A. Zeal,
J. Williamson.

Noes, 2.
The Hon. S. Fraser,
D. Melville.

And so it was resolved in the affirmative.

Part (8) amended and read as follows :—

(8.) *General Recommendations.*

11. Your Committee, after very careful deliberation, have arrived at the conclusion that, if a new hospital is erected on the present site, it should be capable of accommodating upwards of 500 patients. Further, it is highly desirable that such new buildings should be undertaken from time to time with a view of causing the least amount of inconvenience to the patients.

Question put—That Part 8, as so amended, stand part of the Report.
Committee divided.

Ayes, 5.
The Hon. T. F. Cumming,
W. I. Winter,
F. E. Beaver,
W. A. Zeal,
J. Williamson.

Noes, 2.
The Hon. S. Fraser,
D. Melville.

And so it was resolved in the affirmative.

The concluding paragraph was amended, and read as follows :—

12. In conclusion, your Committee desire to express their sense of indebtedness to the several witnesses who have attended at considerable personal inconvenience to afford your Committee such valuable information and assistance.

Question—That the above paragraph stand part of the Report—put and resolved in the affirmative
The Committee adjourned until Tuesday, 7th instant, at Ten o'clock.

TUESDAY, 7TH DECEMBER, 1886.

Members present :

The Hon. J. G. BEANEY, M.D., in the Chair ;	
The Hon. W. A. Zeal,	The Hon. D. Melville,
F. E. Beaver,	S. Fraser.
T. F. Cumming,	

The Committee deliberated.

The Hon. W. A. Zeal moved—That the Report of the Committee be re-committed, with a view to further consideration.

Question—put and resolved in the affirmative.

Part (1) amended, and read as follows :—

(1.) *As to its Sanitary Condition.*

1. Your Committee, during a very prolonged inquiry, at which much conflicting evidence from witnesses was obtained, have—after carefully weighing the various statements—arrived at the conclusion that the alleged insanitary condition of the Melbourne Hospital was greatly exaggerated; that the recent "scare" was intensified by the colored and unwarrantable assertions made and published respecting the condition of the institution, which the evidence

elicited does not bear out; that the principal defects were attributable to overcrowding caused by the praiseworthy efforts of the management to relieve all accidents and *bonâ fide* cases of sickness. Such defects your Committee believe now no longer exist; the number of beds have been reduced, and the space allotted to each patient increased to 2000 feet for surgical and 1500 feet for medical cases respectively, with the result that the patients are now as carefully attended to as they would be in any well-conducted hospital, and that surgical operations are as successfully and regularly performed as before the overcrowding existed.

2. Your Committee find that the high rate of mortality for some years past amongst patients in the Melbourne Hospital has, in a great measure, been caused by the unrestricted admission of moribund and severe phthisical cases. In illustration, they point to the evidence of the Professor of Pathology, who, while not shrinking from exposing the defects of the institution, volunteered the remark "highly to its honor, the Melbourne Hospital never refuses any patient because nothing can be done for him."

3. They, however, desire to recommend that some of the very valuable suggestions made by the experts examined be carried out, especially with regard to sewerage.

The Hon. D. Melville moved, That the following amendment be substituted in lieu of Part 1:—

That the Melbourne Hospital is defective, inconvenient, and insufficient to supply ordinary hospital demands.

The structure is being constantly changed at great annual cost to check the periodical development of unhealthy conditions and surroundings, which are alike dangerous to the patients and public. No alterations or extensions will meet the public necessities or produce reliable sanitary conditions on the present site or structure, or lessen the anxiety of medical men, or remove the growing prejudice against the hospital.

We recommend a New Hospital as urgently necessary, and apparently the best obtainable site is that known as the Horse and Pig Market, at the junction of Sydney-road and Elizabeth-street.

Question put—That the amendment proposed to be substituted be so substituted.
Committee divided.

Ayes 2.
The Hon. D. Melville,
S. Fraser.

Noes 3.
The Hon. T. F. Cumming,
W. A. Zeal,
F. E. Beaver.

And so it passed in the negative.

The Hon. S. Fraser moved that the following amendment be substituted in lieu of Part 1:—

That in the opinion of this Committee the evidence taken has proved the following facts:—

1. That the sanitary condition of the hospital (especially the main block) is bad, owing to faulty construction; the periodical overcrowding has intensified the evil. This has, however, been mitigated recently by reducing the number of beds.

2. The construction of the building is defective, the closet system and ventilation being condemned by nearly all the witnesses.

3. The hospital as it now exists is not equal to even present requirements; but if phthisical cases were provided for elsewhere, and other radical changes made, it might do for a time.

4. The better plan would be to build a new hospital with the proceeds from the sale of present buildings and site. The site is, however, a good one for a limited number of patients.

Question put—That the amendment proposed to be substituted be so substituted.
Committee divided.

Ayes, 2.
The Hon. S. Fraser,
D. Melville.

Noes, 3.
The Hon. T. F. Cumming,
W. A. Zeal,
F. E. Beaver.

And so it passed in the negative.

Question—That Part 1 stand part of the Report—put and resolved in the affirmative.

Part (2) amended, and read as follows:—

(2.) *As to its Construction.*

4. Your Committee, upon careful consideration, are of opinion that the Central block of buildings is not in accordance with the principles of modern construction, and requires radical alterations as regards both improved ventilation and closet arrangements. The Pavilions also require alterations in these respects; and better accommodation is required for the staff.

5. The nurses' bedrooms are barrack-like and badly ventilated. The wardsmen's rooms are under the ground floor, and, though dry and well ventilated, are objectionable as dormitories.

Question—That Part 2, as so amended, stand part of the Report—put and resolved in the affirmative.

Part (3) amended, and read as follows:—

(3.) *As to its Capability to meet the present and probable future requirements of the City and Suburbs.*

6. Your Committee consider that the accommodation is very limited for a general hospital, and, for obvious sanitary reasons, urge the immediate removal of the laundry to the country; additional building space would thereby be rendered available.

7. Your Committee strongly recommend the erection of an hospital in the country for the treatment of phthisical patients.

Question—That part 3, as so amended, stand part of the Report—put and resolved in the affirmative.

Part (4) amended and read as follows :—

(4.) *As to the Desirability or otherwise of retaining an Hospital on the present site.*

8. The evidence tendered before your Committee shows conclusively that the present site is an unexceptionably good one, being centrally situated, convenient for the medical staff, for the reception of the sick, and for the visitation of their friends. Your Committee, having regard to these facts, unhesitatingly record their opinion that it is desirable to retain an hospital on the present site, no matter in which direction the city extends.

9. Your Committee are of opinion that all future extensions of the hospital should be on the basis of a well-considered plan designed on modern principles, which plan should combine all the improvements in hospital construction and sanitary science. Your Committee believe this can be best obtained by offering a premium for the most suitable design.

Question—That Part 4, as so amended, stand part of the Report—put and resolved in the affirmative.

Part (5) amended and read as follows :—

(5.) *In the event of Removal being considered advisable, to obtain evidence as to the best Site obtainable for a new and permanent building.*

10. Your Committee being impressed with the desirableness of retaining an hospital in the present position, think it needless to state further than that there was no consensus of opinion amongst the witnesses examined as to the greater suitability of any other site.

Question—That Part 5, as so amended, stand part of the Report—put and resolved in the affirmative.

Part (6) amended and read as follows :—

(6.) *As to the Method by which such removal may be most advantageously accomplished.*

11. The evidence taken before your Committee shows that, should the removal of the hospital at any future time be deemed advisable, it will be absolutely necessary to retain the buildings on the present site until such time as the new hospital is completed for the reception of patients.

Question—That Part 6, as so amended, stand part of the Report—put and resolved in the affirmative.

Part (7) amended and read as follows :—

(7.) *As to the General Management of the existing Institution.*

12. Your Committee have, once unofficially and once officially, inspected the hospital. They found the testimony of witnesses amply corroborated by the scrupulous cleanliness everywhere observable, and which reflected the utmost credit upon the officials. The management is, however, susceptible of improvement in the direction indicated by the witnesses, namely, the removal of some of the outbuildings and remodelling the out-patients' department, and the extension of the system of suburban dispensaries.

Question—That Part 7, as so amended, stand part of the Report—put and resolved in the affirmative.

Part (8) amended and read as follows :—

(8.) *General Recommendations.*

13. Your Committee recommend that in view of the large annual grant made by the State to the Melbourne Hospital, and which amounts to nearly three-fourths of the entire revenue of that institution, it is desirable that the Government should appoint at least five members to the Board of Management, and would further strongly urge the immediate formation of Ambulance Corps similar to those existing in America.

14. Your Committee, after very careful deliberation, have arrived at the conclusion that, if a new hospital is erected on the present site, it should be capable of accommodating upwards of 500 patients. Further, it is highly desirable that such new buildings should be undertaken from time to time with a view of causing the least amount of inconvenience to the patients.

15. In conclusion, your Committee desire to express their sense of indebtedness to the several witnesses who have attended at considerable personal inconvenience to afford your Committee such valuable information and assistance.

Question—That Part 8, as so amended, stand part of the Report—put and resolved in the affirmative. Chairman ordered to report to the House.

MINUTES OF EVIDENCE.



MINUTES OF EVIDENCE

TAKEN BEFORE THE SELECT COMMITTEE OF THE LEGISLATIVE
COUNCIL ON THE MELBOURNE HOSPITAL.

TUESDAY, 21st SEPTEMBER, 1886.

Members present:

The Hon. Dr. BEANEY, in the Chair;

The Hon. F. E. Beaver,
J. Williamson,
W. A. Zeal,

The Hon. D. Melville,
W. I. Winter,
S. Fraser.

Richard Youl, M.D., examined.

1. *By the Hon. the Chairman.*—You are a Doctor of Medicine of a British University?—Yes.
2. Where were you professionally educated?—London.
3. What hospital?—Westminster.
4. Do you know the number of beds there?—Four hundred, I think; but it is a long time ago, and I cannot be sure. It is nearly forty years ago since I was there.
5. You think it is 400?—I think so. At any rate that was the number necessary for it to be admitted as a teaching place.
6. It is a celebrated hospital?—Yes.
7. When you were a student there, or before you left England, did you visit any other hospitals?—I was in Paris six months, and in Edinburgh six months.
8. What hospital were you in at Paris?—La Charité.
9. Do you remember the number of beds there?—No.
10. Do you remember the situation of the old Royal Infirmary, Edinburgh?—Yes.
11. It is just opposite to the University?—Yes.
12. Have you any idea of the number of beds there?—No, I think about 400 or 500. I never inquired into the number of beds.
13. You do not remember, at the Westminster Hospital, the number of cubic feet of space allowed to each patient?—It was a thing that was never thought of in those days, when I was a student.
14. Then you cannot tell us the comparative mortality attending the surgical operations in the surgical wards of the Westminster Hospital?—I can only tell you by referring to publications since.
15. Do you know how the hospital was drained?—Into the common sewer.
16. It is assumed that London is one of the healthiest cities in the world, although one of the largest?—Yes, it is free from certain diseases altogether—diphtheria, for instance.
17. What is that attributed to?—I think that is attributed to the soil upon which it stands, to the drainage, and the cleanliness and management.
18. It is supposed to be at the present time perfect in London—though they are discussing the outlet and drainage system?—It is as good as it can be done in that way, I fancy.
19. And yet most of the hospitals are provided with water closets?—All of them are provided with water closets, but I do not think that for a hospital the water closet is the best thing. I do not think any shutting up the soil is the best thing.
20. Not if properly trapped?—I never saw a trap that gas would not get through, and in some of the modern houses in London, because of that very thing, they are leaving a little space between the sewer and the house drainage, so that they may not tap the sewer with the pipe.
21. I spoke to a great many engineers when I was in London, and they think that the healthiness of a hospital depends on the perfect system of drainage of the water-closets?—Any water-closet you may have, suppose you have typhoid patients using it, you have it as perfect as you choose, but there will be a certain amount of stickage of the soil. If you examine the closet, you will find that that is an element of danger; it may be small, but it is an element.
22. Would not that be cured if the drains were well flushed?—However well flushed, there is a chance of something going wrong with the sewer pipe; that has occurred in London, and all over the world, wherever you depend on that system. You understand, that you have always got a pipe leading into a common sewer, through which all the gases are travelling around in every direction, that is the element of danger.
23. The water in the sewer drives everything before it?—But the sewer is not full; you can walk along a London sewer, and there is gas, and that escapes into the houses, and many persons have lost their lives through that; and particularly where they have a down-pipe with a cistern, a pipe which carries off the overflow from the cistern, and that is often carried straight into the sewer, and that has been the occasion of many lives being lost, from the water being contaminated in that way.
24. I knew a few cases of that sort in London, one a nobleman's house, and it was rectified?—The Prince of Wales caught his illness through it, and Lord Chesterfield was killed through that, and also

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Prince Albert, at Windsor. I should be inclined, if I had absolute control, to cart the stuff away and burn it. I would have it taken away every day—all the urine and all the faeculent matter, all the poultices and everything connected with the sick.

25. That is now done in England?—That is cheap and effective—the only absolutely effective way.

26. Still, in London, the hospitals are very healthy, and compare with any in the world, and it is attributed to the perfect system of drainage, and the well flushing of the closets?—I think there is more than that in it. There is the cleanliness, which is greater than in any Continental hospitals.

27. You do not see a cleaner hospital than the Melbourne?—I do not say that the Melbourne Hospital is not clean.

28. What is your opinion of the drainage of Melbourne?—There is not any. I think those sewers they are putting in now are an element of danger to all the people on the line. They are not ventilated, and all the gas will go back into the houses in Elizabeth-street and Swanston-street. They will find by-and-bye, like in Sydney and Adelaide, the people will suffer from those things.

29. Then, if the sewerage system in Melbourne were as complete as that in London, our hospital would have as good a chance as those in London?—I think, if you turn over the hospital to me, by this day week I will take away all the danger of sewerage; because if you have proper pans, and take away the faeculent matter every day, there is no danger. There is good surface drainage. They have tanks of faeculent matter now which go on filling indefinitely, and there are pipes running into those. If you go down the street you find the Gas Company's gas escapes into the surrounding grounds—it is just the same in the Melbourne Hospital grounds—in spite of all the pipes, and that stuff does not smell, and that is the danger; and there it is always on the spot. Why not take it away? At the Alfred Hospital it is taken away every day. They had some difficulty there some years ago. I went down to hold an inquest. The house surgeon said, "I cannot understand what it is; and they said the people did not get well, they were sick and seedy." And I said, "It is something on the place," and I went round and found they were putting the sewage under the grounds, and it was running in closed drains all over the place, and I said that was the cause of it; and I sent down an inspector of the Board of Health, and he pointed out how to remedy it, and they were all made open drains, and the thing ceased at once; and there has been no illness since at the Alfred Hospital that is occasioned in any way by sewage.

30. Then you could make the Melbourne Hospital a healthy hospital?—No, I do not say that. I say, I could do away with the danger connected with the sewage. As long as you keep tanks filled with faeculent matter, with pipes leading into all the wards, that place can never possibly be healthy. You see the way it is now, the drainage is on the pneumatic system—the Belgian system. There is a pipe comes straight down from the upper ward past the lower ward, and then there is a pipe runs out to this tank, and all the faeculent matter for 12 or 24 hours remains in the side pipe—the pipe that runs towards the tank. It is fermenting there all the time, and of course ascends into the empty pipe at the top of the house. Now, when the closet at the top of the house is used, and it goes down with great force, the gas that is in this pipe is forced out into the ward below through the valve. You can go and test it for yourself any day, and do as I have done, throw a bucket of water in the upper closet and put your nose in the lower one. There is always an abominable stink. The house surgeon, Dr. Lewellin, the resident medical officer, told me that he went one night into one of those wards, and he thought he was killed. The smell was so dreadful. He ran down to his place, and had to drink whiskey, and thought he had blood poisoning. He gave that evidence a fortnight ago. And so long as that closet system is there, it must be an absolute danger to every person there. And that could be altered perfectly easy, and made like the Alfred Hospital. If you go and see that, you will see that there is no illness there connected with foul air.

31. If you were told that the mortality, after surgical operations, is greater in the Alfred Hospital than in the Melbourne Hospital, what would you say?—I should not be surprised. I do not think the Alfred Hospital is perfect.

32. It is near the sea, and has every advantage of that sort?—I do not think the surgery has anything to do with it. The reason I have taken the pyæmia and gangrene as the dangerous thing, is because it is an indication that the hospital is not in a satisfactory state. But if you want to see the effect, you must go to the medical wards, where you will find the mortality is 23 per cent.

33. We have not the returns yet?—You can work returns any way. Take Dr. Robertson's ward on the west side; you will find that last year the mortality in those wards was 23 per cent.

34. That is not pyæmia?—No; that is from the unsatisfactory state of the Hospital.

35. At the Melbourne Hospital we get all the cases of the worst type?—The Alfred Hospital have had a great deal of typhoid fever, and the mortality is very great. I look upon that hospital as a medical place; and if you compare it with the Melbourne one on the medical side, you will find a difference of 10 per cent. in the mortality.

36. The Alfred Hospital being near the sea, and newer, why should the average be greater there, after surgery operations, than in the Melbourne Hospital?—I do not know that it is, but I think their amount of surgery is very little.

37. Hospital gangrene is one of the worst things?—Yes.

38. We have never had that at the Melbourne Hospital?—I think you have been near it. If I had let it go on three years ago I think you would have got it. There were fifteen cases of pyæmia, septicæmia, and gangrene in a fortnight or three weeks, and it would have been very serious if I had not interfered then, because I was frightened there would be a regular outbreak. You were very near it; and if there had not been an absolute alteration in the number of people in the wards, it would have happened. And if you compare the hospital three years ago, then and now, you will find it is totally different.

39. Better?—Yes. And, notwithstanding that the patients are in a much better condition, two things still continue, and they are the most unsatisfactory things you can have in a hospital; the mortality has steadily increased, and the expense per bed has nearly doubled.

40. Medical men gave evidence then in favor of it, and the same men do not now. How is that?—At that time, when I went round I found, in the first place, that in many of the wards the patients only had 750 cubic feet of air, and they only had 75 superficial feet of space. That is against what should be—1300 feet of air and 125 or 130 feet of superficial space. They were very much crowded. The closets were right opening on to the wards. They were very offensive. The wards were very crowded. Upstairs in the corridor there was an erysipelas ward, which communicated with the whole of the upper part of the

hospital. There was erysipelas in the place too, and they put them all about the place—patients with erysipelas and gangrene beside patients with recent wounds. The place was crowded to this extent, that they had only this space. There were four rows of patients in some of the wards. There was no possibility of getting air to them. It is utterly impossible to ventilate four rows of beds. If you have ten people in a ward you can ventilate; if you have 20 it is difficult; if you have 40, two rows in the middle and one on each side, it is utterly impossible to supply those people with fresh air. It is more important to give fresh air than anything else. Then there was also the out-patient place full of people with all sorts of diseases, all mixing together. There was the dead-house. I have seen it with a dozen people in it; half of them had *post mortem* examinations, all of them decomposing, and the only ventilation into that was into Russell-street. And I saw a surgeon washing a typhoid bowel into the gutter which ran into Russell-street, down Lonsdale-street, and along Swanston-street into the Yarra.

41. Was not that ten years ago?—No. Then, as to the ventilation of the hospital, everything penetrates into the lower story everywhere. If you make a smell in any part of that hospital, it goes all over it. There are gratings all over the ceilings for the express purpose apparently of allowing that, and the wards ventilate into each other. There were fifteen people who died of preventable diseases in a very short time. The committee did not believe me, and the staff supported them with one or two exceptions; and told them if they did this and that it would be sufficient, and they reduced the beds in the wards. The walls were made of open porous brick, and they painted them; and they increased the cubic space of air and opened the windows and doors and did a great deal to the hospital, and the result was the mortality still increased and the expense nearly doubled, and then the staff turned round and said the hospital was not fit.

42. You have seen pyæmia, septicæmia, and gangrene outside of hospitals?—Yes, of course.

43. Do not you think the physical type of health of individuals has something to do with that?—I do not think so. If you take the history of the great wars—the American, the Crimea, the Franco-German—you will find they had not a single case of pyæmia or gangrene where they had the people in tents; and any hospital that has these diseases, you may depend upon it, is bad.

44. The soldier goes into the field in good physical health—we have men brought into the hospitals, men who have been injured by living on the worst of drink and bad food, and sleeping out of doors, and who come in physically degenerated; and if anything happens to those men, such as a crash or smash, the chances are more against them?—You have a better class of people go into the Melbourne Hospital than into any London hospital—the refuse of 4,000,000 are not like the refuse of 280,000. For instance, I have held inquests on men who were perfectly healthy before. There was one—a hard-working man, working on the railway, 26 years of age. He was cutting wood for his wife, and he cut his eye a little with a bottle. He could not find a doctor at home and went to the hospital; he was in that hospital for one night, and in four days he came back with erysipelas, which killed him. He was perfectly healthy, and did not drink.

45. If it is so bad, how is it the surgeons do not get it?—One of the hospital surgeons, Mr. Woods, has been away for some time with a sore that cannot heal.

46. All doctors may have some experience of that sort?—There was another young man, named McDonald, who was in the hospital, and went out with pyæmia, and died in Richmond.

47. Some time ago you held an inquest on a man named Grimes; that man was stabbed in the knee-joint by a woman, and affected pyæmia and died?—Yes.

48. How do you account for this, that there were two cases of amputation in the same ward, close to this man, and they recovered; they were cases of legs amputated, which I had to deal with, and there were large surfaces exposed, while this other was merely a punctured wound?—I suppose they were protected with Lister's system.

49. I found the two men were better living and better conducted men; this other man admitted, he had been drinking heavily?—A perfectly healthy man can digest a certain amount of poison. One man may die of it, and not the other; that is a common occurrence every day.

50. Then another remark you made to a jury recently was, that a patient admitted into No. 18 ward had no more chance of recovering than if he cut his throat?—I do not think I said that.

51. It was in the paper?—I am not responsible for everything that goes into the papers. They gave me a fit in the theatre the other day; and, if it had been true, I should not have been here to-day.

52. You said also, the walls of the Melbourne Hospital are saturated with disease?—So they are; and, if you put them back in the condition they were in three years ago, you would find the place decimated with disease; and, further, they use the system of Lister now, and the wounds are mechanically protected. Notice, when they change the resident surgeon, there are always a few cases, because they are not so careful as the old ones; but stop Listerism, and see what it will be. You will be astounded then at what will happen in the hospital.

53. Why do not the nurses take these things?—They have not wounds; but they have sore throats, and are constantly ill. There was evidence that the people there were not in good health.

54. They cut their fingers?—They take good care to protect them, if they do.

55. Have any steps been taken to ascertain whether the walls are saturated?—I have not taken any.

56. At home, there was a ladies' school where they suffered from ringworm. The medical attendant scraped the walls and looked for the organism, and found that when the walls were all cleared, and painted, and papered, the thing was cleared out?—I know that, in a hospital in New York, they re-painted the place for hospital gangrene without result; then they took the plaster off, and still failing to effect the object, they took the walls down and put in new bricks, and that was the only thing that prevented it. Take a house where three or four children have had scarlet fever, and shut it up for a year, and the next family that goes in will take it. I have known that over and over again.

57. In that case, you do not take ordinary precautions?—There is no man connected with that hospital that has been able to tell me the amount of air that is supplied to each patient in the wards, and the evidence goes to show that it depends upon whether the wind blows or not; so that, if you have a ward with 40 people in it, and taking the mortality at 23 per cent., there are eight persons always dying in the ward, and the air depends on whether the wind is blowing. Dr. Robertson said, in his evidence before me, that sometimes the clothes were blown off, and sometimes the patients were panting for breath, and no one can tell the quantity of foul air that goes in and out of any ward in that hospital; and it is impossible, on the west side, to ventilate it at all.

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58. It is said by many that the sun never shines on it; is that true?—That is on the west side. It may shine on it for half an hour, but it does not shine on it in the sense of keeping on it.

59. I think you will find it there in the morning and in the afternoon. It was shining when we went there?—I have had it in evidence, and, if the Committee will go to the hospital with me, I can show them. It requires somebody to point out the defects, because a Committee of non-experts would, for instance, go into that entrance hall and not take any notice of those gratings above their heads, allowing the foul air from below to go up stairs; and the Committee would go up stairs and not take any notice of the gratings to allow the foul air to go still further up, and they would not notice that the foul air of the various wards was going into the other wards, and they would not notice the closets. You require persons of experience themselves, or persons able to point out where the defects are. If you go to the room where the out-patients are, you will find it is nothing more than an exchange for all the diseases of the place.

60. About three years ago, in ward 18, there were three cases of gangrene. The operation of tying the external iliac artery, in a case of aneurism of the femur, you know, makes a very deep cavity, and the man recovered; everything united at first—no suppuration at all. Then there were two other cases of mine of aneurism, where the carotid and the subclavian arteries were tied. These men were discharged cured; that was in No. 18 ward?—Yes, I have no doubt; but put those people loose, without protecting those wounds, and see what would happen. You operated under the spray, and protected the wounds from all germs; but if you sent those men loose, without all those precautions, you would see a different result.

61. Exactly; that shows what can be done in the Melbourne Hospital by good management?—No doubt, but before I interfered with the hospital at all, Listerism was not known or practised in the hospital.

62. There is not so much Listerism now?—It does not matter what you call it, if only they protect the wounds from germs.

63. That has led up to a great amount of cleanliness?—That has led up to proper cleanliness.

64. As a physician, you know very well the dangerous influence of fear or fright on a community?—Yes.

65. You know, in epidemics, cholera, yellow fever, and others of a severe character, that patients who suffer frightfully from fear frequently succumb?—They may, but fear will not give them a disease; you cannot give a man pyæmia by fright any more than you can give him a thousand a year by joy; you must have the poison in the one case, and the dollars in the other. It may depress him when ill; but as to the scare in this hospital, if I were in it, I should think that eight people dying in the ward I was in would frighten me more than anything else.

66. There was a case of a young man who died at Brighton from the bite of a dog. He told his wife that, if ever he was bitten by a dog, he was sure he would die of hydrophobia; he was a letter-carrier; he was bitten by a dog, and died. Now, he did not die of hydrophobia, because there is no such thing in the colony?—He died from fright, possibly.

67. I do not say that fright can give a man pyæmia?—No doubt, all emotional things must affect a sick man; that goes without saying.

68. *By the Hon. W. I. Winter.*—Do you consider that the Melbourne Hospital is sufficiently large for the number of patients?—I think not; nor do I think it possible to build a hospital sufficiently large there. You find all hospitals, where the mortality is small, have always a great number of empty beds; so that, if you want to accommodate 400 people, you should have accommodation for 500, so as to have always 100 beds resting, and spelling, and getting air in. At Bartholomew's Hospital, where the mortality is 5 per cent., they have 150 vacant beds always. And you require, in order to make a hospital perfect, to have the beds rested; the beds periodically cleared and looked after; so that for 400 people you require 500 beds. I do not think there is room enough to build on the Melbourne Hospital grounds a hospital such as a community like this ought to have. The result is well known, whenever you put a lot of animals together; for instance, if you have a cattle run, so long as they are in the run they are all right, but directly you put them together and start them for town, pleura breaks out. The same with sheep, they get catarrh in the old days when they used to shepherd the sheep. In fact, if you congregate any animals in a small space they injure each other. Therefore, a hospital for this place should have space, and it is not possible to make it healthy without space. There are four acres there, and 50 patients to the acre is the calculation of what is safe.

69. *By the Hon. W. A. Zeal.*—There are five acres there?—Even with that it would not be enough. Then you have quarters for the attendants; you have the staff and the cooking apparatus, and laundry and out-patients' rooms, the dead-house, and *post mortem* room, all have to be put on the place as well, and there is not room to make a satisfactory hospital. All persons who know anything about hospitals, who talk about hospitals, and think about hospitals, say that a ward by itself is the best of all kinds. Miss Nightingale said—"Build a village, do not build a barrack." At the hospital at Heidelberg, in Germany, they have built a village. I had a letter from Dr. Stirling, who used to be at the Melbourne Hospital, who tells me that they have wards for ten people; it is circular, domed at the top, steep in the middle for ventilation, and there is a verandah to run the people out in in dry weather. That is the sort of place to build to cure people. Even the Alfred Hospital, from that point of view, is not good, because of the number of people congregated together, so that they injure each other. The best form is the village. In the American war, they never had a case of gangrene, erysipelas, or pyæmia, because they kept the people in tents and in wooden huts. In the Franco-German war, in one case, they took possession of the prince's palace, and found the mortality so great, that they moved out into the ground, with the result of stopping the pyæmia. If you build a barrack hospital, you build it with the certainty that sooner or later it will be contaminated as this hospital is, and you cannot get the best results. I speak to you now, giving you the result of evidence I have collected from all these sources, and that is what I have learned by experience. I know that no man gets erysipelas in the bush; a man who can lie in bed, and smoke his pipe, and spit through the wall, you want him as much as possible in the open air. At the Yarra Bend and Kew Asylums, where they are crowded shamefully, more crowded than the Melbourne Hospital, the people are not allowed to be in the hospital in the daytime. They are carried out into other parts, and there is no disease of that kind, although there are always 20 per cent. of the inhabitants there dying, and always in process of dying at Yarra Bend and Kew, where you have people paralyzed, with bed-sores and so on.

70. *By the Hon. W. I. Winter.*—Do you consider the site where the Hospital stands is saturated with sewage?—Yes. And I think, when they grubbed the trees there, it caused an outbreak of erysipelas in the place, for it stopped at once when that was stopped. If you get a plan of the sewage you can study it for yourselves. You know it is impossible to keep gas in pipes. The Gas Company would be very glad to get any one to tell them how to keep it in pipes—it escapes into the windows and the places about the hospital. I think the first step is to alter altogether the privy arrangements. That is absolutely necessary under any arrangements and whatever may be decided on.

71. *By the Hon. J. Williamson.*—You condemn the hospital altogether?—I think so. I am quite sure it is impossible to ventilate it. I think fresh air—and everybody who knows anything about it thinks so, too—is more essential to a patient's well-being than doctors or medicines, and almost more than food, and it is impossible to get fresh air there.

72. Suppose they build two new wards?—There is no place for them.

73. Is the ground all covered?—Yes, more than covered.

74. Speaking of the closets, do you know the Ballarat Hospital?—No; I have never been there.

75. Do you know what they do with the night-soil there?—I do not.

76. They put it in the garden and grow the cabbages the patients eat, and they get fat on it, and it does no harm?—But they do not put it on the surface.

77. They bury it in the ground. There is one thing that struck me when I went through the hospital—the bedding and the drying. Do you consider the system of drying with hot air or steam is sufficient to kill the germs in the bedding?—The only way to kill germs in bedding is to boil it in hot water. They had an open place, an open tank, stewing. They have taken down the notice now, but there used to be a notice, "For Fever Clothing Only," and my jury, whenever I went there, all walked round and gave it a wide berth when they went to the dead-house. It was steaming up into the air.

78. Will boiling kill all germs?—I fancy so, if you boil for a time.

79. You do not know what change of bedding there is in the hospital?—No, I do not know about the details, merely the general state of it.

80. You say the walls are saturated—is it possible for them to become saturated the way they are painted now?—Germs will lodge anywhere. The walls are very irregular, and Ward 18 and others have wooden ceilings, and any number of germs would light on them, and all those bricks were porous open bricks till three years ago, when that was done; till then they were all porous bricks. You could blow a candle out through one of them. I do not think you can ever make the hospital what it ought to be, and ever have satisfactory results in it. The medical side is a great deal worse than the surgical side.

81. *By the Hon. S. Fraser.*—Have you ever made recommendations to the committee of the hospital?—Yes, I wrote and called their attention to it.

82. How long since?—Three years since. I think I am somewhat to blame about the committee of the hospital, because when I first pointed out the state of the hospital they were very wrath with me. There was a little friction, and then they wrote to me, and asked me if I would assist them in making an inquiry, and I refused. I think, if I had gone on, probably some good would have come of it. I think I am to blame that far, though the committee and myself have never gone together; but at the Alfred Hospital and the Women's Hospital, if I suggest anything, they always attend to it at once. In fact, at the Women's Hospital the committee directed that every death that took place there should be reported to me, but the committee of the Melbourne Hospital and myself have never got on very well together. Whatever I say, they say is wrong, and whatever they say, I say is wrong; and we have never been able to work together, as with the committees of the other hospitals. At the Alfred Hospital I pointed out about the drainage, and they attended to it.

83. Your professional duties include the Alfred Hospital and several others?—All the others, the Women's, the Alfred, the Melbourne Hospital.

84. Do you consider the Melbourne Hospital is more to be condemned in a sanitary point of view than the Alfred Hospital?—A great deal more. I do not think the Alfred is a perfect hospital, and I think it will grow much the same as the Melbourne in time. I think it is a great mistake to build hospitals of durable material. I think a hospital should have a life like anything else. If you build a cottage hospital to hold twenty people, with a good verandah round it, where they could sit in the sun, which they could do 300 out of the 365 days, you could treat them much better than otherwise; but I think all these hospitals in this climate sooner or later will get unhealthy, if built of permanent material.

85. Are not the London hospitals built of very durable material?—It is a different place, and the cold is greater, and those rays of the sun which destroy contagious matter are weak here in the morning. You cannot photograph here so well as there, the actinic rays are not so powerful, and do not shine for so long. The sun is not so great a destroyer of germs here as in England; but, apart from that, the coldness of the climate has something to do with the healthiness of those hospitals.

86. Do they empty the pits of the closets at the Melbourne Hospital?—They are periodically emptied.

87. You say it is possible for the fumes of the fæces to re-enter the hospital through the pipes connecting with the pits?—Oh, yes, quite. It does re-enter the hospital no doubt in the pipes; but particularly when you use the pipe, it is forced into the ward.

88. You said, as to No. 18 ward, that the sun does not penetrate it?—No. No. 18 is not by any means the worst ward. It is on the west side where the worst are, and where there is the greatest mortality.

89. Is not No. 18 the worst for pyæmia?—It has had the most cases of pyæmia, but then it is the surgical ward.

90. You said the sun did not penetrate No. 18 ward?—No, that is a pavilion ward; the sun does get through there.

91. Does it get through and through?—No, not through and through, the other wards are too close; but it does get some sunlight on it.

92. Do you consider the ventilation of No. 18 is perfect?—No.

93. It is a narrow ward meant for two rows of beds?—Yes.

94. Do not you consider that, having those windows that let down many feet on each side, and those windows being opposite each other, ought not that to be perfect ventilation?—But it is never allowed

Richard Youl,
M.D.,
continued,
21st Sept. 1886.

to ventilate, because the persons sleeping next to it shut the windows. A window is not a proper means of ventilation. People say there are so many windows, and therefore so much ventilation; but Dr. Lewellin, the house surgeon, said he has gone into a ward and found all the windows were shut, and the patients would not allow them to be opened—that is not a proper mode of ventilating a hospital.

95. Have you been through the hospital, through the wards frequently?—Yes.

96. Do you consider the beds clean—the bedding?—Yes, I have never seen it otherwise than clean. I have seen a great many of the beds turned down, and seen patients in them, and I never saw them other than perfectly clean.

97. Do the medical men of the hospital agree with your views?—When I first commenced saying that the hospital was in an insanitary condition, they all disagreed except one; and now they all agree with me except one. Dr. Beaney is in a minority of one, or with Mr. James; but they all agree with me, or they wrote to the committee a letter in which they stated they had given evidence before me to that effect.

98. *By the Hon. the Chairman.*—Mr. James is not in accord with the others?—I think his evidence condemned it more than any other man I examined.

99. *By the Hon. S. Fraser.*—Could you lay before the Committee the statistics of other hospitals in relation to mortality?—Yes, I can get it for you.

100. Will you do so?—I will; I will give the statistics of the two hospitals, the medical side of the Alfred and the medical side of the Melbourne Hospital, and then you will see there is a wonderful difference. The average mortality of the Alfred Hospital is 10·4 for ten years, and the average mortality of the Melbourne Hospital for those ten years is over 15.

101. Could the Melbourne Hospital be improved by reasonable expenditure, such as closing those ventilators above—would you object to ventilating some other way?—You cannot get the ventilation into it without pulling down the place, without an expense that it would be unwise to go to.

102. You do not think it is possible to make it safe for patients, except by changing it altogether?—That is so. If you go with me to the west side of the hospital, I will show you the defects, and it does not require an expert or anybody at all skilled to see them, except that they have to be pointed out, and you can experimentalise for yourselves on the closet system; but it stands to reason that keeping fæculent matter (like family deeds) in a vault on the ground, must be wrong.

103. Is that the fact?—I will get a chart and prove it to you. There is one large tank under the front door, a large air-proof tank there.

104.—Cemented?—Yes, and there are two others in the ground, and the stuff is kept there for various periods and then removed.

105. In what way?—Carted away.

106. Along the streets?—Yes. There is no other way.

107. *By the Hon. J. Williamson.*—Not deodorized?—They deodorized it. But that makes it only that you do not smell it, but you get the gas and poison. It does not matter whether the poison stinks or not, you get the poison. The more dangerous ones are the ones that do not stink. But they could take it away every day. It is as easy as kiss your hand. And, whatever happens to any one else, that place is safe.

108. *By the Hon. S. Fraser.*—I understand that the pipes contain a portion of the fæcal matter?—They must. If you have a pipe 20 feet long, that must ferment, leaving that for so many hours; and the gas generated from the fæculent matter below ascends, and the moment the place at the top is used, down comes the stuff with tremendous force, and the gas is shot out into the wards. I have tried it over and over again.

109. How do you account for the fact—we visited the hospital, and I myself felt no odour out of the way?—I go round the hospitals and feel no odour out of the way, but it is always there and always visible, there can be no question. And I will bring you the evidence given by their resident officer, when within the last three weeks the stench was so great in one of the wards that he thought he was killed, and had to drink whiskey in his own place. And as to ventilating by windows, he found them always closed, and nobody could keep them open. They had holes in the walls. Here is a bed and here is the hole. The fellow sleeping in that bed sticks his trousers into that hole. It is a nuisance to him. That is not the way to ventilate a place. No man is such a fool as to have his neck stiffened by a draught at his neck when he can shove his trousers in. If you will come with me, and as you are not an expert, you will see at once where the difficulty is, and where the danger is, and where the impossibility is of ever making that place to accommodate 400 people. The cost has gone up to £75 a bed, or something like that, instead of £30.

110. Have you returns comparing the cost per bed as compared with others?—I think I can get that.

111. Do you know how much it is at the Melbourne Hospital?—I think the last return was £73 per bed per year. I fancy that the London hospitals are about £30.

112. How many beds are there in the hospital?—I do not know how many. They have reduced them the last three weeks.

113. Do you know the number of patients in the hospital?—I cannot tell that, because they have reduced them. I do not think there are more than 300. You can get all those returns. The cost has gone up. Of course, the moment I interfered, when they had 430 or 440 patients in the hospital, the expense was the same. But, when you take 100 of those out, it increases the expense per bed. They were obliged to do that, to prevent what would have been an outbreak of hospital gangrene. I think every man who is taken in on the medical side there has not only his own disease, but he has the risk of being there, which I consider equal to the risk of mortality at the battle of Waterloo.

The Witness withdrew.

Adjourned to to-morrow, at Three o'clock.

WEDNESDAY, 22ND SEPTEMBER 1886.

Members present :

The Hon. Dr. BEANEY, in the Chair;

The Hon. W. A. Zeal,
D. Melville,
S. Fraser,

The Hon. J. Williamson,
F. E. Beaver.

Tharp Mountain Girdlestone, F.R.C.S.E.—Examined.

- Yes.
114. *By the Hon. the Chairman.*—You are a Fellow of the Royal College of Surgeons, England?—T.M. Girdlestone,
F.R.C.S.E.,
22nd Sept. 1886.
115. And a surgeon at the Melbourne Hospital?—Yes.
116. Will you inform the Committee where you were professionally educated?—At St. Bartholomew's Hospital.
117. You were house surgeon there for some time?—Yes.
118. What number of beds were there in that hospital?—At that time about 600; it was quite that—I think it was a little over.
119. It is built right up to the street?—One side is built to Smithfield Market, another side is bounded by Christ's Hospital. It is not so much interfered with by streets. There was a small street called Duke-street on one side. I cannot tell you how much space the hospital covers, but it covers a large space; it occupies very nearly the entire parish—it is a small parish, the Parish of St. Bartholomew the Less. It is nearly entirely occupied by the hospital buildings—it is entirely covered by them. The parson told me he had only three or four parishioners who were not patients in the hospital, or the hospital staff.
120. You have no idea of the area of ground which it covers?—No, I have not.
121. The number of acres?—No, I have no idea.
122. *By the Hon. J. Williamson.*—You could not say from five to ten?—I could not; it is a very long time since I was there.
123. *By the Hon. the Chairman.*—Is it nearly the size of the ground occupied by the Melbourne Hospital?—It is larger than the Melbourne Hospital according to my recollection; but, when I was there, my attention was not directed in any way to space. I took things as I saw them, and did not pay any attention to the space of ground that the place covered.
124. Still you have a fair recollection of the place?—Yes.
125. As a student and house surgeon?—Yes, I lived there a long time.
126. As to whether it appeared to be as large as the grounds we occupy here?—I should say decidedly larger, because there was a large square in the building. The buildings formed four sides of a square, with an open space in the centre; and then there were out-buildings—a large number of out-buildings—and a small college attached, with halls and passages. There was a very fair amount of space for a place in the middle of London.
127. You were house surgeon to Mr. Lawrence—a most eminent man?—No, to Mr. Lloyd; I was dresser to Mr. Lawrence.
128. What was your opinion at that time of the mortality of the surgical operations—did it strike you as anything very great?—I cannot remember the percentage at that time. I know what it is now; but what it was then I do not know.
129. Will you kindly tell us the percentage of deaths—the surgical?—I cannot give the surgical only; I only know the general percentage.
130. That takes the medical also?—Yes, both; it is 5·12 per cent., the general percentage.
131. There were about 600 beds?—Yes.
132. Where those always filled?—No, there were always spare beds; always plenty.
133. You were never overcrowded?—Oh dear, no, never; each surgeon would always have spare beds ready for any emergency. There were three surgeons, and they would each one have several spare beds, and there were one or two spare wards.
134. Did you see much hospitalism while you were there; much gangrene, pyæmia, or septicæmia?—No hospital gangrene. I have seen cases of sloughing phagedæna brought in from outside, but hospital gangrene was decidedly of very rare occurrence; but mind you, I am speaking of a period long ago. I was house surgeon there in 1848, I think, so I cannot go into particulars at that time.
135. Nearly forty years ago?—Yes.
136. Did you see much of septicæmia or pyæmia in St. Bartholomew's?—There used to be cases of pyæmia; but you must remember that, in those days, pyæmia was not quite so well understood as it is now.
137. You have seen, I suppose, blood poisoning cases?—I have seen cases of pyæmia there.
138. Did you at that time visit any of the other hospitals in London?—Very seldom.
139. So that you do not know whether your hospital was better than any of the others?—No, I know it was considered one of the best, but I cannot tell you exactly the statistics of either one or the other.
140. Did you ever visit the Westminster?—No, I do not think I ever did.
141. You have seen cases of erysipelas and pyæmia?—Erysipelas, very frequently.
142. In private practice, you have had erysipelas?—Oh, yes, occasionally; but not following surgical injuries. I have seen cases of idiopathic erysipelas in private practice.
143. Have you had any cases of blood poisoning from operations outside the hospital here?—I do not remember ever having seen one; I cannot say that I never did, but I really do not remember, and I think I should remember, if I had seen one outside.
144. You will admit that such cases can occur outside the hospital walls?—Yes.
145. And therefore persons in the hospital are more likely to get it than those who are having more atmospheric latitude?—Yes.

T.M. Girdlestone,
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continued,
22nd Sept. 1886.

146. Now, is it not your opinion, as a surgeon of the Melbourne Hospital, that a large number of the cases coming there are men of a very dilapidated, broken-up constitution, many of them?—Yes, a good many are; but hospital patients generally are rather more damaged than other people before they come under medical treatment; other persons generally secure medical treatment earlier than a great many hospital patients; but on the other hand there are a number of strong, hearty, hale, working men that meet with accidents when they are in perfect health, and we have a fair share of those in all hospitals—in the Melbourne Hospital as in others.

147. Then our experience here is something like the London hospitals, that when a man with his liver and kidneys disorganized has met with a smash up, and comes into the Melbourne Hospital, and requires an operation, his chances are not so great as those of a healthy, robust man who is brought in?—Yes, that is always the case. We used to have a great many of the draymen in St. Bartholomew's—Barclay and Perkins's men. We used to give them nearly as much porter as they could drink.

148. When a man is brought in, in this faulty physical condition, he would be more likely to succumb after a severe operation than a man in good health after the same operation?—Certainly he would.

149. That appears to be the case in all the London hospitals, the gin-drinking liver men?—Yes.

150. They have a poor chance, if they meet with an accident?—Yes.

151. Have you met with much difficulty in the healing of wounds since you have been connected with the Melbourne Hospital, in your wards?—Yes, I find they heal very slowly indeed.

152. Then you have known healing with the first intention, that is, healing up without suppuration?—No, I do not think I have quite. I have had some very near it; but those are very few; by far the majority of them certainly will not heal with the first intention.

153. We do not expect that in every operation anywhere?—No.

154. Dr. Youl said the other day, in addressing a jury, that the walls of the hospital were saturated with contagion—do you agree with that?—Well, you see, the walls of the hospital are capable of holding contagion; how far they get saturated I really am not prepared to say, but they are certainly capable of holding contagion. The hospital walls are very rough walls, which will hold contagion very much better than smooth walls, so that Dr. Youl's dictum in that respect is not wrong. It is only the word "saturation" may mean one thing or another; but they certainly can hold contagion, and I have no doubt they do. I consider the walls of our hospital very bad, indeed. In modern hospitals they take very great pains to make the walls of hard cement, resembling these walls in this room, or even harder than that, and put a hard surface on them.

155. What is that they have on them now?—Some peculiar kind of paint.

156. Silicate paint?—Yes, it is a hard paint; but the walls themselves are rough; they are brick walls. There is no plaster, and then they are covered with this paint; but still they are rough and uneven. They are very hard walls to clean; and then some of the wards have wooden ceilings, which is another very serious fault as regards surface. These would get more saturated with contagion even than the walls. A wooden ceiling is almost an impossible thing to clean; it is full of joints. Even suppose it is tongued and grooved, still there are apertures where dust collects, and hospital dust is impregnated with germs; and so you see that the ceilings in our hospital are certainly impregnated with germs, and our walls carry them on the surface. How far they penetrate I do not pretend to say.

157. Do you think that, on the whole, our surgical operations—take them all round—are successes, and pretty much equal to the London hospitals?—I do not think they are so good as they might be.

158. There was a case in No. 18 of aneurism of the femur, in which the iliac artery was tied, and no one knows better than yourself what is necessary to secure that. It was a very deep wound in the pelvis, and that man's wounds healed by first intention, and that was in No. 18 ward; that case healed by first intention. Then there were two other cases of aneurism where the carotid and subclavian arteries were treated, and both those men were discharged, and their wounds healed by first intention; that is, I may explain to the Committee, that they stuck together instead of undergoing suppurating discharges. Those cases were in No. 18?—I have no knowledge of the healing of those cases.

159. You know something about them. Then there was the man Grimes in No. 18 with a punctured wound in the knee joint, a drunkard, a dilapidated man. He had suppuration and pyæmia, and died; but on each side of him was an amputation case, where the leg had been amputated above the knee joint, with huge open surfaces, and those men recovered, and were discharged. Dr. Youl could not account for the two men recovering so rapidly, and the man with the punctured wound dying, only he said that the two men could digest germs, and nothing could touch them. Have you any commentary to make on those cases?—I did not see the cases. I do not know how rapidly they got well, and I did not see the wounds; so I cannot give any opinion on them whatever.

160. You saw one, I know, the carotid case?—Yes. I saw that operation, but I never saw the patient afterwards.

161. I only ask why those wounds healed in the first intention in No. 18 and another man should die of pyæmia. Supposing they did, can you account for it?—Yes, some wounds will heal in the first intention, others will not; it depends very much on the condition of the patient; but that some wounds heal there is no doubt, but generally they do not heal so well as they ought to do, and every now and then one of them goes wrong that should not go wrong; a patient with a slight operation sometimes dies. I had one under my own care, a very slight trivial operation, and he died of blood poisoning. Now, I do not mean to say for an instant they all die, or one half, or a quarter—it would be very sad if they did, but every now and then a patient died who, outside, as far as we could see, would have recovered. That is the point—that a certain number recover or heal well is undeniable; but it does not prove at all that the hospital is in a perfectly healthy state.

162. You admit, even, in your own private practice, patients have died when you did not expect it?—There is no comparison between the two. Patients outside get well very much quicker and better, and give very much less anxiety.

163. An eminent surgeon, I am told, operated at Queenscliff, because he happened to be there, in a case of *fistula in ano*. The man died in a few days; and when asked, they said it was blood poisoning. I heard that the surgeon could account for his death in no other way?—Indeed.

164. I merely put this to show that cases do sometimes go wrong where we sometimes little expect it. Now about the sun shining; it has been said that there is no sunshine on the Melbourne Hospital.

Now it is built north and south, and my house is built north and south, and I get plenty of it. How is that?—Well, it is this way:—The new wings in the hospital have windows to the east, and windows to the west, these are the new pavilions, and they are flooded with sunshine in the morning and in the evening; but another part of the hospital—the old part—has one side facing the south (over the door where you go in); those wards get no sunshine. This white piece of paper will represent one side, and the blotting-paper the other—[*illustrating his meaning*]. This is to the north, and this is to the south. Over the doorway there are a number of wards facing you as you come in, in the middle of the hospital, and they are surrounded by other wards on the west, the north, and the east; therefore those wards over the doorway get no sun at all.

T. M. Girdlestone
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continued,
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165. *By the Hon. J. Williamson.*—That is not a good ward?—That is very bad indeed.

166. *By the Hon. S. Fraser.*—Have they any numbers?—No. 1 is one of them; then I think No. 3 is another.

167. Is No. 18 one of them?—No, that is one of the new ones. It is the oldest part of the hospital. Nos. 1 and 3, I think, have the southern aspect, and get no sun at all.

168. *By the Hon. the Chairman.*—The oldest part is the central?—Yes, over the doorway. The Catherine Hayes wards, to the west, are very bad; they are the wrong shape, and they get very little sun. Then the closets are very bad, but the new pavilions are very faulty also, and that is the best part of the hospital. Nos. 18 and 19 are in the pavilions.

169. You were, I think, one of the senior surgeons at the Alfred Hospital for some time?—Yes.

170. How did surgical cases do when you were surgeon there—how did they get on after operations?—Some of them went very badly indeed. There were some very serious faults in the Alfred Hospital at that time, although it is built on the pavilion principle. It was not the fault of the building, but the fault of the drains which got all out of order.

171. The building you like?—The building was right, except that it was damp. It is not a good site at all. The floor at the entrance where you go in, in the front, the stones are damp, and they have no fall, and I do not see how they can alter it. There were some very bad cases occasionally. The closet system got out of order, and the drains were very much out of order. They were not ventilated, and the bad air came into the wards. They used to admit cases of scarlet fever—that was another cause of trouble.

172. I think you will admit, in the Melbourne Hospital, we really get the worst cases that can come to any hospital?—Worse cases than go to the Alfred Hospital and any other hospital. The very worst cases go to the Melbourne Hospital; that is the rule, more bad cases than any other hospital.

173. They all resort to the Melbourne Hospital?—Yes, that has always been so.

174. And consequently we get worse cases in the Melbourne Hospital than in the Alfred Hospital?—Yes.

175. Do not you think that the Melbourne Hospital has a good fall for drainage?—Capital.

176. I suppose you think a good deal has to do with the faulty drainage—the system. You cannot drain well with the imperfect city drainage?—The city wants draining, but the Melbourne Hospital is well drained. There is a good fall. It can be very easily drained.

177. Then as a hospital site you approve of it?—I think it is an admirable site. The hospital ought to be in the town to be of any use; at least, if it is to be of its proper value. I consider it is an excellent site, but it is small. It is cramped.

178. How many acres does it stand on?—I do not know.

179. Dr. Youl said from four to five?—I do not know what it is.

180. Do not you think that space is large enough to erect a new hospital on?—For how many beds—300?

181. Four hundred. St. Bartholomew's you said contained 600?—Yes; it is a difficult question.

182. Could it be built down to Lonsdale-street?—It could be very much better arranged than it is now, no doubt. You see, it would be a great relief to the hospital if it was to be kept there; if you could get a piece of ground in one of the adjacent streets for the out-patient department. Now the out-patient department occupies a considerable space, and it is not necessary to have it in the same block. If a piece of adjacent ground could be procured for the out-patient department, and for a good many of the servants, especially the male servants to sleep in, that would relieve the space. Then you would have more space. And the laundry is another thing that might be outside. Mr. Williams's house might be outside instead of in. That would relieve the space materially. Then again you could relieve the hospital itself, if you had a place outside for the consumptive patients. They would do very much better a little way out of the town with plenty of space, at all events. And that would relieve the hospital very much indeed. If that could be managed, you might then perhaps have room for a hospital of about 350 beds. But of course the patients would not have so much garden space, not as much as they have now, but they would be very much better off than they are at present as regards their chances of recovery.

183. They could have verandahs and corridors where they could get out?—Yes. My opinion is, that they ought to have lifts from all the wards. At one end of every ward, there should be a door, and at the other end a lift to the upstairs wards to put the patient's beds and all on, and send them into the garden. That would be a great relief to patients, and they would get well quicker.

184. *By the Hon. S. Fraser.*—That is lowering to the ground floor?—Yes, and then they can be wheeled into the garden. That would be an immense improvement.

185. Could not they be lifted to the top and aired at the top?—They are more comfortable in the garden. They feel safer. But if everything was done that could be done to relieve the space, then I think a hospital for 350 beds could be built there. That is to say that, by putting the out-patients out, and the laundry, and some of the men servants, and the secretary—who could all be outside better than in, or quite as well—it would relieve the space very much, and then, for a town hospital, it would be as well off as most town hospitals.

186. You admit the site is good?—I consider the site a very good one.

187. *By the Hon. J. Williamson.*—Speaking of the consumptive patients, would you suggest that they should be sent out of the hospital altogether, and be sent to some new hospital?—I think the hospital should be relieved from time to time, by sending away all those patients that are fit to move. In the London hospitals they send them away, some to Margate and some to other places. They have institutions where they can send them. That is a great relief to the hospital, and great benefit to consumptive patients.

188. The Melbourne Hospital is more an accident hospital, and intended for that, and it is to a great extent filled with consumptive patients and permanent patients. If there is to be an alteration at all, would it be your opinion that it would be well to build a hospital a little further out for those patients who are looked upon as consumptive and permanent, not accidents, and keep the Melbourne Hospital purely for accidents?—Then you would cramp it and spoil it if you do that. You cannot have a hospital for accidents and this thing and that; you would have 20. The fewer the better, because they work better by concentrating them. You get a better staff then, you get the appliances and everything in greater perfection at one place if you have only the one, than if you have three or four. Therefore it does not do to disperse too much. I think the building of a number of hospitals is a terrible mistake. It ruins things. They would be all indifferent affairs, although I think, when a consumptive patient can be removed, it would be a great improvement to do it. And there may be other cases that do not require much treatment that might be removed to relieving institutions.

189. If you made the one more a surgical and the other a medical hospital?—No, there you would divide the hospital and cut off your right hand from your left. No, that would never do.

190. Is this situation of the Melbourne Hospital capable of being made to answer all the purposes required for it?—The present hospital?

191. Yes?—No, it must be pulled down. If you want a good hospital on the present ground, you would have to pull down certainly all the old part.

192. Suppose you pulled it down and rebuilt, then would it do?—You could not do it properly. It would be a last resource, if you could not get another place; but it could be done much better elsewhere, with more space.

193. How much space is required?—The more the better. If that is five acres, I think you require a place of ten. That would be better.

194. There is the difficulty of getting ten acres; there is none to be got within a reasonable distance?—That does not alter the fact. But we must put up the best we can. If we cannot get eight acres, we must put up with the ground we have and make the best we can. But we would not have as good a hospital as on the eight or ten acres.

195. There is the question of money involved in it; because, if we build a fancy hospital, if money is no object, we can build it anywhere, but it comes a consideration what we spend. But the question I wish you to answer, and which I think you have answered in a way, still, I would like you to be more precise—Can the Melbourne Hospital be made to suit the requirements of Melbourne, or must it be removed altogether, according to your view?—I say this, it would be very much better to remove it, if you can get eight or ten acres within a short distance of the present place; say, for example, on the University ground, where there is a piece of vacant ground lying idle, except to put rubbish on, and the whole district would be improved with the hospital there, and the University would be benefited, and the students benefited. And it is so near to Melbourne; and as far as I know, there is not a single objection, except that two or three gentlemen living near there do not want a hospital in their immediate neighbourhood.

196. Do you know anything of the details of the management of the hospital?—Not much.

197. The internal management?—I only know what I see going on; I have nothing to do with the internal management.

198. It has been represented to me—not here, but outside—that there is a reason for this spread of this disease which has never been mentioned by any of the doctors—that it arises from the imperfect washing and drying of the woollen bedding, and not the walls at all. What do you think of that?—I think that ought to be enquired into. I think there is the possibility of such a thing.

199. It has been suggested to me, that the walls are not responsible for the spread of this disease, but it is the impossibility of making perfect, the cleansing blankets and drying them by the process that is adopted at the hospital, and that the disease does not hang in the walls, but is in the bedding?—I think that is certainly possible, but I have never inspected the laundry. I do not know what the process is—the washing and drying; I only know the laundry is on the premises, and I think it ought not to be. I think the laundry ought certainly to be out of town; that would be a great improvement on having it on that piece of ground. And how they get the things dry I do not know; some of them may be put out. That part is so completely under the control of Mr. Williams and the matron, that I know nothing about it; it is left in their hands.

200. They are boiled and dried by steam; but I am told that that itself will not kill the germs, and that there is not a sufficient change of bedding, and that the bedding is washed and dried so rapidly, and put on the beds so rapidly, and patients put in it, and that is where the germs are distributed to new patients?—That is quite possible; and if the bedding is not thoroughly disinfected the disease would spread at once. There was something very radically wrong with the hospital some months ago, when five operations were performed, and four of the patients died of blood poisoning. I lost my patience then, and that from the slight operation I referred to just now, and the three other surgeons lost their patients. We all operated on the one morning. That was something in the operating room, and we never could trace what it was. I had some suspicion of the operating table, and ordered it out into the sun and had it sprayed with a spray; but if the sheets and blankets that we use, and the things the patients are put on, are not properly disinfected, the disease would spread much more rapidly than by infected walls. But everything looks clean to the eye, and Mr. Williams has had such large experience, that I never doubted the thing.

201. The reason they put it—I do not speak of my own knowledge—is, that there is not sufficient bedding, and that the things have to be washed and dried so rapidly, and put back so soon, that there is not time?—That is quite possible; I do not know. I have not the slightest knowledge of that, but we know this very well, that the beds are not left to rest. The beds are not sufficiently aired, so great is the demand for beds, more particularly on the medical side, that the beds are always full; and we hear of a patient dying in a bed, and then another patient being put in and dying just after, the beds being immediately occupied—that is very bad. The things have been changed, but the bed itself should be put out and aired. The beds should never be all full, and there should always be beds resting, left vacant to air.

202. Dr. Youl suggested in his evidence that the building should be built of wood—a temporary one. You said to-day that a wooden ceiling was dangerous?—Allow me to explain that before I go any further. Those huts that Dr. Youl talks of can be picked to pieces, and exposed to the air, turned inside out. The

ceilings in a hospital are fixtures, and remain there for years; there is no way of cleaning them. If you could shift the boards and put them in the sun, a wooden hut is a most excellent thing for a hospital, especially with reversible sides.

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203. A reversible house altogether?—That would be excellent.

204. What about the system of closets?—They are dreadful.

205. If they were improved, would not the hospital be sanitary?—No; the older part, nothing on earth could make it sanitary, because they are built back to back, and end to end—they are in the block—and the wards ventilate into the passages, that is, in the western wing, and over the door at the entrance; and you can do nothing with it, and the sooner it is pulled down the better. The old wards are put side to side, then they have a block at each end, and have only one face to the light.

206. Could not you open them at each end, and make a current of air through?—No; you would have fresh air only at one end, and then you would go into another ward. The ends are not free and there are passages between the wards; the wards ventilate into the passages. That is a fault in hygiene that the passages are closed at the end. They might be opened, but the wards open to the passages; consequently, if there is a bad air or odour in one ward, it goes into the next ward, through the passages, and that is in defiance of all the rules of hygiene. They have drilled holes in the floor, so that the one passage opens into another above, and so on; so if there is a bad smell above it may come down, or, if there is one below, it may go up—one ward ventilates into the other. That should never be. That is the older part of the building; it is full of faults. The closets are frightful; they should not be tolerated for another week. They open into the wards, and are not properly ventilated. Every closet in the place should come down, even in the new wings.

207. Suppose they made earth closets and removed the excrement?—An earth closet opening into a ward will not do; if you try that in your own house, you would know.

208. *By the Hon. S. Fraser.*—How long have you been connected with the Melbourne Hospital?—I think about ten years, after I left the Alfred Hospital I went there. I think it is about the time.

209. In what position?—As first surgeon to out-patients, and I am now surgeon to the in-patients.

210. By the out-patients, you mean?—Those who come for relief and go away.

211. Nothing to do with the hospital?—I had some patients in the hospital; now I am surgeon to in-patients, I have nothing to do with the out-patients. I have my beds there.

212. Surgeon to the whole hospital?—To take a certain share of the surgical cases; there are four surgeons and four physicians, and we divide the cases amongst us.

213. Are the four on an equal footing?—Yes.

214. No senior?—The surgeon who has been there the longest is usually called the senior, but it makes no difference.

215. Do you pull together?—Fairly well.

216. Without any supreme authority?—There is no supreme authority at all.

217. To whom do you refer in case of dissatisfaction?—We have consultations; if there is anything to be done we have to meet together and consult, and then have supreme control over our patients; you cannot operate without consultation, and we meet and decide whether it is to be done or not.

218. Consultations with whom, outside or in-surgeons?—All can come if they like.

219. Are they invited?—I think so; the four surgeons and four physicians would be invited, and I really do not know whether the others are invited or not. They come if they like.

220. Do the surgeons make complaints to the committee directly?—Yes.

221. Have you complained to the committee?—No, not anything particular.

222. Have you ever complained?—I have, at different times; but, generally speaking, if I want anything done, I mention it to Mr. Williams, and he gets it done. Except the removing of the closets, there is no use complaining of the structure.

223. Have you drawn the attention of the committee to the bad state of the closets?—I do not remember exactly now what state that question is in; it has been mentioned so often. The committee is as well aware of it as I am.

224. Do you consider the medical staff should or should not draw attention to anything that is dangerous to the progress and health of patients?—Of course, they should.

225. Do you do so?—We have done so at different times. I cannot tell you exactly in what direction.

226. Can you give the Committee a return of the number of times you have done so?—I can give no exact information as to how or when it has been done. The thing has been going on for so many years that it is quite stereotyped, and the committee know about the closets as well as the staff.

227. Have they drawn attention any time in writing?—That I really cannot tell you what has been done exactly in that respect. I know complaints have been made about it. We had meetings of the staff sometimes when different complaints have been made, but I cannot tell you exactly what they were.

228. How long have the closets been in the condition they are in now?—The closets are not dirty. It is the fault of the construction. There is no part of the place dirty. It is kept wonderfully well; in fact, the closets at one time were worse. When I first saw the hospital, they were in the centre of the old building, near the doors going into the wards. Now they have been removed. Whether it was at the suggestion of the medical staff I cannot say. It was a great many years ago, when Sir James Palmer was President of the hospital, and then they occupied positions near the doors when you enter the wards. Whether at the suggestion of the staff, I do not know; but no doubt they complained about it, and they were removed to the far end of the wards, and everybody knows that is very dangerous. It is no use complaining to the committee about faults of construction until you are prepared to pull down the building. If there were faults of cleanliness, we should complain.

229. If the medical men are losing patients through faults of construction or saturation, do you think you have no discretion in calling the attention of the management of the hospital to those serious defects?—Attention has been called ever since I remember Melbourne. One of the first things I did when I came here was to see that hospital, and was astonished with it; and I remember a long time ago writing and making a stir, endeavouring to prevent the building of those pavilions. In 1866 I remember complaining with others of the construction of the Melbourne Hospital.

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230. Have you ever been called in the presence of the committee to give advice or suggestions?—Yes, at different times I have been called before them, and have given advice and suggestions, and given my opinion freely.

231. As freely as now to us?—Much freer, telling them that the construction of the place in my opinion was dreadful, and I said the same before the coroner, and said it publicly.

232. Before the committee of management?—Yes, before the committee itself, and before different members of it. I cannot remember the precise nature of the occasions, because the point, as far as I know, is not disputed.

233. How many attendants are there, officers and nurses included?—I cannot tell you that.

234. The return of the hospital says 127 all told—officers, nurses and attendants. Do you know of your own knowledge whether any of those, a considerable number, have ever suffered from erysipelas or blood poisoning, or anything of that kind?—That I do not know. I have no doubt they have. I know the students and the house surgeons occasionally suffer from it.

235. The students are from the University?—Yes.

236. They have suffered?—Yes.

237. Have the nurses or attendants suffered?—I have nothing to do with them, so that I do not know.

238. If they took ill, would you have nothing to do with them?—No, they would disappear, and I have another nurse, and the nurses are being constantly changed.

239. You are not aware whether they have suffered?—No.

240. You could not contradict the statement of the hospital committee, if they say they have not suffered?—No, I know the changes of nurses have been very frequent, but for what reason I do not know.

241. If the management committee say that none of the officers suffer blood poisoning or erysipelas, you are not in a position to contradict that?—No.

242. Do you not think, that if eighteen wards and others were in the condition reported, that you would be bound to hear that some of the attendants, or officers, or nurses suffered in a similar way to what we have been led to believe. Could they escape, do you think?—Those cases of blood poisoning attack persons who are ill, and more especially those who have met with an accident, or undergone an operation. Those are the persons most likely to be attacked by blood poisoning.

243. If an attendant or officer got his hand scratched, he would be open to the same attack?—He would to some extent. The students very often suffer in that way.

244. You are not aware of any deaths among the attendants?—I have no knowledge of the subject at all.

245. How does the Melbourne Hospital death-rate compare with the Alfred Hospital?—I believe there is a little difference. The Alfred Hospital is rather less. I think the Alfred Hospital is something over 10 per cent., and the Melbourne Hospital 16 per cent. But I do not know exactly the death-rate of the Alfred Hospital. It is a little less; and it ought to be.

246. From your own evidence, the patients entering the Melbourne Hospital are in a much worse condition?—They are a heavier class of cases, as a rule.

247. The death-rate, to be fair, should be heavier in the Melbourne Hospital?—Yes. There is a good deal of difference between 10 and 16, if those are the numbers.

248. I have seen a return here; they are nearly equal?—Yes, so have I, but I do not know how that return came about.

249. No. 18 ward—did you say that the sun did not shine in that?—No, No. 18 is one of the new pavilions—the sun comes into that right enough—it is the old part where it does not.

250. About the ventilation No. 18 ward?—Well, there is a good deal of ventilation. It might be very much improved, but that is not the great fault of it.

251. What is?—The fault of No. 18 is, in the first place, underneath; there is a space, a sort of dry basement underneath the floor. It is built on sloping ground, so there is a space underneath—that space requires a good deal of looking after to keep it perfectly sweet.

252. You mean that the odour from the underneath part would rise?—That is one thing—that is a slight thing—there are worse faults. The great fault is the closet; the air of the closet comes into No. 18 ward.

253. There is a pantry?—There is a scullery and the closet together, just off the ward—the closet and the scullery—now the closet and the scullery open directly into the ward.

254. Through a door?—Yes. The nurses are always running in and out of the scullery; those doors are hardly ever shut, they cannot be; they are running in and out, and the patients go in and out into the closet also. The closet and the scullery should not be next to each other; then the closet should be further off. There should be a passage from the closet to the ward, and that passage should be swept by ventilation, so that the air of the closet would not come directly into the ward. All the newer hospitals are built with a passage exposed to air right and left. That is a very serious fault. Then there is another fault—the closets are on some dry principle, I do not know exactly what, but one closet is above the other. There is one ward on the ground floor and another on the first floor above it. The closet of the upper is exactly over the other, and if those pipes communicate, and they do, the air from the upper closet may come into the lower ward, or from the lower into the upper. Then the faecal matter lodges in the pipes to some extent. They are clean, no doubt, they are under Mr. Williams's control, but they communicate too freely with the wards, so that gas can get in.

255. Has the death-rate in the hospital increased of late?—No.

256. Is it very high in comparison with other hospitals throughout the world?—It is higher than other hospitals—I cannot tell about Continental hospitals.

257. Do you know the death-rate of the Melbourne Hospital?—It is about 16 per cent.—16·12.

258. Is that high in comparison with other hospitals throughout the world?—It is higher than London—higher than St. Bartholomew's—that is 5 per cent.

259. The London hospitals have stood for a century and more?—Yes, St. Bartholomew's has, no doubt, a great part of it. It has been very much altered.

260. The hospitals in London are supposed to be the most satisfactory to the public health in the world?—No, the newer ones are. The older ones are built on the old principle, and have a lot of faults in them. T. M. Girdlestone
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261. Does not the death-rate of the hospitals in London compare favorably with the death-rate of any part of the world?—Yes, but they do not spare money in London hospitals, not a bit. If you want anything, you get it at once.

262. How are you paid in the Melbourne hospital?—We do not get anything at all.

263. Quite honorary?—Yes.

264. No fees at all?—None at all. There are some fees for students, that is all; it does not pay shoe leather.

265. How do you compare the Melbourne Hospital with the Alfred Hospital in point of construction and other respects?—In point of construction there is no comparison; the construction of the Alfred Hospital is far superior to the Melbourne Hospital, very far. The Alfred Hospital is constructed on the modern principles.

266. Do you think, if the Melbourne Hospital were built in a proper way—that is, if it were razed to the ground and built with lifts and other things, that would do?—You must not have it too high.

267. Some of the hospitals in other parts of the world are very high?—You see you do not gain in a piece of ground by that; the higher you put the pavilion, the further you must go from the next pavilion, and you cannot put two pavilions together. There is a rule about pavilions, when there are a number of them; the space between them should be at least double the height of a single pavilion. The space should be double, or a little over; the higher you go the further you put them off, so you do not gain space.

268. If you built a very tall building, and not make it very large in area, by that means you could get sunlight and better ventilation than by having a great square building, wards within wards?—You must not have a square building at all, they are completely condemned. The great fault of the hospital is, that the wards abut on each other in the block form; you want a ward that the sun can come on either side of it. There must be windows opposite, so that it can be flooded with air and light—windows facing east and west—that is the pavilion principle, and if you take it very high you cannot put another one alongside of it. That is Dr. James's idea of gaining space by going up.

269. Are not some of the London buildings very tall?—Yes, St. Bartholomew is too tall, and somewhat square, like the Melbourne, that is the great fault.

270. Yet, it has a good record?—There is no comparison. It is like a palace compared to the Melbourne Hospital.

271. You said there were five operations, and four died. What was the nature of the operation?—Cutting off external piles—a very slight operation.

272. A very simple case?—Very, indeed, and he got blood poisoning and died.

273. In what ward?—He died in No. 8. There were three other operations the same day.

274. What were they?—I forget—I did not see them.

275. Have the committee ever taken the fact into consideration?—I should hope they have. They have heard of it often enough. It was not concealed in any way.

276. Have the medical staff drawn their attention to those cases?—In what way it was reported I cannot say.

277. Do you report to the secretary?—Sometimes to the committee—sometimes we have meetings. There is a gentleman who acts as honorary secretary to the staff—that is Dr. Webb. He has written letters. He generally writes to the committee on these subjects. These deaths have been discussed again and again between the staff and the committee, and some of the members of the committee say it is the fault of the staff that those people died. When discussions get very unpleasant like that, we think the fewer of them the better; we do not discuss with the committee, if we can help it.

278. The patients should have lived?—No doubt. It was blood poisoning.

279. Which would not have occurred outside?—No, or if the hospital had been as it should be.

280. Could the bedding have done that?—Yes, he caught it in the operating room, in my opinion.

281. Do you perform trivial cases on the beds?—No, I always operate in the operating room. It frightens the patients in the wards, and there is a better light, and handy table for the purpose.

282. Does not it frighten a patient, bringing him in there?—It is better he should be frightened than all the others; everything is at hand there. When you are in the ward, things have to be fetched, and that makes excitement in the ward, which ought to be avoided. Of course opening abscesses, and very slight things, can be done at once in the wards.

283. What cases had you previous to that—any serious cases of blood poisoning?—No, I have had very few indeed.

284. You would not attribute his death to any contact with you?—Not with me, I am perfectly certain of that.

285. You say the beds are never rested?—Hardly ever, they have had a rest lately since the scare; I never saw them so empty.

286. When you look at the patients, are they lying on the beds?—Yes.

287. You must see the bedding?—Yes, and I see the bedding is clean. I should notice, if it was not, immediately. I should inform the matron at once, if anything was dirty; that is the matron's duty.

288. I do not think I saw it very clean—the blankets did not look very clean; I should not like to spend a night in them?—It strikes me as a rule the bedding is clean. You know some patients in a very short time will dirty a bed—I speak of the bed when they are first put it, then it may have to be changed once or twice a day; some patients are excessively dirty.

289. Do the dressers go into the dead-house?—A little, not much; they do sometimes.

290. Is not there great danger from a man going into the dead-house, dressing patients?—As a rule when they go into the dead-house, they are not allowed to go into the wards any more that day; or, if anything particular, they are not allowed in for a long time.

291. They ought to be fumigated, I should think?—If a person is cleanly, he may do things safely that another cannot; but there is a law that the students cannot go in the dead-house, unless by permission; and if they go in, they are prohibited from going into the wards any more that day.

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292. Do the committee divide themselves into sub-committees for the better management of the hospital?—Yes.

293. Is that always carried out?—Yes, I believe so. I was on the committee once.

294. *By the Hon. F. E. Beaver.*—Did I understand you to say, you were at one time a member of the committee of management of the hospital?—Yes.

295. May I ask you if you remember that Dr. Youl, the coroner, ever brought any complaint before that committee?—I remember some years ago—about three, I think it was—I cannot remember the form in which those complaints came, but there was a great discussion at the committee respecting the hospital being saturated with erysipelas.

296. That is the period I refer to?—I do not think I was on the committee then. I remember that was before the committee.

297. Dr. Youl stated yesterday, that he had complained to the committee, and that they had not paid any attention to his complaints?—It was brought before them, and it was discussed, and the pity always appeared to me that they did not believe in the unhealthy condition of the hospital. They pooh pooh the idea of its being unhealthy. That always appears to me, but I cannot be positive about that.

298. In St. Bartholomew's Hospital you said there were 600 beds?—Yes.

299. How many of those beds are kept vacant?—I cannot tell you how many. There would be several in every ward.

300. How many do you suppose out of 600?—Of those 600 I had to deal with about 100, and I really cannot tell you out of that how many would be vacant. There would be never two days alike, but there would be always some vacant.

301. Putting it another way, how many beds ought there to be vacant in the Melbourne Hospital?—It is not a thing you can have a strict rule about, because, if anything happened, you get your vacant beds filled up, but you must not keep them full. As soon as you can, you must get other patients out, or those who are fit. Sometimes we have to turn them out, when they might be better in, when there is pressure in the ward.

302. There has been pressure during the six months in the Melbourne Hospital?—There always is.

303. We heard there were 500 patients more than in a previous six months. If that be so, I want to know whether it is prudent to take them in in that style?—No, I do not think it is prudent to overcrowd.

304. You have already stated, as I understand, that the Melbourne Hospital differs from the Alfred Hospital, in that moribund cases are taken in to a much larger extent?—To a larger extent, and more serious cases on the surgical side.

305. And the medical side?—That I do not know so much about, as I have not to do with it.

306. Then the percentage of deaths would be likely to be much greater than the Alfred Hospital?—On the surgical side.

307. All round?—I cannot speak of the medical so much. I daresay they get as bad medical cases there as in the Melbourne Hospital.

308. Are you aware what the percentage in London would be for surgical cases?—Not for surgical alone. I am not very good at statistics; I do not pay much attention to them, and I have very little faith in them; they are so easy to alter, and they give only a good general idea, but nothing further.

309. In reference to consumptive cases, is not that provided for to a very large extent in the Austin Incurable Hospital? Is not that the place where consumptive cases should be sent to?—Whether it is or not, I do not know. I have nothing to do with the medical side. I know many of the surgical cases, such as cancer, go there that are incurable, and it is a great relief to get rid of them. I do not know whether they have provision there for consumptive cases.

310. May I ask you if the committee, as a committee, have paid attention to the demands and requests of the medical staff generally?—Generally, yes, I believe they do, in little matters that they can do. I have never any difficulty in getting things done that I want.

311. Then I understand, it is only in cases in reference to re-construction?—That is the point—it is no use complaining to the committee about the closets.

312. Why not?—Because they cannot alter them; they know what our opinion about them is. If they were dirty, they would be complained about.

313. Have they not the same power to do that as well as any other little thing?—It is the fault of the construction—they would have to build new closets all over the hospital.

314. After all, that is not such a very serious thing to do?—And then after that the whole place might have to be pulled down. To re-construct the old building, when that old building is very faulty, is a very serious matter.

315. What is the age of those London hospitals—Guy's and St. Thomas's?—St. Thomas's is new. Guy's and St. Bartholomew's are very old.

316. A century or two?—Yes.

317. How much of the original building is standing?—A good deal of it at St. Bartholomew's; but when I was there, it was entirely re-faced with stone. The large wards, the quantity of space, the staircases wide, and the whole thing so different.

318. Still the original design is there?—Yes. The design is not according to present designs. Forty years ago they were grand structures—the best—and now they are not. The newer ones are far better.

319. How long does it take for erysipelas to develop; how many days from the contagion?—I cannot say exactly; it takes a few days.

320. If a case went into the hospital to-day, and in two days hence erysipelas was developed, then you would say it had been contracted before it came into the hospital?—Many of the cases are contracted before they go in, but there are others that undoubtedly develop in the hospital. I have a patient who is subject to it. He has had three or four attacks; he always gets better. I am attending a young lady outside, who has periodical attacks of erysipelas, quite half a dozen attacks to my knowledge.

321. Then if those people went to the hospital, you would not say it was contracted in the hospital?—Not if I knew their history. It is constitutional with some people. There is a patient in the hospital now; the least thing gives it to him. That happens occasionally, but those are exceptional.

322. We have a return laid on the table from the Hospital Committee, and the cases of erysipelas developed in the hospital are very small; for the six months of this year, for instance, it is absolutely .09. That is very infinitesimal?—Yes; there has been very little lately. A few years ago they had a few serious epidemics.

323. In 1882 it was 1.42, but that seems to be the highest?—Yes.

324. You cannot say whether that return is wrong or not?—No, they have not had much lately.

325. *By the Hon. D. Melville.*—Do you consider, like Dr. Youl, that the hospital is altogether and radically wrong?—I do.

326. Walls, ceilings, drainage?—Yes; foundations, passages, closets, windows, staircases, ceilings; and the ventilation is not quite so good as it might be in the new pavilions. In the old parts it is something atrocious. You cannot condemn it too much.

327. In a flying visit we made, it struck me, when we entered one of those wards, there was a series of ventilators through which a man might get all along the bottom of the floor. Did you ever see an institution ventilated that way before?—The Alfred Hospital is something the same way.

328. I called them “blow holes,” and asked what they were used for; they opened and there is a grating outside; can patients pull those things open?—No doubt the wards are very cold, much too cold in the winter.

329. Is there no means of warming?—None, and it is a very great fault; it is a very difficult thing to do.

330. In fact, the construction is so utterly bad, that the best thing is, to get rid of the whole material?—It is more the construction, the plan, than the material.

331. But they are saturated?—I cannot say about that. The surface, no doubt, is covered with hospital dust, and the timber, no doubt, is more or less saturated.

332. You say that rough walls hold contagion more than smooth walls?—Yes; Dr. Youl also comes to the same conclusion.

333. You cannot smooth those walls now?—You could plaster them with Keen’s cement; that is what ought to be, the hardest possible cement.

334. Would you recommend that on these walls?—The only walls that can be done that way are the new pavilion walls. The old part you can do nothing with, and that is much the greater part. The new pavilions you could alter, if you built fresh staircases, plaster the walls with Keen’s cement, put proper plaster ceilings, and re-construct the closets completely—that is the new part.

335. Do I understand you, that you would recommend now any modification of that building at all?—Not if I could get a place somewhere else, but the place somewhere else must be near, it is no use putting it out of town with any poetical idea. That is very nice and pretty, but it is not the place for persons who are seriously ill, because they want the doctor at all sorts of times. I know that the inconvenience I suffered in going to the Alfred Hospital was very great, going there at all hours and in the middle of the nights, in some shaky cab, and ruining my own practice; it was too much altogether. Dr. Bird found exactly the same fault there.

336. I gather, that the place is so radically wrong in its structure, the whole thing—closets and all together—that it is an utter waste of time attempting the re-construction?—In all probability, if it was determined to build a hospital, the best way would be, to sweep the place clear, and then begin; but, on the other hand, the architects might be able to utilise the two new pavilions in the new building—that I cannot say; it depends whether they would chime in with the rest.

337. If you could get a new hospital within the University grounds, would it not, in your opinion, be better and cheaper in the long run to start there?—I think it would be very much better, or it would be better in a great many respects, and certainly cheaper.

338. And have the newest appliances and discoveries of the last 15 years?—Yes, put every advantage according to latest principles.

339. Taking it just in a word, that would be your recommendation?—It would, unless we could have the Pig Market; and I suppose we might as well ask for a piece of the moon.

340. It would not be large enough?—I think it is eight acres.

341. But that is tolerably near the other site?—Yes, they would either do.

342. *By the Hon. W. A. Zeal.*—What is your opinion now as to the effect of fear on a patient?—It has a bad effect on a patient.

343. If a patient is in a nervous state, do you think fear would prejudicially affect his recovery?—To some extent it would.

344. And should you think it is desirable to let the inmates of the hospital know that the hospital is in such a dangerous state, that it is dangerous to human life?—It is a great pity that all this should have been made public before anything can be done, but it appears it cannot be done without, so the poor patients must suffer.

345. Do you go as far as Dr. Youl, that the walls are saturated?—That is a word we have been harping on since I have been in the room; I say, to a certain extent, saturated; the word may lead any one to suppose that the germs have penetrated some six inches into the brickwork. I must say, I do not propose to pursue them beyond the surface, but I am sure the surface will hold germs very thickly, and that they do, and that they must do; but how far they penetrate, I cannot say.

346. Could not a system of fumigation be adopted that would make any ward perfectly sanitary, as far as the surface is concerned?—For a short time—for a few days.

347. Suppose a system of absolute and rigid cleanliness was observed, would not that do?—I do not think you could do much with the wood ceilings; the walls are constantly being cleaned and occasionally fumigated, but the whole ward has to be cleared; No. 18 ward has been fumigated several times recently.

348. How would that apply if the ceiling in this hospital could not be fumigated at all—being saturated—how would that apply to wooden hospitals, because in a short time they must be saturated?—So they are; a wooden hospital must be only temporarily constructed; it must come down.

349. What would be the life of the hospital you would propose? How long would it be safe to use the material for a wooden hospital?—I think a wooden hospital would depend somewhat on the class of cases in it, but I would not let a wooden hospital stand for more than six months.

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350. I mean, what would be the absolute life of the material forming this wooden hospital? How long could you use it as a hospital before you destroyed it?—If you were to pull it down and expose it to the sun and clean it, you might put it up again. That is one thing you can do with a wooden structure. The question is, whether it would be cheaper than putting up another.

351. How long would it last?—Six months.

352. How many changes could you effect, with safety to the patients, in the improving of that hospital, before you would absolutely condemn the building?—I do not understand.

353. You say the building should be ventilated and exposed to the sun, and then it would become sanitary; how many of those operations could be carried on before you would absolutely condemn it?—If it had reversible sides it might stand for a year or two; it depends on the amount of cleaning you bestow on it.

354. Under the most favorable conditions?—I do not know that the thing has ever been tried.

355. The Committee ask you as an expert, as to obtaining a certain commercial result, along with medical opinion. Our hospitals are supported by the State and by contributions, and it is necessary before we pull the building down to see what we could do in the future, so I want to get from you the cost of the most perfect form of hospital?—I do not look upon a wooden structure as the most perfect form—it would be mainly a make-shift. I consider the most perfect and best that can be built would be one like the Alfred Hospital at Sydney.

356. That is built of permanent material?—Yes, and some of the London hospitals are very good indeed. They are built with permanent material there, and with hard cement, and so on.

357. Dr. Youl was very marked in his condemnation of this permanent material, and he instanced that in the Franco-German war, the sick were put in a palace with a very bad result, and then they were put outside in huts or tents, and the death-rate diminished?—Yes, that has been proved in all the different wars.

358. Does not that tell against the use of permanent material?—No, I do not think it is a very good comparison, because you have in an army a certain class of men—hard, strong-built men, who are leading an out-of-door life, and wooden huts were palaces to them; but take your patients from those who have been living in houses and you would find they would be very cold in wooden huts.

359. You are not then on all fours with Dr. Youl?—I know the soldiers did better in the huts than in churches and houses and places, because they were freely ventilated, there was no dirt or overcrowding in the huts. The huts were scattered about and they had plenty of air; but still, I do not think, as to a hospital in civil life, that the argument applies to that. The principle is right, but the material is so different from those we have in civil practice—wooden huts are very cold in the winter. I know when I lived on the gold-fields, that a wooden hut was a palace after living in a tent; but after being tired and wet you are glad to get back into a house.

360. You would not recommend wood as the material for a new hospital?—No, only as a make-shift.

361. As to the clothing, seeing that medical men are so careful to change their clothes and disinfect after visiting their private patients, do not you think that greater care should be shown in the use of the material used as bedding at the Melbourne Hospital?—The greatest possible care, and that part of the business should be sifted undoubtedly. It certainly has not occurred to me that there was anything of the sort.

362. Have we not struck the key note of the difficulty here—hearing what has been told you of the state of the bedding—is it not quite possible, in fact, more than likely, that disease may be communicated to weakly patients through that?—Still the faulty construction remains, and no doubt even keeping the patients absolutely clean, they will not get on so well in a badly constructed hospital as in a well constructed one, and there is now no difference of opinion that the Melbourne Hospital is very badly constructed.

363. In regard to the points you have indicated to the Committee?—Yes, I do not think it can be the bedding at all, even if it ever had the effect occasionally; I have no knowledge of what process it goes through.

364. In the Norwich Infirmary, there was a case—it was proved that it got in such an insanitary state that its condition was very alarming, and it was found, after inquiry by a Royal Commission, that it was traceable to the want of proper cleanliness in the management of the hospital; and that, after a new matron was appointed, who paid the greatest attention to the cleanliness of the hospital, this enormous death-rate ceased—do not you think the same thing might apply to the Melbourne Hospital?—I am afraid you have not all the facts. Is what they stated about the Norfolk and Norwich Hospitals, that they pulled it down? because I know something about that case.

365. No, its not the Norfolk and Norwich Hospitals—this is a recent return?—Then it must be the new Norwich Hospital. I know that is built on the modern idea.

366. Seeing that this is the case, might not the authorities here, by using more care about the cleanliness, bring down the death-rate lower?—But to arrive at that, you first suppose that the death-rate is connected with the sheets and blankets; you have no facts to show that, so I do not think it is a fair question. If you prove that the blankets or sheets are dirty, no doubt by cleaning them, you could improve the death-rate.

367. Make it a supposititious case; if it was so, would that not be a means of communicating disease and increasing the death-rate?—If it was the means of communicating disease and increasing the death-rate, no doubt to clean them would decrease it, but that would not do all that is wanted.

368. Would it not do a great deal?—It would do just that much.

369. The erysipelas and the pyæmia were the cause of the deaths in that Norwich Hospital, and that was checked by the use of great care and cleanliness; might not we look to a somewhat similar result here?—It would not settle the difficulty. It would not remove the closets and alter the walls and ventilation. It is cruel to keep patients in some of those old wards at the Melbourne Hospital.

370. Could not they be altered?—Not in the old part, the place is so built up. There is no place to put the closets in. In the old place the buildings abut on each other.

371. How are the closets managed in the London hospitals?—The closets used to be at the ends of the wards. A great deal of trouble was taken at St. Bartholomew's. They spared no expense there; they

never do about anything. They have so much money, that they do not know how to spend it all—a most disagreeable state to be in. They would do anything for the benefit of the place.

372. They are at the ends of the wards now?—They were in my time. They all were water closets, and ran clear of the place.

373. You think that, so far as the construction of the hospital is concerned, it is not to be improved—the form of the wards is such that it cannot be improved?—Except by pulling down. The new pavilions are capable of improvement, that is all, but not the old part; the centre block and the west wing from the operating-room westwards, and that is nearly the whole hospital—two-thirds of it.

374. It has been alleged that the sun never shines in some of the wards?—It is a fact.

375. How often does the sun shine in the wards of the St. Bartholomew Hospital? That is another thing altogether. How many days in London does the sun make its appearance?—That is the fault of the sun.

376. Is not that a proper form of construction?—The sun does a great deal of good, and we have plenty of it here.

377. But if you can make a hospital healthy where the sun never shines, cannot you make it healthy where it does sometimes?—There are some parts of this hospital where the sun's rays never enter.

378. If you take the course of the sun, there is a difference of 30 degrees at times; it has an elliptical orbit, that would have some effect?—Of course it comes nearer sometimes to those wards.

379. For instance, the northern side of Collins-street is sometimes in the sunlight. Is not that the case in the hospital also?—I have not studied it with mathematical nicety. They might see the sun glinting past, but it does not come in.

380. Are you positive of that?—I have not spent twenty-four hours there; it could only be a stray gleam.

381. What has gone forth to the world is this—and spread far and wide over the Australian colonies—that our hospital is in such a state, that it is absolutely a pest-house; that the sun never shines in the wards, and that it is absolutely dangerous to life?—That is, of course, the pessimist view; but if a patient dies there occasionally who could be saved, we ought to agree that that should not be permitted. And we have all the worst faults of construction in our hospital that can be accumulated on one piece of ground. That should not be permitted.

382. As compared with other hospitals in London, how does it stand?—It is dreadful.

383. Have you seen the modern alterations in St. Bartholomew's and Guy's?—No.

384. Then how do you know they are better or worse than ours?—I have seen the plans of nearly all the hospitals in London.

385. How do they compare in St. Bartholomew's?—I have not seen anything recent in Bartholomew's; but there is no comparison between the Melbourne Hospital and St. Bartholomew's. The Melbourne Hospital, in my opinion, is a real disgrace, not only to Melbourne, but to Victoria, and there is no getting out of that. When I came here first, I was astonished at it, and I have been astonished ever since. It is very bad, and should not be permitted.

386. What should be the fair per centage of deaths to expect in a well-conducted hospital in this climate?—You cannot reduce things to a mathematical nicety of that sort. Five per cent. might be very good, but it depends on the class of patients.

387. Is there any hospital in London where there is only 5 per cent.?—Bartholomew's.

388. Bartholomew's is given here as having an average death-rate of 6?—The last I saw was 5.12.

389. That might be a specially favorable year?—There is not much difference in the figures named.

390. The average in English hospitals is 8 per cent., and the average death-rates in Scotch hospitals is 9?—That may be.

391. Seeing that is the case, do you think we have much to complain of, taking the class of cases here?—You may argue with statistics as much as you like—that does not alter the condition of the Melbourne Hospital. I do not pay much attention to them—at the best, they only give a general view.

392. If you take the number of patients who go in and the number who come out, does not that prove anything?—Some persons work their statistics much better than others.

393. That would argue a conspiracy of the whole world against the Melbourne Hospital?—No, I say that statistics give only a general idea. You are trying to base a particular argument on them.

394. I ask you why, that being the case in England and Scotland, we should expect so much difference here?—We are twice as bad; we are 16 per cent.

395. What year were we 16—the present half-year is 14.22, and only two records where 16 has been exceeded are 1884 and 1885?—Probably I referred to 1885, and the present year is not over yet.

396. That is 14.22 so far—is that such an extraordinary death-rate?—It is double some of those you were quoting just this minute.

397. Is not a great deal of that on account of the climate and intemperate habits?—The people are not more intemperate here than in some of the Scotch towns, and they are better off here.

398. Do not they drink more spirits?—I do not know that, and they are better off.

399. Is not that one reason that our death-rate is higher?—Because they are better off?

400. No, because they indulge more in spirituous liquors?—But I do not think they do. They indulge more in some of those old Scotch towns and in London.

401. Do you say that as a matter of opinion?—Yes. It is not a matter of professional opinion—it is only my own individual opinion, but I have no absolute knowledge of it; and people are generally better off here—no doubt of that—they have more food.

402. Does not that incur a certain amount of risk?—No, because being properly fed, they are better able to stand sicknesses and injuries. They are not over fed, but they are properly fed.

403. As to the ventilation of the hospital, what plan would you suggest generally?—That is a very long job. We could not think of going into that. I have not made up my mind on that.

404. You and other doctors condemn the hospital on certain grounds, and if you do not tell us as experts, how we can remedy things—how can we know?—I cannot give you off-hand a plan of ventilation, which is a most difficult question to settle.

405. It would be within your province, and you might send your views in writing to the Committee?—I have not time to set about ventilation; that is not part of my province. You ask me a question that is more fit for a sanitary engineer. I have not the slightest idea of wasting my time on it.

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406. If a man criticises a plan, surely he should find some remedy?—You will need plenty of time if you adopt that plan.

407. We are acting on behalf of the public, and in their interests we say, if the medical men will not tell us what should be done, how can we arrive at it?—I am not prepared to attend to that question.

408. As a man of common sense, you can tell the ordinary way of ventilating a building?—There are a great many different ways; you might fill a book on that. It is impossible to say the best way. There are so many preliminaries; and then, after all, I do not think it is settled which is the best way.

409. I wanted, if you could give us in some sort of definite way, a plan of ventilating a public building?—You must give me a week to do it. My mind is occupied about other things.

410. Would you write a letter at your leisure?—I have no leisure.

411. How can the Committee arrive at a perfect hospital, unless the doctors tell us?—You are asking about ventilation, which is a very big question indeed.

412. I do not want you to answer about the details of the wards, but I think the complaining doctors ought to give some sort of plan as to how these evils can be remedied?—I am not prepared to answer that just now. It is a question for a sanitary engineer.

413. Is not it a question for a doctor?—No.

414. You have already told us that there are holes in the walls through which the foul air enters?—Those are the gratings.

415. That is not a good plan?—No.

416. Well, that would be one objection you would take to the present mode?—Of course; but because you do not like one thing you are supposed to substitute something else. That plan I have shown is very bad, because it is a standing law amongst hygienists, that each ward should ventilate to the outer air—that is a principle that should not be violated.

417. That is very valuable—cannot you give some more points like that?—You are asking me about a subject I have not paid attention to for some time; and a very difficult question that requires a great deal of thought, to say how a person should ventilate a place. How many people have broken their shins in attempting to ventilate your chamber in the Parliament buildings here, and how much money has been spent on it without result? and you are asking me to solve this question right off—I must decline.

418. I asked if you could give some suggestions whereby the Committee could arrive at a conclusion, and report to the Government some scheme for the ventilation of the Melbourne Hospital?—I must decline to answer that.

419. You gave the opinion, that a good deal of money had been used in ventilating the Assembly, and with bad results?—I said first, it was an unfair thing to expect me to answer such a question—you ought not to expect me to answer it.

420. If people criticise these matters in these public institutions, and say that they are radically bad, surely it is not wrong to expect them to give some information in the interests of the public as to a remedy?—That is your opinion.

421. If the doctors will not help us, what are we to do?—I do not really know what you want.

422. I must be very stupid then, or you must be obtuse?—You can say anything you like. I do not understand your questions; and I tell you about ventilation, it is not a thing I can answer off-hand. It is not part of my province. I cannot go into the question.

423. Then the only remedy you would suggest is to pull the whole hospital down?—The older part of it I should. I have already said that that would depend on the plans of the architects who build the new part. If the pavilions stood in the way of the plan, they would also have to come down.

424. What are you to do with the present patients, if that is done?—Of course, you would have to make some provision for them.

425. How is that to be done?—I cannot tell that. If the people will find the money, it can be done.

426. No doubt, if the money and the site can be found, anything can be done; but, seeing that cannot be done at a moment's notice, what could be done with the patients in the meantime?—It is no use then discussing the question.

427. The object of the Committee is, to find some way by which the Government can remedy the evil?—If you would be good enough to ask questions—you are giving me opinions.

428. Then I ask you this question—do you think that any portion of this hospital could be utilised?—Yes; I think the new wings could be altered and made proper for the reception of patients; but they want thorough alteration, as I have stated already.

429. Do you think any danger arises to the patients from the students leaving the dead-house and coming to the operating room?—I do not think any danger has arisen. Of course, it is possible such danger might arise, if the students were careless.

430. You do not think anything of that sort has arisen, speaking from your experience?—No, because they are always kept at a distance, when a patient is being operated on, and a disinfectant spray is always kept going.

431. As to the Alfred Hospital, you know that?—Yes.

432. As comparing the Melbourne, you consider that a tolerably perfect hospital?—The construction is fairly good, the plan of it. I do not say it is a perfect hospital by any means. The plan of the building is fairly good.

433. Is it kept in a cleanly state?—I have not been there for a long time. The last time I was there as Health Officer of the city, I had to condemn the surroundings as generally very dirty. There was a lot of sewage about the grounds, and dirt, and I was sent to inspect the place, and found it was not kept as it ought to be. I have not been there since.

434. How long was that ago?—Some four or five years ago.

435. During the time of your connection with it, and knowledge of it, was it kept in a tolerably cleanly state?—There were a great many faults. I had to make several complaints.

436. Do you know the death-rate during the time you were there?—No.

437. Do you know what the death-rate is now for the past year?—I think about 10 per cent.

438. Who is the secretary and superintendent of the hospital?—I do not know.

439. Do you not know that Mr. Anderson is?—He was. I do not know whether he is.

440. If a return here is signed by "J. G. Anderson" you would have no reason to doubt it?—No.

441. There is a return signed by him, giving the death-rate for the year ending 13th June, 1886, as 14 per cent. That is considerably above your statement?—Yes. I told you I did not know exactly.

442. It is most important to know about that?—I have told you I did not know exactly about the statistics of the Alfred Hospital. I do not keep them in my head.

443. Is it not a fair matter of comment to compare the statistics?—Yes, if you have them, but I have not.

444. I have them, and I say, if this is a fair return, does that show the Melbourne Hospital in the unfavorable light that has been spoken of, taking the return of the Melbourne Hospital for the present half-year 16'22. That is almost similar?—Yes.

445. Does that show that great amount of disease?—As I said, those percentages only give a general idea. I give you my opinion, I can give nothing else.

446. If you have a certain number of patients in the hospital, and a certain number die, and a certain number recover, does not that show anything?—It is a matter of opinion. You have more faith in statistics than I have.

447. Are not the returns framed correctly?—I do not know at all how they are framed. I know, if you set different people to make returns, you get different results.

448. Surely men will not make returns against themselves. If Mr. Anderson states that the death-rate was 14 per cent., that ought to be correct?—No doubt it is, the way he did it.

449. Then, if the death-rate for the Alfred Hospital was 14 per cent. for the year, and notwithstanding all that has been said against it, the death-rate for the Melbourne Hospital for the first half of this year was 14'22, is that such an alarming state of affairs?—If you come to decimal points, I do not lay great stress on statistics, and it does not alter the state of things in the Melbourne Hospital, the statistics being shown to come out nearly the same for the six months. It goes for what statistics are worth. They are not worth much, except for a general view.

450. Then what is any use. On what can we as laymen rely?—I do not know what you are to rely on.

451-2. You expressed something about the statistics of St. Bartholomew's, and you used that as a certified statement?—I gave it in answer to a question. I said at the commencement, that I regard statistics as useful only as a general view. Of course, where there is a very great difference, there may be something in it, but when it comes to a difference between 14 and 15 per cent., it is very slight.

453-4. That is one man in a hundred. Is not that a large amount of death-rate in itself?—Statistics are taken in different ways by different people.

455. You laid stress on it——?—I did not lay stress on it.

456. Will you allow me to finish what I was saying. I said, you laid great stress in answer to a question of mine?—And I said, I did not.

457. I am not making the statement that you did; you will not let me finish. If you will allow me to repeat my question. I say you laid great stress on the fact that St. Bartholomew's Hospital was only five per cent. How do you arrive at that comparison, if you do not believe in statistics?—My statement is, that I do not lay great stress on it. I merely said it was statistics, and I said at the commencement that they only give you a general view, and I do not consider that laying great stress.

458. Then say you laid no stress at all. What is the value of the return at all?—It gives you a general idea of what the statistics of the place are.

459. If the people who advocate the contrary view of the Melbourne Hospital say the statistics do not show a large death-rate, are they not as much entitled to their opinion as you to yours?—Of course they are.

460. Would you not go so far as this in referring to statistics—Would you say that statistics published by men of repute who could have no possible object in making false assertions are not more reliable than the unsupported statement of one individual?—Statistics are reliable as far as they go.

461. Are they not more reliable than an unsupported statement?—I do not know what you mean.

462. The opinion given by a person who does not prove what he says?—No doubt. If you can prove by statistics, no doubt that is a very good argument.

463. If the Melbourne Hospital is in such an insanitary state, how do you account for the fact that none of the nurses have been ill from blood poisoning?—I know nothing about the nurses.

464. You must have known whether they were ill or not?—I stated before, I did not. And I do not.

465. You cannot say whether any of the nurses have been brought under you for treatment?—I remember one that had a bad knee being brought under my notice, and I remember seeing one of the others. I have seen them occasionally. One I took a little tumour out—but I know nothing about their general ailments.

466. If it has not been brought under your notice, the supposition is, that they have been well?—I did not attend them. They may have been taken to the other surgeons. It was just those that required those small operations.

467. Was that lately?—Yes.

468. How many nurses?—Two.

469. Were those operations recorded in the case book of the hospital?—One was, in all probability. One was done in the ward, a very small affair.

470. That had nothing to do with erysipelas or blood poisoning?—No. Both got perfectly well.

471. What is your opinion of the health of the nurses?—I do not know. They are often changed, but what becomes of them I do not know.

472. Do not the doctors make some sort of inquiry?—Yes; they ask sometimes why the nurses are changed. We do not like the nurses being changed.

473. If a nurse was changed, would you not naturally ask why?—We do sometimes.

474. *By the Hon. the Chairman.*—Is there any other evidence you would like to give?—No, thank you.

The Witness withdrew.

Adjourned to to-morrow at three o'clock.

THURSDAY, 23RD SEPTEMBER, 1886.

Members present:

The Hon. J. G. BEANEY, M.D., in the Chair ;

The Hon. F. E. Beaver,
S. Fraser,

The Hon. D. Melville,
J. Williamson.

James Robertson, Esq., M.D., examined.

J. Robertson,
Esq., M.D.,
23rd Sept. 1886.

475. *By the Hon. the Chairman.*—You are physician to the Melbourne Hospital?—Yes.
476. Where were you professionally educated?—Mostly at Aberdeen.
477. In the Aberdeen Royal Infirmary?—Yes.
478. Do you remember how many beds you made up in that institution?—I have no keen recollection of the number at that time; it is so many years ago.
479. Upon what principle was that hospital built—was it a block?—The block system.
480. Do you know the age of the hospital—when it was first built?—It must be considerably over fifty years.
481. Can you tell the Committee what is the area upon which the hospital at Aberdeen is built?—I have not computed the area, or any of those facts; it is a long time since I was there, and I had no idea such questions would be asked of me. I thought I was called here to-day in reference to the Melbourne Hospital.
482. We want to make comparisons, you see, as we have done hitherto, between this hospital and others in the old country. We heard Mr. Girdlestone a great deal upon hospitals yesterday?—I have had no opportunity of seeing other hospitals.
483. Did you visit many other hospitals besides the Aberdeen Infirmary before you came here?—Yes.
484. What were they?—Edinburgh, Glasgow, and St. George's, London, Charing Cross, and several others, including old St. Thomas's.
485. They were all upon the block system?—Yes.
486. Do you remember how many cubic feet of space were allowed at Aberdeen to each patient?—No, I do not. I am not prepared to make any statement, for I cannot from my own knowledge do so.
487. What were the principal cases you had to deal with in Aberdeen in the medical wards?—Phthisis, fevers, and chest complaints—in fact, it was a general hospital. All were admitted, both medical and surgical cases.
488. Have you any idea what the mortality was among the patients?—No, not at that time. I do not recollect. I was a student then, and perhaps we did not pay that attention to the mortality that we should have done, had we been in a different position.
489. How many years have you been connected with the Melbourne Hospital?—About 26.
490. Will you tell the Committee, as you have been 26 years a physician, when you first complained of its insanitary state?—It is so long ago, that I really forget that. It is some twenty years ago, at all events.
491. Did you complain at that time?—Yes.
492. To the committee?—I complained at that time to the committee, and found it necessary to have recourse to various devices. For instance, I had disinfecting towels hung up in front of the water-closets, especially in No. 12 ward, and in the others too. The odour from those closets was very often most offensive at that time. We were obliged to have recourse to different means to destroy the odour, and disinfect it.
493. Were you the first of the staff to complain at that time?—I cannot tell whether I was the first or not.
494. Do not you remember whether there was any other complaint at the same time?—The wards allotted to me were different from those allotted to many others. They had been what are called double wards, that is, they had four rows of beds. Originally, when the hospital was built, there was a corridor running between those wards, simply running to a window in the end of the building. There were brick walls on each side, and they were removed afterwards, and pillars were used to support the roof, so that two wards were thrown into one, but we still had four rows of beds—two in the centre, and one at each side.
495. Have you ever had any beds upon the floor?—Often.
496. Every one of the staff, in fact, at that time had beds upon the floor?—Yes; and often have I complained of that.
497. And that you call over-crowding?—Yes.
498. What are the nature of your cases generally, are they the same as in a hospital at home?—Yes.
499. Fevers and phthisis, and so on?—Yes. Phthisis, the majority, and fevers when the season comes round, a considerable number of cases; and during the winter, pulmonary diseases principally. In summer, fevers, diarrhoea, and bowel complaints.
500. Do your phthisis cases remain long in the hospital?—Yes; sometimes a considerable time.
501. Now, what are your cases that have died soon after admission—Of what nature are the cases that die soon after admission to the hospital, as a rule?—Some—a large number—die within forty-eight hours after admission. Those are generally cardiac and lung affections.
502. Heart diseases and lung diseases—and typhoids?—No.
503. You get some in the last stages, do not you, brought in, that die very quickly?—Occasionally; but they come in generally, perhaps, when they have been ill two or three months. Many of them are sent in in the last stage.
504. But a number of cases are admitted in actually a moribund condition?—Yes; there are.
505. Frequently?—Yes, a large number die within 48 hours after coming in.
506. Now, have not you had a large number of cases in the hospital which have made as satisfactory a recovery in the hospital as they would have done outside?—No,

507. Never?—No.

508. Never?—No, not in my wards.

509. Not since you have been connected with the hospital?—Not since I have been connected with the hospital. Convalescence is much longer, and in fact the cases do not, as a rule, go on favorably.

510. Convalescence may be longer, but do not you think you got them through the acute stage as quick?—No, not even that. The acute stage is prolonged there, especially in pulmonary complaints.

511. Considering the class of people that come in, you know, with no nursing, and nothing of that sort outside, do not you think they do better inside than outside the hospital?—No, I do not think they do better. Pulmonary complaints, I say, as a rule, are bad, especially the phthical cases.

512. You think a pulmonary case would not do as well in the Melbourne Hospital as it would in Little Bourke-street or Little Lonsdale-street?—No.

513. It would not?—No; no doubt the nursing is superior.

514. That is what I mean. They can get in the hospital what they cannot get outside?—But if they were placed under favorable conditions outside, they would recover more rapidly than I should say they would in the Melbourne Hospital, placed under similar favorable conditions.

515. But that is what I mean. You go into Little Lonsdale-street and see an unfortunate wretch with pneumonia—no nursing, no stimulants?—That is a different case.

516. But that is what I mean. Would not that class of people do better inside than where they were?—Yes, I daresay they would, but I have not treated that class of people in those places.

517. I have?—Certainly they are placed under more favorable conditions, if they have good nursing and suitable nourishment.

518. Of course, you are aware that a large number of your patients are taken from what we should call the worst type of physical integrity that you admit—when you get into the wards of the hospital the worst type there is?—There are all varieties, no doubt.

519. That is, they would have died anywhere—anywhere—even under the most skilled treatment?—Yes.

520. Where are your wards situated?—In the western wing.

521. I have never been in them?—They are in the western wing—[*a plan of the hospital, showing water supply and drainage, was produced*].

522. *By the Hon. F. E. Beaver.*—Which is the ward upon this plan?—Those are the wards—[*pointing out the same*]. I have half of this one, containing eighteen beds. The other half contains nineteen. At one time this constituted two wards, and there is a window here—[*pointing out the same*]. When you enter here, a corridor ran straight to the window. The wards were divided by brick walls, only there are apertures in the walls, supposed to allow of ventilation.

523. *By the Hon. S. Fraser.*—Those walls have been taken away?—Those walls have been since removed, and both wards run into one, and the roof supported by pillars.

524. *By the Hon. the Chairman.*—Which is what Mr. Girdlestone called the old building?—This—[*pointing out the same*]. Some of the wards scarcely ever get the sunlight. Those double wards are most unsatisfactory. I do not think you would find that in any other hospital. I have never seen it before.

525. Have you never, in the course of your practice, sent in a patient to the Melbourne Hospital to be treated because you thought they would have a better chance of recovery?—No.

526. You never have?—I may have sent in some; I am not in the habit of doing it. I may have done it. I believe I may have sent them in on the surgical side.

527. I think most of the staff would admit that they have sent in patients because they thought they had a better chance inside than they would have out. Does the sun shine upon your wards?—Yes, part of the day.

528. When?—In the afternoon; it gets a little too much of it.

529. Have you had your present nurses long?—Yes, one of them.

530. Do they, as a whole, enjoy good health?—Well, now and again they are ailing, but as a rule they do enjoy good health. This one that has been so long in the hospital is a splendid nurse, and she was laid up at one time thoroughly exhausted; but she is a very strong, robust, and healthy woman.

531. But, as a rule, the nurses are well?—There are frequent changes; a good many of them of late, especially.

532. Still, as a body, they seem to have pretty good immunity from disease, do they not, in the whole hospital—we do not hear much about nurses being ill?—Occasionally I find one of them put in one of the beds in my wards; but very often they are the assistant nurses, that have recently been taken on, and have got sick—frequently that happens.

533. Do you think that a higher rate of mortality prevails in the Melbourne Hospital than in the hospital at Aberdeen?—Yes.

534. What was the mortality in the Aberdeen institution?—It used to be, I think, varying from 7 or 8 to 10 per cent., but I forget the exact number.

535. Then the death-rate, you think, is higher here?—Yes.

536. Now, what are the chief factors in the causation of that increase in the death-rate here?—Well, there is no doubt that a great many phthical cases are admitted in an advanced stage of the disease, and are placed under conditions most unfavorable for their recovery in the Melbourne Hospital; and I grieve indeed when I find that a phthical case occupies a bed; but generally they have no means, they cannot obtain support out of doors, or else they would be far better out than in the hospital. Some of them I have found, when the disease is not far advanced, rally and recover, and are able to leave; but if they are long in there, instead of amending, we find that the tendency is in the opposite direction. That is, after a little they may recover, seem to rally as it were, but afterwards they become worse. That is due, I believe, in a great measure to the condition of the wards in the hot season of the year. For instance, when the external atmosphere is at a high temperature, the air in the wards is completely stagnant, so that the patients are actually by their own exhalations—by carbonic acid—poisoned, and the exhalations from the skin, emanations from the body—a most impure atmosphere; and this is not changed, because we have no artificial ventilation there. It is simply what we call natural ventilation—just holes through the walls admitting the air.

537. You have windows, have you not?—We have windows, of course, and they are almost always down night and day. If the air is very warm externally and stagnant, it is stagnant in the wards. If we have a strong breeze outside, then ventilation is too free, it is hurtful to the patients suffering from lung diseases; it would be beneficial, perhaps, in cases of fever.

538. That is supposed to be the best kind of natural ventilation, is it not, where you get it through at the top?—That depends upon the temperature of the external and internal air at the time. There may be no ventilation at all, or it may be too free.

539. But in the hospitals at home, I think they ventilate there from the top of the window?—They admit the air from below.

540. No, it comes straight in, does it not, from outside into the ward?—In these wards the ventilation is certainly at times sufficiently free. You have apertures through the walls a little above the level of the floor, then again a little below the ceiling in the same way; but between those, up about half way, there are other apertures through the walls also, but the air conducted upwards. Now that is a system of ventilation, but those apertures are not sufficient; they require to keep the window drawn at the same time.

541. The windows are generally down a little from the top?—Yes.

542. So that, if there are windows on each side of the ward, there is a current right through over the heads of the patients?—If there is a current, it is too free sometimes.

543. But that could be modified?—The air is often stagnant; at this season of the year perhaps the wards are very much better, and the air is more pure and sweet.

544. I think the windows were first introduced at the Middlesex Hospital, where they turn a lever, and the window is in compartments, which you can put down and up. The windows are very high, and the lever at the bottom can be turned, and you can get any quantity of air into the wards you wish. I think they were called the Middlesex window from being first adopted at the Middlesex Hospital. You are an experienced physician, and of course you know the serious effect that a scare or fright has upon a patient?—Yes.

545. So that a fear-stricken patient, whose organs were not in a good state of functional activity, would be more susceptible to disease than one who is indifferent to what is passing around him?—No doubt of it.

546. Do not you think that, before this terrible scare was made upon the public mind, it would have been better to have withheld all that has been said on the subject till the new hospital has been built?—Yes; but I am afraid that will be a long time in coming.

546. True; but there is no doubt?—If there is not some agitation to procure it, I think it is quite time myself that matters should be brought to a climax.

547. The people are now frightened to go into the building. I wanted to send a case in the other day—merely a case of hemorrhoids—and the patient said he would not go in for his life. I had to send him away, for I believe he would have died, though it is a very simple operation to remove piles; but I believe, from the state he was in, he would have died; so that you think it is unfortunate these statements have to be made in order to get this hospital seen to?—Yes; no doubt it is.

548. *By the Hon. J. Williamson.*—What are the numbers of your wards; are they known by numbers?—The lower one is No. 12, and upper 16 and 17; it is the western wing of the old block; it was built later than the central part of the hospital. I recollect, when I first came to the colony, there was only the central part of the hospital. It is pretty well ventilated in the same way; there are corridors running from end to end; but a very objectionable feature is this—there are gratings, so that the air from one floor rises to the next one, the heated air rises to the third floor. That is very objectionable, and in that way impure air finds its way into the wards by the doors.

550. Your great complaint, if I may put it in that way, against your wards, is that they are not well ventilated?—Badly ventilated, and not only so, but with four rows of beds they never can be well ventilated.

551. With regard to ventilation, is it impossible, do you think, to improve the ventilation?—I do not think it is possible in the ward.

552. Not possible, without pulling it down?—Not possible, without pulling it down and rebuilding it. You find no hospital at the present day with four rows of beds in it.

553. Supposing those two centre rows were taken out, would there be sufficient space and ventilation for the side rows?—Yes, there would be then; not the slightest doubt of it.

554. And the ward would be suitable?—The number of patients has been diminished very much, and now certainly the wards are in a much more satisfactory condition than they were at one time. In No. 12 I used to have 25 beds, now there are only 18, and the same way with the wards above; and even with that there were, perhaps, four or five beds upon the floor.

555. Even if there were twelve, it would still be better?—No doubt it would, but then the pressure upon the hospital is so great, that they are compelled—

556. But that is a question of more accommodation?—Yes.

557. My object in asking these questions, is to see if we can utilize the existing wards for a smaller number than are now in them. Do you know what number, of what may be called incurables, you have in your wards?—I have a good many phthisical cases; they vary at different seasons of the year. Perhaps there might be a third of them.

558. If that third were removed to a hospital suitable for consumptive cases, would it not relieve the hospital very materially?—No doubt it would.

559. With regard to what you said about ventilating rooms in hot weather, of course you know that in the best-built houses it is very difficult to get ventilation on a hot day when there is no wind?—Yes.

560. Even a private house?—Yes, it is.

561. Really, there is no cure for it; even if you had a new house, it would be the same?—Yes, there is; you might adopt some artificial mode.

562. A punkah?—Yes.

563. Would punkahs be sufficient?—It might agitate the air in the wards, it would not supply fresh air, while the vitiated air escapes.

564. You make it move?—You make it move; but a shaft, for instance, an air-shaft, would do good.

565. You are aware that even healthy people have a difficulty in breathing on a very oppressive day, and they use punkahs for that reason?—Yes, and the sick suffer even more. A number of sick people confined to their beds give out exhalations that are anything but pleasant.

566. Punkahs might be utilized in cases?—That would not be sufficient. It might cause a cooling and an agitation of the air in the ward; but, without the vitiated air having means of escape, and fresh air admitted, it would not improve matters.

567. But I assume that the air is not moving—that it is a still day?—I understand.

568. Then you might have a means of drawing it in?—Then you simply agitate the air in the ward. If you could draw off the vitiated air it would do good; but the temperature of the external air is as high as the inside air, so that the air is completely stagnant.

569. Would a new ward be any different from an old one?—Yes.

570. But the air would not move any more in a new room than an old one?—No; but there might be some artificial mode.

571. You might adopt an artificial mode in the old ward as well as in a new?—Some similar means.

572. Do you take any notice of the system of washing and drying the bedding?—Yes; occasionally I have been in the washing place.

573. I have no doubt it is well enough washed. I do not find fault with this operation; but I have been told that the clothes, the bedding and blankets particularly, are too soon used after being washed and dried?—That is very likely, I think.

574. Is it not possible that this—I do not know whether I am right in examining you upon this question of pyæmia—but is it not possible that this disease might be spread in this way, more so than by its hanging about the walls?—If the blankets were not thoroughly washed.

575. Supposing they are thoroughly washed, but not sufficiently dried?—They are generally exposed to a high temperature, the temperature of boiling water. That would destroy any germs.

576. I am told that some germs nothing hardly will destroy?—In the spore form I believe they are very difficult to destroy. They resist a high temperature then, but yet they are destroyed by it. Vitality is destroyed by it.

577. *By the Hon. S. Fraser.*—You think that the hospital is radically bad in construction?—It is faulty in construction. That part of it cannot be improved without pulling it down.

578. Is that the main part?—The main part. The other part is very faulty in construction—the pavilion. I recollect, at the time it was built, pointing out the mode in which the water-closet, lavatory, scullery, and all those places were placed. The bath-room, the square place containing those, opens directly into the ward.

579. Are the water-closets above that similarly placed?—They are similarly placed. The ceiling of those wards is made of wood, and that wood has shrunk considerably, so that you can see considerable spaces between the boards; now that, I consider, and the state of the walls, ought to be dealt with. The walls have been painted, but they are very rough. They ought to be smooth, and in a condition that they could wash them down easily.

580. Do they wash the walls down thoroughly, or fumigate them?—The greatest cleanliness is observed. I believe they are constantly painting and scrubbing, constantly; otherwise the hospital, I believe, would not be in the satisfactory condition it is in.

581. Do you think, if the number of patients in the Melbourne Hospital were very considerably reduced, it would be then in fair condition?—Reduce the number, and then there is not the slightest doubt it may serve its purpose for a time, but the want of space at certain seasons of the year, the pressure is so great, that increased accommodation is absolutely necessary. Instead of having 300 beds, which is about what it has now, at one time the number of beds was nearly 400.

582. Were there beds upon the floor?—No, without the beds upon the floor. The beds had been turned out of different wards. It was 380.

583. Do you know the Alfred Hospital?—Yes.

584. Have you been visiting there?—Yes.

585. How do you account for the death-rate in the Melbourne Hospital with the facts you state, not being much greater than at the Alfred Hospital?—I fancy it must be greater in our hospital than there.

586. I believe, from our returns, that there is very little difference; I do not know whether I am right or not, I believe the difference is only about one per cent.? I should have expected more.

587. Has the death-rate of the Melbourne Hospital been worse than formerly?—I do not know whether it has, because the beds have been largely reduced.

588. Lately?—Within the last three years.

589. It has been reduced within the last three years?—Yes, and there was an agitation.

590. Has the death-rate improved since then?—It is pretty hard to say.

591. Have the committee given any attention to those improvements that have been from time to time recommended by the medical staff and the surgical staff of the hospital?—Yes, at one time the medical staff occupied a position upon the committee.

592. How long since?—It is many years since. It might be twelve or fifteen years since. At all events they occupied a position upon the general committee by virtue of their office.

593. I presume you only attend to medical wards?—Yes.

594. Do you know the death-rate in your ward, or in the whole of the medical wards?—Yes.

595. Do you know what it is?—It varies, 22, to 23, 23½ perhaps, but it is thereabouts.

596. When you subtract the number of moribund cases that come into the hospital—I mean those dying within two or three days—what would be the death-rate then?—The death-rate might be reduced perhaps to 20 or 21.

597. I am informed that it would be reduced to 14 or 15; would that agree with your opinion?—That would be taking the mortality upon both sides of the hospital.

598. *By the Hon. J. Williamson.*—It is 14 now, medical and surgical?—Yes.

599. *By the Hon. S. Fraser.*—I ask you, taking the moribund cases that enter the hospital from the total deaths in the medical wards, would that reduce the death?—It might reduce it.

600. Considerably?—Yes, considerably.

J. Robertson,
Esq., M.D.,
continued,
23rd Sept. 1886.

601. Do you consider that 22 per cent., or 23 per cent., is a very high rate?—Twenty-three is a high rate—[*A return was handed to the witness*].—This is for six months ending June.

602. What is that?—Medical side, 20; surgical side, 5. That includes moribund cases. Take the last two years, 1885 and 1884, it is 23.

603. Will that return bear you out?—This is the first six months of this year. I have not seen this return before.

604. No, they were only prepared recently.

605. *By the Hon. F. E. Beaver.*—Here are the returns for several years—[*handing a paper to the witness*]?—This is taking the average mortality of both medical and surgical; but if you take the medical cases, the mortality on their side far exceeds that on the surgical.

606. Add 5 per cent. to that, and you get it I suppose?—Yes, very nearly.

607. *By the Hon. S. Fraser.*—Those returns, I presume, you are aware are compiled from the books kept by the medical and surgical men?—Yes, there is the signature of the superintendent, I see.

608. There is no doubt about those, because they are compiled from books kept for the purpose?—It is a little over 16 per cent., taking the hospital altogether, but upon the medical side it is considerably larger. Perhaps upon the surgical side it may be only 7 or 8 per cent.

609. How do you account for the difference in the death-rate?—The cases are very different.

610. I presume your cases are very different?—There are a large number of cases of disease in an advanced stage.

611. That never can recover?—Perhaps they are about a fifth of the deaths.

612. You said just now that those cases have their chance of recovery rendered worse than it would be even in Little Bourke-street?—It is on account of their not breathing pure air.

613. Is that the principal objection?—That is the principal objection.

614. What are the other objections beside that?—They are better nursed and perhaps better fed than they would be outside.

615. You have no fault to find with the nursing?—No.

616. You are satisfied that the nursing is good?—Yes, the nursing is good.

617. What other fault beside the ventilation have you to find?—It is due to ventilation in some cases. For instance, upon a warm day, there is stagnation; perhaps on a cold day what would benefit a fevered patient would prove injurious to one suffering from chest complaint or lung disease, so that pulmonary affection may be excited by a cold blast of air, whereas it would be perhaps beneficial to another patient in the same ward.

618. Are you aware whether the hospitals elsewhere are ventilated in the way you have hinted, that is, by artificial means?—Yes, some of them are.

619. Do you know any of them?—It is only of late years that they have come into use. I know it specially, from reading of them.

620. Are there many adopting this artificial mode of ventilation?—Yes, at home; and it is not so necessary there as it is here, because of our warm climate. It is very different from home. Natural ventilation might serve the purpose at home, but it would not do so here.

621. Then you think that the hospital could not be improved—a great portion of the building?—All the central block could not be improved by any means in ventilation, unless you very much diminish the number of beds, and give them a very great space; but then the pressure upon the hospital is too great for that.

622. To your knowledge, has not the committee grappled with the objections that have been so often raised?—I do not know. I know that the medical officers connected with the hospital have from time to time brought it under notice, and, as a last resource, they brought the matter under the notice of the late Chief Secretary.

623. The late Chief Secretary?—Yes.

624. What result?—He thoroughly agreed with the views, and he said that he would do what he could to effect some improvement. He thoroughly agreed with it. He stated plainly that, at the time the Alfred Hospital was built, he thoroughly was of opinion that the Melbourne Hospital was not in a good sanitary condition.

625. You say you visited the wash-house, do you call it?—Yes, the laundry.

626. Do you think that the system of washing upon the premises is conducive to good health?—Perhaps the mode of drying is not so good. If they had a large area and exposed the clothes to the fresh air and sunlight, it would be certainly much better than drying by warm air the way they do.

627. I dislike the bedding and the washing and drying exceedingly?—Yes. Still any germs are really to be thoroughly destroyed by exposure to a high temperature; but certainly it would be far preferable to have a large area, and have the clothes exposed to fresh air and sunlight. In some of those wards the sun scarcely ever touches them.

628. We were given to understand that No. 18 ward was simply death for all who entered, and in our visit there, as far as I could judge, the sunlight went through and through; it streamed right across?—Yes, these were built upon the new principle, so that there should be some light streaming right across.

629. And the windows on both sides; it is a narrow ward, one bed on each side?—I think the great objection is the water-closet arrangements. You have a bath, you have a lavatory, you have a water-closet and you have a laundry there in a little confined space.

630. *By the Hon. J. Williamson.*—Is it a water-closet?—Yes.

631. Are they water-closets?—Perhaps there is not water used to wash it down. They throw in disinfectants, and flush it with something. They are upon the Liernur system.

632. *By the Hon. S. Fraser.*—You think those are very injurious?—Yes, there ought to be a little corridor running between them and the wards, and that corridor ought to be ventilated so that there should be no chance of the effluvia passing into the wards, as they do directly there, as I have noticed myself.

633. Have you felt a disagreeable odour in your wards and other wards at the hospital, from that cause?—Yes, at times I have.

634. Of late?—Of late I think more pains has been taken to use disinfectants than formerly. And it depends a good deal upon what direction the wind blows. There is a ventilating shaft attached to the closet shaft to carry off the foul air.

635. When disinfectants are used, will it in your opinion do away with the danger of contagion and injury to health?—It will to some extent, perhaps, not altogether; it will not destroy germs. Perhaps you might have to use disinfectants in a concentrated form to destroy germs.

636. *By the Hon. F. E. Beaver.*—We heard it said in the newspapers, that this No. 18 ward in particular is saturated with erysipelas. Do you know anything of that?—No, I do not. I do not visit that ward.

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637. You do not know that ward specially?—I do not.

638. Do you regard the site upon which the hospital is built as a good one?—No doubt it has been a good one, but I think now it is too closely built in round about.

639. Is it not high and dry, and easily drained?—Yes, it is a very good position. As far as regards position, it is very suitable for drainage.

640. And is not a hospital, such as the Melbourne Hospital, for the purpose for which it is used, not therefore, upon a good site?—It is a very good site.

641. To answer the purpose for the public for which it is intended?—Yes; it is central and good in that respect, and easily accessible; but they find it is getting built in too much immediately around it.

642. Do you know anything of the city of London?—Yes, I do.

643. Is it not so there?—Yes; but we must not compare a cold climate like England or Scotland with this climate.

644. But they have some hot days there?—Yes, they have in the summer, no doubt; but the number of hot days is not so great as we have here. That makes all the difference, I believe.

645. Have you visited the hospitals in any of the other colonies?—Yes.

646. Brisbane?—No; Sydney. I have been there, and Adelaide.

647. Referring to the ventilation there, heat is greater in those two cities, Sydney and Adelaide, than we have here. The air, no doubt, is the same, warmer and stiller. What apparatus have they in their hospitals for renewing the air?—In the old Sydney Hospital that they contemplated building, it is now a wooden erection. They certainly have sufficient means of ventilation. It is built of wood, and there is free ventilation; and I believe myself that is really a more healthy condition than a building of brick or stone.

648. Then take the case of Adelaide. What is that?—That is built in the old style.

649. They have no ventilation?—No, they have not sufficient ventilation.

650. Is the ventilation of the same class as we have here—as my friend, Mr. Melville, calls it, blow-holes at the side of the bed?—Not at the side of the bed.

651. Near the floor then. Are they the same class there?—Yes, they have; they admit air below.

652. And it escapes at the top above the ordinary ventilator?—Yes. They allow an aperture for admission and another for exit, but the air does not always follow that course.

653. The cool air comes in below and drives the hot air out at the top. Is that it?—Yes, if it is cool outside.

654. Of course; if it is not cool?—Then you have no ventilation at all.

655. Do you think the agitation of the air by punkahs would be, after all, of any considerable value, seeing that the air itself is impregnated with all this matter?—It might induce a current, but it would be a sort of to and fro current agitating the same air that is already in the building.

656. The same air vitiated?—The same air vitiated.

657. Could it be of any possible good to the unfortunate patients?—No, I do not think it would. I do not think the punkahs would at all affect it.

658. Then the agitation of the air would not be a good ventilator?—No.

659. I understood you to say just now, that patients going in from Little Bourke-street and Little Lonsdale-street to this establishment would be better to remain where they were; but there is the same objection there; they could not possibly have the same ventilation?—I did not mean to say that. I was asked if I had patients under my care who seemed to do better than there, and I say they do.

660. I think you replied to a question put to you, that patients from Little Bourke-street and Little Lonsdale-street?—I did not mention streets.

661. No, but the streets were mentioned in the question put to you?—I say, if they were placed in equally good conditions as to food and nursing, they would get on better outside.

662. I would remind you, that it is the very people from those small streets that go into the hospital?—Yes.

663. Would they do better in the wretched hovels in those two streets than in the hospital?—Yes, in the wretched hovels they would do infinitely better.

664. Your idea is, I presume, from the tenor of your evidence, that it would be a great relief to the Melbourne Hospital if they had hospitals for some incurable diseases, such as cancer and consumption, and phthisis, and so on?—Yes, we find that the hospital at Heidelberg relieves us of a good many of those cases, and it is a relief.

665. Can you tell how much space ought to be allowed for each patient in the hospital—that is, air space and room space?—The room space ought not to be less than 100 square feet, in my opinion.

666. And how many cubic feet, 1200?—Yes, and more than that. I consider that 2000 is required.

667. Are you aware that, from the returns laid upon this table, the cubical space is 1500 all over, and recently it has been increased to 2000. In wards No. 18 or 19 a further reduction has been made, increasing the space to 2000 feet, and all the rest are 1500 feet?—That may be in one ward, but not in my wards.

668. That is the return from all the wards?—Yes, I am aware of that; I recollect the time when it was only about 700 feet.

669. I think we had it in evidence from one of the witnesses on Tuesday last, that there was only 700 feet now, and that made me ask you the question?—No, there is about twice the amount now since the number of patients was diminished.

670. Have you ever been present at any of the *post mortem* examinations that have been held?—Yes, I have.

671. Did your pupils accompany you to those examinations?—Yes, some of them did.

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672. And did you go into the wards after those examinations?—No, we did not.
673. Then you do not know what the result might have been in the wards?—How?
674. Supposing that one of those *post mortems* has been held, have you gone into the ward from which that person was removed and seen?—Afterwards?
675. Yes, afterwards?—No, it is not necessary.
676. I do not say it is, but I ask the question—have you done so?—No, generally it is after my visit that I go there; it is the last thing, and then I go home.
677. Did you ever suggest, as a means of cleansing the wards, the using of Neal's chemicallung?—No, I never have.
678. Then if the medical gentlemen have not recommended the committee to do a certain thing, they can hardly be blamed for not having done it, if they did not know it; supposing it was material and a good thing to do, if the Committee of Management did not know of it?—I have no doubt that, if it was considered a good thing to do, they would be reminded of it.
679. I am supposing that. In point of fact, it has not been tried?—No, I regard pure air as the best disinfectant; and talking about the dead-house, now I recollect, when it was erected at the beginning, objecting to it. It abuts upon two streets—that is Russell-street and another—and with windows opening directly upon the streets. That would not be allowed in any town at home.
680. Where would you have placed it?—I would have had a little space, at all events, between it and the street.
681. Still, it would have abutted upon the streets?—Another thing; I have stated that I consider the hospital is too closely surrounded by other buildings, and just now they have built an immensely high wall, and are going on building some other offices upon the frontage to Russell street. That tends, especially when the weather is very warm, to cause stagnation of air to the part.
682. But that would apply under any circumstances—supposing the whole of this space was covered, that same remark would apply?—Certainly it would, and that would render the air still more and more stagnant. It ought to be free, in fact; instead of being surrounded by a high wall, there ought to be a low dwarf wall with a railing over it, for the free admission of air all round.
683. You have told us, in reference to the scare that has been got up, the effect it would have upon physically weak patients?—Yes, it would be prejudicial.
684. Do you think it was a prudent thing to do, to create a scare like that?—I do not think it was their object to create a scare.
685. But it has had that effect?—It may have produced it, but I have no doubt at the time they never thought it would give rise to that.
686. The Honorable the Chairman stated a case just now, and I have heard of other cases where patients, rather than go to the Melbourne Hospital, would stay at home and die?—I have no doubt, that the object was simply that patients should be placed under circumstances more favorable to recovery; not to create a scare, to prevent their entering the institution.
687. That has been the effect?—That may have been the effect.
688. *By the Hon. D. Melville.*—About this scare, doctor—supposing doctors were at all influenced by that, doctors would have to be silent, and it would be impossible to get any reform?—Just so.
689. You do not object to the site?—Not as a site.
690. Do you think in all your thirty or more years' experience you could pick out a better site, after looking round you?—Yes, I think I could.
691. Would you, as we have discussed the question, name one or two of the other positions that, in your opinion, we had better look to, and consider as sites?—The Pig Market site has been often mentioned, and that, I consider, would be an admirable site for a future hospital. It is surrounded by roads—you have the Sydney-road on one side, the Flemington-road on the other, and there are two other streets that divide it, so it could not be encroached upon, and there is a large space there available for any future additions; but it would allow the buildings to be more scattered over a larger space, and in that way it would contribute to the better ventilation of the place. It would be easily accessible; it is elevated, capable of thorough drainage; in fact, if the tramways are carried out in that direction, it would be very easily accessible, because they might have the means of having ambulances to run along the tram grooves.
692. Is there any other site?—There is another out at the Royal Park.
693. I ask that, because there may be difficulties in getting the very best. Assuming that that could not be bought, or that the difficulties were too great, would you name another?—Yes; out at the corner of the Royal Park is an admirable place.
694. Which corner?—The south-west corner, I think it would be.
695. Is that by the old experimental farm?—No, that is the north-west. Where the old powder magazine was, I mean.
696. That is just above Hotham?—Yes.
697. And extending to the Zoological Gardens?—Not extending so far as that.
698. Any other—that site might be objected to by the Hotham people?—Yes, possibly.
699. Is there any other?—I do not recollect any other.
700. The University was named yesterday by Dr. Girdlestone; what would you think of that?—The site is rather low.
701. It is as high as the Pig Market, is it not?—Not quite, and the drainage there must necessarily pass through the city.
702. Where would the drainage from the Pig Market pass?—That would pass down towards the creek, on the other side.
703. *By the Hon. S. Fraser.*—To the West Melbourne Swamp?—Yes.
704. *By the Hon. D. Melville.*—Would it not pass down through Hotham?—Yes, it would pass along the culvert there.
705. And then it would get into that undrained swamp; do you see the difficulty?—Yes.
706. Not touching the question of the drainage of the site, you have had in view the site by the Pig Market?—Yes; I think that would be central, and perhaps would come to be very central in future years.
707. It would require at least twenty acres there, in your opinion?—That is three times the amount they have now; they have four acres now.

708. *By the Hon. F. E. Beaver.*—Nearly five now?—Indeed.

709. *By the Hon. D. Melville.*—Seeing all these things that are dreadfully crowded—the laundry, when we saw it the other day, it was steaming, that may be objectionable—would it not be better to get a larger space when you are about it, and go even further—what is the objection to going a little further?—Simply it would not be so accessible to patients. It may come to be central, as the city may extend in that direction; but it would be rather inconvenient to medical men to go a long distance out of town. Cases often occur on the surgical side of the hospital demanding immediate attention, and it would be a source of delay if it was so far removed.

710. The medical men are rather placed in a dilemma, because as yet there are only two sites—the one the hospital now occupies, and the other the Pig Market—that they at all approve of; you have no other?—I have no other, except the Royal Park; I believe a good site might be got there, but it is somewhat too far distant, not so accessible.

711. Would the Royal Park, on the railway line, be at all practicable, in your opinion?—No, I do not think it.

712. Then your advice to the Committee and your opinion would be, to shift, and to shift to the Pig Market?—In my opinion, that is the best site, if it can be made available.

713. In case of an epidemic of cholera, would there be any difficulty connected with the drainage falling into that terrible Moonee Ponds Creek below Hotham, and, as it were, circulating in the swamp?—No, I do not think there would, because, did cholera arise, it is very likely a cholera hospital or tent would be erected in some distant place from the city. True cholera would never be likely to be received into the general hospital.

714. Would fever and typhoid increase by the drainage passing through the population?—I do not think so, if proper precautions are taken.

715. There would be a difficulty there in the longer travelling to the river?—Yes.

716. Would the elevation of the site at the corner of the city road, you say the Pig Market, be for or against the patients in those diseases that you speak of?—I think it would be favorable.

717. It would be an advantage?—Yes; it is more elevated and more healthy than the present site, and never could be built in very closely around, if they had the whole space.

718. You know the Royal Park would be to the north, and it would be all right from that point of view?—Yes.

719. You condemn, and have condemned generally, the construction of the Melbourne Hospital?—Yes, and the pavilion wards—the new wards—I condemn them.

720. You say it cannot be modified or improved; the best thing to do is to pull it down?—Yes; increased space in necessary no doubt, instead of diminishing the number of beds in the hospital. It is absolutely necessary they should be increased, so as to prevent their refusing cases that come up that are eligible for admission, but yet have often to be refused for want of room.

721. Do you know, in your experience, of any hospital that has been pulled down and changed to another site—has it been at Aberdeen?—Not yet, though they talk about it. It has been in Edinburgh, and it has been in Glasgow.

722. What is the area the Aberdeen Infirmary stands upon—is it as large as the Melbourne Hospital?—Yes, I think it is as large.

723. But it has not yet been removed?—Not yet, that I am aware.

724. But the population has doubled since it was built?—Yes, it has increased.

725. Do you know of any other hospital that has been removed?—Edinburgh and Glasgow—at least, at Glasgow the old hospital is still occupied, but they have a new infirmary.

726. Hospitals get diseased occasionally?—Yes.

727. They have got disease in New York, have they not?—Yes, they are liable to it.

728. And very badly at times, the Melbourne Hospital has, has it not?—Yes, at times it got a bad name.

729. Is it not a fact, that it was dangerous to go there and introduce a person?—Yes, it has been proved, no doubt, by facts.

730. Have you noticed in your experience, on your side, anything that would point to that specifically—that is, a patient having died, another comes into the ward, and you suspect that they were injured by coming there?—Well, no. The eruptive fevers, as a rule, when they are admitted, are put in special wards, such as scarlet fever and measles.

731. But before we could charge the hospital with anything like what is now called a scare upon your side, could you prove to us that, in your experience, this very thing that you complain of has actually taken place—that a person by being introduced into your wards has lost his life, or been near it? Take first, lost his life—do you know a single case in which you suspect a person has lost his life from being introduced into any of your wards?—Not from acute disease; but no doubt, as I tell you, in my wards, they do not recover as quickly as they would do under more favorable conditions.

732. But you are not able to point to such as some of the surgeons did yesterday?—No, they are better able; in medical cases it is somewhat difficult, and we should require very strong evidence indeed to induce us to believe that a case was such. A patient might be affected; I have seen instances of that. I have seen instances where, at one time, the eruptive fevers used to be admitted into the ward, and that disease was contracted by another lying in an adjoining bed.

733. You cannot trace anything so complete as they can on the surgical side?—No.

734. It is stated here—and I suppose it is true—that the surgical average is light; that is to say, it is a very low average death-rate?—Yes.

735. But it is the medical that is the sixteen per cent.?—Twenty, twenty-two, and twenty-three per cent.

736. Do you regard that as an extraordinary mortality?—Yes, it is about one in every six that comes into the ward is carried out dead—it is extraordinary.

737. Do you think it might be materially reduced now?—I believe it may.

738. After your long experience, it could be reduced?—I believe so.

739. And a new hospital under proper circumstances would largely diminish the death-rate in all those?—Yes, I have reason to believe so.

740. One of the doctors here—I think it was Dr. Youl—stated that, if he was placed at the head of the hospital, he could alter the state of things very materially. I hardly know the exact words he used; but he said that in three months he could make the hospital perfectly sanitary—that would not be such an utter condemnation of the hospital—do you agree with that?—I do not know the nature of his statements.

741. If he states that the present hospital can be made sanitary by a good manager in three months?—I believe myself that no one could do more to maintain it in a clean and healthy condition than our present secretary, because they are constantly doing something—painting or cleansing.

742. But, then, after all—?—And it is a credit. Matters would be much worse, I believe, if it were not so well attended to.

743. The management, in fact, is perfect?—Every endeavour is made to render it satisfactory in point of cleanliness.

744. But the thing is impossible with the present hospital?—I believe so.

745. A truly healthy, sanitary hospital is impossible upon that site, except with a new building?—Yes, I believe so.

746. Do you think the materials of which the hospital is now constructed—the linings—are really impregnated, more or less, with what you may call hospitalism—what name do you give it—what is it?—It is believed that there are minute germs that take refuge in different places; in fact, it has been found, for instance, in phthisical hospitals—hospitals where consumptive cases were admitted—bacilli were found in the flues leading into the chimney. They have been got there, and examined and produced. Those are said to be from the sputa of the patients.

747. These bacilli are all over the hospital—then, it would not be safe for almost any person to enter that place?—Then, another condition is necessary—you require not only the seed, but a soil fit for its reception; you require to have susceptible people, and all are not alike susceptible to the effect of these bacilli.

748. Do you notice—it is remarkable in the evidence of the medical men—they cannot adduce a single instance of bacilla or bacteria having attacked any human beings except the patients?—That is a very difficult point. Those bacilli are so minute organisms that they are with great difficulty detected by the finest microscopes. It is only by a staining process that you can discover them. It is not every one that can do it.

749. You are not aware of a single case of any one being injured. For instance, the Committee went the other day, and I am not aware of any of us suffering from bacilli or bacteria?—Those are believed not to affect healthy tissues. Tissues must be in a state of degeneration, or affected in some way, before they can find a place which they invade. Perhaps you are not susceptible subjects.

750. None of the servants have ever been attacked, within your knowledge, by those germs or organisms, whatever they are?—Some of the nurses have suffered.

751. Those would be good reasons certainly for the weak and unfortunate to have a new hospital?—Yes.

752. Your argument, supposing it to be absolutely true?—I believe they would be placed under conditions more favorable for their recovery. I am certain they would. For instance, in recent hospitals built on the pavilion system, you have not the breadth of building you have here, perhaps 20 to 24 feet in width, so that the air and sunlight can enter and circulate through the building.

753. The hospital, in a word, was built such a long time ago, that it is like an old-fashioned ship; it is not now fit for medical men to be successful in—that is your opinion?—Yes, I believe the hospital has done its duty, and with the advance of science, and advance of knowledge of hygienic measures, ventilation, and so on, a new one ought to take its place.

754. There have been many important changes during the last 30 years, and the medical men of Melbourne, I apprehend, have never had any of the advantages of those in the hospital?—No.

755. You could enumerate a large number of them?—Yes.

756. You have nothing modern in this hospital at all?—Nothing modern in it.

757. Those blow-holes that Mr. Beaver spoke of, did you ever see any building at all (not to speak of the sick living in such a place), did you ever see any building ventilated upon that fashion? Do you know any public building ventilated upon that plan, with a shutter blowing to let air in in a wholesale way?—No; but then those blow-holes are not sufficient to admit air. The windows are kept open, and even obliged at times to be kept open at night.

758. Sometimes medical men order that an even temperature of 60° to 70° shall be supplied to a patient. Is that practicable in the Melbourne Hospital?—Yes, sometimes we do that. We place a patient in a corner and surround the bed with blankets.

759. What a jurymast sort of business that is, is it not?—Yes. That is the only way.

760. It is almost impossible to save life except under such conditions, and yet you are deprived of that at the Melbourne Hospital?—We have to rig up this jurymast, as you say, rig up a sort of tent bed, and perhaps a steam is evolved there.

761. How have you medical men put up with all this so long, with all this sort of thing?—We have never had any progressive men upon the committee.

762. I confess that, as regards yourself and Dr. Beaney, and others, if it is really the case as you show us now, that it is a sort of wigwam arrangement all through; it really reflects upon yourselves?—There are other wards too, what they call the refractory wards, that I would call your attention to. They are more like dog kennels than wards.

763. We have never heard of them?—I hope you will make a note of it and visit them.

764. *By the Hon. the Chairman.*—When I left Dublin a short time ago, I had just seen the new Jersey-street Hospital, a new hospital, and quartered upon a very small space of ground. It has five stories, very large wards, and lifts to take patients up and down, and the only recreation ground is upon the roof. They are very fine wards. There is no space round it, and the only recreation space is upon the roof. Now that is the block system with a vengeance, and that is the newest hospital in Dublin?—Yes, where land is valuable, it is necessary to extend I believe up to the skies. I believe it is so in New York, and Chicago, and other places in America.

765. Is it not possible to construct a new hospital upon that site to give 500 beds?—It is possible, no doubt; but I do not think it is desirable.

766. We do not want so much ground round the hospital—the land could be utilized for buildings? —No, it is like what Dr. James told me, talking with him, that he found a garden upon the top of a house, so they would require to have their gardens there.

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767. The late Dr. Gillbee had a garden at the top of his house in Collins-street, you know?—Yes.

768. Is there anything else you would like to inform the Committee of?—I do not recollect anything.

769. *By the Hon. S. Fraser.*—Have you any knowledge of those five deaths that occurred from operations; I do not know how long ago, but it is so notorious, that no doubt you remember them. Four deaths occurred from five operations in one day?—No, I do not visit the surgical side.

770. Do medical gentlemen not visit the surgical wards at all?—No.

771. Not in any cases?—Yes, if we are asked to go and see a case.

772. Are you asked to consultations, or to operations?—Yes, on patients brought into the theatre.

773. You were not present that day, when those operations took place, were you?—No.

The Witness withdrew.

Ordered—That this Committee be adjourned to Tuesday next, at Three o'clock.

TUESDAY, 28TH SEPTEMBER, 1886.

Members present:

The Hon. Dr. BEANEY, in the Chair;

The Hon. F. E. Beaver,
W. A. Zeal,
D. Melville,

The Hon. S. Fraser,
J. Williamson.

Richard Youl, M.D., recalled.—Further examined.

Richard Youl,
Esq., M.D.,
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774. *By the Hon. the Chairman.*—You have brought some statistics?—I promised I would bring the statistics of the English Hospitals—the mortality and the number of beds. There they are—[*handing in a book*]—“Tate’s Hospital Mortality,” page 26. The mortality in that seems to depend greatly on the number of beds that are not occupied, that is to say, the number of beds that are allowed to rest. In St. Bartholomew’s, where the mortality is 5·12, they have in all 710 beds, of which 310 are occupied; and in all the hospitals I notice, wherever the beds are occupied, the mortality is great. The Edinburgh Infirmary is only 1·2, the St. Thomas’s is 12, and there there has been an inquiry as to the great mortality there; but there nearly all their beds are occupied.

775. Considering that the death-rate in all hospitals is swelled by consumptive cases, would not the hospital be relieved by a hospital for consumptive cases?—No doubt.

776. In the Melbourne Hospital there are an enormous number of consumptive cases that go in to die?—That obtains in all hospitals. You see the mortality in a consumptive hospital is only about 1 per cent. —I think it is put down in that book as about one—therefore under those circumstances it should not greatly increase the mortality of other hospitals.

777. Dr. Robertson said, that swelled our mortality?—No doubt cases go into the Melbourne Hospital of phthisis, and they always do badly. A person has a rupture of a blood vessel, and has a small cavity, and that always goes to the bad, and the man dies in the Melbourne Hospital; but I think that is owing to the state of the wards.

778. But should not there be a hospital for consumptive cases now?—No doubt it would be an advantage.

779. The hospital is not the place for a consumptive?—Oh, no; still in the English hospitals you have a number of diseases which do not exist at all here—typhus, relapsing fever, acute rheumatism, acute inflammation of the lungs, and pleurisy. That attack of influenza we had here last year; if an attack as virulent as that had occurred in London, it would have blocked every burying-ground within twenty miles with the dead; yet you could count here the mortality on your fingers.

780. Still, the mortality is greater there?—Therefore the mortality of those London hospitals at 12 is really as nothing to the Hospital at 16.

781. Our colonials who die in London nearly all die of pulmonary diseases?—Very likely; still, there are always diseases in London which cause a great amount of mortality which are not in this country at all—typhus, measles, whooping cough, and more particularly diseases of the lungs, and acute rheumatism, pleurisy, and pneumonia.

782. *By the Hon. F. E. Beaver.*—You stated in your evidence, in regard to the question of sewerage, I think, “if you turn over the hospital to me, by this day week I will take away all danger of sewerage; because, if you have proper pans and take away the fæculent matter every day, there is no danger?”—Yes.

783. Have you communicated that to the hospital Committee of Management?—I am not sure whether I have or not.

784. If you really have that opinion?—It has been pointed out to them, and they went, I know, to look at the Alfred Hospital, to see how it was done there.

785. I understood you to say the other day, that you had pointed out different things to the authorities in the hospital, and that you and they were not at one?—Yes.

786. Have you done that officially, by writing, or *vis à voce*?—Sometimes by writing, and sometimes I have spoken to them.

787. And what you have suggested, and what you wished done has not been carried out?—No, it has not.

788. Then, I find you reply to question 38—you are talking of hospital gangrene, and you say “You were very near it; and if there had not been an absolute alteration in the number of people in the wards, it

Richard Youl,
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would have happened. And if you compare the hospital three years ago, then and now, you will find it is totally different?"—Yes.

789. Is that as to the rate of mortality?—No, as to the number of persons in the wards. It is more than three years ago.

790. Three years and a half?—Yes. In the first place they had the erysipelas ward in the house; they had no contagious place outside. They built those tents since. They used to be wards in which they had 40 people, where now they have 29, and they have reduced the number of beds. Then all the walls were at the time of porous open brick; they have all been painted with silicate paint, and a number of windows have been altered so as to admit the air, and a number of attempts have been made to increase the ventilation in different parts of the building; so that there has been a continuous attempt to improve the hospital ever since then.

791. My point is this—We have a report here before us, a return of the mortality of the Melbourne Hospital for a number of years; and from the tenor of that reply of yours, I should have inferred, and perhaps the Committee may have inferred it too, that under that state of things the past three years would have shown a less mortality than the three previous years?—If you go on with my answer, you will see that I said that, notwithstanding that, two most unsatisfactory things remained—the mortality and the price per bed had increased.

792. Yes, but as a matter of fact, if this return is worth anything, the mortality has increased?—Yes, I say in spite of all that has been done, and the committee have been working to try and put the hospital in a satisfactory state, and in spite of that, the mortality has increased, and the expense per bed has increased. Those are two very unsatisfactory things in a hospital.

793. Then you stated further—"Medical men gave evidence then in favor of it, and the same men do not now." How is that?—At that time, when I went round, I found, in the first place, that in many of the wards the patients only had 750 cubic feet of air, and they only had 75 feet of superficial space. That is against what should be 1300 feet of air, and 125 or 130 feet of superficial space. We have a return in reference to that, and that return does not confirm that evidence. In other words, the return says that they never have had less than 1500 cubic feet of air for a great number of years. I should like to know whether that is true or not. In 1881, 1882, 1884, and 1885 the average cubic feet of space allowed to each patient was 1500 feet. I can assure you that I took it in evidence from the Inspector of the Board of Health, who was on the committee, and the evidence is in the Registrar-General's office, and I can produce it, in which he gave the cubic space and the number of patients of every ward in that hospital.

794. Do you know wards Nos. 8, and 18, and 19?—Eighteen I know; 18 and 19 are the wards outside. Eight, I think, is a ward in the house.

795. Yes?—I know it.

796. And 18 is one of the pavilions?—Yes, one of the pavilions.

797. A surgical ward?—Yes.

798. Are you aware that the space there is 2000 cubic feet to each patient?—Possibly now, but it was not when I raised the question. I say that the committee have done all those things since, and I have been telling you what was the state of the hospital when I first complained about it. It was then as I tell you. I have it in evidence, and the measurements of the officer who measured it, an officer of the Board of Health. And that was all sworn before me in evidence on an inquest I held on a man who died in that hospital.

799. In reference to the sunlight; we have heard something about that. Now this is No. 18 ward—[*pointing to a plan*].—There is plenty of sun there?—Yes, but this is the part where there is no sun, the western part—[*indicating his meaning on the plan*].

800. If you look at that plan, you will observe that has a northerly aspect and a westerly aspect. The sun must come in there all day long?—This is protected by the nurses' quarters.

801. That would not prevent the sun coming in above there?—Anything facing north and south has very little sun.

802. They must have the afternoon sun. This has a westerly aspect?—No, this has a southerly aspect—[*The witness further explained on the plan*].—But if you go there and examine it for yourself, you will find it does not get the sun. It is in evidence before me, over and over again, that there is no sun there.

803. When we visited the hospital, I saw clearly that the sun was shining on that wall, and it must shine here—[*pointing to the plan*].—in the afternoon. It cannot help it. There it must be shining all day long?—It does not get into the ward.

804. I do not understand that?—There is only sunlight for a short time in those wards.

805. In the hospitals at home, the new St. Thomas's, for instance, has there not been a great deal of trouble about erysipelas and that sort of thing?—I do not know, but I know their mortality is 12 per cent., and there has been some writing and complaint about it.

806. Are you aware that that and all other hospitals have suffered just as much as the Melbourne Hospital?—No.

807. I heard something since I was here last to that effect?—I do not think so. My reason for saying they cannot build a hospital on that ground is, from what I have learned as to a modern hospital. The last one built in Berlin, that is built with an open space all round it with pavilions that are not connected one with the other. The surgical pavilions are on one story, the medical on two stories, and every pavilion is separated by a distance, one from the other, of seven times its own height. So that a pavilion 100 feet high would be 700 feet from the next pavilion. Now, if you built a hospital in that way as the modern style of pavilion hospital, it would be impossible to afford accommodation for 400 people on that Melbourne Hospital ground.

808. Or in any other site in a large city?—They have done it at Berlin. That is the last one built.

809. You remember that the Queen opened the St. Thomas's Hospital in London with great ceremony, and it was regarded as a very complete and splendid affair?—Yes.

810. And yet there was a larger percentage of deaths in that hospital than there was in the Surrey Music Hall, in which the patients were placed while the hospital was building, and in that hall while used

as a hospital they had five tiers of beds, and yet the mortality was less than in the new St. Thomas's Hospital?—It is probable; and I have not the least doubt it is explainable.

811. My point is this—that new hospitals evidently share the same difficulty that old hospitals do, notwithstanding their modern appliances?—Not always.

812. I have only looked at that one?—There is the Edinburgh Infirmary. That is one of the hospitals that is very successfully constructed. But those wards in the St. Thomas's Hospital are not the distance, one from the other, that they should be. They are not constructed on the most modern improved hospital principles. You would see that, if you studied Mouatt's book on hospitals, which, curiously enough, was edited by the father of the man who took the prize for the Women's Hospital the other day, and who went and poisoned himself. That is where he got his information from for that hospital. If you take the book, you will see what they say as to the way to build. Usually, necessities in regard to money and distance make people build hospitals in a manner that their better reason would not let them do under other circumstances. And, if you are building a hospital here, I think it is worth while building it in the most modern and approved manner.

813. But if you do build it in the most modern and approved way, notwithstanding that, they do not seem to be better, according to the statistics?—I think so. That is the reason I say it would be wise to build a tentative hospital here for the present, because the next 20 years may alter the condition of things altogether, and in 20 years time you may come to the conclusion that the money has been badly spent.

814. Is the site of the Melbourne Hospital a good one?—It is, if you had room. It is a good one for 100 beds.

815. It is completely isolated, with streets all round it?—Yes. But it is very closely packed all round.

816. Where?—At the back.

817. You cannot go into any part of London with streets wider than there?—But you have not people there every day and all day, as with the Melbourne Hospital, where you have persons in the same room all the year round, and wards filled with sick. It is very different from the ordinary circumstances of a house in London, seeing that you have people there always sick and ailing, and always disease, and always operations going on in that place, and no circulation at all. If you go there, you will see nurses' quarters are an obstruction, and the secretary's house, the dead-house, a ward for out-patients, and all the other places are crowded on the ground. There is one ward over the out-patients' room which you did not see.

818. We know we have not seen all?—I think it is worth your while to go with me or with Professor Allen, and see for yourselves. It is not a matter of requiring any expert knowledge, but a matter that any one can see, if it is pointed out.

819. How long does erysipelas take to develop?—Three or four days.

820. Then, if a man goes into the hospital and develops erysipelas on the second day, he certainly does not take it in the hospital?—Possibly not; sometimes the period of incubation of erysipelas is not very well known; it is a disease that is less understood than most diseases. For instance, you can take a sponge from a person suffering with erysipelas, and pass it on to another wound, and it will not produce erysipelas. It seems to be a certain state of the air that carries the poison. It is a poison you cannot breed and cultivate; its mode of action is not known.

821. There was an inquest you held in January 5th, 1882; I see by the paper, it has a sensational heading "The Christmas Eve Tragedy, Acquittal of the girl Burke." The facts were she struck her father, an old man named Anthony Burke, on the head with a stone, and he was removed to the Melbourne Hospital, where he lingered for a few days, when erysipelas set in and he died. He was examined by the resident surgeon, who deposed that, under treatment, he seemed to improve until two days after admission, when erysipelas of the face set in. A few days afterwards he suddenly became unconscious and died. A jurymen asked whether it was not possible for the hospital authorities to exercise more care in the disposal of patients suffering from erysipelas, and then the coroner, Dr. Youl, says, "The only remedy is, to pull this hospital down at once. If I had a wound, I would sooner be treated in a 640 acre paddock than come here. The entire building is saturated with erysipelas; every nook and cranny is full of the poison, and the entire fabric should come down." Of course, as you have said, you are not responsible for what is reported in the papers about you, but do you remember that circumstance?—I do not remember that inquest.

822. You do not remember saying that?—No, when we call a place saturated, or anything else, you understand it is not a saturation like a solution of sugar. I can give you a description here of hospital gangrene in a hospital in New York, which will show what I mean by saturation. I will read it, to show what is understood by the hospital authorities. This is a work by Dr. Parkes on Practical Hygiene, in which it is stated:—"When hospital gangrene has appeared, it is sometimes extremely difficult to get rid of it. Hammond states that, in a ward of the New York City Hospital, where hospital gangrene had appeared, removal of the furniture and patients did not prevent fresh patients being attacked. Closing the ward for some time and white-washing had no effect. The plastering was then removed and fresh plaster applied, but still cases recurred. At last, the entire walls were taken down and rebuilt, and then no more cases occurred." That is what we call a place being saturated with any poison.

823. Unfortunately, the public, when they hear of saturation, do not know the difference between that and what you call the sugar solution; and fear has a great effect on nervous persons, and the various persons who want to go into the hospital. I want to ascertain from you, whether you think it was a judicious thing to make remarks that would cause the scare that was made at that time?—You see, the people were dying at the rate of 200 or 300 a year of preventable diseases, and it is better to make a scare and kill one or two through the scare, and prevent the greater slaughter. I look upon it, that every year 6 or 7 per cent. die in the hospital who should not die, from the insanitary state of the hospital; and if you take the two or three who die through scare, it is as nothing in proportion to the others.

824. How many have been prevented from going to the hospital because of the belief that, if they did, they would die?—There cannot have been many, for the hospital is always full and crowded, often with beds on the floor; and, therefore, I do not see who has been prevented from going.

825. We were told, that a great many would not go in, because of that?—Of course, every man says, "I would rather not go in to the Melbourne Hospital," that is natural.

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826. If there is a scare, and people are prevented from going in, the very object of the hospital is thwarted?—It has never been thwarted up to this time, because the hospital is crowded, and always has been overflowing.

827. I think the Chairman asked you about a man named Grimes?—Yes, I think the man was stabbed in the knee, had a slight superficial wound, and died of pyæmia in the hospital. The reason I held an inquest was, because it was an act of violence.

828. I suppose the man in that case would be rather pre-disposed to erysipelas—a drunken man?—Of course, if there is anything going, if a man is drunken he will take it; but drunken men very often escape too. It was just at that time that erysipelas and pyæmia were very active in the hospital.

829. There were just three cases occurring, one a month—December, January, and February—that created a scare in 1882, those three particular cases; and looking at the evidence, and at what you are reported to have said, I want to get at the facts; but you have said you are not responsible for the newspaper reports, and you do not remember what you did say?—It is impossible for me to remember; I hold 300 or 400 inquests a-year, and 150 to 200 of those are in the hospital, and it is quite impossible I should recollect what occurred at each inquest.

830. Touching the servants and nurses, we have a return here, that there are 120 servants, and that none of them have taken blood poisoning or erysipelas, or any of this pyæmia, and none of them have died for the last three years—how do you account for that?—They are people in very excellent health, strong vigorous women who obey the laws of death-rate like anybody else, and they are not at a dying age. It is merely when you put people under circumstances quite different from the circumstances of those nurses, sick people, who die. Those nurses are not exposed in the same way. A patient has forty patients in the ward with him, in beds in four rows, and he remains there from the time he goes till he comes out. It is a very different state of things from the nurses, who go in and out constantly, and are in good health. People in vigorous life are not affected by foul air, as patients are, who are sick and ill—that goes without saying. It is a different case altogether; but I have not been doctor there, and I do not know that the nurses do not suffer, although they do not die. I believe they suffer from sore throats, and from other things that indicate a certain amount of foul air.

831. We have a return on the table, which shows they do not suffer?—I think, if you get the nurses themselves, you will find they do.

832. *The Hon. D. Melville.*—What you call preventable deaths—a very large number of those, we understand from you, occur in the course of a year in the Melbourne Hospital?—Yes.

833. And you conclude that that has arisen from the defective state of the hospital?—I think so.

834. Your *post mortem* examinations I see, from the time that I can remember, always reflected on the hospital?—No, not always.

835. Do they not?—Oh, no.

836. Such as has now been referred to?—I have occasionally said that the Melbourne Hospital was in an insanitary condition, and that was the cause of death. I suppose there are half-a-dozen cases altogether in which I have made any comment of that sort about the Melbourne Hospital.

837. You think it has been made clear to the hospital authorities and to the public that you perceived that defect?—Yes.

838. When I read to you this, can you give an explanation of it, though it is not strictly within your province. In the year 1881, they paid for repairing, for plumbing and repairs at the Melbourne Hospital, £600; in 1882, £673; in 1883, £800 for the same thing, plumbing and repairs; in 1884, £1151; in 1885, the same thing again, £644. If you owned a property like that, what would you think of it—plumbing and repairing just swallowing the whole?—I think that all that plumbing was trying to keep this faecal matter on the ground, which could have been carted away at an expense of 30s. a week.

839. This statement, one would think, condemns the thing as totally inadequate?—It seems so.

840. If that be true from a financial aspect, it is a rotten thing from beginning to end—is that your opinion?—My opinion is, that the hospital from its construction is insanitary, and if that plumbing was connected with those closets, it is money wasted, because they are as ineffective now as ever.

841. Do you think that the hospital could be built to save this extra outlay for plumbing?—I do think that.

842. It is not necessary to pursue this examination further; but it looks to me that there must be something wrong in these terrible things that happen to the public?—I do not know whether it is within the scope of the inquiry, but you will find, I think, that there has been a great deal of money spent there that would have been kept wisely in the bank.

843. You can throw no further light on that?—Nothing, but that it is faulty in structure and the situation is unsuitable, and there is no free circulation of the air about it, and it is a hospital that will always give unsatisfactory results; and comparing it with the mortality of the European hospitals, I say there is a mortality of 5 or 6 per cent. higher, which to my mind should not take place, and that those lives are sacrificed to the insanitary condition of the hospital. I held an inquest the other day, on a man who went in with a small cut, who contracted erysipelas and died. I say, that his life was sacrificed to the insanitary condition of the hospital.

844. Do you remember his name?—No, I can send the name. There was another man on the same day, or two or three days after, the yoke of a tram fell on his foot, and he contracted erysipelas and died. Those are two lives out of many distinctly sacrificed to the insanitary state of that hospital. If you read Parkes's book, you will see that no deaths from erysipelas or pyæmia ever occurred in tents or wooden huts; all the American war, all the German war taught that, that it is utterly impossible; that never a single case occurred in those hospitals, and that is the reason that I advocate that, with our present knowledge of hospital construction and germ disease, that it would be wiser not to spend a large sum of money in building an expensive hospital, but to build a tentative hospital that would last for a time, and then later on build another on scientific principles of a more permanent character. The St. Thomas's is evidently not the right one to copy. I have already mentioned that those new hospitals in Germany are established with an open space, with the surgical wards on one story, the medical on two, and those wards are seven times their own height apart from each other. If you compare that with the Melbourne Hospital—if the German is right, the Melbourne Hospital must be as wrong as possible for a place to be. If you can only cure people in the one, you cannot expect to cure them in the other.

845. About the new site—have you thought of that at all?—I have been to all the sites that are available, and, if you take the trouble to go and visit them, I think you will agree with me that the only site near Melbourne where you can build a proper hospital is near the Immigrants' Aid, the old Industrial School in the Royal Park. There is a railway goes into it, there is a tramway near, and it is convenient to the University, and you can have twenty acres of ground.

846. The old experimental farm?—The old experimental farm. It would be perpetually open, and you can get twenty acres. You cannot build a hospital for 500 people on eight acres of ground; or, if you do so, you will have to say afterwards, "this hospital is bad," and you will have to change it. The difficulties will be greater every year; but if you now get that piece of ground, you can build a hospital that, if at all events it does not succeed, no person will be to blame.

847. That is not a portion of the Royal Park?—No, I think that has been excised, and, as they have immigrants there, I do not see why the Government should not set it aside for hospital patients.

848. Is it close to the railway line?—There is a railway station on the ground, and my own idea is, that the whole system of medical relief is rotten; that this crowding all the patients together in the Melbourne Hospital, and having the out-patients there, is a mistake. There should be a provident dispensary in every one of the municipalities, where the people should pay a small sum if they could afford it, or, if not, be allowed free tickets. They can be made self-supporting, and put under the charge of the local medical men, and all the fraud which takes place now would cease. At present, you see people in silk and satin dresses going to get medical relief at the Melbourne Hospital. There is a great deal of that sort of fraud; and further, you would do away with a great deal of the interchange of diseases. There is whooping cough in one suburb and measles in another, and they come to the Melbourne Hospital and interchange them. If you go there any day and witness that, you will condemn it, I am sure. I think the hospital should be altogether free from out-patients, and be kept as a place for the treatment of the sick.

849. Would you prefer the Royal Park to the Pig Market?—Yes, it is infinitely superior. It is easily drained, and no drainage need go any where; and you would have room to build a hospital for a thousand people.

850. I see by the return, there is the item of £1158 for milk. Would not that be obviated if they had that site, and could have cows?—Oh, no; I do not think that.

851. At any rate, that is your recommendation—that site?—That is my recommendation; and, if you go and look at it, you will see that is the most suitable place to put the hospital on.

852. Do you approve of the University site?—It is not big enough, and it would be rather difficult to drain. You can see if the calculation is right of 50 people to the acre—that is laid down by all the authorities. Build how you choose, you can easily see for yourself that those sites are not big enough for what you want.

853. *By the Hon. W. A. Zeal.*—You said just now that, in your judgment, there are 6 to 7 per cent. of deaths in the Melbourne Hospital which might be prevented?—Yes.

854. Is that your deliberate opinion?—My opinion is, that there are 5 or 6 per cent.—the difference between the 12 per cent. and the 16 per cent. odd, taking 12 as the highest of the London hospitals, and the Melbourne Hospital is 16 per cent. for the last three years.

855. What would be the figures?—As 12 per cent. to 16 per cent.—that is 4 per cent. odd.

856. Then, instead of 6 or 7 per cent., you make it about 4 per cent. now?—Yes, I make it the difference between those two.

857. Are you aware what is the highest return as shown by hospital authorities of the mortality occurring in the Melbourne Hospital between the years 1860 and 1886?—No, I do not know what it is; I know the last three or four years it has been over 15 per cent.

858. It is stated that, in the year 1884, the mortality was equal to 16.46 per cent. Then, if your statement is correct, that 4 per cent. arises from preventable causes—that would bring the mortality down to 12.46 per cent.?—Yes.

859. Would that not still be about the London death-rate?—I think that it should be a great deal less than the London percentage. I think the mortality in a hospital here should be a great deal less, because the diseases which kill the people there are not here, some of them, at all—relapsing fever, typhus, pleurisy, broncho-pneumonia, and diseases of that kind, which are very fatal in the London hospitals. Acute rheumatism is a disease which you seldom see a fatal case of here; therefore, I think the mortality should be a great deal less than in the London hospitals.

860. Dr. Girdlestone stated, that the mortality in St. Bartholomew's Hospital was something under 6 per cent.?—Yes.

861. Then what would be a fair death-rate here, if the disease should be less than in the London hospitals?—I think 6 or 7 per cent. would be an ample margin for the death-rate.

862. But that is above the London?—No, that is the St. Bartholomew only you have quoted; London as a whole is about 11 per cent.

863. You would consider 6½ about a fair percentage then?—Yes.

864. Assuming that to be the case, how can you account for the fact that, in the returns presented by the secretary of the Melbourne Hospital, the death-rate in that hospital was 13.3 for one year?—That was an exceptional year.

865. But the death-rate for the half-year ending June was 7 per cent. higher, so that you see the London rate was the higher of the two in that case?—There might be an exceptional reason for that; you only take the difference by taking the average for a number of years; you cannot take any particular six months. You may have an outbreak of typhoid fever, and have a large mortality on that account; therefore you cannot take that one year's average alone.

866. But reasoning by analogy, if the return of the Melbourne Hospital for a particular year is less or more for that year, would not the corresponding death-rate be less or more in the Alfred Hospital; that is, if there was an epidemic raging over Melbourne, would they not be affected the same in both hospitals?—Possibly. The Alfred Hospital is a hospital that it is almost impossible to compare with the Melbourne Hospital. It is under totally different circumstances. Typhoid fever, phthisis, and diseases of that kind are the principal diseases in that place, and you cannot compare with that the Melbourne Hospital, which has a great deal of surgery, which always has a low percentage. Take the mortality returns for the

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district, you will find that they all agree that, where the hospital rate is low, you find the returns all round are low. You find in Tate's book the mortality for the neighbourhood is stated as well as the hospital mortality.

867. Would you consider in general that the diseases in the Alfred Hospital are more virulent than in the Melbourne Hospital?—No, but that they are of a different character. Their diseases are principally medical diseases, such as consumption, typhoid fever, inflammation of the lungs, and so on, with the usual mortality. In the Melbourne Hospital one half is surgery, in which cases the mortality is always low, and that affects the apparent mortality of the place. If you take the medical side of the hospital, you will find it is 23 per cent., and that is reduced to 16 per cent. by the surgical side, and, if you compare the medical side of the Alfred Hospital with the medical side of the Melbourne Hospital, there is a difference of 7 or 8 per cent.

868. This 16.46 is the highest total of the hospital as a whole; the 22 per cent. is the highest of the medical side; take one with the other the returns from the surgical side of the Melbourne Hospital are extremely low?—Yes.

869. That tells in favor of the Melbourne Hospital?—No. If you compare the medical side of the two, you will see the percentage is greater in the medical wards of the Melbourne Hospital than in the Alfred Hospital; and you must recollect that the medical wards are the wards that are least ventilated, and in the worst place, and where there are the four rows of beds.

870. What percentage of consumptive patients are there in the Melbourne Hospital?—I do not know.

871. Can you state what your opinion is as to the number of consumptive patients in the Alfred Hospital?—I can tell you what were there last year, because I took the trouble to take it down. In the Alfred Hospital last year there were 233 cases of typhoid; there were 42 cases of consumption; and 74 cases of acute inflammation of the lungs. The mortality was 38 of the typhoid cases; 18 of the consumptive; and 24 of the acute inflammation of the lungs.

872. Which would you consider the most acute disease of those three?—Evidently phthisis; there were 18 of consumption—18 out of 42 died; there were 233 cases of typhoid, of which 38 died.

873. What year is that?—1885-6—last year.

874. If you were told that there were more than three times the number of consumptive patients in the Melbourne Hospital, would that influence your opinion?—According to the hospital returns?

875. There were 121 deaths from phthisis in one year, so that is seven deaths to one in the Alfred Hospital. Would not that influence your answer?—You have to take into consideration that they admit people to the Alfred Hospital that they would not admit into the Melbourne Hospital. I think in the latter they are in the early stage of phthisis, and still they get worse and die; but in the Alfred Hospital they take them in, in a hopeless state, and they die. I do not know how they admit them.

876. The more severe cases go to the Alfred Hospital, you think?—The phthisis. I think they go there merely for a home to die in. They are put in there for that purpose.

877. How would you think the deaths at the Melbourne Hospital should compare with the deaths in the country hospitals—should they be more or less?—All the country hospitals I see are just as badly constructed as the Melbourne. The Sandhurst Hospital—I was there some two or three years ago, and I know, in walking up the wards to see a man, the smell was most offensive. I do not think any of those country hospitals are at all properly constructed. I should not wonder at the mortality being just as great.

878. Take such a place as Portland, or Colac, or Alexandra—places altogether in the country, and surrounded by fresh air and all the necessary elements of health—how should the death-rates compare in those hospitals with the Melbourne Hospital?—It depends on the circumstances of the case. They ought to compare very favorably. But unless you see the construction, you cannot give an opinion.

879. If you take Hayter's Year Book for 1885, you will find that the death-rate of the Portland Hospital is 19.15 per cent.; in the Colac, 14.71; and in Alexandra, 13.64. With the exception of the last, they are all greater than the Melbourne Hospital. Can you, as an experienced medical man, give the Committee any opinion as to that?—I cannot, unless I saw the place. I have no doubt I could easily explain it, if it is due to the insanitary condition of the hospitals.

880. Would that not show that the Melbourne Hospital is no worse than its neighbours?—In the Melbourne Hospital you have advantages that no other hospital in the colonies has—the best medical staff, and proper nurses, and so on; and if it were in a proper site and as well managed as it is, your mortality should show very much more favorably than any other place. You cannot tell anything about those other places, unless you see them. People may die there from want of proper attention. You cannot tell; and you must know the class of people who go there. For instance, it may be only severe accidents, and not people who go in for ordinary sickness; and if that is the case, half of them will die.

881. Is it not well understood amongst medical authorities, and those who have studied the hospital question, that small hospitals are usually more healthy than large ones?—Yes, undoubtedly.

882. Then, with only 47 patients in the Portland Hospital, and with 19.15 per cent. of deaths, how can you account for that?—Were there only 47 in altogether? I fancy, if you got the particulars of the cases, it would explain it—that it was severe diseases or accidents.

883. It might be in one particular hospital, but why should it be in every hospital?—I cannot tell you unless I go and see the hospital, and then I am quite sure the reason of it can be explained; and if it is the insanitary condition of the place, two blacks do not make a white; and its being insanitary does not make the Melbourne Hospital better. But I am sure, if the mortality in those hospitals is due in any way to want of care and attention, that it can be explained and pointed out by any person who chooses to go and examine them.

884. As to the Austin Hospital—that is the hospital for incurables?—Yes.

885. What do you consider should be a fair mortality for that?—That is impossible to say. You may have twenty deaths in one week, and then not one the rest of the year.

886. There were 104 cases during the year 1885. Would it astonish you to be told the mortality there is 25.96 per cent.?—No, not all.

887. Is that owing to the character of the disease?—Yes, they are all incurable. That hospital is a new one, and has been collecting from all parts of the country those offensive and incurable diseases, and the mortality is sure to be high. That is no hospital you can compare any other with.

888. Is it not a fact, that the preventable causes of disease in a hospital are defective ventilation, defective sewage, and want of cleanliness?—Yes.

889. If those precautions are adequately provided for, should not a hospital in the country show better results?—You see, you have to take the whole surroundings of the hospital. It is impossible to fix any hard and fast rule of that kind till you see the character of the cases, and then you can easily explain it. A hospital on a small mining place where they take in mining accidents—half of those would die. That has nothing to do with the hospital; and you must go, see, and hear all the surroundings, before you can determine what the mortality is due to. So far as I know the country hospitals, they are not a bit better constructed than the Melbourne Hospital. But it is impossible to say, till you know the class of people taken there.

890. As to the site of the Melbourne Hospital—I mentioned to you the last day that the area was four acres and three-quarters?—Yes.

891. You were asked by Mr. Beaver if the sun could shine into the west ward—the Catherine Hayes. Now, seeing that the sun goes obliquely over those buildings in this direction—[pointing to the plan]—is it not possible that the rays of the sun might go in there?—For a very short time.

892. Taking this as the sun's orbit, it passes over in an oblique direction?—There is no sunlight in that ward such as should be in a ward of a hospital, and you never can get it. No place looking in that way ever gets the sun.

893. This line of street is many degrees off the east and west line, and the sun has an elliptical orbit, and goes considerably to the south in its orbit during the different seasons of the year, and is it not possible it would shine there?—It is possible, and when they say that any sunlight goes there, they mean approximately, not the sunlight that the ward requires.

894. You know the situations and surroundings of the London hospitals—St. Bartholomew's and Guy's?—Yes.

895. And St. Thomas's, the Westminster, the Middlesex, the Charing Cross, St. Mary's, and many others. With the exception of St. Thomas's, is there a single hospital in the metropolis that is built in the country?—No, but St. Guy's is in a very large piece of ground.

896. Do you know the area?—No, but I think it must be 30 or 40 acres. I know it is very large. I have been round it; they have hospitals within hospitals there.

897. I think you are mistaken. The largest hospital we could find on Kelly's map, which is a reliable map of London, was ten acres, that is not taking St. Thomas's?—Which was that?

898. I think in St. Mary's, in the neighbourhood of Paddington?—Guy's is a hospital with 700 beds, and there is a large eye hospital and a women's hospital in the same ground. I only went there as a visitor, but it struck me as being a very large place.

899. *By the Hon. the Chairman.*—It is square; but it struck me as not larger than the Melbourne Hospital?—It must be much larger than that; there could not be the places on it.

900. I have been through it hundreds of times?—They have 600 beds.

901. *By the Hon. W. A. Zeal.*—Calculating fifty beds to the acre, that would be 12 acres?—In addition to that, I recollect distinctly going to see it; they have a hospital for women and an eye infirmary on the ground, and apart altogether from the rest of those buildings. It is nearly 40 years since I was there, but it struck me as being 20 acres.

902. Assuming that Guy's Hospital has a larger area than the Melbourne Hospital, and, as you stated, that this is naturally a good site, is not it possible to so alter the Melbourne Hospital as to make it available for the cases requiring treatment there?—If you require, as it is said—I know nothing about that—accommodation for 400 in the Melbourne Hospital, to do that properly, you must have accommodation for 500—100 beds to spell—and you require, therefore, space for 500 people. In addition to that, you want a contagious ward. According to the Act, you require to have a Lock ward; you require, too, a dead-house, a *post mortem* room, accommodation for the staff and for all the officers, laundry, out-patient department; and, if you build it according to the modern principle, there is not room for half that number of patients, build it how you like.

903. You are aware, of course, that these hospitals are supported partly by vote of Parliament, and principally by the donations of charitable people?—I am.

904. Have you considered, in the evidence you have given, the difficulty of obtaining another hospital, if this was pulled down?—I do not think, if you can get the land, you would have very great difficulty in collecting half the money by subscription to build a new hospital.

905. What amount would be necessary?—It depends on the material. If I were absolute, and were going to build a hospital, I would not spend £40,000; I would build it all of wood, and in cottages. If you go to Yarra Bend, you will see my idea of what a hospital should be. You will see it can be done, and the people well looked after, at a cost of 11s. 9d. per head per week—that is, including attendance and everything.

906. The difficulty the Government have in dealing with this matter is, that they have virtually to provide for the country districts as well as for the city, and the country members would jealously watch any grant of land or money for such a purpose?—I think the money can be subscribed. I remember many years ago I drove Sir James Palmer round the country to collect money for those two new wards in the Melbourne Hospital, and we collected £1000 in one day, I think; at any rate, it was a very large sum, I know.

907. You see the difficulty of the Government is this—all admit that, if a new hospital is put up, it probably would not be chosen in the present position; but the difficulty is to find a site, and how to raise the funds?—No doubt, unless you sold the present place; but I do not think that would be wise. I would rather collect the money for the new hospital, and endow it with the income from the present property.

908. You must have a casualty hospital?—Yes; and a provident dispensary with a few beds for the out-patients; and with the ambulance system you can send patients just as easily to the Royal Park as to the Melbourne Hospital. More than half the people that I hold inquests on at the Melbourne Hospital have come from a distance of ten miles. There has been an increase of sixty inquests a year since the railways have been completed, by which the people have been brought in. I have to hold sixty more on persons who do not meet with accidents within ten miles of Melbourne; they come from Lilydale, for instance. They run all the injuries into the hospital.

Richard Youl,
Esq., M.D.,
continued,
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909. Suppose all the precautions we have spoken of were taken, perfect cleanliness and ventilation provided, the drainage improved, and that the buildings generally were sweetened and fumigated, would that hospital be made in a better condition than now?—I do not think you can ever improve the west end of it. If you go with me, I will show you my reasons for thinking that.

910. It is very possible that the Committee will ask you to accompany them at some future time, but we want to exhaust the evidence first?—I do not speak on this important subject without having well thought it over and having taken a great deal of pains about it; and my deliberate opinion is, that it is not possible by any architectural methods to alter the west part of that hospital, so that it shall be in a satisfactory sanitary condition.

911. The approved practice, as I understand at home now is, to allow the beds to rest a certain time; assuming that plan was carried out here?—Then you have not the beds; for instance, the committee complain that, in consequence of the want of accommodation, they only take in the very worst cases. I quote from the report written by the medical officer, that people who should be admitted are refused until they are so ill, that their death is almost a certainty. If you decrease the number of beds, you increase that difficulty tenfold. There is no use making a hospital for 250 when you want one for 400. The hospital cannot meet the demands now, and it is not a month ago since the people were on the floor.

912. Do not you think that your estimate of 50 people to the acre is a very safe one?—Yes.

913. Might it not be reasonably exceeded?—I think you will find in Mouatt's book that I have over-estimated by 10, and that his statement is 40 to the acre.

914. That is a perfect hospital—in all our business of life, no doubt, we desire to get as near to perfection as we can?—Of course. I think, if you are going to build a hospital, you should get plenty of space, and do the thing well at all events; get the ground, get the site, and if you could get the site out there at the Royal Park, and get rid of the immigrants, you could use it as a convalescent home at once, and send half the people from the Melbourne Hospital to it, and then the Melbourne Hospital you could go on with till you had made up your mind what you would do with it.

915. Following out your suggestions of obtaining a fund for endowment purposes, where would you put the casualty ward?—I would buy a piece of ground for that purpose; I would not keep people there; but I would have them attended by the medical men in the different districts, and students, who would be thus educated in dressing, which they are not now; and I would put them in an ambulance and send them to the hospital.

916. Seeing the price properties are fetching, would it be reasonable to suppose that such a large sum could be raised as would be sufficient to buy sites for the casualty wards as well?—You could rent houses all over the municipalities. Dr. Singleton rents his house for the Provident Dispensary, and you find the thing works very well, and works easily. It wants a little organisation, but that is what is wanted to get rid of the out-patients—crowding into the place; and then if you get that site, you could treat all the typhoid and phthisis patients there, and keep the Melbourne Hospital for your surgery cases till you get the funds to build a proper place.

917. Would it be too much to ask you to put your views in writing, as to what would make a satisfactory scheme for Melbourne, how many casualty wards, and so on?—I have an outline of a bill I drew when I was President of the Board of Health; I intended to introduce a Bill, or try to do so.

918. If you put it in the shape of a Bill, you could now put it more precisely than speaking hurriedly now, and it would give us valuable suggestions, if you would put down your views?—I have no objection, but I should like the Committee to see the things. It is of the greatest consequence to see the Melbourne Hospital with me or Professor Allen, and then go to the Yarra Bend and see the cottage system; it is the most perfect thing of the kind in the world; and also go to the site I have suggested and see it. I think that it would assist you very much, that you would be able to understand what my views are in the matter.

919. *By the Hon. D. Melville.*—Would you consider it a question of the medical staff going so long a distance as to the Royal Park—there are some difficulties, I understand, about going to the Alfred Hospital?—There would be no difficulty, they have not so far to go or so difficult a journey as all the men connected with the London hospitals. A man living at the West End of London, who has to go to Guy's or St. Bartholomew's has a much greater distance and more difficult distance to go. I do not apprehend that as a difficulty at all.

920. If there is a trouble even with the Melbourne Hospital and the doctors living in Collins-street, surely that would be the case there?—I am sure you would get plenty of men willing and able and fit to go; not being able to get medical men to attend has never been a difficulty at the hospitals.

921. What is your opinion as to the Edinburgh Infirmary?—My opinion of that has been modified by the information I have got. As to this new Berlin Hospital, where they put all the surgical wards on one story of only fourteen feet, and where they have the wards seven times their own height, that is very different from the Edinburgh Infirmary, and must be infinitely superior. No doubt the Edinburgh Infirmary in all its arrangements is very excellent; all its closet arrangements are. The French and German hospitals are deficient in their closet arrangements.

The Witness withdrew.

Adjourned to to-morrow at Three o'clock

WEDNESDAY, 29TH SEPTEMBER, 1886.

Present:

The Hon. Dr. BEANEY, in the Chair;

The Hon. W. I. Winter,
S. Fraser,
D. Melville,

The Hon. W. A. Zeal,
F. E. Beaver,
J. Williamson.

Harry Brookes Allen, M.D., examined.

922. *By the Chairman.*—You are Professor of Anatomy to the University?—Of anatomy and pathology. Harry Brookes Allen, M.D.,
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923. And demonstrator of morbid anatomy to the Melbourne Hospital?—I am.

924. You might explain to the Committee what the morbid anatomist is, and what his duties are at the hospital?—To make *post mortem* examinations in all cases in which they are necessary; to select, prepare, and catalogue specimens of diseased organs for the museum, and to do all necessary chemical and microscopic work.

925. And to point out to students morbid changes?—And to instruct the students from time to time in disease-processes.

926. Changes that have taken place during life?—Yes.

927. How long have you been connected with the hospital altogether?—Three years as a student; over ten years as demonstrator of morbid anatomy.

928. Are you acquainted with other hospitals in the colony?—Very little.

929. Have you ever visited the hospitals in Great Britain and on the Continent?—No; my personal experience is almost purely that of the Melbourne Hospital.

930. Do you know the Alfred Hospital?—Not well; I have only visited it about three times in my life, and not recently.

931. What do you think of its architecture; do you think it is the modern style?—I hardly know it well enough to give an opinion about it.

932. We hear so much about the pavilion style of hospital, and that is what it is termed?—I can give drawings of modern pavilions, or anything necessary that way; I have drawings of most of the modern hospitals, showing everything.

933. Have you St. Thomas's?—Yes; and the Edinburgh, and the Glasgow, and the two Berlin Hospitals. I have a great many I can show you.

934. What do you think of the site of the Alfred Hospital?—I think it is unsuitable for a hospital; it is too flat.

935. What do you think of the Melbourne Hospital as a site for a hospital?—It is a good site for a hospital containing a certain limited number of patients.

936. Do you think it is well drained?—The soil appears to dry rapidly, water does not stand about, and as far as I have been in the basements, they seem dry.

937. Mr. Girdlestone said it was well drained?—Yes, I think it may be considered a well-drained hospital.

938. You agree with that?—I do.

939. Considering you have been so many years connected with it, have you any idea how long the sun shines on it during the day?—Some wards receive free sunshine during the greater part of the day, some receive it only in the morning, or only in the afternoon; others, and these few in number, receive very little sunshine during any part of the day.

940. Which are those?—The south wards in the centre of the main block—[*showing the wards on a plan*].

941. *By the Hon. W. A. Zeal.*—Do you take into consideration the oblique way in which the sun passes over the building—that would be about the direction of the sun this time of the year—[*indicating on the plan*]?—do you make an allowance for that. In the winter it is more in that direction, the sun's course being elliptical?—I do not think that any wards can be properly swept by the sun, unless they are built pavilion fashion.

942. *By the Hon. F. E. Beaver.*—Still, this ward that is called the Catherine Hayes ward must certainly get the sun?—A great deal of sun.

943. All the afternoon sun and in the morning from that point—[*illustrating*]?—Yes.

944. Have you ever seen the hospital over-crowded?—Very greatly; not so much during the last four years as previous to that.

945. You have seen beds made up on the floor?—Yes.

946. It is not so at the present time?—No.

947. What is the hospital intended to accommodate—how many originally, when it was built?—When it was most full it had about 370 ordinary beds, as far as my memory serves me.

948. And when it was over-crowded?—Four years ago, in consequence of some inquiry the committee caused 70 beds to be removed; there were sometimes more than 370 beds, with other beds on the floor, I believe. On that the secretary could give more accurate information than I can. I fancy we have had as many as 400 patients in the hospital. I have a vague recollection that we have had that number.

949. When did you first learn that the hospital was really in an insanitary condition?—My attention was first drawn to it about seven years ago, by some letters which Dr. Jamieson wrote, stating practically that the Melbourne Hospital was the source of the puerperal fever of Melbourne.

950. *By the Hon. D. Melville.*—What fever?—The lying-in fever. I wrote warmly in defence of the hospital at that time. I made a search into the hospital records during several years, making careful inquiries about the statistics of 1868, 1873, 1874, and 1878. 1873 and 1874 were years in which erysipelas was frightfully prevalent in Melbourne; during 1874, 121 cases of erysipelas were admitted into the medical wards.

951. *By the Hon. the Chairman.*—From outside?—Yes, that was during 1874. The hospital was full of erysipelas from one side of it to the other; it was coming in from the outside and filling the hospital.

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I could find nothing regular in the prevalence of erysipelas, either in the hospital or outside of it; there was a good deal of it one year, and a little another year, but no regularity.

952. It is sometimes difficult to account for these things?—Yes; with regard to erysipelas, it seemed very vagrant, just coming and going. Then with regard to pyæmia and septicæmia, I found in the records notice of three cases in 1868, three in 1873, four in 1874, ten in 1878, all fatal. Whether the number ten, the apparent increase in 1878, was a real increase, I cannot tell. I had become pathologist in the meantime, and perhaps the examinations were more regularly conducted, so I cannot rely on that increase being a real one.

953. Have you any idea how many patients are in the hospital at the present time, just now?—I think I can tell the number of patients they are prepared to take in lately. Sixteen beds have been taken out of the surgical wards, so as far as possible to give each patient 2000 cubic feet of space.

954. Is that what all of them are getting?—Almost all round the surgical side, not quite round; and since then they can make up about 280 ordinary beds in the whole hospital, besides some special beds.

955. From 1500 to 2000 cubic feet is all that is required?—It is no good giving more, in fact it is rather harmful to give more. If you gave 10,000 to each, it would only increase difficulties in ventilating. I do not think it is considered wise anywhere to give more than 2000—perhaps 2500 in infectious wards. Professor De Chaumont has shown it is no use increasing beyond that.

956. In the medical wards they do not require so much?—One thousand five hundred is the minimum, and that is the space allowed in the hospital at present.

957. What is the surgical death-rate in the hospital?—That was not prepared until last year. I can give it for last year, and the first six months of this year. Last year the surgical death-rate was 7.43, and it is stated that, out of this percentage, 2.07 were admitted moribund; that is in the official return. This year the surgical death-rate for the first six months is given as 5.04 per cent.

958. Have you last year's?—Last year is given 7.43, the surgical death-rate, 2.07 per cent. moribund out of that, leaving 5.36.

959. That is the surgical side?—Yes, only the surgical side. This year, in the first six months, the surgical mortality was 5.04 per cent., including moribund cases and deaths from violence. That is not, of course, including patients admitted dead.

960. Now the death-rate appears to be rather heavy on the medical side?—Very heavy.

961. Can you account for that?—On the medical side last year the death-rate was 23.35 per cent. Out of that, apparently, moribund cases account for 5.56, leaving 17.79; deaths from phthisis account for 6.39, leaving then 11.4 per cent.

962. Phthisical cases swell the death-rate?—Very considerably; but the death-rate is alarmingly high, even making those deductions. This year the medical mortality is 20.06 per cent, including moribund cases, and phthisis; it is a little less this year. There has been an improvement apparently this year on both sides.

963. I suppose a large number of phthisical cases are taken in almost hopeless, to die there?—Phthisical cases are not taken into the hospital simply as phthisical cases; there must be some complication which requires rest in bed and treatment, or the patient must be gravely ill, and perhaps dying.

964. They must be taken in the Melbourne Hospital for treatment?—Not taken in as chronic phthisis cases; they may be dying, or the disease may be in some active stage—it may be the early stage or the advanced stage; but there must be fever or hæmorrhage, and so on.

965. They will walk about as long as they can before they go in?—It is a very unfit place, the Melbourne Hospital, for a case of phthisis in the early stage.

966. So you think it would be much better to have a consumptive hospital in the country?—I do not think phthisis should be excluded entirely; it would be a great blow to it as a teaching place, but the number should be very much restricted.

967. There are two or three consumptive hospitals in London?—Yes, specially Brompton.

968. That relieves the general hospital very considerably?—Yes. I regard the mortality in the present medical wards in the Melbourne Hospital as a thing that must not continue. Some cure must be found for the high mortality in the medical wards. It must be brought down in some way. It is not safe to patients in the wards to have such a high mortality going on around them.

969. Dr. Girdlestone told us that, out of five cases operated on in the Melbourne Hospital, four died after operation?—That occurred last October.

970. Can you explain to the Committee how or why?—They all died of distinctly septic diseases, either septic spreading suppuration, or erysipelas, or pyæmia.

971. He said his case was merely piles?—Yes, that died of pyæmia. I remember the *post mortem* on that very distinctly. The operation itself was a trifling operation, but the patient died.

972. What is your opinion of the sanitary condition now of ward 18?—I think the pavilions are the best wards in the hospital, but they are not at all perfect in construction; they have some marked defects.

973. I put the question to Dr. Youl the other day about ward 18 as to a man who was in there, I think, with a punctured wound of the knee joint, and who died from pyæmia; and about the same time in the same ward there was an operation for aneurism of the external iliac; possibly you remember the case?—I do not remember well the surgical cases that recover. The ones that die naturally impress themselves more on my memory. I remember there was such a case, but I do not think I saw it.

974. It was three years ago?—Yes, I remember now I did see it.

975. That man's wound healed with the first intention. It was femoral aneurism?—Yes, I remember that case.

976. I asked, how could Dr. Youl account for a big pelvic wound healing up by the first intention, and the other man dying in the same ward from pyæmia; and his answer was, that the man was not susceptible to disease germs. Still, it was a very striking fact that did occur, that that wound healed by the first intention, and the man with a smaller wound died of septicæmia in the same ward?—Of that I have no personal knowledge, I can only give a theoretical opinion. I should assume that either there was some difference in the management of the two cases; for instance, that in the one case there was good drainage of the wound and in the other not; or that one patient's constitution was weak and the other's strong. Given the same exposure to septic influences, you get very different results, according to the management of the case and according to the strength of the patient.

977. Dr. Girdlestone blamed the operating theatre for the bad turn that those cases took. Would that be likely to occur?—The operating theatre is a well ventilated room. It is a fresh, airy room. It might have been necessary immediately before to bring some septic case in for operation.

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978. There is no communication there with any ward?—No.

979. And plenty of fresh air, and everything most cleanly?—I do not know anything about the special drainage of the operating room, but I do not think there is any source of danger connected with it. It is packed in a little too closely among the other wards. I think it would have been better to have it built more by itself.

980. Is the mortuary disinfected at all during the *post mortem* examinations?—Disinfectants are used very freely. I should like to say here that there has been a statement about washing typhoid stools into the street. That occurred shortly after I was appointed demonstrator, and I had taken for granted that everything connected with the drainage was right. That was about nine years ago; and directly I was once asked the question where it went to, inquiries were made, and it was put right at once—all the foul drainage from the *post mortem* room now goes into a closed tank and is disinfected.

981. Had that been continued for some time before?—I expect it had. I expect that practice had been in existence ever since the mortuary was built.

982. After you became pathologist, you discovered the fault?—In consequence of a question asked by the late Dr. Thomson of South Yarra, Dr. Youl heard what was going on, and he made some caustic remarks, and it was put right at once. I think it was nine years ago, at least. I do not think the mortuary is a safe institution where it is.

983. There has been nothing of that kind since?—No. Once the drains there got stuffed up; some willow roots got in and stopped them. The drains were all taken up and carefully laid in concrete.

984. There is no disinfecting room attached to the mortuary for the purpose?—No, we have no proper disinfecting chamber in the hospital.

985. The students are getting a very large body—would it not be desirable to have one?—A disinfecting room in which a person can live is not really a disinfecting place. It is no good going into a room where you burn sulphur and cough; if you can live in the room, the germs can live there. All the talk about such fumigation is rubbish; it is just done to amuse the public.

986. Unless done where there is no human being, it is no use?—No. Then they would have to strip and have their clothes disinfected every time; and, if ordinary cleanliness is practised, I do not think it is absolutely necessary. I do not think students should go from a *post mortem* into the wards on the same day. That should never be done, nor should—and we are very particular on this point—dressers, men who go into the surgical wards, enter the *post mortem* rooms at all, or only exceptionally, and under special precautions.

987. Because some dangerous elements might be about?—Yes. And in that connection, I might state, what we do here is not done at home. These precautions are not taken in London. In the Royal College of Surgeons, in England, the regulation is, that no students shall receive credit for attendance on surgical practice unless during the whole time he attends *post mortem* practice. So we take what would elsewhere be considered abundant precaution in this respect.

988. I see the other day, in Dr. Youl's charge to a jury, Mr. James is making some remarks. The coroner says that has nothing to do with the sanitary arrangements, and he goes on to say—"The other day I saw 20 students looking at different *post mortems* on pyæmia patients. Then a bell rang and they rushed off to the operating room." What do you say to that?—A bell does not ring, and they do not rush to the operating room.

989. Do you think it likely that would have occurred?—No, I do not think it is likely at all; students know better. Our students, although I may be considered an interested party, are a very well conducted set of fellows. One man here or there might be guilty of an indiscretion, but to say that a body of students would do that, is a very unfair thing, and, I think, untrue.

990. If there was a sanitary officer attached to our hospital as they are introducing at home—doctor of sanitary science with the same rank as the superintendent—simply to look after the hygienic conditions, nothing to do with the patients—simply the hospital is his patient, he looks after that. He does nothing else. I suppose, if we had such an officer, it would be part of his duty to look after the operating theatre and wards, and keep an eye on the drains and sewerage?—I think that all those are functions that could be performed by the medical superintendent. I think here, that office has never had the weight it should, and the result has been, that the secretary has had to take far more responsibility than rightly belongs to his office. It has been, perhaps, the necessity of the time, but it has been a mistake I think.

991. Would he have time to devote to the sanitary condition of the hospital?—Yes.

992. Then the two could be combined?—Yes, superintendent and sanitary supervisor; otherwise there would be distributed authority and conflicts of opinion which would not work well. I believe in unity of management in a hospital, and that all medical and hygienic administration should be practically in one man's hand. Then you can make that man responsible; and if anything goes wrong, there is somebody to bring to book.

993. How is the sewage disposed of there?—By Liernur's system.

994. Can you describe it?—Yes, roughly. Running down outside each block of building there is a main sewer pipe, beginning above, over the level of the roof, running perpendicularly down into the ground, receiving tributary pipes from the closets of the wards it passes. None of those pipes between the closets and the main sewer pipe have any traps; but some of them, I believe, have ventilating shafts of their own, which, however, without traps, would not be effective. The main sewer pipe dipping into the ground turns upon itself, forming a trap, and after rising a certain distance runs down into an air-tight tank sunk in the ground some distance from the buildings. In this main pipe a valve is introduced which can be raised or lowered. When it is raised fæces can flow down or be sucked down into the tank. When it is down fæces will accumulate between the valve and the vertical sewer pipe. The practice is, to let the fæces from the wards so accumulate during the day, and at night, raising the valve to suck them down by the exhaust into the tank, and from it into an air-tight tank vehicle, and in this air-tight tank vehicle the fæces are taken away in the ordinary fashion.

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995. Do you approve of that system?—No. I think it is a very bad one. There is nothing whatever to prevent sewer gas from entering into the wards, not rapidly, but very slowly. The relative temperature outside the building and inside the building would, as far as I understand (I do not claim to be an engineer), determine whether the current would be carried up the main sewer pipe above the roof, or into the warmer wards within. And there is another point; if there was a sewer pipe for each separate ward the danger would not be so great; but wards one above the other are cleansed or served by the same vertical pipe, so that if any careless nurse poured a bucket of slops down the upside closet it would force the air that was in the sewer pipe below into the ward immediately beneath. It would all come up into the ward below. Or, to put the danger another way—at night, all the fæces are sucked away into the main tank and removed. Then the main sewer pipe, especially this comparatively horizontal part of it, is practically empty, not absolutely clean, but empty; which means that a certain amount of gas is produced from the slight relics that must be left along the pipe, for the pipe is wet with sewage matters. As fæces pass down during the day all this gas must be dispersed gradually, and passing up will probably go into the warm wards, at any rate, to some extent; and the fact that, in the pavilions at least, there is in the ward a fireplace close to the door of the closet, must again add to the danger, by inducing a current from the closet towards the ward. The closets are not cut off from the ward by any proper passage with cross ventilation, such as you will find in all modern, or nearly all modern, English and French hospitals. The Germans are careless in that respect.

996. You are aware there have been a good many inquiries even in connection with the new hospitals, St. Thomas's and St. Mary's?—They are both bad hospitals. Those are mistakes—blunders.

997. Do you believe that sanitation and hygiene are more important as to the health of patients than the structure of the hospital?—You can only ventilate naturally hospitals of a certain type.

998. St. Thomas's is supposed to be built for ventilation on the pavilion style?—St. Thomas's is on the pavilion style, but there are six stories which at once introduces a great difficulty. There is a basement and four wards above that, and one ward runs, if I mistake not, above that. I have a sectional drawing of the hospital here—[*showing the same*]—which shows a basement—four wards and the nurses' quarters. St. Thomas's is considered a costly failure. All the sanitary writers I have consulted look on it in that light. And it is built right on the Thames, where it should not be. It is a beautiful building. I have read the particulars, but it is a failure.

999. Have you any idea of the area on which Guy's stands?—I have drawn out some particulars about some modern hospitals, which you may like to have. One of the finest hospitals of modern construction is the Berlin Civil; it stands on $23\frac{1}{2}$ acres, and there are 600 beds. The Berlin Military is one of the modern type, it stands on 15 acres, and has 504 beds. The Antwerp civil hospital, that is of the type with circular wards, stands on nearly 10 acres, and there are 380 beds. The new St. Denis Hospital, which is one of the Tollet—the Gothic arch—hospitals, has $6\frac{1}{4}$ acres and 166 beds. The St. Eloi Hospital, of Montpellier, also a Tollet, has 22 acres and 600 beds. The Johns Hopkins, of Baltimore, has 14 acres and 361 beds. The well known Herbert Military, at Woolwich, has $17\frac{1}{2}$ acres and 650 beds. The Edinburgh Royal Infirmary has nearly 12 acres in the centre of the city, and has 586 beds—the average number occupied is 495. The Glasgow Western Infirmary is next to the University, and has over 12 acres, and 412 beds. The Norfolk and Norwich, one of the new types, has nearly $5\frac{1}{2}$ acres, and has 218 beds. The Leeds Infirmary, which is a famous one for its low death-rate, or was famous, has nearly 4 acres, and 328 beds—but has never more than 240 patients. Then, as showing what can be done in putting patients together, in the St. Marylebone Infirmary they have $3\frac{1}{4}$ acres, and on that they have put 744 beds; but that is not to be considered an argument. The architect looked upon it as spoiling his plans altogether.

1000. What is the area of Guy's?—I do not know. I have not looked at the old hospitals, because they practically show things that would not be done now. I have taken all the new ones I could get particulars about; so that, generally, I think with new hospitals it may be said, that from 40 to 50 patients are put on the acre.

1001. In France they put 100 to the acre?—There the Tollet Hospitals, the system on which the hospitals are being built, Gothic of one story, have from 25 to 35 patients to the acre.

1002. The *Hotel Dieu*?—I will read what the French authorities say about that, as showing their opinion of a big block hospital. It was a very costly hospital, and this is what is said about it by Monsieur Lailler, speaking at a Commission which was appointed by the Society of Physicians and Surgeons of Hospitals at Paris—"Gentlemen, I characterize the newly-projected *Hotel Dieu* in the following words—it is a magnificent structure and a detestable hospital. It must necessarily be so, for to place so large a number as 600 patients in so confined a space is to set at defiance all the laws of hygiene."

1003. What is the space it occupies?—Five acres one rood nine and a half poles.

1004. And how many patients?—Six hundred.

1005. Has the mortality been very great there?—Yes, the *Hotel Dieu*, the Lariboisière in Paris, and the St. Thomas's in London have all been failures, and they have not been more free from septic disease than the old-fashioned block hospitals. This drawing—[*exhibiting the same*]—shows the mistake of the *Hotel Dieu*. It is a perfectly enclosed quadrangle with pavilions round, that prevents all movement of air.

1006. *By the Hon. W. I. Winter.*—Do you consider the site of the Melbourne Hospital is sufficiently large for the purposes required for a city like Melbourne?—No. If you retain the hospital on the present site, you must keep the beds low, and at once build another hospital. That is absolutely necessary, I am certain.

1007. Did you ever notice the condition of the patients in the dark wards, as far as the mortality is compared with those in the light wards?—No.

1008. Is there more mortality in the dark wards?—Well, the dark wards are up stairs; they are not used as a rule for urgent surgical cases. There is only one surgical one, and it is not used for grave accidents or big operations; so you could not make a fair comparison.

1009. Do you think that a hospital built outside of Melbourne would be much more suitable than that one?—It would be more healthy, but less convenient; you could get much more ground and spread your buildings out better.

1010. Have you heard that, in the Edinburgh Hospital, there were serious complications with regard to sanitary conditions?—I can give you the last figures to my hand of the Edinburgh and Glasgow

Infirmaries, which are good types of modern hospitals in most respects. In the Edinburgh Royal Infirmary in 1879-80, the daily average of patients was 469, the greatest number in the hospital together 525, the least number 208, showing they have a large number of unoccupied beds. The death rate was 8·2 per cent., or deducting death of hopeless cases, within forty-eight hours of admission, the death-rate was 6·6 per cent.

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1011. That you consider low?—That is a good result, a very good result; that is a modern hospital; in the Western Infirmary of Glasgow, for the same year, the mortality was 7·4 per cent., or, deducting deaths of hopeless cases, within twenty-four hours of admission, 6·2 per cent.; that was a very favorable year for Glasgow. With regard to town and country, Sir James Simpson long ago pointed out, from the statistics which he gathered, that if amputations performed in large hospitals were compared with those performed in country practice, the mortality was three or four times as great in the big town hospitals. In Christopher Heath's *Dictionary of Practical Surgery*, issued this year, Mr. Stanley Boyd says (page 742), speaking of amputations:—"The mortality from septic disease in University College Hospital, during the past eleven years, has been 5·14 times greater than it was among private cases fifteen to twenty years ago, and this is not putting the case as strongly as it might be put by any means." That is the last English Encyclopædia of Surgery. A great deal depends on the number of unoccupied beds, a great deal depends on that; so that wards may be left vacant, if possible, for a month, or even longer, from time to time, so as to lie fallow and become perfectly fresh again.

1012. That would necessitate a much larger building?—That would necessitate a much larger building, and plenty of room. In Leeds Hospital they keep 30 per cent. of the beds unoccupied, so as to have a rotation from ward to ward.

1013. Now, considering that the Melbourne Hospital site is not a suitable one, could you give an idea of where you consider a good suitable site. You say outside Melbourne would not be convenient—would you suggest a site near Melbourne available, and much more suitable than the present site of the Melbourne Hospital?—I do not know; there is a good deal of open ground round Melbourne, but it is so taken up with parks and for corporation purposes—but it is a question of money entirely. In some of the hospitals at home—the big hospitals—they have had to pay enormous sums. I think, in Edinburgh, they paid for the land £100 for every bed they put up; it is, to my mind, just a question of purchasing the land. The cost of the land for the Edinburgh Royal Infirmary was £64,453 15s.

1014. How much land?—The land there is 11 acres 3 roods 32 poles—£100 per bed, that is.

1015. That is for the land alone?—Yes; as to the rest, I can give the cost of the building of recent hospitals.

1016. Would you consider the Royal Park or Hawthorn would be suitable?—I think Hawthorn would be too far away for the immediate necessities of the metropolis itself. I fancy, allowing that the Melbourne Hospital is removed, or a small hospital retained on the present site, then the first necessity is to build a hospital towards the north, about Royal Park; and, subsequently, to build another in the Hawthorn quarter for the east, and not let either attain too great a size.

1017. Kew is a very nice position?—There are plenty of nice elevated positions, well drained, not taking the top or bottom of a hill, but putting it on the slopes.

1018. *By the Hon J. Williamson.*—I have directed my inquiries more to the beds and bedding, and you have answered as to beds. The reduction of the beds, you say, would make the hospital suitable for a certain number?—But you would have to make a large re-construction; I condemn the central block root and branch; I did so when the committee of management inquired into it.

1019. For the ventilation?—For this reason, that every ward for the sick should have open air on all sides of it; whereas there you have got southern wards, and you have northern wards, with practically a closed corridor between. The result is that, if you go on the first floor, the air to pass through the building must pass through the medical ward, then the corridor, then the surgical ward, and then out; or else from the surgical into the corridor, then into the medical, and then out. Such confusion of ventilation is utterly bad; and then there is ventilation in addition of one floor into another. The rule is to let the ventilation of each hospital ward be independent of every other.

1020. There are gratings?—Yes.

1021. Those could be stopped?—Then you would need to have outlet flues going right up; no doubt that would be a great improvement.

1022. Could not you ventilate the wards from the ends that have only windows on the one side?—It is very difficult to regulate ventilation. At home they have made inlets and outlets, and things intended for inlets act as outlets, or you have a fluctuation between the two.

1023. Do you consider the death-rate a fair test of the usefulness of a hospital?—A very low death-rate is a sign the hospital is not doing its right work, and a very high death-rate introduces danger to patients who ought not to die.

1024. A high death-rate shows they are doing great good?—It shows they are doing great good?—It shows they are satisfying a great public need. Highly to its honor, the Melbourne hospital never refuses any patient because nothing can be done for him.

1025. Dr. Robertson, in answer to a question of mine, said about one-third of his patients were incurable—now, if those incurables were removed, not taken into the hospital, and allowed to die, that would reduce the death-rate without doing away with the usefulness as a surgical hospital?—They may want active treatment, and you would have to make provision in some other hospital for them.

1026. The Melbourne Hospital is useful for accidents and cases of emergency where it is, and, if you send it a long way, it will not be so useful; and for out-patients?—Certainly, if you remove it altogether, you would have to have a dispensary for patients in the centre, and a first aid place, where first aid would be given; and then patients, when fit, could be transferred by proper ambulances.

1027. Could the Melbourne Hospital be kept for those purposes, and keep 300 beds as it is, with a little better precaution?—You would want expensive changes, and, if you did that, you could provide for nearly 250 patients well.

1028. Is not your argument, not to build too large a hospital, even a new one?—The rule is, that the extreme maximum that you should allow is 600 in any hospital; any number above that is an evil hospital, and necessarily.

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1029. And 200 of those empty?—Four hundred you can manage pretty well; 200 you can manage very well. Accumulation of the sick seems always to bring dangers which are not understood.

1030. Speaking of those cases that died in October last after operations, was there a *post mortem*?—Yes, but not in every case; I think in either two or three out of the four there was a *post mortem*.

1031. How long after the operation was it that they died?—Dr. Lewellin can give the record of it. Death followed in varying times. Some died quickly, within a few days, others some weeks after, very variable time. One patient's temperature ran up almost immediately, and he died almost immediately; the others more slowly. As to the high general mortality, it might not matter so much if you had smaller wards; but when you have in the big wards, where the great mortality comes, 37 patients in one ward, then it becomes a very serious thing—one in five, or even a larger mortality than that; it is very serious then.

1032. *By the Hon. S. Fraser.*—You think the Melbourne Hospital, unless by great expenditure, could not be made available for a considerable number of patients?—Without large expenditure, it could only take a very limited number.

1033. You mean, tearing down wholesale and re-building?—Yes, otherwise it would never be a credit to Melbourne.

1034. Getting rid of the hospital altogether and selling the site, and making use of the funds for a new hospital would be better?—You would have then money to buy a site, and money to build a good hospital according to modern type.

1035. Then it would be more satisfactory to the public at large to sell the hospital site when, of course, it could be sold, and to expend the funds obtained either in building a new hospital or getting a site elsewhere, with whatever the Government would add?—If you got £180,000 by the sale of the site you would have £30,000 to buy land with, and £150,000 to build the hospital with, and with contributions from the public, and perhaps some Government grant; but I do not think that would be necessary, you could build a hospital to supply the present wants of Melbourne.

1036. How could you make provision for the hospital accommodation of this large city in the interim, during the process of the sale of the present site?—A Treasury advance on the security of the present site. This is what authorities say about patching old hospitals (Mouatt and Snell on Hospital Construction and Management, 1883):—"I am of opinion that all attempts to bring those antique institutions up to modern standards by processes of patching are mistakes; the only sound method of dealing with them I hold to be, to diminish the number of beds by one half, then to utilize the additional space thus acquired in such manner as to remedy their most obvious defects, and to build small hospitals elsewhere where they are needed, on such principles as are now accepted by all but those who decline to quit the ancient ways."

1037. Suppose the Royal Park was selected, would that be too distant for the medical profession?—Not if there were a couple of good receiving wards in town—not at all.

1038. Which part of the Park do you refer to—to the Immigrants' Aid site?—I think, if possible, some site nearer should be got, and I think it would be possible; but that site would not be extremely out of the way.

1039. In regard to those five cases of *post mortems*, what is the practice as to deaths in the hospital; in whose province is it to call for a *post mortem*?—Directly a patient dies, a paper is sent to the physician or surgeon, and he is requested to testify whether he desires a *post mortem* in the case.

1040. Has he the power of demanding or the power of refusal?—He has the power of asking for one; but, if the friends object, we never go behind the wishes of the friends.

1041. In many cases there are no friends?—If there are no friends, the bodies, as a rule, are used for dissection at the University—in accordance with the Medical Practitioners' Statute—the bodies of those who die friendless, and have not made the declaration specified in the Act.

1042. Is that where there is no suspicion?—Yes. If there is anything suspicious, the body belongs to the coroner, and cannot be touched without his order.

1043. How do you account for the extraordinary high rate of the medical side?—Principally by reason of restricted admission; that only cases that may die are taken in; and, in that way, there is too great a crowding together of very bad cases. The hospital is not doing the good it might do by relieving the curable. There are a vast number of cases not bad enough to go into the hospital, and who yet require hospital treatment; and, instead of that, bad cases are crowded in, which affect one another injuriously. In a ward you ought to have a certain space for each patient, a certain supply of air—not merely an amount of air space, but a supply of air for each of those patients. Those patients when very bad, many of them dying, are interfering with the purity of each other's atmosphere.

1044. Those wards are the worst?—Some of those wards are very bad. A ward with four rows of beds in it is very bad.

1045. As to changing the beds, could not the entire bed be removed? Suppose the hospital had some hundreds of spare beds—bedding and everything; if they were sent out to be thoroughly ventilated, would not that be somewhat equivalent to keeping the spare beds?—No, it would not replace the air. It might be a useful measure; but then you would want a vast amount of storage space; and, as it is, we have in the basement the men's quarters, and the store-room underneath the sick rooms, which is a great violation of hygiene. That ought not to be. We have scarcely any isolation rooms; we cannot put delirious patients by themselves.

The Witness withdrew.

Adjourned to to-morrow, at Three o'clock.

THURSDAY, 30TH SEPTEMBER, 1886.

Members present :

The Hon. Dr. BEANEY, in the Chair;	
The Hon. F. E. Beaver, D. Melville, W. A. Zeal,	| The Hon. J. Williamson, W. I. Winter.

Harry Brookes Allen, Esq., M.D., further examined.

1046. *The Witness.*—I want to explain, if I may, two points in connection with my evidence last day in connection with the reports that have appeared. I think it is desirable that I should correct some possible misapprehension. I do not know whether I was clear in what I said, but I wish to state distinctly that the surgical mortality in the Melbourne Hospital is not high—that the medical mortality in the Melbourne Hospital is very high—that it is the medical mortality which urgently needs attention. The surgical mortality might possibly be reduced a slight degree by better construction, but only in a slight degree; it is not capable of great diminution.

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1047. *By the Hon. the Chairman.*—Still you think the mortality on the surgical side is not so very desperate?—It is by no means a desperate mortality; it would be lower slightly with a better constructed hospital, in my opinion.

1048. Do you think it is possibly in consequence of the over-crowding of the medical wards that that arises—you know they are more crowded than the surgical?—There was not any difference till recently, in the last four years.

1049. Had not they double rows of beds?—Yes, but still they had space—I do not think the medical wards can be called over-crowded at present, but they are badly built. There are four rows of patients, and only very bad cases are admitted, and hence the mortality in those wards is very high indeed. It is only paralleled, as far as I am aware, in recent times by the history of the old *Hotel Dieu*.

1050. The old one—that is pulled down?—That is pulled down. I do not blame the building for that, I blame the want of accommodation, so that only bad cases are taken in, and cases that might be treated with advantage do not come in at all, or only in small numbers.

1051. As to the structure of hospitals, we hear of pavilions and blocks, and so on, and a number of stories in pavilions—it does not seem, according to the best authorities at home, to matter how many stories you have, so long as there is the accommodation and the ventilation?—But, directly you put one story on top of another, and another on top of that, the difficulties in ventilation become extreme. I might just say—

1052. The new Jervis-street hospital, in Dublin, is a new hospital. I was invited to go over it at the christening, so to speak—there was a luncheon there at the opening of the hospital. It is five stories high—you go up by lifts, and the patients take their recreation on a large flat asphalted roof; there is no ground round the hospital at all?—That is the great fault of most of the metropolitan hospitals, both in England and Ireland. In Mouatt and Snell's big book—I wish I could get hold of other authorities, but this is the only one in my possession of recent date—there is the pattern of the New York Hospital, built under the superintendence of Dr. van Buren, and other eminent New York doctors. That is a hospital of many stories, the ventilation has been attended to with most exceeding care. I will read what is said:—“The arrangements for heating and ventilation are combined, and contain several ingenious features of novelty for the admission of fresh and the removal of foul air in all parts of the building, with an avoidance of draughts, and careful regulation of temperature. The whole is under control, and can be regulated with minute accuracy, even to the supply of each particular bed, which could, if necessary, be practically isolated. The windows in the wards are opposite to each other, and are so arranged as to supply air with the minimum draughts when open.” Then I omit something about the years it took to build and to furnish. “This truly excellent hospital in the economy and perfection of its structural arrangements for an institution constructed on the multiple ward system, under the same roof, is by far the most complete and perfect that I have seen in any country.” This is high praise.

1053. The Johns Hopkins Hospital—is there any remark about that?—But in the next page he says as follows:—“I have considered it desirable to retain my description of the New York Hospital as an improved type of multiple storied town hospital in compulsory localities, where the cost of land renders height a form of construction imperative; and in my notes on hospitals, published in 1881, I suggested a modification of this type for the re-building of such institutions as University College Hospital; but I am so satisfied that many-storied hospitals are, and should remain, things of the past, that I have not deemed it necessary to re-produce that plan, or, by its re-publication, to give any sanction to the retention of the errors of the past in any form, or for any purpose.” The Johns Hopkins is one of the finest of modern hospitals.

1054. That is built now, is it not?—One-half of it is complete. The Johns Hopkins, of course, is a hospital, the very cost of which puts it out of all thought. It cost over £800 a bed for building only—it is a terrible hospital in the way of cost.

1055. I think Dr. Billings was delegated from there before it was built to examine all the hospitals in Europe?—Yes; he took immense care, and they had six hundred and twenty-five thousand pounds to work with. The Johns Hopkins Hospital is a one-storied hospital, with a basement.

1056. One-storied?—Yes, one-storied with a basement. There is a section of it with the large ventilating shafts coming right out of the basement, with one story above—[*exhibiting a plan*].

1057. That is considered a very perfect hospital?—A very perfect hospital, but built at an enormous cost. It is partly a pay hospital, and provision has been made, I believe, for patients who can pay considerable sums. The new American hospitals, except the New York, of which I spoke first, have been constructed as a rule on the one or two-story plan; and a large number of the new pavilions added to the older American hospitals are one or two stories in height, not more.

1058. *By the Hon. F. E. Beaver.*—What do you consider the life of a hospital ought to be?—That is a very troublesome question. I think I can give you something about it—[*referring to a book*]. At the conference of the Committee of Physicians and Surgeons of Paris in 1872, concerning the new *Hotel Dieu* Hospital, Monsieur Lailler said—“Our object is to heal people who are ill, and not to shine in the eyes of others. Let us have small, plain, quiet hospitals, brick built barracks if you will, that we may pull

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down, renew, remove, and deal with in such way and for such ends as the social necessities of the hour may require. In fact, what I want to see is a useful not a monumental hospital." Monsieur Vidal, who spoke next, an eminent French authority, said—"Were I called upon to classify in their order of their real merit the various styles of hospital, I should arrange them thus:—First, the tent; second, the hut; and third, the block—blocks, however, entirely isolated and open to the action of the air." The only cases that I know of, in which attempts have been made at temporary hospitals have been firstly, some cases in the United States, secondly the Moabite Hospital in Berlin, and thirdly, the hut pavilions that have been built in St. Petersburg for war purposes, for removal.

1059. *By the Hon. the Chairman.*—What is the style of architecture of the Berlin Civil Hospital, the large hospital you described to us?—It is one story high for the surgical wards. The wards are separated from each other by considerable distances. The surgical wards are seven times their height apart. The medical wards are more than three times their height apart.

1060. *By the Hon. F. E. Beaver.*—Then are we to understand that this Melbourne Hospital has seen its duration of life—that is what we want to come to?—The present pavilions in the Melbourne Hospital could, at a moderate expense, be made into good modern pavilions. They are rather close together, and there is not sufficient ventilation in the basement; but, without a great expenditure of money, they could be made distinctly good and serviceable.

1061. Then could not this medical ward here—Catherine Hayes' Ward I think it is called—be made a pavilion ward?—By simply cutting off this passage—[*referring to the plan*]. Even if this passage be destroyed, then this, as a ward or set of wards, with four rows in each, is a very bad arrangement, which I could not possibly recommend. You cannot ventilate a wide ward as easily as you can a narrow ward. It is laid down by the authorities, that a ward should not be more than about 26 feet wide.

1062. Suppose there were two rows of beds instead of four, or three instead of two?—It would be wasting a valuable site for very little good.

1063. But it is there?—It is there; but you could get more money out of the site that it stands on and build something better.

1064. That is altogether a matter of policy?—Yes, you could reduce it variously. A ward of that width—

1065. I want now to understand, supposing that you admit that improvements may be made in the present building?—Yes.

1066. If the doors are opened through the ends of all wards?—You cannot ventilate across a long distance. It is utterly impossible to do it, as far as I can understand.

1067. Supposing doors were put through the ends?—You have walls across there—[*pointing to the plan*]—at present in those wards 11 and 12, under the charge of Dr. Robertson and Dr. Moloney, there are 37 patients; in the Catherine Hayes' ward there are, I think, about 18.

1068. That is 55 in the whole block?—Yes, the mortality in that is 1 in 5. One out of every five patients dies.

1069. But are they not in a moribund state when they go there?—I do not blame the hospital for this at all, or at least only in a small degree. The hospital is only responsible for the possible deaths of a patient here and there whose life is on the balance; and under the unsatisfactory conditions, the balance goes down instead of up.

1070. But my point is this—there are so many patients here, and you say one-fifth of them die?—Yes.

1071. And then I ask you further, if those patients are not in a moribund state, or rather they would, whether they came into the hospital or not, die under any circumstances. Is the hospital to be charged with the one-fifth of deaths, if your answer be in the affirmative that they would have died under any circumstances?—Most of them would die under any circumstances, but I believe some would recover under more favorable surroundings; and we cannot put 55 bad medical cases in one ward; it is out of the question.

1072. But are they all bad?—You cannot put 55 medical cases in one ward; a certain number of them are delirious at night and a certain number have violent coughs, and these disturb the other patients.

1073. Would not that be the case if you reduce them to say 25?—In nothing like the same degree; the larger the ward the greater the contamination; it is a rule, the more you bring sick people together, the more you increase the deaths. I think that is a question that is not disputable. If you accumulate the sick together in great numbers, you increase the danger, even if you allow the proper cubic space and the proper floor space to everyone of them.

1074. What I want to arrive at is this: This hospital has been built upon a site that is admitted to be a capital site for all hospital purposes for a city like Melbourne?—For a certain number, not the number Melbourne requires.

1075. Then you necessarily would suggest another hospital—say for consumptive cases and cases of that class, and cancers, so as to take them away from this?—If you took out all the consumptives, and took them right away, and all the cancer cases which are not susceptible of benefit by operation, even then this hospital would not be large enough for present requirements.

1076. Is it not capable of enlargement. There is a large space of land about it. This might be lengthened out and another one built, and so on; is not that possible?—I do not think the result would be satisfactory. The hospital is very wastefully built, as you see. If you build upon the part now open, you crowd the other area. All the northern part is too much crowded with buildings now.

1077. There is nothing on the south, you see?—Yes, just so. Practically, if you are going to use the site to advantage, you must re-build entirely. The buildings have been put up without regard to their best disposition.

1078. You stated in reply to me just now, that a ward like this of Dr. Robertson's would be deleterious, having four rows of beds?—Yes, or even being as wide as it is without four rows of beds; you cannot ventilate a wide room as you can a narrow room.

1079. Are you aware that, during the time of the building (I may not be right here, but I understand so), that during the building of the new St. Thomas's Hospital the patients were in the Surrey Music Hall, and there they had their beds five tiers; that is one more than that, and yet there was less mortality in the place than there was in the St. Thomas's Hospital?—With the old or the new St. Thomas's?

1080. The new St. Thomas's?—The new St. Thomas's has a high mortality, and any building only occupied for a short time will show a good result, even notwithstanding it is a mere barn.

1081. The hospital was a good while in building, and it showed better results than the new building after it was occupied?—All I can say is, that if you have a new building of any kind—a barn, a slaughter-house—the abattoirs round Paris were used very extensively in the last war, and they had better results than were obtained in the general hospitals.

1082. *By the Hon. J. Williamson.*—Because you do not crowd them so much, I suppose?—No, it is not that. It is because they are fresh and are isolated pavilions. Each room is by itself, not crammed up against another room. It is through that experience that the present belief in the pavilion system was established.

1083. *By the Hon. F. E. Beaver.*—Are you in favor of what Dr. Youl, I think it was, called "Cottage Hospitals"?—I do not know what Dr. Youl means by cottage hospitals.

1084. Build a lot of small places for three or four patients?—You cannot do that. It is too expensive in nursing and management.

1085. I understood that from Dr. Youl, and he was supported by Dr. Girdlestone?—On that head, I would say this, it has been shown by abundant testimony that the ordinary nursing staff of a ward can take charge of 28 patients. That is the most fundamental fact in connection with it, and that the results are good in an ordinary ward, when you have 28 patients arranged in two rows and abundance of ventilation. That is not merely having a certain amount of cubic space for each patient, but having a certain amount of air supplied to each patient every hour. It does not matter how much the cubic space is, if you have not good ventilation. Cubic space is no good without free ingress and free egress of air.

1086. *By the Hon. J. Williamson.*—Would not an open window on each side give that?—If you go into one of those large wards with four rows on a winter night, you find where the trouble comes. It is either cold, bleak, and draughty, or it is close and stuffy. It must be one or the other on a cold winter night.

1087. *By the Hon. F. E. Beaver.*—Take one of the other wards, it is well ventilated—windows on each side?—Yes, but on a cold night, even those are either cold or stuffy; but the large ones are positively distressing, either in the way of cold and draughts, on the one hand, or the stuffiness on the other. I am sure the Medical Superintendent could tell you more on that head than I can, because he has so often complained to me of it. "It seems cruel," he says, "to the patients to open the windows, and yet, if you do not open them, the ward is unbearably stuffy."

1088. I see the New York Hospital is built right on to the street?—Right into the road; it is built upon a most limited space. I will turn to the description, and it will show you what can be done in a limited space—[*the witness referred to a book*].—I cannot find just now the exact details.

1089. Supposing that, to utilize this space, pavilions were built south of the existing wards?—That would destroy all the currents of wind. You must have parallel lines. If I were going to have another pavilion, I would build due south of the existing ones, so as to maintain a space right through. It is across the narrow diameter of a room that you must get your current.

1090. *By the Hon. J. Williamson.*—But with a door at each end you would get a current through the length of the ward, and would ventilate under the beds better; because a door opens to the floor, and the windows open half-way up?—I could give you a description of the ventilation of two good modern hospitals, if you like.

1091. *By the Hon. D. Melville.*—I do not want to ask any more about the old hospital. I think the evidence is so completely on one side, that it is terribly defective; but I would like your assistance and advice as to a new site and a new hospital. Where do you think would be the best position to build a hospital—a new one?—I should like to see a hospital of about 400 beds—not more, that should be the outside—built at the near end of the Royal Park.

1092. One, two, or three stories?—Partly one, partly two.

1093. Not higher?—Not more than two.

1094. Do you think the atmosphere surrounding the place at all essential—the climate I may call it?—It is most important to have a large clear space around every hospital. For example, the Edinburgh Royal Infirmary abuts at one side on a large city park, and yet it is in the centre of a town. That is a most excellent thing. Although it is in the centre of the town it has a large park called the Meadows on one side of it.

1095. What is your objection to a three-storied hospital?—With a three-story hospital the ventilation is more difficult, and you must have the pavilions farther apart to get the necessary free space between them; and therefore you gain nothing by putting story above story.

1096. Has the atmosphere been proved to be better on the lower story, or on the top?—If you pile one story above another, it is generally necessary to have better ventilation in the top stories than in the bottom stories.

1097. In a three-story house which is the best atmosphere, the lower or the top?—It depends very largely upon construction; but if there is the same ventilation, I prefer a low story, not the very top one.

1098. Are you acquainted with some of the discoveries of Pasteur?—Yes.

1099. What has he found—is the top of the house or the lower the best atmosphere?—I do not know; I cannot answer that question.

1100. Do you know what he says of the middle of a city?—No.

1101. I take it, that it is a material thing to the atmosphere surrounding a place—these bacteria and bacilli, these elements being in a large proportion the atmosphere—a larger proportion in the middle of a city than there should be outside?—Certainly.

1102. Then Pasteur appears to have discovered in Paris, in this very *Hotel Dieu* that you have been speaking of, that was erected in 1880, while, in the suburbs of Paris, the bacteria per cubic yard stood at 4500, at this very hotel it is 40,000 living bacteria, in this very hospital. In the other hospital, the *Hospital de la Pitié*, it is 79,000?—I can well believe that.

1103. Therefore the Lonsdale-street one, assuming that Pasteur's experiments are true, would have an immense disadvantage over the Royal Park?—Certainly.

1104. And it may be that that throws an immense light, or some light, on the deficiencies of the hospital. Will you be so kind as read that list of the organisms per cubic yard—[*handing a paper to the witness*]?—This is an account from Pasteur.

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1105. Yes?—It gives here in tabular form the number of bacterial organisms per cubic metre. A metre of course 39·37 inches; “air of the Atlantic Ocean taken more than a thousand kilometres from the coast, 0·6 only; air of the sea taken less than a thousand kilometres from the coast, 1·3; air of high mountains, 1 to 3; air of Paris at the summit of the Pantheon, 200; air of the Park of Mont Souri, 480; air of the Rue de Rivoli, 3480; air of the suburbs of Paris (1880), 6000; air of the New Houses of Paris (1883), 4500; air of the old houses of Paris, 36,000; air of the New *Hotel Dieu* (1880), 40,000; air from the interior of the Hospital *de la Pitié*, 79,000. One sees that the sea is the great central disinfectant of the globe.”

1106. Just follow on a line or two?—“Bacteria scarcely exist there at all. In a city, the more one ascends the more the purity of the air increases. It is necessary, therefore, to seek elevated points of the soil and the upper floors of houses.”

1107. That somewhat contradicts the statement then, that you made now, that the upper portions of a house are not necessarily unhealthy, according to Pasteur?—Yet at the same time, you will find that, in works on sanitary science, it is laid down, that more trouble is necessary to ventilate top stories than bottom stories.

1108. Yet Pasteur says to us, that the purest point is the higher?—Granted. I grant that the higher you go up a mountain the purer the air becomes.

1109. At any rate, it would not be a disadvantage necessarily if we could overcome the ventilation—it is purely a question of the deficiency of those organisms that doctors speak of, that they are in the greatest number upon the surface of the earth?—With regard to the organisms, nothing is absolutely proved. We do not know that in all those cases organisms are the cause of disease at all—it is only a theory that seems probable upon the evidence, it is not certain; and it is found definitely, as I have said, firstly, that hospitals of many stories are not good; and, secondly, that natural ventilation is the best while artificial ventilation is always treacherous; and, thirdly, that the lower stories of a hospital are more easily ventilated, and require less trouble than the top ones.

1110. From this point of view you would entirely condemn Lonsdale-street, in a hot climate, for a site for a hospital, if those features belong to the interior of a city. I am assuming that the bacilli and bacteria that Dr. Robertson laid some stress upon—you would not object, at any rate, upon that to two stories?—No; two stories for medical wards are, I think, advisable, so as to economise foundations.

1111. Then the next thing is, would the medical men offer any serious objection to the Royal Park, at the point indicated by Dr. Youl—the old Experimental Farm, by the Railway Station?—I think it would be wiser to have a nearer place than that in the Royal Park, if it could be got; and I do not think it would be more difficult to get a near part of the park than a distant part.

1112. That is not a part of the Royal Park proper?—No, it is a reserve; some exchange might be effected.

1113. Do you think the medical men would oppose that?—If it were conclusively shown that no site could be got nearer, I believe medical men would attend there.

1114. Have you any objection?—I think that the care of the sick poor of Melbourne is such a superlatively important subject, that all considerations of mere conservancy of parks should give way.

1115. Then what other part of the Park—there is no other that you suggest?—I think you could get an excellent site upon the Flemington-road side.

1116. Would you think that preferable to the Railway Station in the Royal Park?—Yes; I would like to get as close as I could to one of the town tramways.

1117. Then you would recommend about twenty acres on the Flemington-road side?—Yes, certainly upon that side—about twenty acres there, if that can be got—and then a first-rate hospital could be built with the money that would be derived from the hospital site.

1118. *By the Hon. J. Williamson.*—How do you know what could be got from the present site?—Estimates have been given, and £180,000 is, I believe, a moderately low estimate, and as to money, no doubt the public of Melbourne would give the money, if once they see that a great public end is to be gained; the money question would not enter into it.

1119. *By the Hon. D. Melville.*—As one holding a great many *post mortem* examinations, are you able, from that experience, to bring home any direct fault to the hospital—can you bring one or two, or a single case that you know of, of a death having actually arisen from the hospital, to the best of your judgment?—I would not like to lay my finger on any single case and say, “The insanitary condition of the hospital killed this patient.” I do not see enough of the patients during life to be able to answer that—I do not know the exact condition under which they come into the hospital. It is the physicians and surgeons who are actually in charge, and who know and see the condition of the patient at the outset, who can judge best. I can only tell the cause of death; and I say that, with the existing sanitary condition of the Melbourne Hospital, it will be strange if, now and then, lives are not lost which might have been saved under better circumstances.

1120. As the hospital of the city, considering the extension of the city, you regard it as absolutely imperative to deal with it quickly?—I think it is; the sooner it is done the better.

1121. It will take at least two years?—It will take at least two years. No commencement should be made in building the hospital, until every little detail about it is settled. Even the minutest detail should be all down in black and white before one step is taken. I have found that out by my experience in building at the University.

1122. Then you differ a little from Dr. Youl as to a hospital upon the same model as the Yarra Bend, as he illustrated it; it would be too expensive in the first instance in management, and, secondly, would cover far too much ground?—I do not think any advantage would be got by having anything less than the ordinary pavilion wards of 20 to 28 patients in each ward. However, I must say that it is absolutely necessary, for the good conduct of a hospital, that you should have a number of small wards; that is one of the troubles in the Melbourne Hospital; noisy patients and troublesome patients of all kinds cannot be properly isolated.

1123. Would you put all the noisy ones together?—No; at home they generally have wards for two patients. At home, in connection with every large pavilion, there are other rooms, called separation rooms, near the main ward.

1124. *By the Hon. F. E. Beaver.*—You have a refractory ward?—But our refractory ward is not fit for any human being to be put in at all.

1125. You put *delirium tremens* cases in there?—Yes; it is a dreadful place.

1126. *By the Hon. D. Melville.*—You yourself would be able to give any committee very many suggestions as to the building of a new hospital?—Yes. But I would not like this Committee or any other committee to trust simply to me. I should want a great deal more practical experience than I have.

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1127. Would you recommend any external advice; I mean more than can be found in the colony?—I think the wise thing would be really, to send somebody home.

1128. To send somebody home with a view of what?—Select a site first—and send him home to bring back a perfected plan, with every detail worked out.

1129. A medical man, or an engineer, or an architect?—If somebody could be found who knew a good deal about sanitary engineering, and had some hospital experience, I think that would be one of the best ways.

1130. Do you think it is indispensable that we should set about this very quickly?—Yes, I do; I think it clearly.

1131. *By the Hon. W. A. Zeal.*—From your intimate knowledge of the hospital, do you think the circumstances which have occurred therein have warranted these extravagant statements which have been made about it?—I will for that turn to the *Australian Medical Journal* for 1882. I am reading an account of an inquest at the Melbourne Hospital, in the course of which the Coroner asserted, that the entire building was saturated with erysipelas, and ought to be pulled down. The name of the deceased was Stephen Grimes. That was the commencement of the recent troubles. Dr. Miller, who was then the Medical Superintendent of the hospital, gave the history of the case, and agreed with me as to the cause of death. He spoke as follows:—"A good many cases of erysipelas had developed in the wards since he had charge of the hospital. Out of 100 operations performed last year, there were eight deaths from pyæmia, three or four from erysipelas, and one or two doubtful cases." In my opinion, that was a condition of things that amply justified extreme statements.

1132. But, supposing that was the case, would it justify such a statement as has been made, that the wards of the building were saturated in one case by erysipelas; and the other statement was, the walls of the hospital were saturated with disease? From your own knowledge of the hospital, do you think those statements were justified?—My own view, at that time, was, that there had been such free admission of erysipelas into the hospital from outside during the years 1873 and 1874, that practically the building had become saturated with erysipelas; not in any sense that you could see erysipelas germs sticking out of the wall anywhere, but that practically the place was full of it.

1133. Do you mean by that, the air inside the building, or the material of which the building was composed?—The whole building had become unhealthy.

1134. Is there no mechanical means in such a case by which you could make the interior of the wards sanitary—for instance, rest, ventilation, scraping down the walls, and re-painting with either silicate paint or covering them over with some cement?—I think you can prevent anything that is on the bricks from affecting the air in the interior of the ward.

1135. That is, you could prevent the disease germs entering into the place?—Entering again, from the bricks into the atmosphere within the ward.

1136. Were any experiments conducted to test the truth of these statements as to the walls being saturated with disease or erysipelas?—No, that was looked upon as a figure of speech rather than—

1137. You think that probably that was rather an extravagant statement to make in reference to the hospital?—If you speak of the hospital being saturated with erysipelas, that would only mean that a vast number of cases of erysipelas had been in it, and that cases coming in afterwards tended to contract it.

1138. My reason for putting the question is this—a few minutes ago you stated, in answer to a question, that while the average percentage of deaths in the medical wards was abnormally high, on the other hand, the deaths in the surgical wards were certainly not very much above the average; and you said, I think, and very fairly, that there was not so much to complain of in the hospital on that account?—Just so.

1139. That being the case, and this statement applying to the whole hospital—do you think that was, under those circumstances, a fair statement to make in reference to it?—Dr. Youl would doubtless clearly have in his mind those statements of Dr. Miller, and he would carry those on to the present time. I, seeing the place more thoroughly, had noticed how much trouble has been taken since that time, how the number of beds has been enormously cut down since then; 70 beds were removed from the hospital directly after that trouble; for as I myself stated that time, ward No. 1, a surgical ward, at that time had 24 beds in it, but it was only fit to hold 13 beds, giving each patient 1500 cubic feet of space. Another surgical ward, No. 5, had 24 beds—it was only fit for 17. The pavilion wards had each two beds too many. All that has been corrected; the windows on the main block have been enlarged; the female erysipelas ward, which used to be in the very middle of the main block, has been done away with. There used to be an erysipelas ward for women in the middle of the main block. There has been more care in keeping the nursing and attendance of erysipelas cases distinct from that of ordinary surgical cases, and the antiseptic system of treatment has been, in a very large number of cases rigorously pursued. From all those causes, there has been a vast improvement in the results of hospital treatment as regards all septic diseases, a vast improvement; but still, if the hospital once more became somewhat crowded, and if those precautions were relaxed, all the defects in construction would again come into play to produce evil—continual watchfulness is necessary.

1140. You have been connected with the hospital for a very long time, I believe?—One way and another, for thirteen years.

1141. Your duties bring you into connection with the hospital, I presume, every day?—Pretty nearly every day.

1142. So that your knowledge must be a very intimate one?—For years I have not gone into a surgical ward at all, unless pressed to do so. I do not go into any of the wards much.

1143. You are professor of pathology?—Yes.

1144. In what year do you consider the hospital to have been in its worst state?—1881-2.

1145. Taking those two years and comparing them with 1884 and 1885, what improvements have taken place between those periods—that is the last year and the year preceding it?—Improvements in structure?

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1146. In all respects—sanitation?—I speak of some of them. First—That the patients have much more space allowed to each of them. Secondly—The windows have been enlarged, and the lighting of the wards is much better. Thirdly—The Medical Superintendent insists that, in all weathers, the windows shall be open so as to get as much ventilation as possible, inclining to risk patients catching cold rather than risk the results which come from stuffiness in the wards. There has been greater care in keeping dressers of surgical cases out of the *post mortem* room. There has been more care generally in regard to disinfection, drains, closets, and sewers; and, perhaps most important of all, there has been on the whole a very fair adoption of the antiseptic system of surgery.

1147. Will you explain to us what you mean by the antiseptic system in a popular way, so that a layman may grasp the leading features of it?—The antiseptic system practically depends upon this belief, that if you can keep organisms which are in the air from gaining entry into wounds, you can prevent the patient from getting erysipelas, or pyæmia, or septicæmia, or any such condition.

1148. Is that what is generally known as Listerism?—That is Listerism. You can largely control suppuration, if suppuration occurs; if the formation of matter occurs, it occurs without marked fever, without much pain, without much redness or inflammation around the wound. It is, of course, not universally adopted, it is not a theory which everybody believes in. For instance, Mr. Savory of Bartholomew's thinks that, by ordinary cleanliness, he gets just as good results as Mr. Lister with his complicated system. I do not pretend to say.

1149. That system is beginning to be questioned in some respects?—Lister himself is giving up some of his precautions, regarding some of them as unnecessary.

1150. You stated just now, that you regarded the years 1881-2 as the two years in which the hospital was in its insanitary condition?—Yes.

1151. And that a marked improvement occurred in the years 1884-5—is that so?—Yes.

1152. Taking those returns that have been furnished to us by the secretary of the Melbourne Hospital, and which I presume are thoroughly reliable, can you, under those circumstances, reconcile the difference in the death-rates in those years. I will mention the death-rates as given by the secretary. In the year 1881, in accordance with the returns furnished to members, the death-rate averaged 15.75 per cent., that in 1882, it averaged 15.64 per cent., in 1884 it had increased to 16.46 per cent., and in 1885 it had fallen to 16.40 per cent. Now does that present an anomaly that the worst years of the hospital should have a less death-rate than in those years when the alleged improvements have taken place?—If you look at 1881 there were 4023 in-patients under treatment. In 1884, take that year, there were 3334, that means that nearly 700 less patients were treated during the year; those would be the 700 mildest cases; hence the average is struck on a smaller number of cases, in which you have nevertheless an equal number of severe cases.

1153. If the deaths are the same, would that affect the argument; for instance, if you have a certain number of deaths for 4023 patients and a certain number of deaths for 3780 patients, you can easily calculate the percentage of deaths upon those two?—That assumes that the percentages of severe cases are equal.

1154. No; but could not you determine the percentages upon those figures and take the true facts first—I will ask you the other question afterwards following that?—If I put it this way, if you have 4023 patients in 1881 and you have 3334 patients in 1884, so that the daily average of patients in the hospital in 1881 was $342\frac{1}{2}$, and in 1884 it was only $268\frac{1}{2}$, then the conditions are these, that you have in the old time and in the new time the same number of moribund and very severe cases in the hospital; but in recent times you have not the mild cases to dilute them with, and therefore the removal of those mild cases raises the death-rate and increases the expense of looking after them.

1155. But where were the mild cases treated?—As out-patients, or go away to the Alfred.

1156. Is there any means of proving that, or is that your belief?—In the old time there used to be no complaint that cases requiring admission were turned away. The Medical Superintendent will assure you that he has now constantly to send away patients who would be benefited by admission to the hospital. That is the only evidence I can give. If he took those mild cases in the death-rate would fall, and it is very important that very bad cases should be diluted with mild cases. It is important for the sanitary well-being of the hospital; if you crowd together very bad cases you will have bad results.

1157. I only, of course, want to get at the truth?—Of course.

1158. Are you satisfied, from your own experience, that during those two years, when, you say, the hospital was in a better condition, there were a greater number of mild cases taken in?—Yes; the increase of the death-rate is due to the removal of the mild cases.

1159. Almost entirely?—Very, very largely, if not absolutely altogether.

1160. You instanced, in one of the hospitals you spoke of, the Leeds Hospital, I think, covering an area of 4 acres, that there were 328 beds provided, and but 240 are effective, giving a rest of 88 beds?—Yes.

1161. Assuming that to be the state of the case, and that the Melbourne Hospital ground covers $4\frac{3}{4}$ acres, I presume you could increase the number of patients by an arithmetical proportion, supposing you have the same building accommodation—that is, if 4 acres would provide for 240 patients, $4\frac{3}{4}$ acres would provide for 285 patients; is not that so?—I think it is putting rather too many. It is not extreme, but it is too many upon that area.

1162. I took the effective number you spoke of, that is omitting the beds that are resting?—I think it is a little large; many people say 60, some say 100 to the acre, but I think it is not wise; but I prefer to take 50 as the number; $4\frac{3}{4}$ acres then would give you 237.

1163. Of course you know the position and surroundings of the principal metropolitan hospitals in London?—They are all very much worse off than the Melbourne Hospital is, because you have such restricted land, and they are completely built in, and have no gardens at all, with one or two exceptions, I believe.

1164. Can you give the Committee any idea of the number of beds per acre in the principal London hospitals?—Guy's Hospital has seven acres; it was originally intended for 300 patients.

1165. Is that the effective or the resting portion?—I cannot tell you.

1166. I suppose that would be effective?—In 1867 they could accommodate 580.

1167. That was 85 per acre?—Considerably over 80 patients per acre.

1168. As Guy's is given as one of the effective and well-conducted hospitals of London, do not you think, under strict precautions, we could do as well here as they could in London?—I believe you could put

a large number of patients upon that site if you razed every brick and rebuilt it, carefully utilizing every foot of the soil; you could put a large number on.

1169. And you would, as I gather from your evidence just now, rather avoid the double wards and the necessarily defective ventilation which arises therefrom to go into the smaller wards, and build those wards in such a manner that the sun and air could freely enter?—I would build a hospital with pavilions, partly one story, partly two stories, each ward having about 28 patients, keeping those pavilions three times their own height apart, connecting them simply by covered ways; no closed corridors, or anything of the kind, simply covered ways just to give protection in going from one to the other.

1170. *By the Hon. the Chairman.*—Like the Alfred?—Practically like those at the Melbourne—between the pavilions, open pathways, flagged and covered over. All connecting corridors are means of evil, even ventilating them as far as possible simply by the wind.

1171. *By the Hon. W. A. Zeal.*—I will come to that presently, how you propose to ventilate them. Has it entered into your calculations, in determining the area of these hospitals, that there is a large extent of ground which surrounds the hospital in the shape of streets; there is Lonsdale-street bounds the hospital to the south, Swanston-street to the west, and Russell-street to the east, and Little Lonsdale-street to the north; now taking those streets, which, of course, surround the hospital, and which prevent buildings from being erected, it gives a much larger area of land. Have you made any allowance for that in your calculations, and as to the value of those surroundings?—I have not expressly allowed for it; but I have thought over it, but I am strongly of opinion—

1172. Will you take that in your hand—[*handing a sketch to the witness*].—That represents roughly the form of the ground upon which the hospital is built, being a parallelogram?—Yes.

1173. And the area of that parallelogram is 8 acres 3 roods 4 perches. Would that surrounding afford any element of health to the patients?—I think there is no doubt that the presence of those streets round the hospital has prevented much evil in time past.

1174. You think that is a feature?—It is an element of safety, and should not be lost sight of.

1175. Taking that into account, do you think that it is within the bounds of possibility that a hospital could be constructed, giving similarly good results to the best hospitals you have quoted?—I think that, if you were to pull down the whole present buildings, and then—keeping the out-patient department away and the laundry away—erect a hospital according to the most modern notions, so as to use to the best advantage every foot of ground, you will get a hospital that will supply the present needs of Melbourne.

1176. For how long?—Until Melbourne becomes—well, for the next ten or fifteen years; of course, we cannot tell what Melbourne may become.

1177. Taking the other view of it, and supposing it is proved necessary and desirable to remove the present site, and erect another hospital, say within the next two years, somewhere in the position indicated by Mr. Melville, in the Royal Park, or near to the present University, would it not be necessary, under those circumstances, to provide what I think the medical men call casualty wards, where those extreme cases could be momentarily admitted, where they might be treated, and then sent away to the hospital to be dealt with more carefully?—I would very much like to see a system of provident dispensaries established, and in connection with at least some of those to have small casualty wards and ambulances.

1178. Will you give the Committee your idea—presuming that the hospital has to be removed—of the number of casualty wards or dispensaries which you think would be necessary for Melbourne?—There might be one for the central district; there is already one in Richmond. Another in Collingwood, with the main hospital, would, I think, satisfy all the requirements of the district north of the Yarra.

1179. Do those present dispensaries provide for surgical cases or medical cases, or for both?—Only for trifling surgical cases, not for anything of any moment.

1180. Supposing a man had his leg taken off in the street, upon the tramway, would not those present dispensaries afford sufficient assistance to enable such a case as that to be dealt with?—Some organisation in connection with them would be necessary, so as to bring them into direct relation with the central hospital, and to make arrangements for the attendance of good surgeons to give first aid.

1181. Do you think that could be done?—I think it could be done.

1182. Now I come to the ventilation. As I understand you, the difficulty with artificial ventilation is the draught—exposing patients to a draught whereby they would take cold, or some such casualty as that. Is that so?—I think, if I give you as short a description as I can of one of the wards in the Edinburgh Royal Infirmary, that would give you a good idea.

1183. Yes, please do so?—If I had a plan of one before me, it might assist me to give a description more accurately—[*the witness referred to a book*]. Take a medical ward of the Edinburgh Royal Infirmary. Each one is 115 feet long and 28 feet wide; the beds are 9 feet apart. The whole space in cubic feet given to each bed is as follows:—On the ground floor, 2015 cubic feet; on the first floor, 2201; on the second floor, 2238. There are eleven windows in each side wall; the upper part is a sash hung on the lower rail, opening inward; the lower part is an ordinary deal cased sash and frame, but the bottom sash only is hung to open. The ventilation of the wards can be effected by means of the windows principally, but also to a large extent by a system of inlet and outlet apertures constructed in the side walls. Under each of the side windows, and between each pair of beds, there is an inlet aperture with an arrangement to direct the air upwards. There are also special inlets in connection with three open fire grates, so as to admit warmed air. There are outlets both at the floor and the ceiling level, connected with vertical flues which pass up into the towers, and here the flues are embraced by the hot water systems so as to maintain an up-current by warming the air, of course near the outlet; so that you have inlets through the windows, inlets beneath the windows, inlets through the grates; outlets through the windows, outlets both at ceiling and floor levels, and a mode of controlling the up-draught in the vertical flues.

1184. Is it not recognised as desirable that the vitiated air arising or coming from each patient in the hospital should be taken away from the patients and forced out of the building, rather than that it should go over, or be blown over the beds?—That is done, or rather is possible, in the New York Hospital, and in the Berlin Civil Hospital; but Captain Galton says it is rather like putting the patient in a glass case.

1185. Yes, but it could not possibly be carried out to the fullest extent practically?—They say it can.

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1186. But would it not be a better plan, if you could exhaust the vitiated air from each patient, and expel it from the building, so that if you had a patient suffering from an infectious disease in one bed, the ill effect of the air he exhaled should not pass over a delicate patient in the bed next to him?—That is desirable, and in the St. Marylebone Infirmary a little arrangement has been introduced to try and do that. Under each bed there is an inlet which leads into a perforated zinc box, in which, if necessary, there can be a hot water coil, and the air from that ascends round the bed, the warm air passing upwards; so that each man is practically in a vertical bath of air belonging to himself.

1187. Do you think it would be desirable to follow out that principle as far as it can be done?—It is cheap and seems to be very effective.

1188. Supposing some mechanical system of ventilation were in force by which the air could be taken from each bed and expelled from the building; under those circumstances, could not the wards of the Melbourne Hospital be made in a perfectly sanitary condition?—They could be made better, but I do not think that any system of ventilation whatever will make up for structural defects. Artificial ventilation should only be relied upon in still weather. In breezy weather natural ventilation, the ventilation by windows and chimneys, should be relied upon. That is the only safe system. Artificial ventilation systems always go wrong at some time or other, and with very evil result. The first puzzle in the Melbourne Hospital we have to deal with, is a still summer day; the second we have to deal with, a still winter day. Arrangements might be made to mitigate the evil of those days, but still the hospital would remain badly built, with undue communication from one part to another. You would still have ventilation from one ward to another, and from one story to another, and the result would not be good.

1189. What is the best height for a ward?—From 12 to 14 feet, not higher than 14 feet.

1190. Is it not understood that any height above 12 feet is useless?—Any height above 14 feet is useless. Twelve feet makes a large ward look rather cramped, it looks nasty, and appearance has something to do with results.

1191. Then what you call a perfect ward would be a ward of a certain length, about 26 feet in width, and from 12 to 14 feet in height?—Yes.

1192. Do those pavilion wards in the Melbourne Hospital correspond with those dimensions at all?—They come pretty fairly within the region of good wards. Then, so far as the pavilion wards in the Melbourne Hospital go, there is not much to complain of; in general shape they are good. But what I object to is this—the walls are of brick covered with glass paint, and glass paint leaves a rough surface which is difficult to keep absolutely clean. It would be better to have the walls cemented and polished, or else plastered and painted, so as to have as smooth a surface as possible. The ceilings are wooden and not smooth. There are chinks between the wood, and that is a bad arrangement. It would be better to have a plastered and painted ceiling than the present. If you go to the end of one of those wards, you go straight through a door into a single apartment in which you have, firstly, the scullery or duty room, as it is called, where dishes are washed, and beef tea and things like that are heated. Then practically in the same apartment you have a bath-room, and also one of those non-ventilated closets, all practically in one apartment. In the first place that is insanitary, because the closet communicates directly with the ward, and the closet again on the other side with the sewer. It is not nice nor decent, because the men have to come to the closet or the bath, just where the nurses are working. And again, it is not proper that the preparation of food should be in any way mixed up with bathing and defæcation. It is not right.

1193-4. I was going to ask about that. With reference to what appears a defect in the hospital, that is the closet system; is there no system by which dry earth can be made effectual and convenient? Supposing you appointed a man specially to look after those, and to deal with the fæces immediately they are dropped in the ward. If you could disinfect them thoroughly by dry earth, would not that be better than a water closet?—It would be better than the existing exhaust system or than any water system, which is impracticable in Melbourne at present; and the pan system is the least objectionable.

1195. It could be done very speedily?—It could, and at very small cost in the pavilions.

1196. Could you indicate, supposing those closets are to be retained, where they should be placed—can you suggest any improvement in that direction?—I could show I think an easy way of making the pavilions quite sanitary buildings; but as to the main block I do not think I would dare to undertake to suggest anything.

1197. There is one matter which struck Mr. Williamson very forcibly, and I might say it did myself, that is, the possible danger that might arise to a patient through infection being carried in improperly washed or improperly disinfected blankets—do you think any disease or contagion found in the Melbourne Hospital is attributable to that cause?—I do not think so, but I would not like to give a definite answer, without a more intimate knowledge of the washing system than I have. The blankets are at present washed by steam; they are put into tubs into which steam enters, and then they are rotated in a thing like a water wheel turned inside out, and they are churned then with steam blowing right through them; now, a jet of steam is about the most effective means of disinfecting we know.

1198. Super-heated steam?—Super-heated steam of course is far better than steam at 212 degrees, but steam at 212 degrees with a certain time of exposure will kill any germs we know of; but I am uncertain whether the clothes are exposed under the present system for a sufficiently long time to kill germs. The element of time is of great importance.

1199. Would it not be desirable to conduct the laundry away from the hospital?—I think so; the laundry in the hospital is a source of danger, and you want complicated disinfecting operations that could be better carried out elsewhere.

1200. If it is necessary that the beds should be rested, should not the blankets be exposed to the sun and air to sweeten them?—Yes, hospital bedding that is not exposed to the sun and air gets very mawkish and nasty. I know, from my experience of the lying-in hospital, what a nasty close smell there was about all the bedding; I slept there during several months.

1201. Could we not have a laundry in the country where the washing for the hospital could be done, and where all the bedding could be exposed to the sun and air?—That would be a great improvement.

1202. Is it not likely or reasonable to suppose, that a great deal of the mortality has been caused by contagion carried from patient to patient in the blankets?—I do not see that any large mortality in the hospital has been caused by contagion carried from patient to patient.

1203. But it would add to the large percentage. In other words—could you reduce the percentage satisfactorily if such a system were carried out?—I think that would make the patients more comfortable; and here and there, where a case was on the balance, it might possibly turn the scale.

1204. Would not that answer the complaint that has been made as to the insanitary condition of the wards? Suppose a man slept in a blanket that had been dried by the sun and air, and was perfectly sweet, would it not be good?—It would disinfect the blanket no doubt, and it would be a valuable precaution.

1205. Take a patient with such a disease as scarlatina, or other virulent disorder; they change their clothes every time they go to their homes, would it not be quite as necessary that the dress and bedding of the patients should be carefully examined?—The ordinary dress?

1206. Yes?—That is removed at once and is sent right away, but there is an objectionable practice even in regard to that, if I am correctly informed. I believe that the clothing of patients is stored in the basement under sick wards; that is not right.

1207. Supposing all those suggestions could be carried out as to ventilation and drainage, a thorough system of drainage and removal of the closets and the washing—would not much better results be obtained in the hospital?—I do not believe that any precautions that could possibly be introduced would make the centre blocks and those side wings decent; the centre block is the worst part.

1208. That is the portion you have the most objection to?—Yes; and next to that, I object to all that great western wing. And there are other things that have not been dealt with at all that are difficulties. Under the Catherine Hayes ward there are the men-servants' quarters. What is to be done with them? Certainly they should not live in a basement underneath sick wards. It is a most improper thing. Where are they to be put?

1209. *By the Hon. J. Williamson.*—Do they suffer from it?—All I can say is, will the Committee just go and look at them. I do not know anything of the health of the nurses.

1210. *By the Hon. F. E. Beaver.*—You speak of the male attendants?—Yes.

1211. Do you know whether they have suffered—have any complaints been made to the hospital authorities in reference to it?—I do not know. I know nothing about their health at all. I have nothing to do with it. But I say distinctly that, for the good of the sick, the servants should not live in the basement under the wards; and, for their own good, they ought to be much more comfortably lodged than they are.

1212. In Hayter's Year Book for 1885, page 305, a record is given of the cases dealt with in Victorian hospitals. It is shown there that there were 14,293 cases in the whole of the hospitals during the year, and that there were 1551 deaths, giving an average percentage of mortality for the whole of the Victorian hospitals of 10.85 per cent.; and during the same year the mortality of the Melbourne hospital, calculated upon that basis, was 15.8 per cent. Should you think, taking country hospitals and the city hospitals, that that is a very high rate to expect for Melbourne, bearing in mind that there are very much more severe cases introduced into the Melbourne hospital than into the country hospitals?—The disproportion is not a very great one. But I should say that the mortality of the country hospitals is too great.

1213. How can you account for the fact that, with what might be almost called the cottage system, where the wards are small, and where the number of patients is likewise small, the mortality in the Portland and Colac and Alexandra hospitals is very large?—I do not know anything about the details of those hospitals—the management, the medical attendance, or the structure; but I dare say if you go to inquire into those, you would find that their structure is as bad as that of the Melbourne, perhaps worse; also that the treatment is defective in that a great deal of responsibility is left to the wardsmen in charge, the medical man having a large practice outside to which he gives his attention.

1214. Would not that go to show that there has not been the neglect of patients in the Melbourne Hospital which has been indicated?—I say this about the Melbourne Hospital, that it is one of the most wonderfully cleanly places that one can go into. The secretary and matron deserve the utmost credit for the perfectly cleanly condition in which it is kept. And cleanliness in itself is a great safeguard against evil. If you turn up the *Encyclopædia Britannica*, last edition, article "Hospitals," Professor de Chaumont there states that, at Norwich Infirmary, they did not know what to do. Erysipelas and pyæmia were rampant, and they talked of pulling down the whole hospital. A new matron was introduced. She took all sorts of care of the cleanliness of the building, the beds, clothes, and patients. The result was that the diseases disappeared and did not return, but yet the results were not good. This is not stated in the *Encyclopædia Britannica*, because further developments appeared since. The results were not satisfactory, though they banished those severe surgical scourges; yet they built the new hospital all the same. And that is very largely my explanation of the Melbourne Hospital. By intense scrupulous care in cleanliness evil has been prevented, and by watching jealously to see that ventilation is maintained, that nurses do not close the windows at night, and that is what some nurses like to do—they will close the windows at night to get a warm ward, even if it is stuffy.

1215. I think it should be known that the Melbourne Hospital is comparatively very little worse than its neighbours, although the structural defects may be bad?—The structural defects are bad, the stress upon the medical wards is great; but the evil is reduced to a minimum by the great attention that is paid to cleanliness.

1216. *By the Hon. the Chairman.*—I think the new Radcliffe Infirmary at Oxford also got into trouble, did it not?—I do not know much about it.

1217. Mr. Netton Radcliffe was sent down to inquire—can you tell us anything about the cost of it?—I do not know. If I can ascertain the history of it, I will communicate with you.

1218. And St. Mary's, too?—And St. Mary's, of course, is an unfortunate one in point of construction. I have a table of the cost of recent hospitals—would the Committee like it?

1219. *By the Hon. W. A. Zeal.*—Any statistical information you have we shall be glad to get from you?—This is the cost of recent hospitals per bed, independent of land. It shows some models which must be carefully avoided, and some which require careful study. The Johns Hopkins Hospital, at Baltimore, cost £866 per bed for buildings only; the St. Thomas's cost £777, the Edinburgh Royal Infirmary cost £477 per bed; the Herbert Hospital, built twenty years ago, when labor and material were comparatively cheap, cost £330 per bed; the New Berlin Civil Hospital cost £351; the Antwerp Civil Hospital, circular pavilions, cost £368; the Leeds General Infirmary cost £298; the Glasgow Western Infirmary cost £258—that is a very good hospital; the new Norfolk and Norwich cost £248. The Tollet Gothic

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Hospitals, in France, one story high, cost from £241 per bed down to £114. £114 is the cost of the New University Hospital at Montpellier, which, I believe, is not yet perfectly completed. The St. Marylebone Infirmary cost £161 per bed—that is built hospital fashion. The St. George's Union Infirmary cost less than £97 per bed; the Poplar and Stepney Sick Asylum cost £100 per bed. The Pavilion huts, built at St. Petersburg, cost £111. I might draw attention to this sentence in Sir Rutherford Alcock's address to the conference on the administration of hospitals, 1883, London—"The Poplar and Stepney Sick Asylum, erected under the local Government Board's direction, where no cost has been spared in thoroughly adapting it for hospital purposes, and which is described as being inferior to no hospital in Europe in excellency of construction and sanitary appliances, it is stated, cost for 600 beds a sum not exceeding £100 per bed"—600 beds for £60,000.

1220. *By the Hon. F. E. Beaver.*—Does that include furniture?—No, the cost of furniture varies considerably.

1221. *By the Hon. J. Williamson.*—I was very glad to hear you certify to the cleanliness of the hospital, for I rather, I believe, was one of the first to draw attention to the bedding, by which I did not intend to reflect upon the management; but it was upon the system of using the bedding too soon after it was dry—that was my objection. I wish now to ask you, supposing we came to the conclusion, if ever we do come to a conclusion, that the hospital must be removed, it will take two years to build a hospital, will it not?—It will take pretty well one year to work up all the details.

1222. What are we to do in the meantime to get over the scare, to satisfy the public mind in the meantime—can you suggest something that could be done to improve the Melbourne Hospital, to carry on during this time that must elapse before we can get a new hospital?—I would do this in the pavilions; I would introduce a cross ventilated passage between the closets and the main wards; I would remove the sculleries out of the closet departments altogether; I would all through the hospital introduce exhaust flues with gas within them, so as to have a warm exhaust, by which simple way some sort of out-current could be always maintained when necessary. The air will always find its way in, if you keep up an out-current. I am not, of course, advocating a perfect system, but just something that can be done. In the main block I would cut down all the intervening corridors and staircases, and have it all open. Instead of having the main block connected with the wings by closed corridors, I would have open corridors, to which outside staircases should run up.

1223. By these means could you accommodate the number of patients that would require accommodation in the interval?—Practically, I should not lose any beds at all, and the hospital would be improved, but I do not think it would then be a hospital of which Melbourne should be proud.

1224. I did not put that question with a view of making it a permanent hospital—I put it upon the assumption, that it is decided to remove the hospital; but it will take time. You cannot close this till you have built another?—No.

1225. And if it takes two years to build a hospital?—Yes.

1226. To provide for that time I ask that question?—The steps I recommend would be a great improvement. Cut off the closets by a ventilated passage run across, then take the systems of staircases out entirely, so as to disconnect the main block from the wings, and then in some simple way, which would want careful thought, introduce the dry pan, instead of the present sewage system, which I entirely disapprove of.

1227. Why not introduce the system that people have in their private houses?—Because the hospital needs closets on all sorts of different levels. I think that some simple measures like these could be introduced, which would very greatly improve the condition of the hospital.

1228. Do you think that would remove the present scare?—As far as the scare is concerned, the hospital is choke full of patients—where is the scare?

1229. *By the Hon. the Chairman.*—If a new hospital were to be built, for what number of patients would you recommend?—Let it be 400, and if the accommodation of that become exhausted, have another one. Do not go beyond 400—400 is as much as the superintendent can thoroughly look after.

1230. That would be the effective number of beds?—Say 400 good beds, and I would not mind having 100 spare beds. From the accounts that appeared in the daily press this morning, I do not think I quite made my meaning clear about the relations between the secretary and the medical superintendent. Upon that head I wish clearly to say, that the hospital is very much indebted to the secretary for his great work in the past, for looking after all the sanitary condition of the hospital; but at the same time I think it is an unfortunate thing that the control of the sanitary conditions of the hospital, and to some extent the control of all new building proposals, has drifted into his hands. It is not his fault that these functions have drifted into his hands; but it is an unfortunate thing; the medical staff should be of much importance in these matters, and the medical superintendent's office should be much more important than it has been in the past, and the whole management of the hygienic department of the hospital should be in the medical superintendent's hands. There should not be any divided responsibility in the matter.

The Witness withdrew.

Augustus John Richard Lewellin, M.B., L.K.Q.C.P., Ireland, examined.

A. J. R. Lewellin
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1231. *By the Hon. the Chairman.*—You are Medical Superintendent of the Melbourne Hospital?—Yes.

1232. How many years have you been superintendent?—A little over three years.

1233. How many years have you been connected with the hospital as student and as surgeon and superintendent?—Nine years—a little over.

1234. More than that as student, house-surgeon?—Student, three years; house-surgeon, three years; and superintendent, three and a half years; and I was assistant physician about two years.

1235. I thought you were house-surgeon in 1866?—In 1874 I was house-surgeon.

1236. That is twelve years?—But some years I was not connected with the institution.

1237. You were away for an interval?—Yes. I have been connected with the hospital one way and another pretty well ever since I was a student.

1238. You have since your connection with the hospital seen the wards very much crowded?—Yes.

1239. Beds made upon the floor?—Yes.
1240. But that is not so now?—No.
1241. Are you familiar with the wards of St. Thomas's, London?—I cannot say I am familiar. I know something about them.
1242. How are the beds arranged in the wards there—in one row, or two rows?—Two rows.
1243. One row on each side?—One row on each side.
1244. I think that is what we have in the Melbourne Hospital in the surgical wards, is it not?—All except one ward—that is No. 22; 22 has some beds in the middle.
1245. And the medical wards—some of those have?—Some have four rows.
1246. And some two. You do not remember the system of ventilation adopted at St. Thomas's, do you?—No.
1247. It is built on what system?—The pavilion system.
1248. In your opinion, does it matter much how high a hospital is built, providing that the ventilation is perfect and complete?—I have not sufficient experience to say definitely, but I should think that the less number of stories the better, as far as my reading goes—decidedly so.
1249. Can you tell the Committee what is the average stay of the patients in the Melbourne Hospital?—Last year it was 28 days.
1250. What is the average stay of the patients in the hospitals at home, say in London?—I do not recollect accurately, but I think about 33 or 35 days, but I am not certain.
1251. What is the death-rate of consumptive patients in the Melbourne Hospital?—About one-fifth to one-fourth, so far as my time there goes. Last year it was one-fifth.
1252. Do you think that the mortality, after surgical operations, compare favorably with any other hospital?—I think it is very favorable.
1253. It compares well with the mortality, after surgical operations, in any other hospital—have you made any returns to the committee on cases of blood poisoning?—Yes, I make a return every fortnight.
1254. You have none with you I suppose?—[*The witness produced certain papers.*]—This is for the two and a half years ending June, 1886. That is the last one I copied out—[*handing in the same*]. In 1884 there were 45 cases of erysipelas admitted from outside, and six cases developed in the hospital. In 1885 there were 57 cases from outside and 10 cases inside; and for the half-year, 1886, 44 outside, and 8 cases developed inside the hospital. There are also pyæmia returns, would you like those?
1255. Yes?—The erysipelas cases I give you are the surgical wards. In the medical wards, in 1884, 4 cases; 1885, 4 cases; and as far as we have gone in 1886, 3 cases. Pyæmia returns 3 cases developed in the hospital in 1884, 5 in 1885, and 1 in 1886, in half the year in the medical wards; one case in 1886, and none in the other years. The cases admitted from the outside were 6 in 1884, 5 in 1885 and 4 in 1886.
1256. How many beds are occupied at the present time?—I do not know the exact number at the present moment, but the average for last year was 291 continuously occupied beds, out of say about 300 beds—a little over 300.
1257. Which of the wards have always been the most crowded—the medical or surgical?—The medical wards, upon the whole, are most crowded. They vary at different times of the year.
1258. How many cubic feet of space do you allow in the surgical wards at present?—In the male accident wards 2000, and in all the other wards 1500—a little over.
1259. For a medical ward, do you think that was ample?—Yes.
1260. In fact, in many wards in the old country they have not more than 1500 for the surgical wards?—No.
1261. No. 18 ward is essentially a ward for patients who have met with severe injuries, and for those who have undergone the great operations in surgery?—Yes, that is one of the wards.
1262. I do not say it is *the*, but it is a ward?—It is what we call an accident ward, and that is, the more severe cases.
1263. There are two processes of repair after operations—one where the wound heals rapidly by adhesion, called “first intention,” and the other a slower process, called “suppuration and granulation”?—Yes.
1264. Have you found that wounds of any great magnitude have healed in ward 18 by first intention?—Yes.
1265. How do you account for that, when you have others about the same period that have gone wrong?—It very often depends upon the constitution of the patient, at other times upon the nature of the injury or operation.
1266. Is it known how germs enter the system after a bruise or injury, if the skin is unbroken?—I think it is a pretty open question.
1267. Still there are theories?—Yes, a number of theories.
1268. Endosmosis and exosmosis?—Yes.
1269. Is it known after all?—No, it is not satisfactorily settled.
1270. The germs, before they can carry out their murderous work, must have a proper cultured nidus?—Yes.
1271. So that an unhealthy patient, perhaps a man who has been a great drunkard?—Is always more liable to erysipelas.
1272. He has not got the vitality in him, or the nutrition about him, and power of resistance?—No.
1273. Do you think the hospital is in a more sanitary condition now than it was two years ago?—I think it is very much the same as it was two years ago. There may be some slight improvements. The wards are sweeter than they were two years ago, undoubtedly.
1274. It is your opinion, that consumptive patients would do better if treated in the country than in a hospital where surgical cases are admitted?—I think undoubtedly that consumptive cases should be treated in a hospital with country air.
1275. In fact, surgical cases, with suppurating wounds, and that sort of thing, should not be in the same building with phthisical cases?—I do not think they should be in the same building.
1276. Is it a fact that patients' underclothing is sometimes washed outside by their friends?—Yes.

1277. Is there any risk in that?—I think there is always a danger in that—you never know where it is washed, or what state the house is in.

1278. It may be in a house where there is scarlet fever or typhoid, or that sort of thing?—Yes.

1279. There is a contagious hospital, is not there, in the Melbourne Hospital with special nurses?—Yes.

1280. What is the system—the washing and drying in the hospital are done by machinery?—Yes, it is all done so.

1281. Is the drying perfect?—The drying is perfect, I believe, but it is not near so good as open air drying—the clothes are never so white nor sweet.

1282. You believe in the sun and the open air?—Undoubtedly.

1283. Especially for the hospital clothing?—No question.

1284. What has been the general state of the health of the nurses throughout the hospital during the last two years?—Upon the whole, fairly satisfactory.

1285. Have the nurses employed in the erysipelas wards ever contracted it, to your knowledge?—I do not recollect a single case.

1286. Do you think the over-crowding has a tendency to retard recovery?—I think so, undoubtedly.

1287. That is a dangerous element?—Yes.

1288. The surgical wards are not crowded at the present time?—No, they are fairly full, what you might call pretty full, but not crowded.

1289. And the medical wards?—No, not the medical wards just now. A week or two ago they were as full as they could be.

1290. Are not a great many consumptive cases sent into the hospital in a hopeless condition?—A great number.

1291. And a great number of patients are admitted, both medical and surgical, in a moribund condition?—Yes; no case is refused on account of its being in a dying state.

1292. Have you lately turned away any cases of erysipelas from the hospital and would not admit them?—Not if the patient expressed a wish to come in.

1293. You have tents, have not you, there now?—Yes.

1294. Tents for erysipelas cases?—Yes, and for any case of septic or infectious disease.

1295. The refractory wards are generally used for *delirium tremens* cases?—Yes, and noisy and violent patients.

1296. And what may be termed traumatic delirium, which may supervene after an operation?—Yes.

1297. Have you any statistics or reports you would like to present to the Committee?—No, this is only the mortality—that is the only report I have brought.

1298. Do not you think it is not so much in the structure of the building, whether it is a brick building or a pavilion, or whatever it may be, as the entire sanitary supervision of the place—do not you think all depends upon the hygienic management of the institution?—In what way?

1299. Looking after drains?—Drains are one of the great things, and isolation of the closets and ventilation. The worse the hygiene the greater cubic space and the more ventilation you want.

1300. Do not you think, what is termed natural ventilation is best—that is by windows, doors, and open fire-places?—Yes; in the depth of winter, you want some warming apparatus to warm the air, the temperature of the air being very low and very bad for lung and chest cases—in fact, we sometimes have to postpone an examination on account of the day being too cold.

1301. Do not you think we ought to have in our hospitals the same as they have in St. Thomas's and other hospitals, those steam coils and pipes that you see in St. Thomas's?—Yes, you decidedly want some way of warming the air in the winter.

1302. It is very cold in the Melbourne Hospital in the winter?—Yes.

1303. In the operating theatre?—Yes; if you go in there to an operation at two or three o'clock in the morning, it is cruel to stand there sometimes.

1304. It is your duty, a duty thrown upon you, to look after the sanitary arrangements of the hospital, is it not?—Yes, as superintendent.

1305. And are you very particular about not allowing the students into the wards, or operating theatre, after they have been present at the opening of dead bodies in the mortuary?—No student is allowed in any surgical ward, after entering the dead-house, that day.

1306. Dr. Youl, at the hospital the other day, said, "The other day I saw 20 students looking at *post mortems* upon pyæmia patients; when the bell rang for operations, they ran away to look at them"?—There is no bell for operations. If they ran away, it must have been to lecture.

1307. Mr. Girdlestone attributed the loss of a case of hæmorrhoids that he operated upon to some pernicious influence of the operating theatre upon the patient; in fact, I think he said he had the operating table shifted out?—That was in 1885.

1308. He says, five cases were operated upon a short time ago—four of them died, and one was his case?—I was away at that time; but when I came back I made inquiries, and the thing was fresh, and it seemed all his cases were developed from one patient in the hospital, who came in with very obscure symptoms of pyæmia. I think she was operated upon the same day as those other patients, and I set down, from the inquiries I made, that she was the cause of it all. Of course it was not known at the time, nor till after her death, that she had pyæmia.

1309. So that erysipelas and pyæmia may be developed outside the hospital?—Undoubtedly they may be developed outside.

1310. In a general hospital, the great thing is fresh air and plenty of ventilation, is it not?—It is.

1311. *By the Hon. W. I. Winter.*—Do you find any greater difficulty in one ward than in the others in the recovery of the patients—can you detect any difference in their recovery?—I used to fancy patients in the old part of the buildings did not do so well, but it is very difficult to say; such different classes of patients are put in different parts of the building. In the pavilions we always put our worst cases.

1312. It has been stated, that the old part of the hospital is not suitable for hospital purposes, and that it is badly ventilated?—It is very badly ventilated.

1313. And that surgical operations there have been difficult to cure, have you noticed that?—Not more than I would in any other part of the building; but, in fact, we generally put our worst cases in the pavilion, because we have better ventilation there. Some of the old surgical wards it is almost impossible to ventilate satisfactorily.

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1314. Have you ever noticed in the closets that, by letting off the fæces from the upper story, the fumes have gone into the ward below?—I have noticed sometimes a smell from the closet, and I have been in a closet near a ward when some fæcal matter was coming down, and the stench was horrible, no doubt.

1315. Did you ever have to leave the ward, and get some whiskey to counteract the effect?—I was very nearly sick one time after smelling it.

1316. Do you consider that the pavilion wards are all that is necessary for a hospital?—No, decidedly not.

1317. What is your objection to them?—The closets are not isolated; the bathroom, closet, lavatory, and scullery are all thrown in one little room. There is no decency in the thing; there are simply two pans, and the patients sit one alongside another; that is not decent. The nurses run from the scullery to the ward and back, and leave the door open, and the smells must come from the closets to the ward, though I have never been able to trace actual disease to it. Some of the closets in the old building are even worse. There is hardly room to turn. Then any person walking up above, in the upper pavilion, the students going round the upper part, it is almost deafening down below; you cannot do anything. There is only a single wooden ceiling; in fact, the noise is increased—in fact, we have sometimes to send special word up to keep quiet, as the noise above awakens the patients below.

1318. You consider wood ceilings objectionable?—Yes.

1319. Also, in point of disease, they are objectionable?—Also, in point of disease, they are objectionable.

1320. Have any improvements been made?—In two of the old wards they made an alteration by having a ventilating chamber or small room made between the closet and the ward.

1321. Do you consider that a hospital built at Royal Park would suit the public and the profession better than the one now in existence?—I think it would be a little inconvenient as to distance; as to freshness of air and that sort of thing, it is better in the country than in town; and no doubt, if the hospital were at Royal Park, we should have to have an accident ward—a first dressing ward upon the present site, or somewhere near there.

1322. Upon the whole, do you think that a general hospital would be better out of the city?—I do not think you could build a hospital as a hospital should be upon our present site, to be as large as ours is. I think you would put 250 patients there—you might get 300—but that would not be large enough for the requirements of Melbourne, even if all the beds are filled, and you ought always to have a number of spare beds. Sometimes I thought an outbreak of disease might arise from the beds being constantly occupied; in fact, sometimes we had a patient come in to take a bed before the other one left.

1323. By what processes do you ventilate the internal portion of the mattresses?—The straw mattresses, I understand, are never used twice. The straw is all unpacked and burnt, and the ticking goes into a boiling apparatus, and is used again.

1324. How do you prepare the material to refill it?—I do not know that there is any special preparation.

1325. Is it kiln dried before it is used?—The straw?

1326. Yes?—I could not answer that.

1327. *By the Hon. J. Williamson.*—I did not hear the number of years you were at the hospital?—I was a year or two out-patient physician, and more or less have been there for a number of years—since 1870 I have been connected with it more or less.

1328. The average stay of the patients in the hospital—does that include all the patients that come in?—Yes.

1329. Whether they die or leave?—Yes; all that come in.

1330. Are all included?—Yes.

1331. Those cases of erysipelas that were developed in the hospital in 1884, 1885, and 1886, were they to be accounted for in any way by being introduced?—I think one or two cases were supposed to be brought in by persons from outside. I handed in a table of them. In one case I know a patient got erysipelas. We could not account for it in the ward, and two others apparently got it from him.

1332. Any fatal cases?—One of this number was fatal.

1333. Do you consider those figures large?—No.

1334. Did they result from the saturation of the walls—if they are not large, where does the cry come from?—I do not understand saturation at all. I do not agree with it. I say, if our wards were so bad, we should get a number of cases in the wards that were saturated.

1335. With all your patients, if only those few cases were developed and not fatal, there does not seem to be any reason for the cry. You say some patients get their underclothing washed outside?—Yes.

1336. Is not that very bad for the people outside?—We do not allow clothing from contagious diseases, such as erysipelas, to be washed outside, or taken outside.

1337. As to washing and drying, my remarks, I am afraid, may be taken as throwing some reflections upon the management of the hospital, which it was not my intention to do. I visited the hospital upon a day by myself when I was not expected. I went through it, and was very much pleased with the cleanliness of the place; but the one thing that attracted my attention was, the washing and drying. I thought disease might be spread through the blankets and bedding; that all the germs might not be killed, and that the drying would not kill the germs. I understood that all the blankets from all the beds were pitched into one concern, and washed together. Is that so?—Yes, that is so.

1338. And they are put upon the beds, and the beds not allowed to rest?—But the temperature those blankets are exposed to is supposed to kill the germs.

1339. But they are bundled so close?—But they are so thoroughly turned about, that nothing could escape.

1340. You are satisfied about that?—I am.

1341. You spoke of the closets, and stated your objections to them. I visited the closets, and to me they seemed the perfection of cleanliness. In fact, I would have no objection to eat my dinner from the

A. J. R. Lewellin, seat of the closets. It was as white and as pure as anything they could have?—The hospital is a model of cleanliness.

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1342. You say the closet opens direct into the wards. That is not my experience?—What we call direct, there is no ventilation chamber to cut off the air from the ward. There should be a room between the ward and the closet, well open, so that the air could go through.

1343. A passage, in fact?—A passage, in fact.

1344. I know there is not that—I quite agree with you, that warming-pipes must be necessary in winter time, for the first thing that attracted my attention, was the consumptive patients coughing with the draught, and I said to the secretary, who was with me—"Do not you think this is hard upon the consumptive patients, this constant draught of air?" and I think in winter time it must be something frightful?—Yes.

1345. How many patients would you require to accommodate to satisfy the public requirements at present in the Melbourne Hospital?—I do not think I could do with under 500 beds; the number in the hospital is a varying number.

1346. That would leave about 100 beds at rest, would it?—Yes, I think I might be able to manage that then. I would like more, if I had to leave 100 beds at rest.

1347. Assuming that it was arranged that the hospital should be removed, could you arrange it so that you could accommodate the requirements of Melbourne upon the present site, till the hospital is built?—As a make shift, you might by putting tents.

1348. By making certain improvements?—That is, pulling down the whole place and re-building it.

1349. I do not mean that. I mean to make the hospital so as to meet the requirements of Melbourne till the new hospital is built; a certain amount of time has to elapse, and the public are frightened—they have a scare that the Melbourne Hospital is not healthy?—But that is a very great deal exaggerated, without doubt.

1350. Do not you think that the present hospital could be made to accommodate all the patients?—By adding to the building you might be able to accommodate them for a few years.

1351. Temporary buildings?—Yes.

1352. And by altering the ventilation?—Yes.

1353. How many patients would you build the hospital to accommodate, at the largest?—It would depend a great deal upon the extent of ground.

1354. But some people say, and we have it in evidence, a certain size—they would not recommend a hospital to accommodate more than a certain number?—To work one properly, I think about 600 beds is as much as you could do; that is my private opinion.

1355. *By the Hon. D. Melville.*—You spend most of your time within the hospital?—Yes.

1356. Your evidence therefore must be very material to the public, when I say you have almost completely condemned the hospital, root and branch; I am not exaggerating, I suppose? You say, that it is cold in winter for the patients?—Yes.

1357. It is simply cruel to stand at three o'clock in the morning in the operating ward. You say the stench from the closets is something horrible?—At times.

1358. You say that the old wards are all but impossible to ventilate. You say that the patients are crowded in, in the closets, and sometimes two sit together?—No, no.

1359. Will you explain what you did say?—I say that at present it is hardly decent to have two patients sitting upon separate pans next to one another.

1360. I say so; you say it is indecent?—I consider it such myself.

1361. That is part of the horrors of the hospital. Your words were, "that it is simply indecent," and I think it is so too. Then, in addition to that, the ceilings and other portions of the hospital are so bad, that the noise affects you and the patients?—Yes, when there is any traffic up the stairs.

1362. Do you think after all that a scare under those circumstances is not necessary?—The scare was made upon the sanitary state of the hospital; the amount of erysipelas and pyæmia that developed in the hospital, and I say that the hospital is not anything like what it is represented.

1363. But when the public read your evidence in the papers to-morrow morning, they have all the elements of a scare?—I do not think there is a scare in that, nor anything to resemble a cause of scare. I say, there are deficiencies in the place, but I see no reason for a scare. In fact, I see no reason for a scare since I have been there.

1364. I am very glad that you, at any rate, as resident surgeon, can speak so decidedly of the state of the house. It is time we had a new one—you go for a new one, do not you?—I go for the hospital to be entirely rebuilt. I do not say anything about the site; I say the hospital ought to be rebuilt entirely.

1365. Upon modern principles?—Upon modern principles.

1366. Some of our medical men have said that, in the medical wards, it is something like death to one in six; in every six men that go in, one dies—that is a very serious thing?—But you see that is one reason, as I said before—the hospital is so small, that you can only admit really bad patients—you do not give me a chance. If you give me another 100 beds to admit milder cases, I would not have any more deaths, and it would bring down the percentage.

1367. I want to call your attention to that (as, perhaps, some justification of this scare, and you are the resident superintendent), for your explanation of it. It is nevertheless true what Dr. Robertson and others have stated?—Yes.

1368. There are other hospitals in similar circumstances to the Melbourne Hospital, I suppose, as far as the introduction of patients is concerned. You have come to the conclusion that country air is necessary for the consumptive patients?—Yes, I think that is best for them.

1369. Would country air be a very bad thing for all your patients?—I think all the patients would benefit by country air.

1370. Then an outside city site would be the best?—For the patients, yes.

1371. You know the Royal Park?—I know where it is; I do not know it very well.

1372. Do you know the Royal Park?—Yes.

1373. A site has been suggested upon the Flemington-road, near Hotham—what do you think of it?—Do you mean the Pig Market—I do not know the other sites.

1374. Then we will not waste time over them—at any rate, you believe it is necessary to get a little out of the city?—I think it would be a great deal better for that, and for the health of the patients.

1375. Have you brought these serious defects under the notice of the committee in your long experience?—I have not been entitled to, except the last three years. I brought the closets before them; and several other things, what I consider the major matters, I have.

1376. Do you make your reports in writing?—Yes.

1377. And all your complaints in writing?—I have not made all my complaints in writing. I talked and worked, and waited till they were better; then I touched on others.

1378. Do the patients themselves complain of the cold?—Yes.

1379. Do you know the celebrated blow-holes in No. 18 ward?—Yes.

1380. A foot across—a man could crawl through them if the grate was away?—Yes.

1381. Do the patients ever complain of them?—Yes.

1382. In mercy to them, would it not have been something like necessary to have steam-pipes, seeing you have a steam-engine?—I think there ought to be some means of warming them.

1383. But before this?—That has been talked of several times before, but always the money question came up.

1384. You do not think it impracticable to have steam-pipes from your steam-engine through the wards?—I know it has been tried in some hospitals, and did not succeed.

1385. I may tell you, that one of the first things that struck the committee upon its celebrated flying visit was, that there was not provision for warming?—Yes.

1386. Do you think it ought to be done?—Something of the sort should be done.

1387. Do you make any recommendation as to the system of building a new hospital?—I think the pavilion system is the best.

1388. Do you think that any of the deaths that have occurred, have occurred from the contagion of the hospital?—I never could satisfy myself that there was anything of the kind. I looked, and made careful inquiry into it.

1389. Have you any suspicion of it?—No, I cannot say that I have.

1390. Has it ever entered into your mind that the mortality, being so large, must have some cause?—I have assigned a cause for the mortality.

1391. What is it?—The patients are admitted in a dying state, a great number of them. You cannot admit mild cases. If I have only two or three beds empty in the hospital, I cannot admit some people, because they have some slight weakness or consumption. I must keep those beds for severe cases.

1392. Do you know the average stay of patients in the hospital?—Yes, twenty-eight days.

1393. That is very short. They are in, and killed, or go out the other way?—They go out.

1394. *By the Hon. W. A. Zeal.*—As to the size of the hospital, take that first, what do you consider the most perfect and convenient size for a hospital?—The number of beds?

1395. Yes, that is the gross number of beds, and the number of effective beds. That is, you have to have so many beds, and so many beds always at rest?—I do not think you could. I may be entirely wrong, but you could not work above 600 or 700 beds altogether.

1396. Do you think, with the results of modern practice, that it is desirable to group such a large number of patients together as 600?—I believe, with proper ventilation, and the wards a proper distance apart, it makes very little difference.

1397. I gather from you that, if you had what is called a pavilion or isolated system of wards of moderately small dimensions, you might group together a very large number, 600 patients, without endangering their health or their speedy recovery?—That is my opinion.

1398. Several instances have been given to us by Professor Allen as to the best constructed hospitals in Europe and in England, and he has instanced the best examples where there are only a moderate number grouped together?—Yes.

1399. Would you be disposed to qualify your opinion, being told that?—I think that a large hospital on a good site would not make much difference. I know some people are of opinion, that the fewer the number of beds you have the better.

1400. What area of land would you consider necessary to accommodate 600 patients?—It would take about 40 or 50 patients to the acre.

1401. In that case, it would take 12 acres to accommodate the hospital you would require?—Yes.

1402. Would that be the utmost size of the land you would require?—The larger the size of the land you have the better.

1403. Would there be any advantage in getting a very large area of land?—Yes.

1404. What advantage?—You could get the kitchens and other parts further removed, and the erysipelas wards further removed from the general place. And, besides, you could have your wards a little farther apart; the farther apart they are the better. I believe in some places they run six or seven times their own height apart.

1405. Would not that be more the barrack system?—No, the pavilion style.

1406. As I understand, the pavilion style is what is called the cottage system, the most modern system?—The cottage system may be the pavilion, just the same as we have two stories or one.

1407. Might the pavilion embrace one or two stories?—Yes.

1408. What do you consider the better plan, a one-story building, or two, or more?—I do not think it makes much difference. One reason I prefer two stories is, that they are more compact for working. On one floor it covers a very large area.

1409. You are aware of the great price to which land has risen in Melbourne. Is not that a very great element in considering this matter as to the area of the land?—Yes.

1410. Supposing you designed a hospital of two or three stories, would you still require the land?—I would not go above two stories. I think that is as far as you can work satisfactorily.

1411. Have you in your mind any hospital which carries out the ideas you have represented to the Committee?—The best I have seen, as far as I can recollect, is the Prince Alfred Hospital, at Sydney.

1412. That is quite a modern hospital?—That is quite a modern hospital.

1413. Would you describe the special features of excellence in that hospital?—I may make a number of mistakes, if I tried to do so from memory. It is upon the pavilion system, and they have special

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wards. The wards are a good size. The ventilation seems excellent, and, as well as I recollect, they have some means of warming the air coming in.

1414. Are the walls of the wards exposed so that the morning and evening sun can enter into them?—Yes.

1415. There is one excellence?—Yes.

1416. Are the wards cut off from each other?—Yes.

1417. Entering from some central building, where the business of the hospital is carried on, or are they in the form of a parallelogram?—They are a real pavilion, entirely cut off from one another.

1418. Is the ventilation upon the same plan as that in the Melbourne Hospital, or is it an artificial system?—As well as I remember, it is a natural system of ventilation.

1419. Shifting ventilators?—Just the windows and those apertures.

1420. As to the warming, is that done by steam or hot air?—I could not tell you.

1421. Can you remember as to the height of the walls?—I was such a short time in Sydney, that I had only a flying visit to the place.

1422. To the best of your recollection, what is the height of the walls?—To the best of my recollection, about 15 feet.

1423. Do you consider it necessary that the wards of a hospital should be more than 15 feet high?—I think that is quite sufficient.

1424. Is it not a matter of fact that, where the walls of a hospital exceed 14 feet high, the upper stratum of air does not affect the lower stratum?—I believe so.

1425. So that the upper stratum of air might go through the upper ventilator, and the air in the body of the ward not be changed if the ventilator be put at a great height?—Yes.

1426. That would point to only a moderate elevation of the wards?—Yes. I think 14 or 15 feet is as great a height as is ever required.

1427. How do you think those pavilion wards in our hospital would carry out the wants of the patients using it, as regards their moderate chance of speedy recovery, and the benefits they would get, and conveniences afforded them in the more modern portion of the building?—Do you mean, as they could be altered?

1428. No, as they are now. How do they compare with the Sydney Hospital?—There is no comparison. Of course, I was not there long enough to know how they recover there.

1429. But the conveniences are far superior at Sydney?—They are far superior at Sydney.

1430. How do they deal with the closets. Are they earth-closets or water-closets?—I do not remember.

1431. What do you approve of?—Water-closets, I think, are the best system you could have.

1432. Supposing the whole management of those closets was delegated to some officer or officers, could not the earth-closet system be introduced to the hospital with very beneficial results—when a patient has used a pan, that the matter should be immediately disinfected, and immediately put into some tank or receptacle away from the ward itself. Would not that be the most cleanly and suitable way of dealing with it, rather than the water-closet system?—The water-closet system, if perfect, I believe is the best system of all.

1433. Does not it allow a certain portion of the faecal matter to attach itself to the walls and pipes of the closet?—Not if it is properly flushed out. But ours is the Liernur system—not the water-closet system. We have not any real water-closet system in Melbourne, and we cannot have.

1434. Supposing it was decided to recommend that the hospital should be closed in its present position, and a new hospital built somewhere in the neighbourhood of the Royal Park, how do you think it would provide for the wants and requirements of Melbourne?—The present site is a very good one indeed, but it is not large enough.

1435. Supposing the present site is closed, and a new hospital is determined upon at the Royal Park, how would that provide for the wants of the patients using the hospital?—I think we should have to have a small accident ward at the present site.

1436. How long would a hospital of the size indicated by you, namely, 600 beds, provide for the growing requirements of Melbourne?—For a good number of years. By the time you want to alter it, you would want another hospital, entirely upon a different site.

1437. Taking the number of hospitals at present in the city of London, would not that give you some idea of what the requirements would be?—I have never gone into that.

1438. Supposing Melbourne grows at the rate of 10,000 inhabitants per annum, how soon would the hospital become unable to meet the wants of the population?—I could not say. I never computed the proportion of the sick people to the population.

1439. It has been instanced here, that the results from some of the older London hospitals are very much superior to those of the Melbourne Hospital; and as we know that Guy's and Bartholomew's, and Bethlehem, and Westminster, and the London, and St. George, and Middlesex have been built, the newest of them 140 years since, how is it that, compared with the newer, the Melbourne hospitals, the results are so different, seeing that those hospitals were not built when we had our present experience as to the essentials of hospitals?—They have been improved in the size of the wards, and ventilation, and cubic space, and so on.

1440. Are you acquainted with the London hospitals?—Not well. I was educated here.

1441. Do you know any of them?—I know St. Thomas's. That is the only one I know.

1442. That is one of the newest?—Yes.

1443. Dr. Girdlestone instanced St. Bartholomew's as one of the best in results?—Yes. It is between five and six, I believe, as to the death.

1444. Seeing that is one of the oldest hospitals, contrived when we had not the same experience of sanitary science as we have now, how do you account for the percentage of death being so low, and the Melbourne Hospital so high?—I cannot say, because I do not know their system of admission for one thing, because here we can but admit moribund cases. And then I do not know how they manage about their beds at rest. I believe their mortality was at one time very much higher before they gave their beds a rest.

1445. You told Mr. Melville, that you were unable to refuse any case admission to the Melbourne Hospital except the milder cases, and that that affected the extreme mortality of the Melbourne Hospital?—Yes.

1446. Is it not a fair assumption, that the admission of the more extreme cases into the Melbourne Hospital accounts for the apparent excessive mortality that the returns disclose?—I believe that is the main cause, and that has been always my opinion.

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1447. And that, if you were allowed, or were in the position to take in the cases that presented themselves at your doors, the returns of the Melbourne Hospital would not much exceed those of the best appointed hospitals?—I do not think they would.

1448. Have you considered the matter thoroughly?—I have thought over it, over and over again, and that is my conclusion.

1449. That is your deliberate opinion?—I will simply say, that I could bring down my average percentage of deaths considerably. If I could not bring it down to the percentage of other hospitals, I should consider there was something wrong with the sanitary condition of our present place.

1450. In reference to the laundry department, do not you think that a considerable percentage of the mortality has arisen through diseases being carried in the blankets or bedding?—No; I said that before.

1451. Are you satisfied that those germs of disease are effectually killed by the operation of washing or steeping the blankets?—I have always considered so.

1452. Do you think it possible?—I do not think so. The temperature they are exposed to is supposed to kill any germ.

1453. Take wool as a very bad conductor of heat. Would it not be possible for many of those poison germs to lie on the woollen blankets and not be destroyed under your present system? Have you ever considered that?—I have thought of it, certainly, and my conclusion always was, that germs would be disinfected by the great heat.

1454. Supposing the hospital authorities obtained a site in the Royal Park, and established a laundry where all the bedding and clothing of every description should be taken away and thoroughly washed there and exposed to the sun and air, would not that system be very much better than the present one?—Yes, a very much better.

1455. Would not you obtain very much better results?—I do not think so. Possibly it might make a little difference.

1456. If a patient was sleeping in an air-cleansed and sun-purified blanket, would he not be more likely to recover than in one washed as at present?—He might recover quicker.

1457. It would affect his general health?—I could not say positively one way or the other about that. It would be much pleasanter for the patient, undoubtedly, to have sweeter smelling clothes.

1458. Do not all authorities on sanitary science say that the one necessary adjunct of health is, that the clothing and bedding should be exposed to air and sun, even for people in the best of health?—All our clothes are dried. There is no damp about them.

1459. If that is the case with people in robust health, is it not much more necessary for people in feeble health?—Our clothes are never bad in that sense of damp or mouldy, or anything of that sort; but there is a sort of odour from the air drying it. I do not think it is harmful.

1460. It is said that the best recoveries, the most of them are made in places where they are most isolated, and have small buildings?—Yes.

1461. How do you account for the fact that, in Mr. Hayter's last year's book, the returns from Portland, and Colac, and Alexandra Hospitals exceed those of the Melbourne Hospital?—By the hygiene; that is all.

1462. Then, of those returns of hospitals which are entirely in the country, and not surrounded by the drawbacks which the Melbourne Hospital is accompanied with; would it not be a necessary deduction to suppose that the general health of the patients would be better there, and their recovery quicker?—People are always in better health in the country, and if you are ill, you go to the country to recuperate.

1463. Then, if the returns show the reverse, how do you account for it?—I cannot say. I have not seen the hospital, but I should say there is something wrong in the hygiene of the hospital.

1464. If that is the case, do you think there is so much to cavil at in the buildings, and the care that is bestowed upon them, in the Melbourne Hospital?—If the returns are so bad, it would be, they should build a better hospital.

1465. Doctor Girdlestone told us that, if you have an extremely high rate of mortality, it shows that the doctors are not doing their duty, and that they are sacrificing the utility of the building to getting successful results—do you concur in that?—To a moderate extent I do.

1466. Then a moderate death-rate is not necessarily a sign of good management of the building?—Not necessarily.

1467. Would not a moderate death-rate tend to carry out your theory, that you are driven to take only the extreme, and in many cases only the moribund cases?—That is my explanation of the high death-rate.

1468. As you know, the Melbourne Hospital is kept open by an annual grant from Parliament, and mainly by donations given by charitable people; have you ever considered what funds a new hospital of the size you require would need?—I know it would cost a very large sum of money; I never actually computed the cost per bed.

1469. Do you think it would be readily raised in Melbourne every year?—Not without selling the present site to raise a good portion of it.

1470. Do you think that Parliament should endow the hospital with any lands or money to enable these buildings to be properly carried on?—I certainly think they should.

1471. I presume you know that, in Guy's Hospital, in the Bethlehem, and one or two others, the endowments in land and money are very great?—Yes.

1472. Have you any permanent endowments in any way corresponding to those?—Nothing that I know of.

1473. Would it not be necessary, if these large hospitals are to be maintained, with all those surroundings you indicate, for Parliament to make some permanent endowment?—Provision for the present, anyhow; I think, as time went on, you would need endowment.

1474. Take this case—that this hospital is condemned in a certain time, and another hospital is put up as you say with 600 beds—how is the money to be obtained to build this hospital in the meantime, because there would be two establishments up to a certain point?—I am not a financier.

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1475. Have you ever considered the matter?—I believe it is quite possible to do it. I suppose you could raise the money on the present site.

1476. But you could only do that when you were in a position to sell or lease the present site—that would be used up to the time of the new hospital being complete—you would be building one establishment while you used the other?—Yes.

1477. Unless Parliament came forward to make a large endowment, could the new building be raised by voluntary subscriptions?—It could not be raised by voluntary subscriptions altogether, I think myself.

1478. *By the Hon. the Chairman.*—Do you think the hospital should be relieved of the out-door patients by establishing dispensaries?—I think it is a very good idea. I never went into the details of the thing.

1479. I believe they are now making the passages you speak of between the water-closets and the wards, are they not?—In two of the wards it has been done. They propose doing something of the kind, but it will not be actually the thing.

1480. Is there anything else you desire to say?—I do not know of anything else.

The Witness withdrew.

Adjourned to Wednesday next, at Three o'clock.

WEDNESDAY, 6TH OCTOBER, 1886.

Members present:

The Hon. Dr. BEANEY, in the Chair;

The Hon. F. E. Beaver,
D. Melville,
J. Williamson,

The Hon. W. A. Zeal,
S. Fraser,
W. I. Winter.

John Williams, Esq., M.D., examined.

John Williams,
Esq., M.D.,
6th Oct. 1886.

1481. *By the Hon. the Chairman.*—You are a Doctor of Medicine of the University of Edinburgh?—Yes, I am.

1482. And lecturer on Materia Medica and Therapeutics in the University of Melbourne?—I am.

1483. And physician to the Melbourne Hospital?—I am.

1484. Were you educated in Edinburgh?—I was.

1485. How long have you been connected with the Melbourne Hospital?—About eleven years.

1486. How many wards have you under your direction at the present time?—Two.

1487. Where are they situated?—One is situated immediately above the front entrance into the hospital—that is looking south in the old block—immediately over the front entrance.

1488. The first portion of the building?—The first portion of the building; I believe it is the oldest portion of the building.

1489. Has it a number?—Yes, No. 4 ward. The other, Nos. 14 and 15, is really one ward—one of the small double wards.

1490. How many beds have you in each ward?—I do not think I can give you accurately the number at the present time.

1491. Is there a row on each side, or double rows?—In No. 4, there are only two rows of beds.

1492. One on each side?—Yes.

1493. Next to the window?—The windows are on one side, and the corridor on the other side.

1494. Not windows on each side?—No.

1495. Not like No. 18?—Not like No. 18.

1496. And Nos. 14 and 15 you say are double wards?—Yes, with four rows of beds. You know, I daresay, the large double wards; it is half one of those large double wards—a section of one of them.

1497. Have you any idea how many beds you have in each ward?—I could not tell you accurately; I should think I have about 35 beds altogether.

1498. In one ward?—No, altogether; in the two wards.

1499. Because the best authorities on sanitation seem to think that 30 beds is quite ample for one ward?—Yes.

1500. That depends of course upon the size of the ward?—Yes.

1501. Can you tell us what is the length and width and height of the wards?—No, really I cannot; I mean, not with any degree of accuracy.

1502. I simply ask the questions, because Mout and Parkes, and other men, give their opinion as to how high a ward should be?—I know they do.

1503. They say, I think, that a ward 100 feet long, 15 feet high, and about 25 to 30 feet wide, should contain about 30 beds?—I do not know what the cubic space of that would be exactly per bed.

1504. That would be from 1500 to 2000 cubic feet?—That would be about the area for each patient.

1505. Are your wards ventilated by what is termed the natural method?—My two wards are very differently ventilated; the ventilation in No. 4 is very peculiar indeed; we have on one side a row of windows, and on the other side simply a corridor with doors, or half windows half doors, opening at the top, and they ventilate simply into the corridor, into which all the other part of the old hospital also ventilates.

1506. Are there fireplaces in the wards?—There is one fireplace in No. 4 and one in ward 14 and 15.

1507. My reason for asking you whether it is the natural method is, that it appears that windows, doors, and fireplaces are what are termed the natural method of ventilation?—I am quite aware of that; but

surely, you could not call this a very natural kind of ventilation, where we are liable to get all the bad air from all the other wards in that part of the building, or *vice versa*.

1508. I suppose you consider that plenty of pure air is the best of all disinfectants?—It is; it is an absolute necessity.

1509. Will you inform the committee the principal diseases you are called upon to treat in your wards?—Yes, first of all medical cases; that is to say, non-surgical cases.

1510. We are not going to ask you anything about surgical cases at all?—No, I am not going to have anything to do with the surgical part of the hospital at all. During the season largely typhoid fever, diseases of the respiratory organs and diseases of the heart, and what you would call general diseases; but largely diseases of the lungs and heart, and diseases of the principal organs—the kidneys, liver, and so on.

1511. In your opinion, which of these diseases furnished the highest death-rate?—Phthisis.

1512. Lungs?—I do not mean diseases of the lungs generally, but phthisis.

1513. Do not a large proportion of your cases enter the wards in a hopeless condition?—Yes, in cases of phthisis it is used as, practically, a benevolent asylum, and there is no doubt about it that phthisis, or consumption, constitutes a very large amount of our mortality; I cannot give the exact figures, but you can see every year that it is a very marked feature.

1514. What is your death-rate—I mean in the wards generally?—On the medical side?

1515. The death-rate in your wards—you see we are keeping strictly now to your own wards?—I am afraid that I could not give that accurately without looking up the case-books. If I had time, I could give you a record of my mortality of different diseases, because I think this comparing the mortality of different hospitals does not give much information, unless you know the actual conditions.

1516. We are not going to compare any hospitals to-day, we intend to strictly confine your examination to your own wards as a physician. Can you tell us which cases contribute most to the death-rate?—I have told you, phthisis, or consumption.

1517. In what proportion?—I cannot give you exact figures.

1518. *By the Hon. J. Williamson.*—Approximately?—I suppose phthisis would produce pretty well a fourth, or a fifth of the whole mortality of the hospital; I fancy so. I am not now pretending to speak accurately, that is only my impression.

1519. *By the Hon. S. Fraser.*—The hospital returns will give that?—The hospital returns will give that.

1520. *By the Hon. the Chairman.*—If a larger number of patients were admitted with curable diseases, although requiring hospital care and treatment, would not that lessen your mortality table very much?—Undoubtedly, that is what we want.

1521. It would dilute so to speak the bad cases?—Yes, and the mortality would be less, undoubtedly.

1522. Do you think a hospital for consumption, situated outside the city, would relieve the general hospital very much, as such institutions do in Great Britain and the Continent?—Undoubtedly, and I may state further, it would be very much better for the patient; for it is really a very unfair thing to put phthisical cases into a general hospital—they do very badly there always.

1523. Especially where there are surgical wards containing suppurating wounds, and all that sort of thing. Does not the great danger in large hospitals lie in over-crowding?—That is the great danger—not the only danger, but the great danger.

1524. You have been connected with the hospital a long time as resident and honorary physician. Have you ever seen it over-crowded?—Yes, in fact that is the difficulty, so much so, that I have often sent a patient down there and there has been no bed; they have been obliged to discharge a patient to put another in, or often to wait till a patient died; and the bed was immediately filled, so that the beds have no rest at all.

1525. Is that a dangerous element in hospital management?—Yes, very dangerous indeed.

1526. Is the Melbourne Hospital over-crowded at the present time, think you?—At the present time my wards are particularly empty; I think I have one ward with about five patients in. I was taken in to look at it as a curiosity on Wednesday; when I looked round I said “What is it,” and they said, “Well, do not you see,” and I said “Yes.” I never saw it so empty in my life; I do not think as long as I have had charge of that ward, it has ever been so empty as at the present moment.

1527. Then your patients must have a lot of cubic feet of space?—Any amount, they revel in cubic feet of air at the present moment.

1528. Does the sun shine upon your wards?—Not very often. In No. 4, bear in mind the aspect; it looks south and there are south windows, and it is completely closed in from sun and light on the other sides. In the other wards, the men’s wards, Nos. 14 and 15, we have a fair amount of sun.—[*The plan was produced, and the witness pointed out the position of his wards on the same.*]

1529. May not sewer gas give rise to various forms of blood-poisoning?—Yes.

1530. Is the Melbourne Hospital free from such emanations?—I have smelt abominable stinks in the Melbourne Hospital. Excuse my using the term, but you cannot characterize it in any other way. I mean smells from the closets.

1531. Do you think from sewer gas?—Well, it would not be, strictly speaking, sewer gas; but it would be smells generated in gas pipes, and I am afraid that would be sewer gas.

1532. That would not occur if the pipes were properly trapped, would it?—The trapping of pipes is a very difficult business, as you know. The trapping of pipes has undergone a great number of changes of late years; and the latest innovator says that the previous one was not able to do it properly; and no doubt we shall have an innovator very soon who will say the same thing about our present trappings. It is very difficult to trap properly. It is very doubtful indeed whether they can be trapped efficiently.

1533. *By the Hon. J. Williamson.*—Nothing but the earth-closet is of any use in this country?—I quite agree with you.

1534. *By the Hon. the Chairman.*—Do you think the present site a good one for a hospital, provided it is sufficiently large for the requirements of the city?—I think the present site a good one. It is central; it is in the centre of traffic. There is no doubt about it, but I do not think you could build a large enough hospital upon that area of ground for the requirements of the present population of Melbourne.

John Williams,
Esq., M.D.,
continued,
6th Oct. 1886.

1535. Do you know how much ground there is there?—Between four and five acres, I think, is it not?

1536. Nearly five acres. The witnesses we had here before said it was well drained. Do you agree with that?—The ground itself?

1537. Mr. Girdlestone, I think, said that the hospital itself was well drained. Is it easily drained?—Yes. It stands well. It is natural drainage. I suppose it would be well drained in that respect.

1538. Considering it would take three or four years to erect a new hospital, are you of opinion that the present building should be pulled down?—Before the new hospital is built?

1539. Yes?—No, I do not see how you are to get on without a hospital during that time. Certainly I should say not.

1540. I suppose you think these pavilion buildings are the best of the whole?—They are the best. I think that with a little alteration they might be made into very good wards.

1541. Are they altering the water-closets in the hospital now?—They are always altering the water-closets.

1542. But for the better?—That is a different matter.

1543. Are they isolating them from the wards?—I do not know. They are not doing it in my part of the hospital, at any rate, but they are always doing something to them.

1544. Do you believe in water-closets?—No, I do not. I quite believe, with Mr. Williamson, that for a climate like this there is nothing so good as earth-closets. Not as they are managed in Melbourne, where no earth is used at all. They are simply open pans, they are simply nasty stinking arrangements; but if earth is used, I think it is a most perfect arrangement; that is, if they are emptied at sufficiently short intervals.

1545. Professor Allen told us the other day, that he would undertake to keep it sanitary for three or four years without losing a bed, assuming that we were going to build a new hospital. It would take three or four years to build, especially if they send home an expert to look over the various hospitals at home; and then there is the drawing of plans and building it. It would take three or four years to complete a new hospital, and Dr. Allen was asked what about this one, and he said he would undertake to keep it sanitary for that time without losing a bed?—I do not know what he means by losing another bed.

1546. The beds have been thinned, you know?—Yes.

1547. He means not taking away any more than have been taken?—Yes.

1548. He said he would undertake to keep the hospital sanitary for three or four years, and he would not lose another bed?—I quite understand that statement, but I should require to know exactly what he meant by "sanitary." If he means by "sanitary," that he could ventilate that ward of mine, No. 4, then I should certainly disagree with him. If he means simply "sanitary" as far as the closets are concerned, I would undertake to do that also.

1549. He meant the entire building, fit to receive patients. I do not know what number of beds there are in now, but he said "without losing a bed"?—I suppose he means keeping up the present number of beds. It would have to be sanitation within certain limits, because he cannot ventilate or put sunlight into that No. 4 ward of mine.

1550. Do you think that you could put your finger on any case—any fatal case—and say that the hospital caused that death?—I could tell you some very curious things. I could refer you to a case in the hospital at the present moment of a man who came in with laryngitis; and, in trying to keep up the ventilation, as they do try, by open windows and so on, the draughts were so great that, instead of his getting better of the laryngitis, he developed bronchitis and acute rheumatism, and he is only now just picking up a little. This is within the last few weeks, and that case is within the hospital at the present time.

1551. He is not dead?—He is not dead, true, but I assure you he went a good deal towards it.

1552. *By the Hon. J. Williamson.*—That is too much draught, is it?—Yes, too much draught. It is just this: If you try to ventilate thoroughly in those wards, you get such tremendous draughts, that they are perfectly unbearable. I could show you various cases where this was very marked indeed.

1553. *By the Hon. S. Fraser.*—Is this in No. 4 ward?—No, in the men's ward. In No. 4 ward it would be a little difficult to get a draught; the windows are all on one side, and the other places are kept all shut up; sunlight is shut out.

1554. *By the Hon. the Chairman.*—That patient is living?—He is living.

1555. Dr. Allen told us the other day (I do not think he was asked the question, he volunteered the statement), he said—"I could not put my finger upon a single case, which I could accuse the hospital of causing a death?"—I do not think Professor Allen is quite in a position to state that, for you know he does not do the practice of the hospital. He is pathologist. So I do not think he was quite in a position to make that statement. Any of you gentlemen might say, that you could not put your finger upon a single case.

1556. That was said the other day by Dr. Allen?—Certainly. I must tell you, I have seen chest cases aggravated over and over again, aggravated by the draughts that were produced by trying to ventilate the wards.

1557. *By the Hon. F. E. Beaver.*—Would you kindly show me which is your ward?—Yes, I will—[pointing to the plan].

1558. *By the Hon. J. Williamson.*—Both your wards are in the old part of the building?—Yes.

1559. That ought to be pulled down?—They ought to come down.

1560. *By the Hon. F. E. Beaver.*—No. 4 is in the part that has been said ought to be removed?—Yes.

1561. *By the Hon. the Chairman.*—Are you of opinion that the medical superintendent should also act as the sanitary officer of the hospital?—Yes, I think the medical superintendent should have supreme control of the sanitary and medical—of course, I mean medical and surgical—parts of the institution.

1562. The duties should not be divided?—The duties should not be divided. They cannot well be divided.

1563. Because in England I see they are endeavouring to prove that a sanitary officer who has nothing to do with the patients or with the wards, a doctor of science and a doctor of medicine, should

reside in the hospital, and the only patient he should have, would be the hospital itself—nothing else—and its sanitary condition?—Yes.

1564. But you think the duties should be amalgamated with those of the superintendent?—They would be so much alike. I mean, that they would dovetail so much, that they would be done better by one competent man, than by two competent men even.

1565. Now the worst form of hospitalism is hospital gangrene, is it not?—It is.

1566. Have you ever heard of that in connection with this hospital?—I have not; but bear in mind I have never in my life been on the surgical side of the hospital.

1567. You have never heard of it?—I have never heard of it.

1568. It has been stated that the Leeds Infirmary, which is famous for its low death-rate, is built upon only four acres of ground, and it makes up 328 beds. The Melbourne Hospital, although standing on almost five acres of ground, does not make up 300 beds at present?—It does that, I think.

1569. Say that. So that, if the new hospital were built on the present site, there would be ample room to give it 350 to 400 beds; that is, supposing that a new hospital be built upon the present site of nearly five acres of ground?—If you did that, you would have to pull down a lot of the buildings in the hospital ground, at the present time. You must bear in mind, that there are a lot of buildings there that, to my mind at any rate, should never be in a hospital at all. There is the laundry; there are the quarters, I think called the matron's quarters, but not confined to the matron, built in the centre of the place; and the nurses' quarters, and the secretary's house; all calculated to surround the wards proper, and to prevent the circulation of air, and to cramp us very much. And then another thing, on the north side, the Public Library cuts off completely from all access of air in that direction.

1570. *By the Hon. J. Williamson.*—You are “surrounded all round”?—Practically, we are surrounded on three sides.

1571. I noticed that one paper said that you are “surrounded all round on one side”?—Pretty well on three.

1572. *By the Hon. the Chairman.*—Do you not think that the city proper should have its general hospital?—It is a giving and taking sort of question. Hitherto the people in the northern suburbs have been obliged to bring their patients into the city. I suppose, if the hospital is moved out, the northern suburbs, if it is moved in that direction, would have their day then, and the city people would have to carry their patients to them. I am afraid that you cannot have a hospital at everybody's door.

1573. There would be no objection to have another hospital as far north from the Melbourne Hospital as the Alfred Hospital is south?—No. To my mind, I may tell you, the only reason why it has been proposed to remove the Melbourne Hospital, has been a question of funds.

1574. Yes, that would have to be considered by Government when we make our report?—There is no doubt about it, that a small hospital could be built upon the present site of the Melbourne Hospital, but it must be small; it could not be very large.

1575. To contain 300 beds?—I think you could get a hospital to hold 250 beds, if you pull down all the offices.

1576. I asked Dr. Youl the other day, if the hospital was the proper place for a consumptive. He says—“Oh, no; still in the London hospitals you have a number of diseases which do not exist at all here—typhoid, relapsing fever, acute rheumatism—”?—“Acute rheumatism!” I beg your pardon.

1577. “Typhoid, relapsing fever, acute rheumatism, pleurisy;” and then he goes on again and says (I put it in this way—our colonials mostly die in London of lung disease; I found out that when I was at home, and he says)—“Very likely. Still there are always diseases in London which cause a great amount of mortality, which are not in this country at all—typhus, measles, whooping cough, and more particularly diseases of the lungs, and acute rheumatism, pleurisy, and pneumonia.” “Not in this country at all”—do you agree with that?—I see those diseases every day, except typhus and relapsing fever. We never see those.

1578. You see all the others?—We see all the others. It is true, that the mortality from whooping cough is nothing like so great in this country as it is in colder countries; but we get it, of course, and there is any amount of it at the present time.

1579. He says—“Diseases of the lungs, acute rheumatism, and pneumonia;”—that is most extraordinary?—I have seen both to-day.

1580. He says that those diseases are attended with great mortality in London, that we do not get them here?—I think I see what he means; but it is pushed a little too far. He means, that those diseases are more fatal in cold climates than in a climate like ours.

1581. *By the Hon. J. Williamson.*—In the case of suggesting a new hospital, what do you consider the best site near Melbourne?—Of the sites that have been suggested—that is to say, the University, the Pig Market, and the Royal Park, I really think the Pig Market would have been the best place. It is so easy of access.

1582. You consider that a much more elevated position than the present hospital site?—I take it for granted that, supposing you are to move the present hospital, and go away from that site—because I have said already that you might build a hospital for about 250 beds upon the present site perfectly well, and the only reason that I can see for suggesting its removal has been the question of funds.

1583. *By the Hon. W. I. Winter.*—Would you consider that the two new wings to the hospital are sufficient for casualty wards, in the case of removing the hospital; would they suffice for the principal portion of Melbourne?—You mean while it is being built?

1584. Yes?—No, I do not think it would. I think, if it is determined to move the hospital, the plan would be, to put tents upon the ground for the time being.

1585. But perhaps you do not understand me. Do you consider that, if a new hospital were built at the Pig Market, say, or wherever you say is the best site—do you consider the two new wings of the hospital are sufficient for casualty wards for Melbourne proper?—You mean, not merely while the hospital is being built?

1586. No?—I think they would be sufficient. You would not want very large casualty wards in the city.

1587. Do you consider that the hospital could be placed in a sanitary condition while a new hospital is building?—Not absolutely, as regards ventilation; but I think, with a little attention to the closet system

more especially, and not increasing the number of beds, we might manage to get on; as a matter of fact, we shall be obliged to, that is what it comes to.

1588. Do I understand you, that the site and the buildings in the Melbourne Hospital reserve are sufficient for all purposes at present?—No; I think, as I have already stated, that the principal difficulty we are laboring under at present is over-crowding. We are trying to do too much with the number of beds at our disposal, so that the beds never have a rest.

1589. Do you think they might be relieved by having other buildings upon the same site?—I do not see where you are to put them.

1590. Do you think, if you swept away the old portion of the hospital, and erected new buildings, with the assistance of those new wards it would be sufficient for the city of Melbourne?—No, I do not think you could erect a hospital to contain a sufficient number of beds. I do not think you could get more than about 250 beds.

1591. I understood you to say just now, that the smells from some of the closets were very bad indeed, and that the walls were, in fact, impregnated with these stenches?—No, I did not say that; I said that the smells were very disagreeable at times in those wards, and I am speaking now of the two wards I have charge of.

1592. Have you ever had any complaints in regard to the drainage of the Melbourne Hospital—that it was badly drained, and the ground saturated, as Dr. Youl stated, with sewage?—No, I never have heard of that kind of complaint.

1593. That is not your opinion?—No; I think the ground stands well, and drains itself almost naturally.

1594. Do you think that great improvements could be made with regard to the closet accommodation?—Yes, I do, at any rate in most of the wards. Certainly there would be a difficulty in some of the wards, but still I adhere to the statement, that the closet system might be very largely improved.

1595. *By the Hon. J. Williamson.*—Just come back to the last question put to you with regard to the drainage of the ground—did you answer the question? Do you consider it good or imperfect?—That is the ground, independently of the sewage, I think you mean?

1596. That is not the question I intended to ask you. Do you consider that the ground would get saturated, so that, when they dug up the trees, it would disperse diseases?—No, I do not.

1597. As it is reported to have done?—I see what you mean. I do not consider it so, because the sewage does not permeate the ground. It goes into pipes.

1598. With regard to the cases in your own wards; they are chiefly medical cases?—Medical cases.

1599. And your chief mortality is from phthisis, I suppose?—A large amount of mortality is from phthisis.

1600. Do you consider a high death-rate a fair test of the sanitary condition of a hospital?—No; as I have already said, taking the death-rate simply—

1601. Did you say so already to-day—I ask you the question, Do you consider a high death-rate in a hospital a fair test of the sanitary condition of a hospital, and nothing else?—No; I think I have said to-day exactly the contrary.

1602. Did you—to the Chairman?—No, I think not; and I stated in relation to it that the information that you gain in that way is very unreliable. For instance, suppose, as an extreme case, that we take the Eye and Ear Hospital, and we compare it with the Melbourne Hospital; perhaps they have not a fatal case once in the year, because they do not admit cases likely to prove fatal during any time of their continuance.

1603. The reason I ask that question (which I have asked of other medical gentlemen who have been here, and I ask you the same question) is, that the condemnation of the Melbourne Hospital has been this high death-rate, and it has been supposed to be a higher death-rate than that of any other hospital; and I ask you the question whether you would condemn the Melbourne Hospital as a hospital, simply from its high death-rate, or whether there is any other question to be taken into consideration in favor of the hospital as it stands?—I have not condemned it because of its high death-rate simply; but certainly, I should look upon a high death-rate as a matter so serious, that it would require to be explained in some way.

1604. But you know very well, I imagine. Do you consider a low death-rate a sign, or a fair sign, of the sanitary condition of the hospital?—It would certainly be evidence that the sanitary condition was pretty good.

1605. Would it?—Yes.

1606. And nothing else?—No. I say it would be some evidence, not absolute, because, of course, the case I mentioned of the Eye and Ear, for instance—

1607. I am not going into the Eye and Ear. I go into this one hospital, which is not an eye and ear hospital. I wish to know if this is a fair test, a high rate or a low rate. Is it a fair test of the hospital we are examining upon?—I have already said, that it is not solely; but I have said that a high death-rate requires very serious consideration, and should be explained in some way.

1608. The death-rate of a hospital then is no criterion as to its—?—Excuse me, do not misunderstand me; that is precisely what I did not say. It is not the sole criterion, and that is a very important distinction; but where the death-rate is so high, it should be inquired into very seriously, to see how such death-rate can be explained. Now here, I think, the death-rate can be explained, as I have already said, very fairly.

1609. Well, therefore a high death-rate may show (I have it in evidence here) that a hospital is doing more useful work than a hospital showing a low death-rate. Do you dispute that fact?—The statement is made by Mr. Holmes, and has been quoted by somebody from Sir R. Martin's article on the construction of hospitals in Holmes's system of surgery.

1610. I am not going into that at all?—Excuse me, you are misapplying it, you are indeed.

1611. I am taking the evidence given in this table?—If you will put the question directly to me, I will answer you.

1612. I do not wish to confuse you in any way?—You are not; but I am particularly anxious not to mislead you or any gentleman here, by making a mis-statement.

1613. There is no one more anxious to get the facts of the case than I am myself; I am not anxious to keep the Melbourne Hospital where it is, or to remove it?—I am not insinuating for a moment that you have any such intention.

1614. The question I put to you is this, that the high death-rate or the low death-rate is no test as to the utility of the hospital, and whether it is sanitary or whether it is not sanitary. The question, as I put it now, is not to suggest an answer, but I wish to put it in another way; it depends upon the cases that are taken into the hospital, whether they are taken in a dying state or refused at the door, so as to reduce or increase the rate?—Excuse me; I really cannot say yes or no to such a tremendous question as that. It is not a sole test; it is some evidence, but it is not a sole test. That is, as far as I can comprehend your question.

1615. We had one doctor here who stated that a high death-rate was an evidence of the hospital doing a great public duty. What do you say to that answer—that is in evidence?—Excuse me, that is a very different question from the question you put to me before. It is merely a question of explaining what I mean, or what you mean.

1616. What I mean is this: I ask the question, is a high death-rate a test only of the utility or otherwise of the hospital, or is it any evidence of anything else? You gave me an answer, but you did not give it in the same way?—I gave it in a qualified manner, and I still give it in a qualified manner. It is not a sole test; it is some evidence, in the abstract, to say that, because a hospital has a high mortality, it is doing some kind of work undoubtedly.

1617. It is killing them, you might say?—Well, to put it in a different way, that it has admitted cases that are very serious.

1618. Which are dying?—Which are dying, if you like. “Caring for the dying,” if you like.

1619. I put it to you now again. I put the question, and I never got the same answer from you that I got from the others?—I am very sorry.

1620. It is not your fault. Is the high death-rate of a hospital the sole test of its utility as a hospital?—If you will stop there—no, it is not the sole test of its utility as a hospital.

1621. Very well, then, that being so, is the high death-rate to condemn the hospital?—Not solely. I must answer in the same way.

1622. Well, we will get at it by degrees, I see now?—I am perfectly willing.

1623. Well then, is a high death-rate to be attributed to an extraordinary utility of the hospital, or may it be attributed to that?—That is a very difficult question to answer in that way. It is very difficult to answer a question put in that way, I must confess.

1624. It was answered by a gentleman who never required the question to be asked twice?—I do not think it was put in exactly the same way. All I can say is, that I have a very great difficulty in answering your question put in that way.

1625. Well, I will leave that argument as it is?—I really think I answered that before to the Chairman, only it was put in rather a different way.

1626. We will come now to a subject that I found out myself when I was there. You find the draughts in the wards very damaging to consumptive patients?—Yes, and to the patients suffering from any lung disease.

1627. Do not you consider that it would be better to remove consumptive patients from the Melbourne Hospital altogether?—Yes, it is a very bad place for treating consumption, altogether a very bad place.

1628. Do you know anything about the system of washing and drying the bedding?—Yes, I do.

1629. I was going to ask you one question. I went through by myself, and I came to the conclusion—I do not know what you may think—that the thing is too rapid?—I told you I do not like the laundry.

1630. The washing and drying and putting upon the beds seems to me to be too rapid; I ask your opinion?—I do not like it; there is no exposure to the air. I should like to see the sheets and clothing and bedding generally exposed to the air, dried in air, or, at any rate, if not actually dried or completely dried, exposed.

1631. Well aired, anyway?—Yes.

1632. What number of beds do you consider the Melbourne Hospital, as it stands, could be made to accommodate usefully and creditably?—As that building is at the present moment?

1633. As the building is at the present moment, with ordinary improvement in the closets?—You do not mean, could be re-built to hold?

1634. No, as it stands?—About 250 as it stands, scarcely that, so as to allow proper accommodation.

1635. You mean patients?—No, I draw a distinction between beds and patients. You ought to have fewer patients than beds, so as to allow the beds to have a rest.

1636. Have you any idea how long it would take to build a new hospital to take the place of the present one?—That depends upon how it is set about.

1637. Have you taken that into consideration?—Not seriously, but certainly two or three years.

1638. If we come to a resolution that the hospital be condemned, and must be re-built, you cannot re-build it in a little time?—No.

1639. We have to provide in the meantime, and not to increase the scare and frighten people out of the hospital. You say, it would be good for 250 beds?—You could manage about that.

1640. You say there is no room to build additional wings there. Did you ever walk along Lonsdale-street and see how much frontage there is unoccupied there?—I walk there three or four time a week.

1641. Do you know how much frontage there is to spare there?—I do.

1642. Could not you build three or four temporary wards there without any trouble at all?—For merely temporary arrangements, I think tents would be very much better.

1643. Dr. Youl said wood?—I think he meant for a new hospital, did he not?

1644. “Temporary” he said?—Wooden buildings would not be sufficiently permanent for such a large hospital.

1645. *By the Hon. S. Fraser.*—Have you had much experience in other hospitals?—Yes, not quite recently, but twelve years ago for about three years, between 1871 and 1874, I saw a very large number of hospitals.

1646. In what part of the world?—Principally in Great Britain and in America.

1647. Have you compared the death-rate here with the death-rate in the hospitals you are acquainted with; not only those you are acquainted with personally, but by statistics?—I have generally.

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continued.
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1648. What is your opinion as to what is considered the very high death-rate of the hospital here, I mean especially the medical side of the hospital, nearly 23 per cent.—In other words, how would I account for the high mortality?

1649. Yes, and do you say it is a very very high rate?—Yes, I may state that it is a very high mortality for a general hospital.

1650. And how do you account for it?—I account for it in three ways. First, the large number of consumptive people brought into the hospital, actually brought in to die; secondly, the Melbourne Hospital acts a very extensive part; everybody who is destitute is brought to the Melbourne Hospital, if found in the streets. In London such patients would have been taken to the workhouse infirmaries.

1651. And those two items would take up a large number of cases that would in your opinion and do swell the high rate?—They do swell the mortality. And then there is one other cause, that is, the smallness of the accommodation in the hospital. We are trying to do, with the number of beds at our disposal, the work of a larger number. Say we have 250 beds at our disposal; we are trying to do the work that should be done by about 400 beds. Severe cases only are admitted. Very often we cannot admit patients in the early stages, when they could derive benefit, but they are left to the later stages because we have no room for them.

1652. Is not the system of admission of patients here similar to that in other hospitals which you are acquainted with?—Yes.

1653. And is the death-rate higher here, notwithstanding that the system of admission is the same as those at home?—Yes, we adopt the same system; but you may understand that the results are not the same, because the pressure is not so great at home—because we have not got a sufficient number of beds in proportion to our population, or in proportion to our wants.

1654. You say that cases of pulmonary complaints are more numerous here than elsewhere—is that your answer?—No; but you see we have no consumptive hospital, which would take a large number of such patients as we have. A lot of the destitute consumptives at home would be treated in the workhouse hospitals.

1655. Still, notwithstanding those excuses which you very properly make for the Melbourne Hospital, you consider the death-rate very high?—I consider, notwithstanding that, that the death-rate is high.

1656. Too high?—Too high; but that is largely due to the undue pressure upon our comparatively limited number of beds—they never get a rest.

1657. You referred to the abominable smells from the closets—cannot that be remedied?—I think it could in most of the cases.

1658. Have you ever drawn the attention of the committee to the drawbacks of the hospital?—Yes, I have talked to the committee frequently.

1659. And have they taken steps to remedy it?—Yes, they have; but, after all, the committee have to refer to somebody else, they cannot do these things themselves.

1660. Is it a fact that the committee are now building largely on the hospital grounds?—Yes; they are building now, curiously enough, a new dead-house and new *post mortem* rooms.

1661. Have you taken notice of the evidence with regard to the large expenditure in plumbing?—Yes; I saw it in evidence. I was very much struck with it; it is an extraordinary thing.

1662. Can you explain that expenditure in any way?—It looks as if any sewerage system that would require so much mending must be in a very bad state.

1663. Is that expenditure, do you know, principally on sewerage and piping and so forth?—I think so.

1664. In your opinion, the hospital for this town is not large enough, at least, the site is not large enough, to give the necessary accommodation to the City of Melbourne?—That is quite what I think.

1665. *By the Hon. F. E. Beaver.*—In other words, what is really wanted is another hospital?—Another hospital on a larger site.

1666. Not to abolish this hospital; but what you really want is another hospital?—I would demolish this hospital in any case. I would not retain it in its present position.—[*The witness explained his meaning on the plan.*]

1667. Could not the pavilions be extended towards Lonsdale-street?—It would not be wise to have them much larger than they are now. They hold now about thirty patients each.

1668. Still it could be done?—It could be done, but they are rather too near to each other now.

1669. If a great many of those buildings were removed, would not that give greater ventilation?—Yes, but you must bear mind, that the Public Library is behind there with a big dead wall.

1670. Is it not rather an advantage to get rid of that north wind?—Not quite to that extent.

1671. Are there not plenty of places in London where the space is not wider than the space between that and this wall—[*pointing to the plan*]?—Yes, but that is not a matter of choice. You may depend upon it, it is a matter of necessity, and a very disagreeable necessity too.

1672. Is not this a matter of necessity—but here we are told this hospital is hemmed in here—there are streets all round it, three of them 99 feet wide and the other one 33?—I do not think there would be any difficulty at all in building a small hospital upon the present site. I have said so all along, but not one sufficient for the requirements of Melbourne.

1673. You recommend a consumptive hospital, under any circumstance?—Yes; and I should also strongly recommend that all the charitable institutions should be under one kind of management, so that destitute people in the hospital could be sent to the Benevolent Asylum; so that we could have acute cases from the Benevolent Asylum and treat them in the hospital, and they take ours, and so on; and then our incurables should go into the incurable hospital, and in that way we could do a great deal more work at less expense and more effectually. There should also be a convalescent home.

1674. In other words, you would suggest the appointment of a man who would oversee all these charitable institutions and hospitals from a Government standpoint?—I really think so, or some such system as that.

1675. So that one may harmonize with the other?—Yes.

1676. *By the Hon. D. Melville.*—There is a clear development of diseases, complications arising in this case of laryngitis; you say you could tell us a few curious cases in that direction, if you liked?—Yes, I could.

1677. You just stated one; it is a clear case against the hospital, is it not?—It is a clear case against the ventilation of the hospital.

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1678. And you spoke about those half doors, half windows—it is very cruel on those people to have that sort of ventilation, is it not?—It really is.

1679. How long have they had that, to your knowledge?—It has been always the case. You have the two conditions—if you shut the windows you get smells, and the place is too close, the ventilation is not efficient—you have no ventilation at all. And if you open the windows you can feel, standing at certain parts, the air strike you on the back of the neck, and you have to move away.

1680. In cases of typhoid you recommend, you medical men, an even temperature—at times, say, 68° to 70°. I have known it to be ordered by medical men; is it possible in your ward to have even temperature—can you devise any method—do you require it with your patients?—We require an even temperature, of course, a moderately even temperature; but in summer we never can keep the wards so low as that in this climate. On the other hand, we have a difficulty in keeping the temperature up, and we should have some means of warming the place—hot-water pipes, or something of that kind, which we have not.

1681. In a word, the whole thing in those wards of yours is very defective?—Very defective.

1682. You would suggest, from the tenor of your evidence, the immediate attention of the committee to the erection of a new hospital?—I would.

1683. And what would you think of that site, other than the Pig Market, called the Royal Park—would you find any objection to that?—No, there is only one objection—it is rather distant.

1684. Distant?—I say rather distant; I mean not absolutely too far.

1685. The medical men, from your experience, would be disposed, to have the advantage of a new hospital, to strain a point in that direction?—Yes; and it would have another effect, which has not been suggested. I think the medical men will soon be run out of Collins-street, so I think if they have a new hospital in the neighbourhood of Royal Park, it will become a new Collins-street, as far as the doctors are concerned.

1686. A very great advantage to patients, too?—Yes, and for the doctors, too, for they would get more fresh air than they have at the present time.

1687. From your experience, can you suggest anything to the Committee as to whether a hospital should be built of brick, stone, or wood?—I do not think wood would do very well. As to brick or stone, it would be, I suppose, a question of expense.

1688. Is it material to the health of patients—have you gathered anything in your experience as between stone and brick?—I do not think so, because the facing in the wards would be neither brick nor stone.

1689. One thing occurs to me about the Pig Market—would you think your patients likely to suffer from the dust fiend in that corner?—I suppose that would be obviated after a time, by planting shrubs and trees, and so on.

1690. You do not think it would be a formidable difficulty?—Not a formidable difficulty.

1691. Do you believe in one, two, or three stories?—That depends upon the area of ground; but in regard to building in two stories, I have a suggestion which I think has never been made—It is, to build isolated pavilions of two stories, and instead of having, as we have at present, an opening at one end with a door into the ward below, and a staircase above, so as to be practically an avenue for bad air; to have an entrance into the lower ward, at one end of the pavilion, and an entrance into the upper ward at the other end; and if there were a series of pavilions, with a covered bye-way along both ends, there would be no inconvenience, and you would thus isolate the wards completely.

1692. *By the Hon. the Chairman.*—Something like the Edinburgh Royal Infirmary at present?—Is it?

1693. I think so, I am not sure?—I am sorry to hear that; I thought it was a perfectly original idea of my own. If you adopt such a plan, and avoid having closed corridors, which are not required in our climate, complete ward isolation would be effected; so that an individual could not pass from any one ward into another without being exposed to the atmosphere, and being thus disinfected.

1694. Do you think that the medical men, suppose that the Committee were absolutely driven to the Royal Park site, would set up any very serious opposition to the site?—I do not think so. It would not make much difference going from Collins-street when you are on the way. It would not take much more than ten or twelve minutes longer to go to the Royal Park than to the present hospital.

1695. You would not offer any objection?—I should not.

The Witness withdrew.

Adjourned to to-morrow at Three o'clock.

THURSDAY, 7TH OCTOBER, 1886.

Members present :

The Hon. Dr. BEANEY, in the Chair;
The Hon. F. E. Beaver, | The Hon. W. A. Zeal.
D. Melville, |

John Williams, Esq., M.D., again called and further examined.

John Williams,
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1696. *By the Hon. W. A. Zeal.*—As you have had a considerable English experience, I want to ask you how the two systems will compare, the English system and the Victorian system, as to the relative number of patients per acre; should they be greater or less in the case of Victoria?—I think less.

1697. Will you state why?—We have to provide especially against hot weather, and the only way to provide against that, is to give them a larger area.

1698. In giving that answer, have you considered the additional advantage which this colony enjoys in having almost continual sunlight?—Yes, that is undoubtedly an advantage, but our real difficulty is the heat here, just as the real difficulty at home is the cold.

1698a. Then you do not wish to alter your estimate as to 50 beds per acre?—No. I say “about,” I do not state definitely—about 50.

1699. I think you said that, in your judgment, the hospital could well provide for 250 beds?—About 250.

1700. Would that opinion be at all influenced if you took English experience, that is as to the number of beds per acre in the existing hospitals?—They are very much closer than that in the English hospitals; but I imagine that is really a matter of necessity, not of desirability.

1701–2. Taking the Leeds Hospital, which is one of the model hospitals, it has an area of four acres and it provides 240 effective beds, and a gross number of 328 beds; in other words, there are 88 beds always at rest?—That would compare very well with our site. Our site would be a little larger than that.

1703–4. Yes, four acres and three quarters?—Yes.

1705. That would give the number of effective beds as 265. Do you think that would be too great a number? I say about 250, or about 50 to the acre?—I say “about,” not absolutely. That would be very much in accordance with what I have been saying.

1706. In making your reply, have you considered the position of the ground, that it is surrounded on all sides by roads, three of which are unusually wide?—Yes. Only, unfortunately, the fourth, the north side, is shut in completely by the Public Library.

1707. That would give an open breathing space of 8 acres 3 roods and 4 perches—taking the whole of those roads in addition to the hospital site?—Yes; but surrounded by buildings, and in the centre of the city.

1708. What I wanted, was just to draw a comparison between the systems of the two countries, the hospitals in London and the hospitals in Victoria. The hospitals in London are surrounded, as you know, by narrow streets?—Yes, and buildings; but that has not been out of choice, just as the General hospital in Birmingham was built out in the fields, it is now surrounded by buildings on all sides.

1709. We want your opinion whether, as the city grows, it would be desirable to move from the present site, and put the hospital at a portion of the city which may, in a few years, be surrounded as much as the present site is?—Of course, in selecting a new site, I imagine we should try to get somewhere where we should not be immediately surrounded or built upon.

1710. I think you said, you considered that the Pig Market would be available?—I do not know about available; they say not.

1711. Is that a judicious site?—A good site. I would not say it was absolutely the best as compared with the Royal Park, for instance. I forget what the area of the Pig Market is.

1712. About eight acres?—I think it is considerably more than that. That would scarcely be large enough to build the new hospital upon.

1713. *By the Hon. F. E. Beaver.*—The present site is a very large area in the heart of the city?—Of course it is; but I may tell you, that the feeling in regard to the necessity of removing the hospital has been, with me, and a good number of my colleagues, really a matter of finance; a feeling that it would cost so much to pull all this old part down and re-build, that we could not get the money to do it, and that the suggestion of removal is really a matter of money.

1714. Supposing that (you taking that view of it) you did pull the hospital down, and another available site was provided, would not the same objection apply in a few years to the new site, unless it was placed in an absolute large reserve?—Yes, it would be very desirable that it should be in some large reserve, or that the hospital reserve should be so large, that the hospital would be built, at the present time, on only a portion of it.

1715. *By the Hon. W. A. Zeal.*—Assuming that the Pig Market site is not available, have you in that case considered an alternative of where the new hospital should be placed?—The nearest next place is the Royal Park.

1716. Have you considered the University grounds?—I must say, I do not like that site much; I know it very well, from constantly seeing it. It stands low; it would be very difficult to drain at all. I do not mean to say that a hospital could not be built there, but it would be a very expensive business to fill up the ground in the first place, because it is considerably lower than the surrounding streets, for instance.

1717. Two sites have been named in the Royal Park, one in the southern portion nearer the Pig Market, and the other near where the present Industrial School stands; which of those sites do you think the best?—I am not prepared to give an opinion.

1718. Taking the distance from town?—Of course the nearer to Melbourne the better of the two; but I do not know the aspect of the Royal Park sufficiently well, to do more than give a very imperfect opinion.

1719. How would you do with those severe accidents which are constantly occurring in Melbourne, and now go to the Melbourne Hospital?—It would be necessary to have a small casualty hospital in connection with the new hospital somewhere in the centre of the city.

1720. Would it require one or more, or would one be sufficient?—Of course, it would be more convenient if there were several small places scattered about; but hitherto we have been getting on with one—with the Melbourne Hospital—and I suppose one central place would do. My idea would be, if it could be, somewhere near the police station, because that is where nearly all accidents are taken to, but it would not require a very large casualty ward of that kind.

1721. In making that reply, do you consider the probable length of time which a very severe accident would require to be dressed in the casualty ward, and how long would it be safe before moving to the Hospital?—Yes, I should consider that, too—not to be treated there until they are well, but until they are able to be removed. As a matter of fact, very few would have to remain there any length of time. Most injuries after they have been treated, put up in splints, and so on, can be removed a distance like that, without any injury to them.

1722. If you decide on removing the Melbourne Hospital from the present site to either of those sites indicated, it would be absolutely necessary to provide a casualty ward in the city?—Yes.

1723. Do you know if the profession have considered the site, and what they estimate would be the amount for a casualty ward—the money required?—I do not think they have ever gone so far.

1724. You are clear it would require a casualty ward in town in addition to the hospital?—I think so; I do not think we should get on well without that.

1725. In reference to the state of the Melbourne Hospital, Dr. Allen stated in his evidence that, as far as the surgical portion of the hospital was concerned, the death-rate there was very little above what could be expected—have you any means of confirming that, or otherwise?—I really know very little about the surgical side. When I was resident, I was on the medical side, and I have been always connected with the medical side; so anything I could tell you about the surgical side would be almost from hearsay; but the medical side I know intimately.

1726. As to the medical portion of the hospital, can you give any real statement as to the mortality which has taken place on the medical side during the past two or three years?—I have a list of the mortality from the reports.

1727. That includes both?—Yes; but there is no difficulty in drawing conclusions about the two. For instance, in 1885 the mortality on the medical side was $23\frac{1}{2}$ per cent.—that is the percentage of the cases in the medical wards; in the surgical wards it was $7\frac{1}{2}$ per cent.

1728. That is a great difference; can you, in your judgment, find a reason for that difference between the two—the medical and surgical?—Yes. First of all, as I stated yesterday, comes the number of cases of mortality from consumption.

1729. Phthisis you call it?—Yes, phthisis—that is immense. Then we have all the cases which are brought in by the police, insensible, they go on the medical side—cases that in London would mostly be taken into a workhouse infirmary. Those cases come in, and those cases largely die. And then, thirdly, the overstrain on the hospital, by which we are not able to have admitted mild cases, which would dilute the mortality, as was suggested by Dr. Beaney yesterday.

1730. Then it would be hardly fair to say, that the Melbourne Hospital on the medical side showed this extreme percentage of mortality through bad management? It was through a combination of circumstances?—I think so.

1731. Will it strengthen your opinion, or otherwise, when I state that in accordance with the returns furnished by the official authorities, it shows a percentage of phthisis for the year 1885 was 1 in 4·96. That is a little more than 20 per cent. of the cases treated in the medical side died from phthisis?—Yes, I think that is from figures. The fact is, the phthisical cases that come in are destitute phthisical cases, and they never go out, or rarely.

1732. Then the great portion of the excessive mortality in the medical wards is to be attributed to those causes you have indicated?—Yes.

1733. Then you have been connected with the hospital for some years; can you state what year the hospital was in its most insanitary state?—I could not tell you. I may say, I think it has been improving of late years. For instance, the smells which I have described, are not so perceptible, or so frequently perceptible in these days as some years ago, and the number of beds have been considerably lessened.

1734. Do you think your opinion is well founded, that the sanitary condition of the Melbourne Hospital has improved of late years?—Yes, certainly, and I give my reasons—especially the fact, that it does not hold nearly so many beds as it did; and there was a time (why or wherefore I do not know) when beds were placed on the floor. And this very much interfered with the hygienic condition of the hospital.

1735. Dr. Allen has told the Committee that the years 1881 and 1882 were the two worst years of the hospital, from a sanitary point of view?—Would that be sanitary point of view, or the highest death-rate?

1736. Not the highest death-rate, that the hospital was in its most insanitary condition in those years, that is from all causes?—I do not know on what data he founds that opinion.

1737. *By the Hon. the Chairman.*—It was some report he made to the medical journal at that time?—You will see that some years vary in the general death-rate, independently of the hospital death-rate, and that is a very important point to bear in mind.

1738. *By the Hon. W. A. Zeal.*—I may tell you, the returns from the hospital authorities show in 1880 a mortality of 13·98 per cent., whereas in the year 1881, it was up to $15\frac{3}{4}$ per cent. And then in 1882 it decreases slightly to 15·64. Dr. Allen has intimated that the years 1881 and 1882 were the years in which the hospital was in its most insanitary condition, and that since that time it has, as you stated, slightly improved. He corroborates you in that?—Are those the two years with a high death-rate?

1739. Seeing that in the years 1884 and 1885 there is a marked increase in the death-rate, how can you account for that death-rate?—As I was saying just now, the season has a good deal to do with it. We know the tremendous mortality of the so called fog fever, the influenza; that had a very material effect on the mortality generally, especially in cases such as we admit largely, of diseases of the chest. For two winters, especially the winter before last, 1885, that would account for the very high degree of mortality. You have to go into all the matters and compare them with the mortality of different diseases outside.

1740. Dr. Allen's belief is stated thus—that the increased mortality in the Melbourne Hospital for the years 1884 and 1885, as compared with the two previous years, arose from the fact that the hospital authorities were obliged to turn away the mild cases, and take in the severe ones?—That would be one of the causes.

1741. Do you agree with that?—Partly.

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continued,
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1742. How far do you agree, and how far do you disagree?—I have stated already, that I consider the over pressure on the beds is one of the causes, but I should certainly for 1885 be inclined to attribute a good number of the deaths to the severe epidemic of influenza which we had.

1743. That is one cause?—Yes.

1744. How would you modify your opinion, if you are told that a little over 20 per cent. died from phthisis. Would that be another cause?—I do not know. Is that much more than usual?

1745. Nearly 1 per cent. over previous years?—It would modify, as it has done outside, the mortality in our chest affections, that is the influenza we had.

1746. The greatest mortality from phthisis in the Melbourne Hospital, according to returns, was in the year 1860, when the mortality was 5·96 per cent., and in 1881 it was 5·33 per cent. Both those years are slightly in advance of the years 1884 and 1885, considerably above 1884, and slightly above 1885—would that modify your opinion?—I should hardly be able to form an opinion about it at all, without knowing the epidemics, or absence of epidemics in those years.

1747. They would be a factor if you were giving the Committee an opinion on the causes of death from consumption or phthisis?—Yes, certainly, I should take that into consideration, but in taking it in any one year I should want to know what the epidemics of that year had been—whether it was a severe winter or a severe summer.

1748. I am supposing your answers are only general, not particular and definite?—They must be general, because I have not the data before me.

1749. As to the sanitary condition of the hospital, it has been stated that the hospital is in a dreadful state, the whole building saturated with erysipelas and other dreadful diseases; can you corroborate that?—That saturation of the hospital is not a serious statement; it is a figure of speech, which the coroner is in the habit of using.

1750. Do you think, as a medical man taking a natural pride in the well-being of the hospital, it was a proper and correct statement to make?—I do not think you seriously put that question to me. You do not want my medical opinion about it.

1751. You have a much greater experience of the matter than we, and we are asked to report to the Government as to the state of the hospital, and, in fact, to find a substitute for the present hospital if the evidence warrant it; and if the hospital is in that bad state, some very drastic treatment must be observed; and I ask you, as an experienced medical man, as one of the lecturers at the hospital, if you corroborate that statement?—No, of course not, nobody does; it is a figure of speech of the coroners.

1752. Do you think, from your English experience, that there has been a disregard of those sanitary conditions in the Melbourne Hospital which are so well observed in the English, and Scottish, and Irish hospitals?—It is not so much disregard of management as defects in the original construction. I think I may say, as to the management of the place as it now stands, that very great care is taken about it. I think the cleanliness of that hospital is as good as it can be under the circumstances.

1753. That is very satisfactory?—I have no hesitation in saying that the nursing on the medical side is as good as it possibly can be.

1754. In making that statement about the Melbourne Hospital, can you compare it in any way with other hospitals, such as Guy's, Bartholomew's, or any English metropolitan hospitals?—Yes.

1755. How would the wards compare with those as to construction?—Very badly. In the old hospital you see the wards ventilate into each other, and into corridors, and these corridors ventilate into other places, and they all communicate one with the other.

1756. Are there not any London hospitals with similar defects?—Yes; but they cannot help themselves.

1757. Can you enumerate any?—I think some of the wards in King's Hospital are in that way.

1758. *By the Hon. the Chairman.*—St. Mary's?—No, that is rather better.

1759. There was a great row about that some time ago, about the terrible mortality, until a sanitary inspector visited the hospital and reported on it; and then it was found that there was communication between the different wards?—Indeed, well the old Edinburgh Infirmary had some wards like that.

1760. You have not seen the new Edinburgh Infirmary?—No, it was built since my time.

1761. *By the Hon. W. A. Zeal.*—Taking Bartholomew's Hospital, that has a very low rate of mortality; how would the present wards there compare with the worst wards in our hospital—but do you know that hospital?—I do not know it as intimately as Guy's and King's.

1762. How do those compare?—Those are decidedly bad; not so bad as those wards of ours that ventilate into each other, and into corridors opening into each other; but they do not pretend that those wards are model wards, or even good wards, but they cannot help themselves.

1763. What I wanted was this. You see those hospitals have a comparatively low rate of mortality, and if they can achieve that under those disadvantageous circumstances—the want of sun light, bad climate, and other things, and surrounded as they are with narrow streets and high buildings—might not we, under different conditions, make the Melbourne Hospital approach the same result of mortality as those hospitals have?—Yes.

1764. You think we could?—I have already mentioned the reasons against it, the phthisis admitted. The Melbourne Hospital being the receiving-house for everything out of the Melbourne streets, that would not be taken into a general hospital in London; and the pressure on the beds, because although some of those London hospitals have 800 beds, they never have more than 600 patients.

1765. Is it not a fact, that there are five or more consumptive hospitals?—Yes.

1766. And cancer hospitals?—Yes; fever, small-pox, and a variety of special hospitals.

1767. Are not those cases such as cancer sent to those special hospitals, and taken away from the general hospitals?—Yes, to a large extent.

1768. That would be one factor of benefit to the London Hospitals?—Yes, as regards lessening the mortality.

1769. Have you ever read a work of Sir James Simson's on what is called "Hospitalism"?—I knew all about it at the time it came out.

1770. It is recorded there, that the mortality from amputations in the hospitals in England, in Bartholomew's, was 366 deaths per thousand; in the London, 473 per thousand; in Guy's, 482 per thousand; in the St. George's 388 per thousand; and taking the average of the nine London hospitals, there were 411 deaths per thousand; the Royal Infirmary of Edinburgh, 433 deaths per thousand; the Glasgow Infirmary,

391 per thousand, and the eleven large metropolitan hospitals had 410 deaths per thousand. Those are very large figures—do you think we have ever approached anything like that?—I do not think we have figures to show what we have done; but those are not surgical operations, but amputations, and the statistics were made more definitely. For instance, the results of amputations at different points of the different limbs at the large hospitals were compared with the results in cottage hospitals and in cottages.

1771. I think the evidence goes to show that, where the mortality is as high as I have indicated, in cottage hospitals it goes down to a minimum?—Yes, and in cottages; but in commenting on this paper of Sir James Simson's, Mr. Holmes, and others, I think, showed several fallacies. One was that the severe cases were as a matter of fact always taken to the metropolitan hospitals, and only the less severe ones retained in the villages and cottage hospitals.

1772. As to construction, there has been a great controversy amongst the medical men, as to the particular form of hospital; some advocate a single story; others, two stories; and some, wooden buildings—what is your opinion?—I do not know that there is much real difference of opinion generally. With regard to material, I think it should be either stone or brick. I am afraid a wooden building, although not at all bad, would not be durable enough.

1773. *By the Hon. the Chairman.*—As I understand, one of the most recent hospitals in Dublin is the *Mater Misericordie*, that is three stories, and three or more aspects?—Is it on the barrack system?

1774. On the block system; it is a block building; there is a square inside?—I see.

1775. That contains 230 beds, and it is an educational hospital, as you see?—I do not see the number of beds. Oh yes, I see, 230 beds.

1776. *By the Hon. W. A. Zeal.*—That is built up to the line of the street on three sides. Would you take that to be an insuperable objection?—That would not be a plan I should suggest, certainly, if we had anything like a fair amount of land.

1777. Supposing it was found necessary, on the other hand, to retain the Melbourne Hospital, could not some such plan as that be adopted?—It could.

1778. Of even abutting the street line, building it in the pavilion system, in a number of parallelograms, giving the sun access, morning and night, to the different wards?—Yes.

1779. In other words, supposing a number of pavilions, something like these, which, you say, are a good form, were built on the whole ground, in a line from the north to the south portion—under those circumstances, could the requirements of Melbourne be met?—It would not do to let them run the whole length. They contain now 30 patients.

1780. I mean broken, have them separate and distinct?—Of course, it could be done for a limited number of patients.

1781. How many should you think you could accommodate under that system?—I do not think it would be desirable to put more than about 250 or 300 beds altogether there, but I think the pavilion system is probably the best system for a new hospital, supposing the pavilions are built sufficiently apart from each other, and I remarked that it would be an improvement too, if they were isolated by having the opening into the lower ward at one end of the pavilion, and into the upper ward at the other end. Not only each pavilion, but each ward would then be isolated.

1782. The statement has been made that, on one occasion, the hospital students, when the bell rang in the operating room, rushed from it into the wards of the hospital. Is that well founded?—To begin with, there is no bell in existence to ring the students in or out of any place in the hospital at all.

1783. Do you think the students are allowed to go from the *post mortem* room into the wards?—No, I do not think so. Arrangements are made so that *post mortems* are not done until after the ward work is pretty well over, and I think (I do not mean to say it has never occurred) it would be a very rare occurrence indeed for such a thing to happen, as for the students to go into a surgical ward after being in the dead-house, and I speak from pretty large experience.

1784. You never saw it?—No; and I am constantly, almost daily, in the dead-house, so that I see pretty well what students are in the habit of doing.

1785. It has been alleged that the cottage system is the best, that where plenty of fresh air and sunlight are to be obtained the patients may be expected to recover sooner. You agree with that?—Yes.

1786. In Hayter's Year Book for 1885 the mortality of the Melbourne Hospital is given as 15·80 per cent., whereas the mortality of the Portland Hospital is given as 19·15 per cent., or nearly three and three-quarters above that of Melbourne Hospital. Can you account for that?—I think there should be a Government inquiry there, decidedly.

1787. Have you ever heard it alleged that Portland Hospital has been badly managed?—No, I know nothing about it; but certainly, although as I have said, a high mortality does not of itself necessarily indicate something seriously wrong, because there might be a variety of causes. Still, I think the matter should be inquired into.

1788. Colac for the same year is given at 14·71. That is only ·49 or one-half below the Melbourne Hospital. Can you account for that?—That seems a high mortality.

1789. Then the Alexandra Hospital for the same year, which is entirely in the country, where there is plenty of fresh air, the mortality was 13·64 per cent.?—That is very high.

1790. Taking all those into consideration, do you think the Melbourne Hospital has been so badly managed, that the death-rate is so extravagantly high as has been pointed out?—No, I wish you to distinctly understand, that I do not say it is badly managed.

1791. It has been alleged by others?—I do not think so really, considering the material we have—the construction of the hospital, I do not think the management has been so bad.

1792. *By the Hon. F. E. Beaver.*—I have got a return here for the past six months. Has there been any particular epidemic during that time—the first six months of this year?—The one considerable epidemic has been typhoid fever. The number of cases has been very considerable, and the deaths have been rather numerous.

1793. A return which has been placed on this table by the committee of management shows that the general death-rate on the medical side was 20 per cent.?—I see.

1793a. But they deduct those cases that went in in a moribund state and died within seventy-two hours of admission, deducting which was 6½ per cent. And then we have 13·59. Does not that compare very favorably with others. What would that be compared with 1885?—It does compare favorably?

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1794. *The Hon. W. A. Zeal.*—The percentage for this year so far for the eight months—is 14·22 per cent., as against the 16·40 of the year 1885—the complete year; so that the death-rate has slightly improved?—I see typhoid fever was very heavy the first six months of this year, and, of course, it occurs principally in the first six months of the year, and it would not come much the second six months. But then we had very little influenza this year, so chest complaints were not so fatal as last year.

1795. *By the Hon. F. E. Beaver.*—But you see that, after deducting the moribund cases, if this return be true, as we suppose, we have 13·59 per cent. Surely that compares favorably with any other hospital in the colony?—Yes; but I cannot help thinking there is something unexplained about those country hospitals which Mr. Zeal has mentioned. There is something which we are not quite aware of, I think, which could be explained if inquiries were made.

1796. Have you seen that return—[*handing a paper to the witness*] ?—[*The witness looked at the same*].

1797. *By the Hon. W. A. Zeal.*—If you look at page 305 of Hayter's last Year-book, you will find what I have said?—Thank you.

1798. *By the Hon. the Chairman.*—Do you know the Alfred Hospital?—A little.

1799. Do you admire the buildings?—I do generally.

1800. That is supposed to be the most modern here?—Yes.

1801. And the newest hospital we have here?—Yes.

1802. Dr. Gridlestone said that, twelve years ago, that was in a most insanitary condition?—And has been since.

1803. He had been surgeon there, and he visited it after that as Health Officer, and he found it in a most insanitary state; but that was remedied, because they found that all their drainage was wrong?—Yes, I remember.

1804. So it is not the mere structure?—Quite so. If a well-constructed hospital was built in a swamp, the results would not be satisfactory.

1805. This is a report from Dr. Lewellin, the medical superintendent, about the operations. He says that, "During the month of August there had been sixteen operations, of these seven had been discharged cured or relieved, none have died. Of patients operated upon in previous months, eighteen had been cured or relieved, and one has died after incision for empyema. During the month of September, there have been nineteen patients operated upon. Of those, ten have been discharged cured or relieved, and none have died. Of patients operated upon in previous months, four have been discharged cured or relieved, and none have died. That is a very good record?—A very good record indeed.

The Witness withdrew.

T. N. Fitzgerald, F.R.C.S.I., examined.

1806. *By the Hon. the Chairman.*—You are a Fellow of the Royal College of Surgeons, Ireland?—I am.

1807. And surgeon at the Melbourne Hospital?—I am.

1808. Where were you professionally educated?—I was educated in Mercer's Hospital, in Dublin, Ireland—the famous Mr. Butcher's Hospital.

1809. Can you inform the Committee how many beds that hospital contained?—It is about 28 years since I was there. It was a small hospital—not more, I think, than 130. I went there merely in consequence of Mr. Butcher being the surgeon. I was a pupil of his, and dresser.

1810. Do you remember the area of the ground on which the hospital was built containing the 130 beds?—Very small, I remember.

1811. During your pupilage there, did you ever see much hospitalism—septicæmia, pyæmia, and hospital gangrene?—Not often.

1812. Did you ever see hospital gangrene?—Yes.

1813. And septicæmia and pyæmia?—The cases do not do as well in the hospital there as they do now with me, or with other surgeons in private practice in Melbourne.

1814. You have never seen hospital gangrene in this hospital—the Melbourne?—I have seen the worst forms of pyæmia, septicæmia and erysipelas. I have seen cases go wrong here that should not have gone wrong, frequently.

1815. You have not seen hospital gangrene?—Not regular hospital gangrene.

1816. That is the worst form of hospitalism?—Yes.

1817. Do you recollect what was the death-rate in Mercer's Hospital after surgical operations?—I did not take much interest in that, being then only a student.

1818. How long have you been connected with the Melbourne Hospital?—About 28 years.

1819. How many wards have you under your direction?—No. 5, 6, the lock ward, 7, 8, 9, and 19.

1820. Will you mark it on the plan?—[*The witness did so.*]

1821. Are those wards in the new pavilions?—One is, No. 19, the others are in the old hospital.

1822. How many beds have you in each ward?—I think 43 altogether, I forget exactly the number.

1823. In each ward?—Oh no, altogether, if I remember rightly, it is difficult to remember; I could count them, but that can be easily found out.

1824. In the pavilion there is only one row of beds each side?—Yes.

1825. Those are the best wards?—Yes. No. 19 is the best ward in the hospital, I think.

1826. My reason for asking how many beds was, because of my next question—what is the length and width and height of your wards; so as to give the number of cubic feet?—I did not come prepared with that. I will be very glad to supply the Committee with all particulars about my beds, but I did not work it up; it is really a matter of detail. I can easily do it if you wish it.

1827. Are your wards ventilated by what is called the natural method, that is, by doors, windows, and open fireplaces?—Yes, but very imperfectly so. I like the system. If I were asked my opinion as to what I should build here, I should say—having just come from Sydney, and having seen the Prince Alfred Hospital there, that one very similar to that, but with smaller wards. I did not go there to see it, but happened to be at Sydney on a visit.

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1828. That is the newest one there?—Yes, it is very nice; the only objection to it is, that there are too many beds—[*exhibiting a plan*—]but the system of the Prince Alfred Hospital would suit our climate. I did not go into any of the other hospitals. I visited the hospitals in England, Ireland, and Scotland, and on the Continent, but they are not the hospitals that would suit our climate. I would be inclined to go in for the pavilion system, and, contrary to what is thought advisable at home, that is not the cottage system, but the two-story pavilion system. You see by that plan how well they have considered the closets in the Prince Alfred Hospital; there is a lobby with a free current of air off the wards. Now, in our No. 19, the closet is directly off the ward. In the Sydney Hospital, this air is cut off, and there is a lobby with a free current of atmospheric air, and then the appliances they have also for the nurses—for the sisters, as they are called—are very superior. They have nice rooms, and also what they call kitchens—small kitchens—where the patient's food is kept hot and served in nice style—a very good way—and the servants are properly treated. It is a lesson to go into it; our Melbourne Hospital is more like a barrack, after visiting this institution.

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1829. Were they building the new Jervis-street Hospital when you were in Dublin?—Yes, I was through it.

1830. That is very high?—Yes.

1831. And the recreation ground is on the roof?—Yes.

1832. Did you see the *Mater Misericordie*?—Yes, I did not go so much round it. I just went into it.

1833. I think that has a square in the centre—[*handing the witness a sketch*]—Yes, I only went through a few wards in it, but I went through the whole of the Jervis-street Hospital.

1834. That is the block system?—Yes.

1835. That is considered a very healthy hospital?—I do not think it would do here; that is like the *Hotel Dieu* in Paris, and now that is a great failure.

1836. The *Hotel Dieu* is near the Seine, close to the river, like the St. Thomas's, on the Thames?—Building on the quadrangular system prevents the sunshine getting in. Scientists at home ignore that hospital, and say the principle is wrong.

1837. Considering fresh air is the most powerful disinfectant, it does not much matter about the structure or height of the building?—If you get plenty of fresh air with proper ventilation. You might have 3000 cubic feet of air; but unless there is a constant changing in the ward, it is no good; it becomes vitiated by the exhalations of carbonic acid gas.

1838. If you were to regulate the number of beds yourself, how many would you put in one ward, having regard to hygienic and sanitary wards?—We have quite enough cubic feet per patient in the Melbourne Hospital; but the great mistake there is, that it has been patched, one bed on top of another, until it is really all patch-work. I said it, and I have been pulled up for saying it—that it is perfectly, as it were, poisoned, the whole system; and I am still of the same opinion.

1839. How many patients can occupy one ward?—I am perfectly satisfied with 1800 feet—we have 2000 in some places.

1840. The highest authorities on sanitary science and hospital hygiene say, you should not exceed 25 to 30 beds to a ward?—That is the reason I say that, while I like the Sydney Hospital, I think there are too many beds in the wards. I counted 32 beds in one ward; I say that is too many—say about 20 to 25 is enough.

1841. Could you kindly inform the Committee of the principal diseases and accidents you are called upon to treat in your wards, and, in your opinion, which of those diseases furnish the highest death-rate?—All kinds of accidents. We get compound fractures, compound injuries to knees and joints; those, I should say, are the highest, and that is the reason that the Melbourne Hospital does not do its duty.

1842. We have it in evidence from Dr. Allen that he considers the surgical death-rate not at all high. He says the death-rate of the surgical side is not at all high, but on the medical side it is very high?—I think it is very high on the surgical side. As a surgeon in large practice for a great many years, I consider it is very high as compared with private practice.

1843. *By the Hon. W. A. Zeal.*—It was 7 and a fraction, and the last six months of this year it was 5 and a fraction; it varies between 5 and 7?—But they are shutting up the wards now.

1844. *By the Hon. the Chairman.*—Does not that compare favorably with any hospital?—It is very fair at present.

1845. Any hospital at the present time?—Pardon me, I do not think that the hospital compares favorably. I say, that the mortality, for a little time, compared favorably, but not the hospital; and that the death-rate is reduced in consequence of a large number of big operations not being performed in the hospital, except by a few surgeons.

1846. I will read this return from Dr. Lewellin. Dr. Lewellin says:—"During the month of August there have been sixteen operations; of these, seven have been discharged cured or relieved, and none have died. Of patients operated upon in previous months, eighteen have been cured or relieved, and one has died after incision for empyema. During the month of September, there have been nineteen patients operated upon; of these, ten have been discharged cured or relieved, and none have died. Of patients operated upon in previous months, four have been discharged cured or relieved, and none have died?"—Yes, that is very well.

1847. That, you think, is good?—That is very good; but I say that is only the present, and that they are patching up everything and painting up the place, and there are not many operations. I am a surgeon of very large experience, and I perform more operations, almost, than the whole of the surgeons in the hospital; and I am speaking of my own successes—and I dare say every other surgeon would support me in the same view—that the private successes are very much larger than in the hospital. I think all the surgeons in the hospital will say the same thing.

1848. As Chairman, it is not right for me to speak of my operations or successes, so I leave that?—Just so.

1849. Does not the great danger in all hospitals lie in over-crowding?—Yes.

1850. And since you have been connected with the Melbourne Hospital, you have seen it very over-crowded, even with beds on the floor?—No doubt that is a great evil.

1851. Are the surgical wards of the Melbourne Hospital over-crowded at the present time?—No.

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1852. You say your patients get, how many cubic feet—your own cases?—I cannot tell; I forget. I think Mr. Williams, in his report, said it is 1800 or 1900.

1853. Professor Allen said 2000?—It may have been.

1854. He said that in the surgical wards; of course that is very favorable to patients?—Yes; but it is no good to the patient unless he has proper ventilation with it—the air will stagnate.

1855. Has any alteration been made in the closet system in your wards lately?—I did not see any before I went to Sydney.

1856. Have you been there since you came back?—No, I got enough then; it was a very strong smell. I take very good care to keep away from them.

1857. I believe they are altered in No. 18?—They are always altering them.

1858. You do not know whether they have altered yours or not?—I do not know; they may have, but they had not before I went away, and I know the closet in No. 8 is a filthy thing. When a patient opens it to go in, the smell through the ward is very objectionable.

1859. Some three or four years ago, you expressed a favorable opinion of the present hospital?—Not a favorable opinion. I said the whole central block should be pulled down. At that time, as to the pavilions, I proposed that they should have balconies above and below, so as to, as it were, rest the wards; to have French windows, and to have the patients pulled through those windows and out on to the balconies, and to have them properly shaded, so as to rest the wards in the day. This the committee did not do; they did not pull down the old—they did nothing. That is all I said. I did not go directly against it. I said it would be possible to patch it then; but since having seen other hospitals, I think it would be very bad policy, and would be throwing away money to touch it.

1860. Then on what grounds have you abandoned the opinion you held then?—First of all, that the pavilions are too close together. Next, the closet system is extremely imperfect. Next, the pulling down, and putting balconies up would run to a great deal of expense. Next, the ceiling of the wards are merely wooden, and they are not found a success, and occasionally we have very nasty erysipelas and septic cases there, and I have often noticed that it runs for a certain number of days or weeks, and then you get a respite, and the patients go on well for a certain time, whatever it may be; and I have noticed myself it is when they alter the hospital. I believe that the great change we had the other day was due to digging up the trees, and taking the soil away. I believe the whole hospital ought to have been burnt down long ago.

1861. Another skilled witness said the other day, that the hospital is now in a far better sanitary condition than when you speak of?—It is very likely now; for within a few months ago they have been just painting it and altering it, but when I came from England it was not the case.

1862. You do not agree with this witness, that the hospital is in a better state now than it was at that time, three or four years ago?—I do not think so; it was not a year ago when I came back. When I came from seeing the hospitals at home, I thought it looked very inferior indeed.

1863. Professor Allen tells us it has been getting better ever since?—There is a great deal of room for improvement yet.

1864. May not sewer gas give rise to various forms of blood poisoning?—Yes.

1865. Is the Melbourne Hospital free from such emanations as sewer gas?—An expert wrote to me yesterday. He wound up by saying—“Even if the hospital has to be removed, something ought to be done without delay to get the drain air from the wards. Such an arrangement as the present would not be allowed to exist in England twenty-four hours.”

1866. I agree with that, but that can be remedied?—I think not.

1867. We are not putting these questions with the view of retaining the hospital where it is. We may recommend that this hospital be done away altogether, or that it be retained and another built as well?—I understand that.

1868. The public think we have but one idea—to retain the hospital; but, as a fact, we wish to make a thorough exhaustive inquiry, and report conscientiously as to what we think necessary to meet the demands of the ever increasing population here. You do not know much about the drainage of the hospital?—I believe it is very bad. The closets are not properly trapped.

1869. Do you think the hospital is well drained?—I can only say practically by my nose, and I have often felt the smells there very objectionable; and I often used to go in the closets when my patients were next to them.

1870. Mr. Girdlestone told us the other day, that the hospital was well drained, and stood on a good site?—I know there is always a strong smell about those closets, and that they are not trapped.

1871. That could be remedied?—I only speak of the present.

1872. And Dr. Allen also said, that the hospital is well drained, and a good site for a hospital. Do you think the present is a good site for a hospital, provided it held only 250 beds?—I think it would not be bad for that number, but I think there are much better sites.

1873. Considering it would take three or four years to build a new hospital, are you of opinion it should be pulled down at once?—No, it should be properly altered for the present; you must have some place. It could be so altered as to do the work for the meantime—put a few tents, and wooden buildings, and have the proper rests in the wards. The system of wards in the Melbourne Hospital is ludicrous—they weed out a few beds and think that is resting the ward; whereas, the only way is to take out everything, fumigate, and have the doors and windows open, and let in the air and sunshine. Reducing the number of beds is a piece of nonsense.

1874. Considering the ever increasing population of Melbourne, there would be no objection to having a new hospital at Royal Park, and retaining the present one?—No, not a bit; a very good idea.

1875. You think, for three or four years, this might be made sufficiently sanitary until the new hospital was built?—I do; but I think it is a disgrace to Victoria that we have not a first-class hospital. You remember in England and Scotland, even in small places, not half as large as Melbourne, they have first-class buildings and appliances; and on the Continent even, at Copenhagen, they have a magnificent hospital, and at St. Petersburg, and what do the public do there—they never dream of refusing to give a proper site to the hospital—the best site in the town is always given up to the sick poor. Instead of fighting for money, or taxes, or pieces of land, they say the Government will gladly give both the land for the best site and the money to build.

1876. You agree that the hospital ought to be in the city?—I do, certainly, within easy access; it would be useless too far away.

1877. Can the duties of Sanitary Superintendent be combined with the Medical Superintendent, do you think?—I think the Medical Superintendent should have supreme control of the hospital.

1878. Many high authorities at home recommend a sanitary officer, independent of the medical staff altogether, and his only patient then should be the hospital itself?—That would be a very good plan.

1879. Dr. Allen seemed to think that the duties of superintendent and sanitary officer could be combined. It would be very hard work for one man to do the whole?—We have a very able officer in Mr. Williams, but he has too much to do.

1880. I think he is a most valuable officer. You consider the present superintendent an able administrator of the hospital?—Yes.

1881. And we have an excellent superintendent in Dr. Lewellin?—No doubt, very good, indeed.

1882. Have you any idea what your death-rate is here in the Melbourne Hospital—yours on surgical operations—I am not speaking of the hospital generally?—I do not know; I would have brought them, if I had known.

1883. You said you did not know the surgical death-rate generally?—I think 7 per cent. odd. They have reduced to 5 per cent. odd after the changes in the hospital. The medical mortality in 1885 was 23·35, the surgical was 7·5; and then in 1886 it was reduced—the medical to 20 per cent., and the surgical to 5 per cent., by the alterations.

1884. Do not you think that the result of the surgical operations is about the best test of the sanitary state of the hospital, when you have open wounds?—Yes.

1885. I am keeping strictly to the surgical side?—Yes.

1886. It has been stated, that the Leeds Infirmary, which is famous for its low death-rate, is built on four acres of ground, and contains 328 beds. Do you think, if a new hospital were built on the present site, which is nearly five acres, there would be ample room to give 300 beds?—No, I think 250 would be enough.

1887. You think it would be quite sufficient?—Yes; they would have to remove the secretary's house and all the nurses' quarters; in that way it could be enlarged.

1888. You think the consumptive cases ought not to be in that hospital at all?—No, certainly not.

1889. And the out-patient department, I suppose, might be removed?—Yes, that might be taken away. If you decided on building here, the way would be to take away that, and buy some land in Russell-street or Lonsdale-street, and have the out-patient department quite separate.

1890. As a dispensary, in fact?—Yes.

1891. There is no doubt that a hospital, especially with a large number of surgical cases, is not a fit place for consumption?—No.

1892. It is not fit for them to be in, where you have those emanations from the body—pus cells and all that sort of thing. I suppose a consumptive hospital would be better in the country?—Yes.

1893. Will you kindly inform the Committee why you declared, a short time ago, that you declined to perform any more operations in the hospital?—Merely because I was gradually worked up to it. I performed several operations, and I saw it coming—slight attacks of blood poisoning, and I saw it working up. No case healed kindly. If I opened an ordinary abscess, and cut down, I would find it would take three, and four, and five weeks to get well; where, in private practice, such a patient would get well in three or four days. I operated on three or four cases in one day; on the hip joint, and the man is in the hospital now, and his temperature ran up that night to 104, and with rigors and all the symptoms of septicæmia. One was a poor woman; I amputated her breast; that very same day she got the same—a violent attack of erysipelas. The whole thing sloughed, and went wrong, and we had to get her out into a tent. And another case I did also the same day, I had to get him out into a tent, and it was only by the closest watching and care those people recovered, and the poor woman only just recovered; you could put a child's head in the wound. I have frequently had much bigger operations, in private, where they get well in a week. I took a man's elbow joint out, and in a week he was walking about. If I did that in the hospital, he would be in for two months. I say, therefore, that there is something radically wrong in the hospital, and it is a disgrace to the colony to have such an institution; and I would not say it unless I conscientiously felt it. I have been here a great many years, and I like the old spot, and it is near my house, and I can easily go to it, and it is a great personal convenience to me. People think I am opposed to it, and object to it, and want to get rid of it for some personal motives. As a matter of fact, I would very much sooner, if we could, have the hospital where it is, if it could be done; but I do not see how it could be done.

1894. Nos. 18 and 19 are both pavilion wards?—Yes.

1895. How is it that No. 18 has not suffered as much as your No. 19?—How can I tell. I know No. 19; we had a very troublesome few weeks there, but the closet system is so really bad, I should not be surprised—I often said to my house surgeon, "I wonder what we shall see this morning, the closet system is so bad."

1896. But Nos. 18 and 19 are the same?—You may have a different class of cases in one ward.

1897. There have been many severe cases in No. 18 ward—Dr. Lewellin, for instance, had a ligature of the external iliac which healed up with the first intention, and there were two other cases which healed up at the first?—Sometimes they do, but generally it is a long period.

1898. This was in No. 18?—Yes; I have had some wonderful successes in the Melbourne Hospital, but they are the exception, and I say we should not have it exceptional. I would not recommend a man to go into the Melbourne Hospital to have an operation, without telling him the danger.

1899. Look at the results?—I do not want to argue, but that is my experience and my opinion and belief.

1900. And there are other surgeons beside you?—Yes, and better surgeons; but every man will have his opinion.

1901. I do not say that, but we like to have the cause assigned. You, as a scientific man, ought to know why certain wounds should heal at the first intention, and others not?—No man on earth—the most scientific of men—no man in Europe could say that. I have seen nasty jagged wounds by cutting will heal at once, and others that looked everything promising, they sloughed. It is nonsense to say you could

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assign a cause, and whether it is atmospheric, or germs, or what not, all which things are still undecided. The scientific world has not arrived at the point to decide that yet.

1902. You have had cases go wrong outside the hospital?—Yes. No man with a large practice could possibly have anything else.

1903. Is it true, that the several patients who caused you so much anxiety a short time ago, whose cases led you to proclaim that you would not operate any more, have recovered and left the hospital?—I do not know anything about them. Some went to Sydney and some to Ballarat; really they might have recovered; but I told them the danger.

1904. But they did recover?—I do not know whether they did. One went back to Sydney, and I never heard of him. The others went to the country.

1905. Mr. Laurens submitted to the Legislative Assembly that they recovered?—I never heard of that till now. I do not say they necessarily died; I said they should not go to the hospital.

1906. I merely asked you whether they died?—I do not know anything about them.

1907. You ought to know whether they died?—I beg your pardon, I ought not. Why should I know, sir; why should I know?

1908. Ought not every surgeon to know?—I ought not to know; patients leaving the hospital or being sent away—do you think I ought to find out where they went, and who operated upon them, and all that?

1909. We have a report showing that they left the hospital and recovered?—I do not know anything about them. I hope they did. I have come here to give evidence in a proper scientific way, and what on earth has this to do with it.

1910. I am really not trying to be offensive; I am simply putting the question?—You said I ought to know that; and how, under heaven, can I know it. I hope they are not dead, and I hope they are happy; but I know nothing about them.

1911. Have you ever had patients in your wards where the wounds have healed by the first intention?—Yes.

1912. And you sometimes have patients in private practice who have died after operations, like other surgeons, and where you little expected it?—Of course; that is the case all over the world.

1913. Where a patient undergoes a surgical operation, does not his ultimate recovery depend on the physical integrity of his internal organs. With a diseased viscera, the chances of recovery are against him?—No doubt.

1914. *By the Hon. W. A. Zeal.*—You have handed us a plan of Prince Alfred Hospital, Sydney, and you say you recently visited it?—Yes, just last week.

1915. Is it built on what is called the pavilion system?—Yes.

1916. Two stories?—Yes, I think there is an attic story, and one for nurses.

1917. Are all the buildings erected, that are shown on this plan, or only a portion?—Only a portion.

1918. How many of those pavilions are erected—[*showing the plan*] ?—[*The witness pointed out the same.*]—It is beautifully arranged, with a beautiful operating theatre, and all appliances.

1919. Did you hear the number of beds?—That will give it.

1920. That is complete, 300 beds. You say all are not built. You do not know how many beds are provided now?—No, I could not exactly tell. I merely went through. I got the report from the secretary. But this gives more a description of the building and wards.

1921. Supposing this to be a plan of the building, it appears that the plan slopes from the road down to a creek. Is that the case, or is this the sea?—It is not the sea.

1922. Then this is a watercourse shown here. Does the ground slope down?—I think there is a slope down.

1923. Did you hear the area of the land on which the hospital is?—I asked that question, but they could not exactly tell me, and they sent this plan.

1924. Assuming this plan to be correct, it seems to make the area of this block about nine acres?—I should say about that.

1925. Then assuming that these building are all put up as is shown here, it is proposed to provide accommodation for the 350 patients on an area of very little over four acres?—That would not be enough.

1926. That is according to this plan?—Is that all?

1927. If you take a line across here, you will find there is no more?—Do not they give the extent? They give about 40 patients to the acre, and we have about five acres. That would be 200 beds.

1928. From your knowledge of that ground in Sydney, how did it compare with the present Melbourne Hospital site?—I think it is larger than ours.

1929. No doubt of that. But the portion on which the pavilions are to be erected, the area on which the buildings are going to be erected?—It would be difficult to say. I think it would be much larger than ours now, because I noticed, by walking from one to the other is a long distance.

1930. Assuming this plan to be correct, and that this portion of the land was excised from the other, that is the unavailable portion, it would then give an area of between four and five acres, somewhat similar to Melbourne. And my reason for asking is to determine the size of the land on which you think any hospital should be built in Melbourne. What, about, should you think? Some have said about 20 acres?—It would be quite enough to get 10 or 11 acres.

1931. The experience, it seems, of English hospitals is to have about that, something under ten acres, from six to ten?—Yes, that would be quite enough.

1932. In your judgment a block of land from 8 to 10 acres would be ample for Melbourne?—Quite enough. That would give a hospital large enough. After a time we shall have plenty of hospitals. That will relieve the tension on other hospitals.

1933. Suppose the hospital was ultimately removed from Lonsdale-street to the Pig Market or Royal Park, how would that suit the convenience of patients?—I think the Pig Market is the best site by a long way, because it would suit all the towns-people and accidents. Royal Park is too far away altogether.

1934. Suppose there was a collision at the Flinders-street railway station, and patients had to be removed to the hospital or dispensary, how would it suit their convenience, if the hospital was in the Royal Park?—It would not be so good. I should prefer the Pig Market. That would be a nice central spot; or

the Benevolent Asylum, 11 acres. That would be a splendid site; and they want to sell it, and we could well afford to buy it. That would be a splendid site.

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1935. Would that suit the convenience of the medical men and the public?—Yes, and it is a good position, and has good open ground round it. It is an elevated piece of ground, and far better than the Royal Park site.

1936. In that case, would you require a casualty hospital, or would you say that would be sufficient?—I think it would be really sufficient; but it would be no harm to have a casualty ward.

1937. You have lived many years here, and know the rapid expansion of the city. Do you think the same objections would surround the new hospital, as in the present case, when the city is fully built?—I do not think so at all. I do not see why it should. St. George's is in a very nice place in London.

1938. Take the Benevolent Asylum, would not the same objection arise in regard to increased population as to the Melbourne Hospital?—No; because, if you have the certainty of 11 acres as you have there, you have sufficient square feet per patient. That is the first thing to look to, the ground principle, not building up, so as to get about 1200 or 1400 square feet per patient.

1939. Your objection to the Melbourne Hospital is not from the density of the surroundings?—Not in the least.

1940. Because I should tell you that the area of the streets round it, together with the land itself, is between eight and nine acres?—I know that.

1941. So that gives a large breathing space; and taking it that way, it would make it a rather larger area than the Alfred Hospital in Sydney?—They have a good wide road in front of them also.

1942. A chain wide?—I should say so.

1943. That would only make half an acre more?—And they have a number of other places. They have at the side a public reserve and an Orphan Asylum. They have the advantage of a very much larger portion of ground than they would otherwise have.

1944. Is it your opinion that the present Melbourne Hospital, taking the best portions of it, could be utilized so as to be rendered available for the needs of Melbourne for the next ten years?—I think it would be much better to pull the whole down and build temporary houses. It would not cost much.

1945. You could not pull down the present one, until you built another?—Pull down the centre block; have the two pavilions going, and then build some kind of temporary structures, some tents or small houses.

1946. You would have to provide that while the new hospital was building?—Exactly. You must have a place, of course.

1947. Then your idea would be, either to sell this land or utilize it for a small hospital. Which would you recommend?—I should sell it and buy, and try and get the Pig Market, and build a first-class hospital.

1948. Setting aside the central portion of the buildings and the objectionable wards in the hospital, could the buildings of the hospital, by a system of proper sanitation, be rendered more perfect?—I think so. But I should not believe in a hospital partially poisoned. I think a great many years ago in Dublin there was a lying-in hospital, and they had the same kind of septic diseases, and constantly their patients dying. They took up the boards and took off the plaster, and stripped all the walls, and took the ceiling down and replastered it, and put new boardings. They put the patients back, and they were just as bad as ever. They had to pull down the whole hospital and build a new one.

1949. What was the cause?—Puerperal fever. It was a women's hospital. But I know that has occurred in other cases also.

1950. We noticed the closet arrangements are not as perfect as they should be. Could you suggest any way in which those difficulties could be met?—I do not know much about it. I only know by my nose.

1951. Would you think the earth system a better one than the present?—I really think so.

1952. Could not the earth system, under the supervision of a proper man, be made perfectly satisfactory?—I think the men in authority could say better. I think I could, myself, improve it; but there are experts and professional men who could speak better of that.

1953. I ask you as a medical man?—I only speak of the actual facts, that the smell in No. 8 ward is very objectionable.

1954. Has your attention been called to the bedding and the washing arrangements of the hospital?—Yes.

1955. Have you considered that?—I think they are very fair—the hospital in other ways. The *employés*, the superintendent in charge, and the matron—she is very particular.

1956. No doubt the blankets are cleansed properly; but do you think it a good plan to take the bedding into the laundry there and wash it by the aid of super-heated steam? Would it not be better to take the bedding into the country and expose it to the sun?—Of course they ought to have a place in the country. But those are matters of detail.

1957. Has not that added to the death-rate?—I cannot say. I think it is very likely indeed.

1958. Suppose that alteration was made, do you think the mortality of the hospital would be sensibly affected?—It would only be a matter of conjecture. I could not say.

1959. As to the ventilation of the hospital, as we saw it, it is by sliding boards below the level of the bed, and by air ventilators somewhere near the roof. Is that efficient?—The whole system of ventilation is very bad. There is not a decent ward in the whole hospital.

1960. The best authorities say, exhalations from each bed should be taken and expelled from the building. Is that your opinion?—Yes, exactly.

1961. And also, that air above 12 feet is not affected by the air below?—They say so.

1962. Do you think any system of artificial ventilation could be adopted in the Melbourne Hospital that could improve it?—I think in certain wards you could improve it. There is 8; it is a kind of "L." You have windows on the southern aspect, on the western, and there are two sides of the ward without windows; and the only part of the side that receives sunshine is the closet. That is the fact. The water closet is the only place the sun gets on.

1963. Do you attach much importance to the sun shining on wards?—I do, immense.

1964. Do you think your opinion would be modified, when you consider that, in a great London hospital, the sun seldom shines?—That is different. We are differently constituted out here, and we need sun.

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1965. Suppose those hospitals show a low mortality in the absence of sunlight, should we not expect similar good results here with sunshine?—Possibly; but I should not build hospitals like any of the London hospitals, but one to suit the Australian climate; and not alone the modern improvements, but to give plenty of square feet per patient, and to have them arranged with balconies and proper shade from the sun—when you did not want the sun to exclude it, and to have it when you want it. It is very simple. That is one fault in the Sydney one—the Prince Alfred; their verandahs and balconies are too big, and slope too much, so that they exclude the sun always instead of having blinds to exclude the sun when necessary. It is a permanent exclusion of the sun's rays.

1966. As you have been connected with the Melbourne Hospital for so many years, do you remember the years when the hospital was in its most insanitary condition—when it showed the worst results?—Generally it ran in cycles. For a certain number of years we got on all right, and then we had an outbreak.

1967. Professor Allen stated that 1881 and 1882 were the worst years—would you agree with that?—Yes, they were about it.

1968. And in 1884 and 1885, the sanitary condition of the hospital was much improved—do you concur in that?—Oh, yes.

1969. That being so, how do you account for the increased death-rate in 1884 and 1885 as compared with 1881 and 1882?—The alterations and the changing of beds, and the general cleansing and attention to hygiene and other points.

1970. It is the reverse of that—the death-rate of the hospital has got worse in 1884 and 1885; it has positively increased 1 per cent.—In 1880 it was 13·98, and in 1884 and 1885 it was 16·46 and 16·40; then, if you take 1881 and 1882, it was.

1971. How can you account for that, although the hospital was in its worst state during the years named?—By that time there were 400 beds, with a daily average of 330. In 1885 the beds were reduced to 300, with a daily average of 291, virtually giving no rest at all.

1972. Can you account for what I say?—I do not really know—I forget the particulars.

1973. Dr. Allen's statement was this—that during those years the committee were not so careful in their selection of cases—that is, all who applied were admitted to the hospital; whereas now, in 1884 and 1885, the committee have made a selection, and only allowed the most severe cases to be admitted, and allowed the mild ones to go?—It is possible.

1974. Is that reasonable?—Very reasonable indeed.

1975. Would not that account for some apparent excessive mortality in the hospital?—Of course it would.

1976. Would it also account for some of the excessive mortality, considering the enormous number of phthisic cases?—Yes, it would.

1977. I suppose you know the percentage?—Yes, it is very large.

1978. I should say that, in 1881, there was one patient in 5·33, and it has ranged from one in 5·96 to one in 3·89—about one patient in six to one in four—so that, as a very large proportion of what you may call moribund cases have been mixed up in this return; will not that account for the apparent extreme death-rate in the Melbourne Hospital?—Possibly; but I go on the practical experience of a surgeon—the cases not doing well. Those points of statistics I am not a very strong believer in—I speak merely from the cases under my own eye.

1979. They may be put in the wrong way. Still, if you have a certain number of patients, and a large proportion of those consist of moribund cases, and those suffering from a deadly disease—it must affect the general return, must it not?—Yes.

1980. If you eliminate those cases, the returns of the Melbourne Hospital are very much modified?—Yes.

1981. As a matter that affects the fair fame of the colony as well as the medical officers, do you not think it is desirable that these explanations should go to the world, to make known that we have not been savagely butchering these unfortunate people?—It is not that we have been savagely butchering these people, as you so strongly put it; it is this—that we are very greatly to blame, with open eyes to see people there actually in suffering and pain, who really ought not to be there, who ought to be out and well, and earning their bread; and instead of us spending our money in trying to recover those men, they ought to be working for themselves and their families, and supporting the Melbourne Hospital. It is false economy to have a hospital like ours; and we would not have come out so strongly, if the authorities had taken notice of our earlier complaints.

1982. Partly then the statements have been slightly exaggerated, to endeavour to bring pressure on the Government?—No; they are this way—they would have been modified otherwise; but we were actually driven to speak plainly, and say exactly what we conscientiously believed; which we would not at all have said, had we been heard originally, when we applied in the ordinary mild way.

1983. *By the Hon. D. Melville.*—How many times have you encountered these difficulties of healing during the last three or four years—has it been continuous?—No, not continuous. It would run for a certain number of months, or so, and then you would get a respite; the cases would do well.

1984. There is no real explanation of this sort of thing that has occurred, not only here, but in New York, except the one you give?—Exactly.

1985. That the hospital itself becomes, for want of a better term, as Dr. Youl calls it, saturated; there is no other explanation you can give?—In theory you might give a great many, but really it is a very appropriate one. No doubt the Melbourne Hospital is worked out. In its early days it has done well, and has done good, and now it is time to start a fresh one.

1986. There are two things—first, the structure is too old, I understand?—Yes.

1987. And too antiquated?—Yes.

1988. And the second is, that the defects produced those diseases of hospitals in the aggravated form that you have encountered?—Yes.

1989. You say positively to the Committee that it is dangerous to deal with an accident in any of those wards through that fact?—Yes.

1990. You are quite clear you are right, that it is positively dangerous for a man with a broken arm, or an arm shattered, from your view, to come into the hospital?—It is quite possible, after all this changing

and cleansing and painting, we may have a little respite; let us hope for some little time, while we are getting a new hospital, to have a healthy state of affairs; but I know, as certain as the sun will shine to-morrow, that we shall have another outbreak in a certain time, but we cannot tell when it will come.

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1991. Your evidence is corroborated by every one who has appeared here?—I am afraid it is only too true.

1992. As to the site, there will be difficulties, you know—the Pig Market may be refused by the Corporation, even if it were the best one—would you give us a second?—That would be the best first, and I think the Benevolent Asylum next.

1993. You are the first that has named that?—Of course it is in the midst of a very large population, and there is plenty of ground round it.

1994. There would be difficulties there, and perhaps, as far as I am concerned, I would rather be disposed to ask you what the difficulty of the Royal Park to you, individually, would be?—It would be a little inconvenient, but I should not mind that.

1995. It would not be insuperable?—Not at all.

1996. In the Royal Park, by the Industrial School—you could put up with it?—The surgeons in England have to go much further very often—twice, three times, or four times further than that.

1997. Then if they got twenty acres from the Government, where the Experimental Farm is, as a start, you would not anticipate any serious objection to it; it is the Industrial school, by the old Experimental Farm?—That would be a long distance; that is too far away.

1998. Dr. Youl, Mr. Girdlestone, and others said it would do?—I think it is too far. The University site also I should say—I would just as soon have the Benevolent Asylum; it could be easily drained. There is a nice hill, and the trams run up to it, and it would be a very capital site.

1999. The trams will run all round of course, but are you keeping in view the tendency of the population going north—there are about 40,000 people now north of the Pig Market?—Exactly; that is the reason I mentioned the Pig Market originally.

2000. If the Committee were to accept the two or three suggestions of the Royal Park, by the Zoological Gardens, and the Experimental Farm, just where they could get it, what do you think of it; would you yourself oppose? Which would you take—the present site or the Experimental Farm?—The Experimental Farm is too far.

2001. Would you prefer to rebuild on the present site?—I think we ought to get other places. Get the University site, that is a very good site and ought to be available; one of the three we could surely get.

2002. You have said everything gives way to sick poor, and we all agree to that; but the corporate bodies here might not be quite so pliable. You can see the difficulty is very great about the Pig Market—it is certainly very great about the Royal Park—I have heard it stated that the trustees will not allow it?—There is not a city in Europe where they would not give any part of its land for a site. Any of us may some day become an inmate of the hospital; I bear that in mind for myself, and I would like to have a good place to go to.

2003. Would the talent be sufficient here to plan and construct a really good hospital in the colonies?—It would be very hard to say that; we have very able men here, and I do not see why we should not. I think it should not only be on the plans of the ones at home, but one to suit ourselves; and the gentlemen here might be better able to construct a hospital, knowing our climate, than the gentlemen at home.

2004. Then you would not recommend sending a gentleman to England?—I do not think it would be any harm. I think it would be a good idea to send one.

2005. The idea is Dr. Allen's?—Still I should take it *cum grano salis*, from a man going home and getting opinions; I would merely take them to act on them. I should then have our experts in Australia to supervise them, because I think it is quite possible that English plans would not be at all appropriate for this country.

2006. Not the Continental, the Parisian?—No, not the Parisian. The St. Denis is on the cottage system, that is the best about Paris—one of the Tollets.

2007. In any hospital to be constructed north of the present site, you would make it not larger than 300 beds?—I should have a large hospital, if you have plenty of site.

2008. If you had 20 acres, would you have more?—You might have a very large hospital with 500 beds then.

2009. Have you any written statement that you would like to hand in, or would you give us any general statement in writing as to your views on this matter, so that the Committee, in considering, might be able to consider it, other than you have given to-night?—I do not think so. I shall be very happy to do all I can to help you. But if I were to give a written statement, I should only have to compile it from books, and books that you have. As to personal knowledge, I have seen most of the hospitals at home, but I have forgotten most of them.

2010. Then the questions put to you exhaust the matter. There is nothing left in your mind you would like to state?—No, I do not think so. It is the square feet—to have about 1400 superficial square feet per patient; to have a two-story pavilion, which I know is opposed by some surgeons and medical men; and to have it, if possible, not too far away from town, to have it properly constructed. This Melbourne Hospital is so particularly bad. It is a pity to abuse it too much, but there is not a ward in it that can hold daylight.

2011. You mention the patient at Sydney who rose up to 104 degrees. What is the natural temperature?—Ninety-eight and a half; but just after an operation it might run up a little, but to run up so much, it is like a captain seeing his barometer suddenly rise or fall; and when he sees danger he immediately anticipates it.

2012. *By the Hon. F. E. Beaver.*—The site of the Melbourne Hospital you do not so much object to?—No, it is not such a bad site.

2013. It is elevated, and could be well drained?—It might be.

2014. And it is in the centre of population?—Yes.

2015. And for all those reasons, it is really a good site?—No doubt, for a limited number, not over 200 beds.

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2016. And your principal objection is to the buildings, not to the site?—To the buildings.

2017. But Melbourne has so largely increased in its population, that it has outgrown the demand?—

Precisely.

2018. Then it leads one to think this, that another hospital is required northward of the city in the same position that the Alfred Hospital is southward?—Precisely, that would be very good. But this present hospital ought to be taken down and re-built.

2019. But you agree that another hospital is required to meet the requirements of the growing population?—Yes.

2020. And that hospital you would suggest should be for a particular class of patients, such as consumptives?—Yes.

2021. So that they would be eliminated from the Melbourne Hospital?—Yes.

2022. Would you favor the Committee with saying what would be the life of a hospital; how long a hospital ought to live?—There are a great many differences of opinion. Some say not more than twelve years, and some much longer; but I should say it would be more a matter of opinion.

2023. Those hospitals at home have lived a long time?—Of course they have.

2024. And it is a question of £ s. d. if you are going to build a hospital to cost £80,000 and last only twelve years?—I believe a properly constructed hospital will last generations, if well constructed.

2025. May I ask, have you seen any other hospitals in any other part of Australia or New Zealand, than the Sydney one?—I have, but small hospitals.

2026. Have you seen one at Brisbane?—No.

2027. Adelaide?—Yes. I did not like the Adelaide Hospital at all.

2028. How does that compare with the Melbourne Hospital of to-day?—It is a better hospital, but it is gloomy—trees all round, and the wards are all gloomy—not so many patients in each ward.

2029. What is their death-rate as compared with Melbourne?—I do not know.

2030. I have not been in the Adelaide Hospital. I saw it?—It is gloomy looking.

2031. I thought the gloominess was in consequence of the intense glare of the sun to shelter it from that; you know the sun glares there very much?—I know. But I did not like the hospital.

2032. You have been in New Zealand?—No.

2033. Supposing that it was determined to continue this hospital in Lonsdale-street, and build another one somewhere else, I presume you would recommend all those buildings there to be taken away?—If I had anything to say to it, I should remove everything.

2034. But suppose those pavilions were to be extended, you would suggest that this laundry be taken out into the country?—I would suggest that this laundry be taken out into the country.

2035. The secretary's house removed?—Yes, sweep all those away in any case. This is all rotten, bad—[pointing to the plan].

2036. The centre block is the place most to be complained of?—Yes; and now they are building new dead-houses. I do not know what that is for.

2037. Have you ever complained to the committee?—Often, individually—meeting them and speaking.

2038. *Viva voce*?—Yes.

2039. Have you complained to them officially? When I speak of “official” I mean by writing?—I have spoken often, and taken them in and explained.

2040. Have those suggestions of yours been carried out?—I have given suggestions dozens and dozens of times. “I wanted pavilions. I wanted to take this centre away and build another pavilion here, and to get balconies here—[pointing to the plan]—so as to rest the wards in the day-time.” They did not do it. They said it would cost too much money. I found that balconies could have been erected for about £400.

2041. Still you know that the hospital is supported by contributions of the people, and that the committee of management had not the money, very likely. That is the difficulty. It is a question of £ s. d.?—No doubt; but on the other hand, they are spending three times the money in patching up little bits, building up one place and pulling it down next year, and painting it the following year. So it will be this patching system until it is all pulled down. It will be nothing but spending money every year.

2042. *By the Hon. the Chairman.*—Do you like the construction of the Alfred Hospital?—I do not like its position. It is in such a low position. But I have been only in the hall, not in any ward.

2043. That is a pavilion hospital?—Yes.

2044. You have heard of its being insanitary?—I am not surprised at that, on account of its site. It is not easily drained. It is not nearly such a good site as the Melbourne Hospital.

The Witness withdrew.

Adjourned to Wednesday next, at Three o'clock.

WEDNESDAY, 13TH OCTOBER, 1886.

Members present:

The Hon. Dr. BEANEY, in the Chair;

The Hon. D. Melville,
W. A. Zeal,

The Hon. F. E. Beaver,
W. I. Winter.

Robert Fawell Hudson, M.D., examined.

Robt. F. Hudson,
M.D.,
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2045. *By the Hon. the Chairman.*—You are an M.D. of a British University?—Yes.
2046. What hospital were you educated at?—The Glasgow Infirmary.
2047. A large hospital?—A very large hospital.
2048. How many beds?—About 700, with the Fever or Small Pox, I think.
2049. Have you any idea what area of ground the hospital stands upon—how many acres?—I could not at this time say; I should say from two to three acres. Three acres I should think, but that is just from memory.
2050. You are familiar with the block upon which our hospital stands?—Yes.
2051. Is it as large as that?—I should think not quite so large.
2052. And contains 700 beds?—And did contain 700 beds.
2053. You have visited the old country and America since you have been in practice here?—Yes, twice.
2054. Did you see any hospitals in America?—I saw the Philadelphia hospitals, and the New York hospitals, and the hospitals at Montreal, which were comparatively new then; that was in 1876.
2055. What plans were they built on, the pavilion or the block?—Some pavilion and some block. The old hospitals, where some of the best men taught, such as in the Philadelphia, are still on the block system.
2056. How many stories?—I think three, some of them; two, most of them.
2057. You have not seen the new hospital they built in Dublin?—I have never been in Ireland.
2058. There is a hospital called the New Jersey Street, just erected when I left the other day, four stories high; the patients are taken up in lifts, and the recreation grounds are on the flat roof?—I should think a very good plan too.
2059. You do not think it matters so much about the number of stories to a hospital, so long as all the sanitary arrangements are carried out completely, and plenty of fresh air and large wards?—I have more faith in abundance of air, scrupulous cleanliness, and simple plain food, than any architectural design or any whim or fancy of a sanitary engineer.
2060. You think it is more in the sanitary and hygienic management, cleanliness, and so on, than in the building itself?—That is the result of my experience at the end of my career.
2061. Are you aware that some of the newest hospitals in England have had serious complaints laid against them lately?—I have read it.
2062. The New St. Thomas's?—Yes, I have visited that hospital and found that, although then it was a most novel hospital. I was on terms of friendship with the resident surgeon, and he complained bitterly of the ventilation, and many subsequent things were done, after it was finished, for the ventilation; then they had to cut a shaft from one of the middle wards—the one facing the Parliament buildings if you remember, they had a square place where they had to cook in the centre, so that there was some cooking going on in the centre of the ward in 1876; cooking water and tea.
2063. You were at the New Radcliffe Infirmary at Oxford?—I was not there.
2064. And St. Mary's, Paddington—they have all had serious charges against them, and they have been remedied; and it was attributed to defective drainage and other sanitary arrangements?—Yes, defective arrangements. If I may be permitted to say, almost the most artistically-constructed hospital in the world can be rendered almost uninhabitable by the stupidity and neglect of the residents closing all the windows and doors, and neglecting that system of ventilation which the architects and engineers had wisely ordered. We often see that; and going into a medical ward on a hot windy day, without a window open, a case affecting the ward with gangrene of the lung. Every medical man is familiar with many examples of stupidity vitiating the ideas of the best sanitary engineers; and that cuts another way in my idea—a room or a hospital with a slight defect in space, the air could be rendered almost a paradise for sick patients by giving him instead, 1500 or 2000 feet of air, the doors and windows almost constantly open, and scrupulous cleanliness in bedding and food and everything—it might be a paradise to that patient.
2065. That is one of the newest hospitals in Dublin—the *Mater Misericordiae*?—That is almost flush with the street.
2066. That is so, and it is square inside in the middle—that is one of the newest, and is considered a most healthy hospital—our hospital is not built up to the street like that?—No.
2067. It looks like Swanston-street there, and Lonsdale-street on the other—[*pointing to a sketch of the Dublin Hospital*] ?—I have taken an opportunity of going over the Melbourne Hospital very carefully since I received your message, and visited every closet, bath, and pantry, in order to refresh my memory and make myself acquainted with every ward in the establishment; so that you can have my opinion for what it is worth.
2068. In this large hospital at Glasgow—that contained that large number of beds—what forms of hospitalism did you see there?—I have seen it in the form of pyæmia; but there never was any epidemic while I was there.
2069. Did you ever see hospital gangrene there?—No.
2070. Did you ever see it in this hospital?—No.
2071. That is the worst form of hospitalism?—Yes.
2072. Do you consider the present site on which the hospital now stands a good one for a hospital in a city?—I think it an admirable site, in my own opinion.
2073. Elevated?—I think it has a great many advantages which I can hardly remember any in London to have; this I know as a visitor in London. Take the Middlesex, it is crowded, and is no height; take the Charing Cross, it is crowded with buildings up to the very doors; take the University College; take the Gray's Inn Road, that is in a smoky lane, with dead walls; take St. Bartholomew's, which was

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built 700 years ago; take Guy's, which is crowded with buildings of all sorts and manufactories, and close to the Thames, and there they have satisfactory results in surgery, almost unattained in the world.

2074. Do you consider water-closets, as in the London hospitals, where they can be well flushed, superior to the pan system that is recommended by some?—I think, where there is a perfect system of water closets, and where they can be well flushed, it is equal, but not superior, to a careful system of disinfection with glazed earth-closets; I would put them on an equality, especially where the designs and ideas of the sanitary engineers are carried out, by scrupulous cleanliness being constantly maintained. But I think, as to the pan system that we too often see it carried out imperfectly with the ordure sticking round the dirty, half-corroded iron pans, emptied every day, or merely imperfectly emptied, they are offensive in odour, and they are not carrying out the ideas at all of the proper earth-pan; they do not carry out the first essential, in my opinion, to a successful hospital—scrupulous cleanliness provided everywhere. I can vouch for this, a hospital to be healthy, to be a *beau idéal* hospital, the closets ought to be as clean and polished as a gentleman's drawing-room or sitting-room; if it were so, the other parts of the hospital would take care of themselves; the wards will naturally do so. The closets ought to be light and well ventilated, and, if possible, cut off from the wards.

2075. You visited the hospital—when?—Yesterday.

2076. Did you notice any change in the situation of the closets from when you were there before?—Yes, a great improvement.

2077. Are they cut off from the wards?—Yes.

2078. You consider that is an immense improvement?—A vast improvement.

2079. Did you find any unpleasant smells about the hospital?—The only unpleasant smell was in the closets connected with the out-patients department, that is an unpleasant one; but that is nothing connected with the internal arrangements.

2080. Do you recommend that the out-patient department should be done away with at the hospital, and that they should have dispensaries?—That would be my modest opinion, in order to increase the space.

2081. It occupies a large space?—Yes, which could be utilized for many purposes.

2082. Then all the washing could be done away from the place?—I have a very strong opinion on that; that the washing should be done entirely away; that the great purifying influences of the atmosphere and the sun should be brought into play in disinfecting the sheets, bedding, and clothes used in the hospital.

2083. Did you look into the sewage system at all?—I went into the whole system of drainage.

2084. Do you think the sewage system as complete as at any of the hospitals in London—would our hospitals compare favorably with any hospital in that great metropolis?—I think it would. Of course, I know that the old central building has certain defects and wants a thorough re-ventilation, that is the No. 4—the centre.

2085. The administrative block?—Yes, the administrative block—the wards over the entrance; still I can conceive how those wards could be used, and I am sure should be used. I speak from my own knowledge when I lived in the hospital. The requirements in cases of heart disease are prolonged quietude, rest, and the little attentions which are necessary for weeks together before good results can be expected from medicine; and, as a fact, in my time, some as good recoveries took place from organic diseases as would be found in any hospital in the world; that is, provided always that the place is not over-crowded.

2086. Did you look at the pavilion wards?—Yes.

2087. What did you think of those?—They were as fresh as the open air. The windows on both sides were open, the air was blowing gently through without any particular draught. The open windows make the ventilation free, and the air seemed fresh to my nose and senses, for I could not perceive any unpleasant odour, or emanation of any kind.

2088. You think that fresh air is the best disinfectant of all?—I have no faith in anything else.

2089. When you were resident physician, I think Dr. Robertson was one of your honoraries?—Yes.

2090. Did he in your time ever complain that the hospital was in an insanitary condition?—I do not remember him ever saying that; on the contrary, I remember when I came from England—having spent the greater part of the previous year in Paris—we used to compare the hospital favorably then (and it was not in anything like the sanitary condition that it is in now) with almost any hospital we then knew.

2091. Was it not the custom of the medical and surgical staff to send in patients themselves for treatment?—I think it is the invariable rule; I never knew a medical or surgical officer who did not send them in. They deem it one of the privileges of being connected with the institution.

2092. And those medical men with whom you acted were continually sending them in?—Yes, I am certain that a good many of them did.

2093. Because they thought they could be treated better than outside?—Yes. For instance, better than in a lodging-house or a friend's house.

2094. I suppose Dr. Robertson was one who did that also?—I cannot remember exactly that he did; but it was the custom, and no doubt he did. I am sure that Dr. Cutts and Dr. Motherwell did. The surgeons, to my own knowledge, did; and, although my memory would not take me back to that time in detail, I am sure that Dr. Robertson was not singular in that respect.

2095. I asked Dr. Robertson, and he said he might have done it?—I think he might say, with every probability of its being true, that he conformed to the usages of every other honorary physician at that time. It was the custom of the staff.

2096. And no doubt many a poor creature, living in the back slums of the city, did profit considerably by being taken into that hospital for treatment?—Yes, no doubt of that; and it was very much more over-crowded then than now. We used to say, "The hospital is crowded," and I would say, "I cannot take in any more." But my objection was met by the statement, "But the poor fellow down is at a lodging-house, where there are four beds in a room, and the room is not 16 feet square; and this patient I am asking you to take in hand, although the ward is crowded, if you give him a bed on the floor, it will be a paradise for him." That was how my objection was met by the honoraries. Then I had to object to over-crowding; I would say, "I am afraid I have not a bed," and it was met by their saying, "Oh, take in this man; he is very poor, or he is in a crowded lodging-house." There were no laws about over-crowding in those days. We took the people in according to their requirements, without consulting about the cubic feet of air.

2097. Even at that time there was nothing startling about the sanitary or hygienic?—No; in fact, we were proud of our results in those days, except the enormous mortality from phthisis on the hot days,

and five or six or seven phthisical cases might die in a day in those times; but they were not taken in with any idea that there was any good to be done to them.

2098. In fact, a large number of cases on the medical side, are cases of that kind, brought almost in a moribund state, or almost hopeless cases?—Exactly, a very large proportion of cases were brought in to die—to ease their last weeks, or months, or days.

2099. Do you know the Alfred Hospital?—No.

2100. You know it is comparatively new?—Yes.

2101. And built on the pavilion principle?—I have heard so.

2102. If you were told the mortality of the surgical operations has been greater in the Alfred Hospital than the Melbourne, what would you say to that?—I should say there is some defect in the sanitary arrangements, as a rule.

2103. You would think that indicated something wrong?—I should think that indicated something wrong, that required looking into.

2104. Not the building?—No.

2105. Do not you think that the best test of a hospital—sanitary or insanitary condition—is the death-rate on the surgical side, having open wounds that may absorb germs of all kinds?—I should think it would be a very fair test.

2106. The death-rate was 5.36 for 1886, and for six months in 1886, 5.04?—I should say that is a very favorable table to exhibit.

2107. Would not that compare very favorably with any hospital?—That I know of; but statistics, as you know, are influenced by the temper and the disposition of the surgeons; some will send a person out to die in some watering places. In Buxton, in the early days, they would not have a man die in a watering place, if they could possibly help it. If a doctor had the idea of the death-rate constantly before him, he would be constantly tempted to push the people out to die; and, especially, if he were seeking for fame, so that the death-rate would not be excessive. On the other hand, if he were one of those kindly-hearted people, people who do not care a fig for statistics, but let them take care of themselves, and who wanted to make a reputation with the patients themselves, he would take any in dying, and do the best for them he could. They know well the friends would speak well of that doctor and say he was very kind. He would get the same reputation that the other man got in another way through a printed pamphlet as to statistics; there are two ways to look at it. You must take the man in charge of the hospital, who may be desirous of gaining fame, that would influence him. Statistics are of very little value in that way, unless on a very large scale.

2108. I suppose many surgeons pick their cases?—It is the usual thing for all young surgeons to pick their cases.

2109. Not take all that come?—No, the favorable ones that they can be pretty sure of.

2110. Then the medical death-rate in large hospitals is always considerably larger than the surgical?—Yes, it must be if it is doing its duty, and performing its functions.

2111. Then you consider that natural ventilation is the best? That is, by means of doors and windows and open fire places?—I do.

2112. I think the Melbourne Hospital is ventilated in that way?—Yes, especially the pavilion. On both sides there are windows.

2113. In a large hospital there is very great danger of over-crowding?—That is one of the greatest dangers.

2114. The same dangerous element may be present in a gaol, a lodging-house, or a factory, where insufficient cubic space is allowed for each person?—It produces this certain result, as surely as any other physical effect: If they keep in a crowded room, it has an effect on the work next day on the physical energy. Miners can sleep after a time in foul air with impunity, they get a toleration for it; but if a person accustomed to fresh air sleep in a close room, it takes several days to get over it.

2115. Defective trapping of sewer pipes leading to an escape of sewer gas. If that occurs, that would give rise to various forms of blood poisoning?—Yes, if there is any quantity of it. In the London sewage, where there is a defective trap, and the wind is coming up from the south; it blows say up to the University and North London in certain ways, and where a defective trap exists it would fill the house with sulphuretted hydrogen or other noxious gases. But then you must calculate it in the space of five or six hours, the air moving about ten feet a minute you would have 700,000 cubic feet of contaminated air in your house. In the Melbourne Hospital there is no closed drain coming within a distance of less than 200 yards right into the street. There is no *vis a tergo* forcing it in; there is no blast.

2116. Have you ever attended cases of blood poisoning outside the hospital in private practice?—A great many.

2117. Outside the hospital altogether?—Outside the hospital altogether. I can give you a case or two. Some days ago a strumous unhealthy boy was taken ill, had inflammation behind his ear bones, an abscess formed, and it was opened; but before it was opened some fetid pus was pouring itself for several days into his system. He had never been near any contamination, we knew, in the world. He is living in the country. He had generated this blood poisoning in his own body. He was poisoning himself. And there are a great many cases of blood poisoning like that all over the world.

2118. Does not it depend entirely upon whether a person has a depraved or healthy constitution?—Yes.

2119. From your experience of the Melbourne Hospital do you know the type of persons that seek refuge there?—Yes.

2120. Very depraved constitutions?—Rotten from drink.

2121. Kidneys and liver bad?—Yes.

2122. All the outlets in a bad state?—Yes, he is an apt subject to take it at once. His blood is ready to take the ferment. It has only to be applied, and the blood ferments at once.

2123. Then he becomes a good cultivating ground for micro-organisms?—Yes.

2124. Then you quite agree that, when a man is admitted into any hospital, suffering from injury, the ultimate result of his case depends entirely on the physical integrity of his organs?—I do.

2125. Do you remember what were the main diseases that generally came under your observation as resident physician—I suppose there is not any change?—No change—phthisis, rheumatism, and so on.

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We had an epidemic of typhoid very badly in 1860, and I think at that time the German measles appeared.

2126. And you had heart diseases?—And we had heart diseases innumerable. But we took people absolutely incurable, because some people were interested. Some of the doctors were working up the subject of aneurism and heart diseases, and filled the wards with instructive cases, to verify and increase their observation on the subject they were then studying.

2127. Many of those you considered incurable when they came there?—Yes. And a great many with a rest in the wards got comparatively well, and returned to duty, and are carrying about the physical defects to this day, that is for a period of a quarter of a century.

2128. Will you tell the Committee which of those diseases gave the highest death-rate?—Phthisis.

2129. There seems to be a consensus of opinion amongst all the gentlemen examined as to that?—Yes.

2130. A very large percentage of those reached your ward in a moribund condition?—Were already moribund. We took them in from three to seven weeks before their death.

2131. Then a large number had no ultimate chance of recovery?—In phthisical cases you might say all. Not ten per cent. ever left in those days.

2132. Are you in favor of building a hospital for consumptive patients in the country?—I should be.

2133. Out of the city?—On the driest and most sheltered place you could find. Somewhere where they could live in the open air and live in the sun as well. That would be my idea, and that is the result of my experience. I know of nothing but sun and air and quietude for consumption and phthisis.

2134. That is the treatment suggested by the highest authority, open air?—Yes.

2135. Pony riding, donkey riding, plenty of milk?—Yes, live in the open air and in the sun.

2136. Then you think that the out-patients might be treated in dispensaries apart from the hospital, and that would relieve the hospital immensely?—I think that would be vastly better. I think that is the only objectionable part in the hospital, after a very careful examination.

2137. Then if the phthisical patients were removed, and the out-door patients, and the laundry work done elsewhere, it would place the hospital in a far better position than now?—Yes, I think it would compare with any of the hospitals I have visited. With any which I am personally acquainted with.

2138. In your experience of the out-door and in-door patients, were not a large number of the patients refused admission to wards, although suffering from diseases which were regarded as curable, though requiring especial care and treatment?—Yes, a large number of them.

2139. Then if those patients had been admitted, it would modify the death-rate immensely?—In those cases we admitted all the incurable cases; otherwise, our medical side would have had a death-rate of two to three per cent. instead of 30 or 40. But many of those little ailments got just as well sending them home; a wife attending to her husband, or a mother to her children; she was told to do the best she could, and the natural tendency of those diseases was to get well just as well at home as in the hospital.

2140. Some witnesses have said that, if those had been admitted, they would have diluted the heavy death-rate?—Yes. There ought to have been little or no death-rate with those particular cases.

2141. Then, excluding the cases that would in all probability recover under judicious treatment, it would materially swell the death-rate if they were excluded?—Yes.

2142. And do you think a surgical hospital should be centrally situated in the city?—I think so, because I have no experience of any large surgical work in my travelling or reading that was not in the city. I have read of something recently about a hospital out of town; but let us go to St. Bartholomew's; that is 600 or 700 years old; Guy's and St. Thomas's, 200 to 300; the Manchester Infirmary, getting on for 200 years; the Glasgow Infirmary, more than 100 years. All those are in the very centre of the cities, the place to which the sick and hurt can be readily brought.

2143. A witness told us the other day that, since some trees were removed round the hospital to allow more air to get to it, and the earth disturbed, that the surgical cases had not done so well under his care. What say you to that?—I cannot explain it; but reasoning from what we know of the effect of clays, clay is the greatest and most vaunted disinfectant. I should think, turning over your clays in a dry climate, or any climate, would do no harm. The alum also that is in it is a most powerful disinfectant, and all schistose clays contain alum. Naturally, that would lead me to reason quite the contrary. If any one wants to decompose fæculent matter, sprinkle it over with fine clay, and in two or three minutes the odour is gone. Waters going through clays, also we know, are the best waters from a clay-hole. All people up the country know it is the healthiest water, and the filtration by alum produces the most brilliant of all waters; so I cannot say so. With all due deference, I should need to know upon what logical grounds or upon what observation the disturbing of dry clay could affect anything, clay itself being from the earliest times, 2000 years ago, known as the best remedy you can almost have. In fact, you have only to take the experience of a hot climate. Put a piece of clay on a wound, as they do in Abyssinia, to prevent flies, and keep the wound from being infected.

2144. And in China and India?—Yes. I have used clay for horses' wounds; it is the best of all remedies that I know for that.

2145. Dr. Fitzgerald told us that?—I am sorry to disagree with such an eminent man, but I only tell you how I should draw the conclusion of the opposite way.

2146. Considering it would take three or four years to build a new hospital, do not you think that, by reducing the number of beds from 400 to 250, and by attending to the closet and drainage system and so on, the hospital could be rendered sanitary for some years?—I agree with that entirely.

2147. Then you agree with Professor Allen?—I have not read his evidence.

2148. He stated that?—I should like, if I had any voice in it, the laundry taken away, and the out-patients taken away, and this extra scrupulous cleanliness with all the sanitary arrangements.

2149. There would be then no objection to build another hospital further north?—I suppose, with any regard to the statistics of this place, it must soon be necessary north somewhere.

2150. As far from the hospital as the Alfred Hospital is on the other side?—Or even farther. And no two or three or seven years will finish the hospital there, as the site will take twelve or eighteen months to obtain, and the agitation and the committee to go home would take another twelve months, and the architect would not get the plan for nine or ten months, and then three or four years to build it. You

cannot run up a hospital in five or six months. It would be ten years before it would be fit for surgical or medical use, and, by that time, our opinions are changed and a lot of new men coming on. We who are the leaders now, will not be leaders then; and a new race of medical men with new ideas will take the conduct of medical affairs out of the hands of the present race of men entirely.

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2151. Then, to administer according to sanitary plans, there should be ample room in the wards, an absence of crowding, a perfect system of closets and drainage, with free ventilation?—That sums up my opinion.

2152. You consider the pavilion style of architecture far superior to the block system, providing the wards are well ventilated?—I do not see much of that in this one (*Mater Misericordiae*). I suppose they can ventilate into the square. I fail to see the charm about the pavilion. If you can get a through draught it is much more expensive.

2153. *By the Hon. W. I. Winter.*—You consider the hospital is sufficient for the population of a city like Melbourne?—Oh, no.

2154. Is there sufficient ground on the present site for a hospital that would be sufficient for the population?—No. They want several hospitals for a big city like Melbourne.

2155. What do you consider in the evidence that has been given as to the germs being in the brick-work and ceiling—do you think that is the case with the Melbourne Hospital?—I think that people may have those germs, but the germs do not breed on bricks and mortar, they want flesh and blood to breed on, and wherever air and sun go they very soon die, and if the germs are such an important factor, as it were, ready, like an evil spirit, to seize everybody, I do not see why they should have such a fancy for people in the Melbourne Hospital only, or any other hospital. Most of us are going with wounds through hospitals, we meet people every day, and go in crowded places, and I do not suppose there is a medical man or a visitor who has a perfectly sound skin, and that does not do others much harm. I believe in germs just as they are a sort of microbe, like that which gets into a vineyard and destroys it, or which spoils the fermentation of the wine, or the beer is spoilt by a certain microbe; and the microbe might, if you are already diseased, and fitted to take it—if you are a rotten sort of man as a patient—you might get an infectious kind of erysipelas from one patient to the other, but not necessarily—it does not inevitably follow.

2156. That has nothing to do with the hospital?—No.

2157. That might happen anywhere else?—That might happen anywhere else.

2158. You do not believe in the evidence given as to the soakage of sewage through the site of the hospital?—I saw a drain cut the other day that I think had been there about 30 years, by the tower, at the west end, and it had been laid in those clays, and there was no saturation. The drain had been choked up, and not used for 20 years—a little black soil had got in it. There was no evidence of any leakage through it at all, not even for an inch round it.

2159. I presume that by your evidence, that you could make the hospital sufficient for 200 or 300 beds?—Two hundred beds.

2160. And then you consider it necessary that there shall be one or two hospitals built in the country?—According to the requirements of the hospital. I would have a small hospital for severe accident from the shipping and foundries, and all the manufacturing places.

2161. *By the Hon. F. E. Beaver.*—This Glasgow Infirmary at which you were, upon what principle was it built—the block or the pavilion?—The block.

2162. Was there a free current of air through each ward there?—Not through every ward.

2163. How was it surrounded?—On the one side by the Necropolis, which had been used for hundreds of years, churchyards and gravestones under the very windows—the old Barony churchyard.

2164. Under those circumstance, what was the death-rate?—Very fair.

2165. How did that compare with others?—Up to about the best of London.

2166. Are you sure about the area?—I think three acres.

2167. You are quite sure it was not less than that on which the Melbourne Hospital stands?—I am, almost.

2168. And in that hospital there were 700 beds?—Yes.

2169. If that were so, why should not the Melbourne Hospital be the same?—There they had to stop the surgical work; they found they were over-crowded; they were getting unfavorable results.

2170. Then the 700 beds meant a state of being over-crowded?—Yes, and they converted this block system into the medical division, and built some pavilions for surgical work.

2171. All round this Glasgow Infirmary, you say, it was surrounded with those cemeteries?—On two sides.

2172. What was on the other side?—Dense population, and some large chemical works.

2173. Was it built up to the roadway?—Yes.

2174. As close as the Melbourne Hospital?—Closer than the Melbourne Hospital.

2175. As to that Dublin Hospital, the *Mater Misericordiae*, from the plan now before you, do you object to that?—No.

2176. They have lifts there to take patients up and down?—I should not object to that; we had no lifts at the Glasgow.

2177. Will you tell the Committee what you think of the management of the Melbourne Hospital—I mean as to its cleanliness and the whole appurtenances, other than the surgical or medical?—I have been over it twice very carefully since I had the notice from the Committee, and I have been in every closet, bath, pantry, ward, and room, and I am surprised and delighted at the exquisite cleanliness of the closets and pantries, sculleries, and the beds.

2178. What do you think of the attention of the nurses?—They seem all that could be desired, as far as I could notice.

2179. As compared with any other hospital you have seen, is the management of the Melbourne Hospital very much different?—I think it compares favorably with anything I know.

2180. You have had a pretty extensive experience?—As large as most medical men, more varied than a great many.

2181. Suppose a new hospital were built, there is still a possible objection that we might have the misfortune that has attended other new hospitals that have been built, such as St. Thomas's?—Yes. You can conceive of a new hospital built and occupied, and the next morning half-a-dozen cases of very contagious

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erysipelas might be brought in the first week, and it would not be safe to put in a lot of other patients with broken wounds amongst them; as a common sense man you can see that. You understand the infectiousness of microbes, and you would not like to lie between two patients in that state.

2182. But I want your view of the matter, not mine?—But a common sense view is as good as a doctor's in the matter.

2183. Will you tell us something about the earth-closets—you said something to the Chairman in reference to them. With the earth-closet system adopted in the city of Melbourne, is there so great defect about that in the hospital?—No, there is not so great defect about it; but I was very much pleased with the great cleanliness of the present system of the Melbourne Hospital.

2184. Would the earth-closet not be a better system?—I think it would. I think, with the earth-closet system, if you have glazed pans, the slightest bit of fæculent matter can be observed; there are no pipes or machinery of any sort.

2185. This is a plan of the Melbourne Hospital—[*exhibiting the same to the witness*—]—would you be good enough to tell the Committee what is defective about it, and what you would like to see removed. Suppose the Committee recommend the continuance of this hospital, what would make it more perfect than it is?—We will begin at the entrance—[*pointing to the plan*]. These wards would be used for medical cases, but giving them nearly double the amount of air and only put half the patients previously put in.

2186. Suppose we have evidence before us that every patient has at least 1500 cubic feet?—But then it ought to be renewed every hour or two. You may give a man that, but not be able to renew it so frequently as you ought; consequently, if you give him 3000 or 4000 feet, you would put him in splendid sanitary condition. I would say 2000 in the west wards and 4000 in the central.

2187. What about those on the east wing—the old part?—I would say 3000 in that. If they had that in those wards, they would be as near perfect as they could be.

2188. You would not recommend pulling those down?—I do not see any good in doing so.

2189. You recommend the removal of the laundry and the out-door patients' place?—Yes, or have it used for some other purpose.

2190. You do not want it removed for the sake of ventilation?—No, there is plenty of ventilation. That seems the worst ventilated place, the servants' quarters.

2191. This is the laundry?—Yes.

2192. I understood you to say to the Chairman, that in your opinion the laundry should be removed?—Yes, or used for something else.

2193. With the washing done out the hospital?—Yes.

2194. You think the drying system should be done by the sun, and light, and atmosphere?—Yes.

2195. And not by steam or hot air?—Precisely.

2196. Have you paid any attention to the washing?—Yes.

2197. Are you satisfied with that?—The washing is good enough. There is a good current of water. A douche of water goes with great force through, and that is as good as hand washing.

2198. You complain of the artificial process of drying?—Yes.

2199. The clothing there never being exposed to the air?—Yes.

2200. We have heard a good deal about the saturation of the walls with pyæmia in some of these wards; what is your opinion about that?—I have never seen a wall saturated. I have never seen a germ, and know no one else who has seen an infectious germ in a wall. There are germs in the chalks of England, the whole of the South of England is full of them at a depth of 500 or 600 feet, but I never heard of any injurious germs; besides, I never heard what they live on, and it is presumed that those germs go from body to body, and live on the fluids and blood.

2201. The statement has gone forth, that the walls of the hospital are saturated with erysipelas and pyæmia?—It is a figure of speech.

2202. It is a very serious figure of speech, causing great alarm to the public?—I will believe it when I see it.

2203. You have not seen it?—I have not.

2204. Is it your opinion that the walls of the hospital are the right sort of surface, or would it be better if they were cemented over instead of painted over?—I do not see much difference between a fine silicated paint and Keen's cement; that is a non-absorbant, and I think the silicated paint is also; and wherever you get a glazed surface there is nothing the germs can get hold of. They have no corkscrews to work through with, and there is nothing on the other side of the wall to coax them through.

2205. You were a long time in the hospital?—Yes.

2206. One of the witnesses told us that the bricks were of so porous a character, that you could blow through them?—On the contrary, I take a little interest in bricks, and I think the Melbourne Hospital bricks are the finest I ever saw in the world—the Brunswick bricks.

2207. But they were not built of Brunswick bricks then—but you did not see that they were in that state?—I did not see or hear of it.

2208. One of the witnesses said, the bricks were so defective that they could blow through them?—Most of you have seen them, and can you see a single brick that exfoliates, or peels off like rotten bark? I have not seen one, and I was there at the building of the original hospital. I speak only from what I have observed.

2209. From the result of your evidence, what I can make out is this—that this present site on which the Melbourne Hospital stands is a very valuable one for a city hospital?—That is my opinion.

2210. And that those present buildings, with extensions that might be made on it, will answer the purpose of the Melbourne requirements for a good many years?—Yes, for the centre of Melbourne.

2211. And that another hospital may be built for a special purpose—such as consumptive cases?—Yes.

2212. And that may be built, I suppose, in any part of the colony, most suitable, and patients sent to it?—Yes. That would be humanity of the first order.

2213. *By the Hon. D. Melville.*—You know what brought us here; it is the scare about the Melbourne Hospital. What do you think about the scare—is it justified?—I do not know. I do not think it myself.

2214. There is nothing in the charges made by Dr. Youl, Dr. Fitzgerald, and others, as far as you know?—That may be their opinion, I have told you my opinion; and I have endeavoured, as far as I could,

to put plainly and openly the facts, and I draw my deductions from those, and you can draw them with me.

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2215. Then you think there is nothing in it—to be plain?—Not much.

2216. When were you at the hospital?—In 1860 I was resident. Yesterday, I visited it, and a week ago.

2217. How many times have you been the last five years?—Five or six times, but not with careful examinations. I spent hours there yesterday.

2218. You have been once a year, about?—Yes.

2219. You say, to move the laundry, take away the out-patients, ventilate better the servants' department, and sundry other things; that of itself means considerable alterations?—It would.

2220. Why do you want to move those things?—Because, good as it is, it would be almost a show hospital, if those go away.

2221. May not those defects, if there, be the cause of the complaints of the medical men?—They might be.

2222. You have noticed, I dare say, in the press, that the witnesses say their cures are lingering, they cannot get them quick enough healed, and they suggest that in some instances patients die through those defects—do you differ from that?—I have not seen the patients. I have heard something of it. You and I cannot tell the frame of mind in which a medical officer is who says that. Patients at certain points of the year do not do as well from some unknown cause, sometimes, as you would like them, and you are apt to look for some little cause; and it wants reasoning out, and you put it down to the first thing.

2223. In your time there was no scare, only you say, now and again, five or six would die of phthisis?—Yes, that was on a hot wind day.

2224. You do not think much of that?—No, because five or six or seven would have to die in the week—had not more than a week to live. A hot wind would come, and they would die. A day or two earlier, if a hot wind came.

2225. This Glasgow Hospital had no hot winds to polish them off that way?—No.

2226. Do not you think when you have five or six patients dying of phthisis, that it was worth your while to see whether this hospital was not in some degree chargeable?—No, I could not see it.

2227. It was not simply the hot wind?—It was the hot wind that killed them, not the hospital.

2228. Did you ever hear of them being polished off outside the hospital at that rate by hot winds?—Yes, a hot wind 25 years ago would kill many phthisical patients.

2229. We have nothing of the kind now in the hospital?—No.

2230. Then it is not as bad as it was in your time?—No; and it was not the cause then, but the hot wind.

2231. Are you sure the germs were not in the hot wind?—No, the germs would be outside, if the hot wind brought them in.

2232. You say, at that time there was a terrible death-rate from phthisis, and you think it was the hot wind?—We know it was. It commenced in the morning, and there were so many patients out of those of whom we would say, within two or three days, "Most of them will be dead."

2233. Did that apply to other diseases?—No, those were the patients in the last stages of consumption—just lingering on.

2234. You think that hospitals really have improved in construction in the last 30 years?—Yes.

2235. Do you think it would be well to perpetuate this one on that ground, or to build a new one?—I would not build a new one; I would mend it up, and make it as good as any other hospital.

2236. Do you think it would not be worth our while, seeing the difficulty we are in, with all the medical men, except yourself?—I hope I am not against all the intelligent medical men.

2237. With the exception of yourself, I think there has been a universal condemnation of the place. We have had Dr. Robertson, Dr. Girdlestone, Dr. Youl, and Dr. Allen—that is four—that is pretty nearly all?—I should be sorry if I am alone; but I think the general body of practitioners who have thought of this, and have no bias, would be of my opinion.

2238. All those, and Dr. Fitzgerald and others, condemn this structure generally, excepting yourself, and you have seen it about once a year, and made a flying visit yesterday?—But I lived in it. I was resident physician there.

2239. That was 25 years ago?—Yes.

2240. And you yourself had not phthisis?—No.

2241. You say, in answer to the Chairman, many of the patients form a good cultivating ground for microbes?—Yes.

2242. Then you do believe in microbes, after all?—Yes.

2243. Are you aware that scientific men say, that all hospitals are really the great breeding grounds of these microbes?—Yes.

2244. And just in proportion as the structure is new, you lessen the numbers—that is in evidence before the Committee?—Yes.

2245. The old hospitals, says Pasteur—the old houses are in the proportion of 10,000 and 20,000 to 100—do you believe in that?—No, I do not.

2246. You accept simply the name of the microbe, but do not go into Pasteur's calculation otherwise?—Men in evidence have told you that you have got hold of the word microbe like an evil spirit; but everything we have in this world of any benefit is caused by the microbe, such as our growth of corn; and the fermentation of wine and beer is caused by a germ.

2247. You would lead us to believe that the microbe is the cause of the death of the patients?—I do not say that.

2248. When a patient gets those germs that invade these hospitals?—They do not invade the hospitals.

2249. We have taken what is in evidence—if it is not true, it is not true?—A person brings them to a hospital, and they get a feeding and a breeding ground in a diseased person, and he becomes a centre of contamination from body to body.

2250. And from building to building?—That has never been proved.

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2251. Do you know that Pasteur has discovered that they are in the atmosphere?—Yes, of course, and everywhere in the earth, even at great depths.

2252. Then you do not believe that a building by being old is any the worse?—I do not, if it has periods of rest. I believe the old castles in England, occupied 800 years, are just as healthy as the newest house at Toorak, providing there is plenty of sun and fresh air in them.

2253. The antediluvian theory is not generally believed in?—Ask yourself as to the health and vigor of people living in old houses. I presume you have lived in old houses, and seen the most vigorous health there.

2254. You do not suggest anything to help us out of this difficulty?—I have suggested, as far as I can, the removal of the laundries and the out-patients, and utilizing those four offices as four wards.

2255. If a hospital could be built at the Royal Park to hold 400 beds, would you recommend the Committee to recommend that?—I would not like to fix the site, but I should recommend them to build a hospital out northward.

2256. Another hospital?—Another hospital.

2257. You do not think this is sufficient?—I am sure it is not for the population of Melbourne.

2258. Then, apart from all sanitary consideration, you recommend a new hospital?—I do.

2259. When you talk of taking seven or eight years to build a hospital, do you think you are keeping in view such a structure as Robb's Buildings in Collins-street?—I take the Alfred Hospital in Sydney. I presume the new building would not be inferior to that.

2260. Such a structure as Robb's has been built in eighteen months. What you say does not look quite in accord with what we experience in Victoria?—I never saw a hospital rushed. There is no rent coming from a hospital, and men who have lent money on a building must be paid interest.

2261. It is a question of money?—And it would not be advisable to build a hospital quickly.

2262. If there was necessity?—If you have to make shift. People do not jump from one thing to another. In the details of life they take time.

2263. As to ventilation—did you notice the ventilators in No. 18 ward—some of the members have called them blow-holes?—Yes.

2264. Were they there in your time?—No. I saw them open the other day.

2265. Do you approve of them in winter time?—They are not very nice in winter. I would have them pasted up in winter, and left open in summer.

2266. Do you think in that ward, only one small fire-place is sufficient?—That is not sufficient, but the hospital is very favorably situated. If the wind is coming from the east or the west, you could always let it in, even in a gale.

2267. What about a day like yesterday?—Yesterday they might be opened.

2268. In the morning, at three o'clock?—No.

2269. In a gale of wind?—That is not likely.

2270. How can you keep patients in a place like that at anything like a temperature of 68° to 72°?—There is no means that I know in any house, or any place, of keeping an even temperature, and I do not know whether it is desirable or not. It is not consistent with what we have been laying down as the three great requirements of health in daily life. Fresh air has always a varying temperature. It would not hurt you or me, unless we had inflammation of the air passages; and then you have those old buildings where their very defects render them exceedingly valuable for an equable temperament.

2271. Have you had typhoid patients?—Yes.

2272. Young people, with severe attacks of typhoid?—Yes.

2273. Is it necessary, in the middle of typhoid, to allow a temperature higher than 68° or 72°?—We cannot keep them down with severe typhoid. I suppose everybody here has had some experience of it. With a temperature of 90°, a hot wind day, how can you keep any house—even the richest persons in the colony—at 68° or 70°?

2274. You do not think it is possible?—No. I have done it, at an enormous expense, by placing ice, where expense was no object.

2275. Is it not indispensable to save life, to keep the temperature at that in cases of typhoid?—It would be very kind to the patients, but the means of the rank and file of Victorians are not up to that.

2276. Could not you construct a hospital to keep 68° to 72°?—I think not, on a hot wind day. Did you ever see a place keep at that, and with a hot wind blowing for three days at 90°?—I must appeal to your common sense as to that.

2277. I can assure you it is perfectly practicable to keep one's children, when sick, between 68° and 72°, if it is necessary—then why not in the hospital?—If you can do it, well and good. I do not know any engineer that could do it.

2278. You would believe in it, if it could be done?—Yes.

2279. It would be a great comfort to the patients?—Yes, and such an expense, that it would be greater than the whole management of the hospital.

2280. Do you say it is necessary for the hospital?—No, I do not. I would not say it is necessary, because we must take the experience of all other colonial hospitals. Sydney is hotter than Melbourne, and they have a vast amount of typhoid, and have no means of reducing the temperature, except by jalousies and blinds. You keep the place as close as you can on a hot wind day—shut out the wind.

2281. You do not think the hospital is what it ought to be, either for phthisis, or typhoid, or any of those?—I would not say that. It is a magnificent place for typhoid.

2282. It is a magnificent place for killing phthisical patients?—No. I never saw it kill a phthisis patient—they would have died anyway.

2283. Killed with the hot wind?—Take an example: You pick up a poor girl suffering from consumption, you know she has not many weeks to live. She is surrounded by poverty, and in those days they would bring her in. A rest for the first few days would seem to do her good, but when the summer came, with the hot wind, instead of living three or four weeks, probably she might live a fifth, but at any rate death was inevitable; so it would be bad use of English to say the hospital killed her.

2284. Those patients we hear of, that have died of erysipelas and pyæmia, and other hospital diseases—you do not say it is due altogether to the defects of the hospital?—No, I think they are self-generated defects in nine cases out of ten.

2285. Have you read in your medical works of last month anything indicative of progress that has been made on the knowledge of microbes?—Yes. There is a very good book in the International Series—a new book called *Microbes and Germs*, by Pasteur; and I have had great pleasure in reading that the last few months, as it gives the latest development of his ideas. Robt. F. Hudson,
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2286. He condemns old buildings?—No; take the book itself, and you will see. It is the International Series, by an assistant of Pasteur, translated into English.

2287. *By the Hon. W. A. Zeal.*—Will you state the length of medical experience you have had?—About 35 years.

2288. Previous to your being honorary physician of the Melbourne Hospital, had you any colonial experience?—No.

2289. Did you come from home?—I had been a year in the Paris Hospital.

2290. Since you left the Melbourne Hospital, what practice have you had?—I have been honorary surgeon and physician for the most of that time at Ballarat.

2291. Have you had any practice at Ballarat?—Yes, up to the last few years.

2292. So you have kept up your knowledge of medical studies to the present date?—I hope so.

2293. Are you aware if the returns furnished by the medical staff are reliable as to the deaths and the treatment of patients in the hospital?—I think they are very unreliable, as a rule.

2294. In what way?—So much depends upon the mental caste of the man who makes the statistics.

2295. Supposing there are certain returns given of deaths and moribund cases, how would that be?—That is very fair, where you bring in moribund cases.

2296. It is in the different cases of diseases it may be slightly inaccurate?—Yes; but the sum total may come right, the general statement, if they are on a broad enough basis; but, taking them in detail, it might be very unfair.

2297. You have told us as far as the sanitary arrangements of the Melbourne Hospital of the present day go, it would compare favorably with the hospital of your time—1860?—There is a vast improvement, and then we thought ours of 1860 very good.

2298. Are you aware at that time what proportion of phthisis patients were admitted in the Melbourne Hospital?—I think nearly 30 per cent.

2299. The returns show for the year 1860 that one patient in every 596 were phthisis patients?—That is only 20 per cent. instead of 30.

2300. Would that be a fair return?—It would be a fair one.

2301. If you were making a calculation as to the sanitary condition of a building, would it not be a fair thing to state the whole conditions attached to that return?—I think so.

2302. In other words, should you not give the condition of the patients—that is, explain those cases which are moribund and the different varieties of cases forming the moribund cases?—I think that would make the statistics very valuable then.

2303. In the returns given by the Secretary of the Melbourne Hospital, during the year 1880, it is stated that there are 95 moribund cases of death in a total of 573 deaths—that is, 16.58 per cent. of the deaths were from moribund cases. Should that not in all fairness be an element to be considered in determining the sanitary condition of the hospital?—Certainly; and it ought to be eliminated from the death-rate.

2304. For the eight months ending August, 1886, the returns furnished by the secretary of the Melbourne Hospital give 132 moribund cases out of a total of 386 cases—that is a percentage of 34.20 per cent.?—Yes.

2305. If you eliminated the moribund cases from the total cases of death, it reduces the average death-rate in the Melbourne Hospital to 9.2 per cent. Is that an unusual rate for a large institution like the Melbourne Hospital?—No; it is a favorable rate for medical cases.

2306. On the other hand, if you eliminate the moribund cases for the year 1880, it will bring the return down to 11.67 per cent.?—That is not bad either.

2307. Would it not be a reasonable inference to draw, supposing this hospital is in this frightful insanitary condition, we have been told that the officials and nurses should be somewhat prejudicially affected by the conditions of the atmosphere?—I cannot understand how those germs have such an affection for the patient any more than for a visitor or the nurse, or the medical resident.

2308. Would not you anticipate some cases of illness in the attendants, if the air was so poisonous?—I should naturally infer that they would take what the other people did.

2309. If a return was shown you, setting forth that, out of 127 officers in the establishment, that there have been no cases of blood poisoning or erysipelas amongst them, would that not somewhat shake the statements which have been made, that the hospital is in a terribly insanitary condition?—I should be inclined to ask the person who made the statement, why had those germs not attacked 127 residents, many of them with broken skin like the patients—with broken surfaces. I fail to see by what intelligence those germs are endowed to say, "You are a paid officer of the hospital, and I cannot attack you; and it is my duty to attack this patient, because he is not paid." We have heard a good deal of germs, but have not seen their souls or discriminating power. I think that is a fair inference to take.

2310. As to flying miasma and gases from the soil, is it not a fact that earths generally disinfect poisonous matter placed in them?—Yes, and it is the best disinfectant which science, or commerce, or nature has given us.

2311. Is not the earth a slow burning furnace which destroys all organisms and putrid matter placed in it?—Yes.

2312. If the other theory was true, would not all the suburbs of Melbourne be poisoned by the distribution of noxious gases, where the nurserymen turn up soil which is thoroughly saturated with manure and other organic matters, brought out of town to enrich the soils?—It must show something, seeing that when you put fæulent matter in the earth it is disinfected, and there is neither odour nor infection, and where it is turned over years after, no harm is done.

2313. Suppose that about the turning up of the soil is really true, how do you account for the fact, that the market gardeners who use night-soil and other offensive matters to a very great extent, are not troubled with those diseases?—The theory is opposed to what I have seen. I have seen millions of loads of stuff in Manchester used over thousands of acres with spade-husbandry, and I never saw any injurious effect, and that process had been going on for 40 or 50 years then.

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2314. Is it not a fact, that in the Ballarat Hospital the refuse and fæces, to some extent, are used in the hospital grounds for the enrichment of the soil, for growing vegetables?—They have been using it for sixteen years there, and I made a rough calculation in going over that the other day—with 200 people the solid excrement from those would be, reckoning a very liberal rate, 200lb. per day, and the other attendant matters, and the disinfecting earth would bring it to about 600lb. of earth and fæculent matter, making a good deal less than a square yard, and the gardener has been using that for sixteen years, and he has enriched a little less than an acre; but it has made the garden so fertile that vegetables are grown sufficient for the requirements of the patients and the whole establishment, and I believe they have to dispose of the surplus, and on no occasion have I ever heard it complained of, as to odour, or being offensive. Now, they have there the same kind of clay as at the Melbourne Hospital, which thoroughly deodorises and disinfects the stuff, and makes it innocuous. I consider that is putting it to a severe test.

2315. Has there been any complaint from the health authorities at Ballarat as to the use of that material?—Never, to my knowledge.

2316. Have the medical men at the hospital never complained?—No, they think that is the proper use to put it to.

2317. Have there been any ascertained bad results from the use of that manure?—No.

2318. Then so far, your experience goes to show that, under ordinary careful management, the refuse of a hospital can be used in its grounds?—Yes, but I would not recommend it in a city, but in an open airy place like Ballarat it does well.

2319. I ask these questions, because I want the Committee to be informed as to the importance or otherwise attaching to the statement made, that the stirring of the ground at the Melbourne Hospital has in all probability brought about some of the ill results with which the hospital has been charged?—Just so.

2320. Dr. Allen stated in his evidence, and he is lecturer on pathology, and therefore a good authority, that the years 1881 and 1882 were the two years in which the hospital was in its most insanitary state—if that was the case, how do you, as a medical man, account for the fact that the returns of mortality for those years were considerably less than for the years 1884 and 1885?—I cannot account for it.

2321. I will give you the figures—for the year 1881 the total mortality was 15.75 per cent., medical and surgical combined; for the year 1882 the total mortality was 15.64 per cent.; while in the year 1884 it had increased to 16.46 per cent., or 1 per cent. above the worst year I have mentioned; and in 1885 it had slightly fallen to 16.40 per cent.—if that is the case, can you give the Committee any reason for it?—No, it passes my comprehension altogether.

2322. The theory of Dr. Allen is this, that during the years 1881 and 1882 the committee exercised their powers of admission more freely, and did not turn away the milder cases; so the rate was diluted by the milder cases, and a better apparent result was got—is that a reasonable theory?—That suggests a fair answer to the question.

2323. Seeing that in this colony there is neither a Lock hospital, nor a Cancer hospital?—You have a hospital for incurable diseases.

2324. But neither of those, nor a Consumptive, a Fever, nor a Small-pox hospital; is it not a natural inference to suppose that all those cases which are, generally speaking, moribund, tend to swell the death-rate of the Melbourne Hospital, and make its returns more unfavorable than they would otherwise be?—I should think so.

2325. Then those returns should be taken with considerable caution when compared with other institutions?—Yes, other institutions which are saved from the incubus of moribund and incurable cases.

2326. According to reliable returns, the deaths in London hospitals are from 72 to 127 per thousand, and this result is obtained by the classification of diseases in the way I have pointed out, that is, that a general hospital takes the general cases, and the other hospitals their own cases separate?—Yes, and the parochial institution takes a lot of the ill-fed persons.

2327. Seeing that is the case, and that the London returns vary from 7 to nearly $12\frac{3}{4}$ per cent., is it an unreasonable inference to suppose that we slightly exceed those rates, by taking in the moribund cases at our Melbourne Hospital, and not because it is the pest-house it has been called?—The statistics show it is not a pest-house, and that it is doing very good work, even taking in those moribund cases.

2328. If the Melbourne Hospital is saturated with disease, would not some evidence be found on a test being made of the materials of the place?—I do not think that can be discovered, for they have never found those germs on the walls.

2329. Would not there be some evidence if the walls were washed?—You cannot see the germs.

2330. Would it not give some indication of the poisoning?—Let us illustrate it like Pasteur with his diseases. When he wanted to prove anything, for instance, the Anthrax disease, he had 200 sheep brought, and he divided them into two lots, one hundred he inoculated with his germs and made them proof; and the other hundred he also put into the poisoned place; and the hundred that had not been inoculated died, and those made proof by him he took out and none died. Now applying the same reasoning to the Melbourne Hospital—of 127 attendants put into the wards or going through the wards, surely some would take those diseases by contact with the germs, as well as the patients, but according to your evidence it does not seem that they have taken. I have not been shown any statistics that any of the attendants have been affected. It seems to be a particular immunity—that because a man is receiving pay he does not take those diseases. If that is not logical, do not take it; but applying principles that are common to animals and mankind, you must admit that, in the ordinary chances of life, the attendants will have broken skin, and they are not all pure people.

2331. Seeing that some of the best results have been obtained from some of the oldest hospitals in London, notably the Guy's, which was commenced in 1721, do you think that the age of a building is a factor which should be considered at all essential in the consideration of this question?—I do not; in the face of such powerful evidence as to those old buildings doing such a good work and being so healthy, I am inclined to think old hospitals as healthy as new ones.

2332. As to the climate, how does ours compare with the English hospitals?—We have the advantage with the great purifiers—the air always in motion, and the sun always shining. What would you think of a winter where the sun has not been seen for 101 days, which happened two years ago in London?

2333. Do you know any single hospital in the metropolis in London where the ground on which it is built has the natural advantages which the Melbourne Hospital has?—I do not think there is one. Robt. F. Hudson,
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2334. Is there one hospital in the metropolis surrounded with such wide thoroughfares as the Melbourne?—No, the only one approaching to it is the St. George's, Hyde Park, and that does not now compare so favorably with the Melbourne Hospital.

2335. Supposing a perfect system of cleanliness is observed, and a thorough natural system of ventilation is carried out, whereby the patients might obtain a constant supply of fresh air, and supposing that the laundry is moved from the grounds and established in the country, and that all the bedding and clothing of the patients are exposed to the beneficial action of the sun and air for a considerable time before being used again; and that certain buildings are pulled down which now encumber the grounds, is it not natural to suppose that the returns from the hospital would be very considerably modified?—They would be, they are very good as they are, but they would be better then.

2336. What would you recommend?—I would recommend almost exactly what you have said—the removal of the laundry and the out-patients' department, a natural and careful system of ventilation; perseverance in scrupulous cleanliness in closets, the pantries, and the baths, and no over-crowding.

2337. *By the Hon. the Chairman.*—You say that hot winds have a very deadly effect on consumptive cases in this country in hospitals?—Yes.

2338. Have they not the same effect in private practice?—Just the same. Those seven patients I mentioned, who died in one day, if they had been in your or my private practice, they would have died just the same; because, in those days, there was no means of mitigating the temperature.

2339. And, in other diseases of an exhausting nature, the hot wind has the same effect?—Yes; but I would be sorry for any one to say that the hospital killed them. That would not be an opinion either true or wise. The hospital had nothing to do with killing them. They went to the hospital to get some comfort for their few remaining days, and they got it and died.

2340. Three years ago Dr. Youl held an inquest on a man named Grimes. He was a drunkard and, in a drunken quarrel, a woman stabbed him in the knee-joint, making a punctured wound. He was running about after that for a couple of days before he came in, till he found his knee getting very bad, and he was brought into the Melbourne Hospital. He had suppuration of the joint, and pyæmia set in, and he died. Dr. Youl, in summing up the case, said that the ward killed the man, that it was saturated with pyæmia, and that was the cause of the man's death. Now, at the same time, in that same ward, there was a patient not many beds off, who had been operated upon for a femoral aneurism, which necessitated the tying of the external iliac, causing, as you are aware, a big pelvic wound. There was also a man with an aneurism of another artery, for which the carotid and subclavian were tied. Now, in those two cases their wounds united with the first intention, and without any suppuration. The aneurism cases were men who had lived careful, proper lives; the other one was rotten, and he died. Now, why should one man have died of pyæmia, and the other two men's wounds heal up by the first intention?—Because the man had generated the diseases in his own body, his bad living, and his drinking, so that his fluids were ready to create the pyæmia; as I told you was the case with the little boy who created it in the country.

2341. So that if germs gained access to that man, there was a good cultivation ground?—Yes, he was ready for it.

2342. And not the other?—No.

2343. So that everything depends, in surgical cases, upon the constitution of the patients?—Yes the predisposing cases.

The Witness withdrew.

J. Cosmo Newbery examined.

2344. *By the Hon. the Chairman.*—We were induced to send for you on account of a letter which, you addressed to the Hospital Committee a short time ago?—Yes. J. C. Newbery,
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2345. I think I read it in the Chamber. I will read it again, in order that my fellow members of the Committee can ask you any questions they think fit?—Yes; it is some time since I wrote it.

2346. "Public Library, Museums, and National Gallery of Victoria, Melbourne, August 28, 1886.—Your remarks in reference to the sanitary condition of the hospital, at the meeting of the 24th inst., and the returns that you obtained will no doubt re-open the whole subject. Up to the present we have had only one side; popular, perhaps, because it is so easy to find fault, abuse, or condemn. To defend a case like this needs facts and figures, not simple assertions. Whatever may be the result of the scare, the hospital may stay where it is for some time to come, and the question I should like to ask is—does any reason exist why the hospital should not be made a perfectly sanitary wholesome place? With all due deference to those who have condemned the hospital, I am positive that it can be made and kept in as perfect a sanitary state as any other institution. I do not state this as a mere opinion, but I give it to you as the result of some years of study and observation. It is, no doubt, more difficult to keep an old-fashioned building free from contamination than one built with all modern improvements; but cause and effect remain the same, and an isolated single room may be made as perfect a fever-bed as the most crowded city hospital—or both may be kept clean. If the hospital is in an insanitary state, let us try to make it sanitary, and I have no doubt of the result of the trial, if it is made in earnest. The question of removal may then be discussed on the basis of convenience, £ s. d., or simply as an educational establishment for medical students. Mr. Butler's report certainly describes some extraordinary practices, but nothing but what may be made right, if it is desired. I shall be pleased to give you or any one my views in detail, and the data upon which I base them. Believe me, yours very truly, J. COSMO NEWBERY." That is your letter?—Yes.

2347. Have you any reasons to alter the opinions you had at that time?—None whatever.

2348. Will you kindly inform the Committee of your views upon how this hospital can be rendered in a sanitary condition?—My views are simply based on the observation of the life and germination of micro-organisms in insanitary places. We believe that the insanitary condition is due to the multiplication of micro-organisms—call them germs of disease, bacilli, or bacteria, or give them any other name our fancy may lead us to, but they are micro-organisms. I have examined them as taken from the sewage—cesspit sewage—from the Swanston-street drain, which contains most of the liquid matter from the

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hospital, as well as all that portion of the town. Taking the water as it flows into the Yarra, I have developed the micro-organisms in the water, and I find that by ordinary simple means I can either destroy them, or, if I separate the developed organisms, I can prevent the development of the germs, or develop them from fluid excretal matter, liquid excreta, or such as may be taken from a pan or cesspit. While it is still liquid, I can prevent any contamination from one vessel to another, but the moment I allow any to become dry on the edges of the vessel, any evaporation, so that there is any crust or fungus, the adjoining portion which has not been contaminated becomes contaminated, the spores or germs get over the division. Finding I have control of them in that way, I see no reason why I should not have control over them in my laboratory. I have different sorts of fruits there—quinces, pears, apples, plums—in my laboratory. I have kept them in the laboratory for over two years, and they are perfectly fresh now as when they were gathered. They have never been cooked, no precautions taken except to prevent the access of germs. I killed the germs on the outside of the fruit by dipping it in sulphuric acid, according to Pasteur's theory, that fruit without the bloom will not ferment. I killed the bloom instead of wiping it off, and the fruit has not fermented. The fruit is not as nice as it was two years ago; it has lost flavor, but it is still fresh. Even a quince that was cut in two two years ago is still in perfect condition as far as shape and texture go, but it has lost flavor. Now, if I could do this with regard to all these matters—I took others, I took sheep's tongues, being an animal with tissues very easily attacked, fungus grows very rapidly in it—I took them, let some of them get mouldy, and attacked by contamination with dirty water, and I prevented the attack spreading to others by protecting the surfaces, killing the germs when they fell upon it, and I kept the other tongues until they dried up. I also bought fresh fish from the market, and kept them hanging up until quite dry without any putrefaction going on whatever, and I kept butter without any rancidity for months. I do not mean to say that these things are available from a commercial point of view—the butter becomes tasteless, and so does the fish; but there can be no putrefaction, no fermentation, no fungoid growth without the transmission of living germs. The reason I wrote that letter was, that I could see no reason, if I could have such command over the living germs in those cases I have mentioned, why the same command should not be taken of a room. If I can render the walls—the skin—of fruit free from germ life, I do not see any reason why I should not render the plaster of the walls of a room free from germ life.

2349. Germs of the worst kind seem to have a greater affinity for animal bodies than for walls?—When they are entrapped in the walls. I fancy the germ simply remains there without developing. It does not develop until it falls into proper soil, into a cultivating medium. There are some germs we can develop easily in solutions of tartrate of ammonia, others need a solution like Pasteur's, and others require gelatine. In the same way, the germs that may produce these diseases at the hospital, perhaps do not develop until they fall upon an abraded skin, or open wound.

2350. It is still a disputed point, as to how they act when they attack a body or a wound, whether it is a micro-organism or a chemical product that is set up?—It may be a chemical product. They poison themselves ultimately—if the micro-organisms that cause the change from urea into carbonate of ammonia are allowed to remain in the vessel with urine, in ten days sufficient carbonate of ammonia is developed to kill the micro-organisms. In a wound the product or material produced by the action of the micro-organisms may be what poisons the blood.

2351. In a ward, say, where there are a lot of suppurating wounds, and pus discharging from amputating cases, and so on, unless there is free access of air, there would be always danger of micro-organisms being in the air in that ward?—I do not think the microbes can be communicated from any wet material. I do not think the emanations from a wound could communicate them while they are wet, but any number of them could be communicated on the wound becoming dried up. The micro-organisms must be infinitely small.

2352. That is what I mean—an amputating wound is discharging copiously, and a certain lot of it gets dry, and the bandages are removed?—That would disseminate the germs that are in the bandages, any portion of the bandages becoming dry. I say that, because of my experience in keeping excretal matter wet, allowing no evaporation, keeping it constantly wet. While I kept it so, the next vessel that had been sterilized was not affected. As soon as I left it, leaving it over Sunday, everything was poisoned.

2353. I suppose the best disinfectant is plenty of fresh air?—Plenty of fresh air and sunshine.

2354. You believe in the natural method of ventilation—windows doors, and open fireplaces?—Yes; but there are excellent methods of artificial ventilation, like the method of the National Bank.

2355. Is that artificial?—Artificial. The air is brought from a height above the roof of the building, and pumped down into the cellars by fans worked by Yan Yean jets, and then it is allowed to escape upwards through pipes into the building. That has the advantage that the air may be warmed to any temperature, and any individual in the building may have air delivered at his point at any temperature. A man on one side of the building can have cold air, while a man on the other side can have warm air; each one has his own air pipes.

2356. Are the new Supreme Court buildings ventilated artificially—is there not a suction downwards for the foul air, and another at the top?—There is supposed to be, I have not seen it.

2357. *By the Hon. F. E. Beaver.*—You have heard of the saturation of the walls of the hospital with pyæmia, and other things of that sort—erysipelas?—Yes.

2358. What is your opinion about that?—I think it is quite possible that the walls may be perfectly saturated.

2359. You have been in the Melbourne Hospital?—Yes.

2360. Do you think the walls are saturated?—I have never tried; I could try for the Committee, if you like. It simply means, taking a chip out of the plaster, and putting it into a sterilized solution of gelatine; if there are germs they will develop and you will have a full growth.

2361. I should like to see that, if you do not mind?—I would be very glad to do it; Mr. Williams, the secretary, will let me take samples from the walls.

2362. About this closet business, do you believe in the earth-closet more than in the closets they have there?—Yes; I think that the pipe system is radically bad, that the air must rise through that pipe and find its way to the wards, and if any of the excretal matter dries in those pipes and there is a return of air, that air must be loaded with germs.

2363. Then the ordinary earth-closet that we have in this city is better than the sort of closet that they have there?—Yes.

2364. With earth for a deodoriser?—I do not know that earth is best for a deodoriser. I should use some special deodoriser, one that imitates sunshine, makes oxide of hydrogen, and will prevent the fermentation in the night soil; with disseminated camphor eucalyptus you can get the excreta to dry in the closet without developing bacteria germs.

2365. *By the Hon. D. Melville.*—You know as a fact of the existence of these things?—I have grown them by the billion.

2366. Why I ask you is, that a few minutes ago we had a complete disbelief in the existence of these things. You say you picked up and analyzed the sewage of the hospital from the streets?—I took it from the mouth of Swanston-street drain; I was in search of dirty water.

2367. You think that water was undoubtedly passing from the hospital into the street?—This was underground sewage.

2368. They are passing from the hospital in the underground sewage—these dangerous bacteria?—I take it that, wherever liquor of that kind follows, there is always more or less danger.

2369. You are not surprised at this scare?—No.

2370. You think it the very natural outcome of the state of affairs?—Yes; I think affairs have drifted there.

2371. Would you recommend this Committee to recommend a new hospital?—I do not know that I am quite in a position to answer such a question. I think that a hospital that has four or five chains of fresh air round it ought to be kept clean, and fresh, and sweet; and the Melbourne Hospital on the Swanston and Russell streets sides must have at least four if not five chains; in front it has more, and at the back it has only the Public Library, from which it can get no poisonous contamination, and yet it is far enough off to allow the sunshine to reach it. It seems to me to be in a good position if properly taken care of; it may not be as good a structure as might be.

2372. Is that structure capable of the management you have in view?—Yes, I think so.

2373. The present structure?—The present structure.

2374. You think the emanations from the hospital, alike dangerous to the patients and the public, could be controlled there sufficiently?—I think so.

2375. Do you think they are sufficiently controlled now?—No.

2376. You think the arrangements are defective?—I think so.

2377. Greatly defective?—Greatly defective. I have not examined them very critically; I judge more from the reports made by the medical officers and Mr. Butler's report, which remains unchallenged—I take that report for granted.

2378. Dr. Youl and others have stated emphatically, that they believe the walls and lining boards are dangerously affected by these peculiarly named things that none have seen, but you have some reason to believe exist?—I could answer that better by a demonstration. I could take a portion of the walls of the hospital where they are supposed to be contaminated, or take portions of material that are known to be contaminated, and show you developments and growth from that contamination, and other portions treated antiseptically, from which there should be no growth—that could be demonstrated without trouble.

2379. You think the lining boards in the various walls are dangerous receptacles?—They may be, but they are all accessible. If you take a quince, it has a fur on it naturally, perhaps less than a 64th of an inch in thickness; that gives way when you take hold of the ripe fruit. That is a mass of fungoid growth of bacteria. We know there is no fruit that rots so quickly as the quince, but one dip in a bath of sulphuric acid gas kills it all.

2380. *By the Hon. the Chairman.*—Kills the fermentation?—Yes.

2381. *By the Hon. D. Melville.*—Would your experiment extend to the air of the hospital?—Yes.

2382. The same as M. Pasteur with the air of Paris?—Just the same.

2383. Could you analyze and give them approximately, the number of bacteria that is in the atmosphere of the hospital itself?—Yes.

2384. And in the closet?—Yes.

2385. I think the Committee would be delighted if you could give them an analysis.

2386. *By the Hon. F. E. Beaver.*—Would you also give us that analysis in any ordinary house?—Yes; take it in this building for instance, and take it in the library; but as our windows are open towards the hospital we might get the hospital air; but take the University or this building, or any other building.

2387. *By the Hon. D. Melville.*—Could you also, following up M. Pasteur's examination, take such a building as Robb's for its height—Pasteur having discovered that towards the top there are less of these things?—It is only a question of filtering the air through an aspirator, through a cotton wool filter, and washing it out, and setting it in the sterilized fluid in which the bacteria are to grow, and counting the number in a certain portion. Each test would take about a week or ten days to complete, but as many may be carried on in that time as may be thought necessary. It would take a week or ten days to get results.

2388. *By the Hon. F. E. Beaver.*—All might be taken at the same time?—Yes.

2389. *By the Hon. D. Melville.*—Then it would be an invaluable comparison to the Committee, the atmosphere as well as the ceilings?—There is some doubt in my mind as to the great value. I find that the rain-water from the rain-gauge at Mount Macedon contains more ammonia and nitrogenous matter than the rain-gauge at the Melbourne Observatory, so that there may be a little doubt, judging chemically. Judging by the micro-organisms, I think it is safer; but the Macedon rain-gauge, especially after dry weather, contains more ammonia and albumenoid matter than the one at the Melbourne Observatory. Mr. Ellery has collected the water for me, and there is the result I have got. Judging from Franklin's standard of sewage operation, the mass of the rain-gauge is bad water; I suppose it rises from the emanations from the Keilor Plains.

2390. *By the Hon. W. A. Zeal.*—You stated, in answer to Mr. Melville, you considered the condition of the Melbourne Hospital terribly defective; is that so?—Yes.

2391. Is that opinion derived from personal observation, or what you have read in the paper?—Both.

2392. In reference to personal observation, what methods have you taken to determine that fact?—The chief point I have observed, is the filling of the night cart from some pit in the hospital grounds. The excreta seems to be pumped or raised from the pit in some way, and goes, I suppose, into a cart like a corporation cart; but as it falls into this cart it mixes with the air in the cart, and that air has to escape,

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so that cart-load after cart-load of contaminated air is driven out. I have been taken in there to smell it, and the stench from it was something terrible, so much nightsoil and excretal matter being stirred up with the air, and the air driven out so as to be blown out into the hospital.

2393. Does not that point to the defective condition of the hospital?—It is part of the hospital system.

2394. Is not this tank in the grounds—not the building?—In the grounds.

2395. The effect of which you speak could only be communicated to the building by those poisonous gases being blown into the building through the windows or doors, or the pipes through the closets?—Yes.

2396. Do you think, from what you have seen, there have been ill effects from the dissemination of those poisonous gases?—That I am not capable of answering.

2397. The whole of your experience is from what you have seen in the examination of this cess-pit?—Yes, and my observations outside, following my own work.

2398. You have not conducted any chemical experiments in the hospital?—No.

2399. Which would enable you to pronounce definitely whether the walls are saturated with septic poison, or the wooden ceilings contain those poisonous germs of which you have spoken?—No.

2400. Assuming, for the sake of argument, that what you have stated is strictly correct, and I believe it, is not this a matter entirely preventable by the exercise of ordinary sanitary supervision?—The sanitary supervision with which people have been made acquainted in recent years, since the labours of Pasteur and others.

2401. If the cess-pit is abolished, and a different system of treating the fæces is adopted, whereby the whole matter is disinfected and deodorised, will not that danger cease?—Yes, and the disinfection of the wards.

2402. Does not that affect the sanitary condition of the hospital, rather than the medical and surgical?—Yes.

2403. That is consistent with what you stated in your letter, that, by the ordinary appliances and strict cleanliness, the Melbourne Hospital can be brought into a thoroughly sanitary condition?—Yes.

2404. Could you not, if given *carte blanche*, bring about such an alteration in the sanitary condition of the hospital, by the use of disinfectants and ordinary sanitary appliances, as would render the atmosphere in the building perfectly sweet?—Yes, but it must be constantly kept up.

2405. If you were allowed discretion?—To keep it so, the work must be constant.

2406. Does not that confirm the statement in your letter, that some system might be adopted whereby those useful results can be obtained?—Yes; I have no doubt the Melbourne Hospital may be made and kept in a perfectly sanitary state by the adoption of ordinary sanitary means.

2407. Supposing you abolish the closet system, and introduce such a system as will be wholesome and cleanly, and you supply such a quantity of fresh air in the wards as modern experience deems necessary, do you not think we might look for better results in the management of the hospital?—In the health of the hospital?

2408. In the probable death-rate?—No doubt of it.

2409. Would you prefer what is called the closet system—the fæces being treated by some deodorant immediately they are exuded?—Yes.

2410. And some special system applied whereby this fermentation might be prevented?—Yes.

2411. Do you think, as a chemist, you could suggest to the Committee any reliable and inexpensive means of carrying out that matter?—Yes, I think so. I would rather demonstrate these things than say them.

2412. Supposing it is a fact, that the walls of this hospital are saturated with septic poison, can we not, if we examine those walls, find the bacilli and other poisonous germs of which mention has been made?—We can probably develop them if they are in the walls as germs, and awaiting favorable conditions to be developed.

2413. Would your analysis show them there?—I could develop them. I could not see them in their primary condition. I could find bacteria of some kind.

2414. In its crudest forms?—We could not see the germs.

2415. A certain chemical action takes place that develops animal life?—We develop them by putting them into some fluid upon which they develop and grow.

2416. Upon which they feed?—Upon which they feed.

2417. Would not that give the same result if you analyzed a portion of these walls—would you not find that product?—No.

2418. Could not that be found in this building?—No, you cannot get anything in the plaster and bricks on which the germs feed; they will not develop unless they are in the proper soil. We must add to the germs the same medium.

2419. Take the room in which we are at present sitting—supposing a dozen persons remain in this room with the doors and windows closed for an hour or so, would not the air be poisonous?—Yes, from the emanations of the carbonic acid.

2420. Supposing, on the other hand, the room was left open, with no people in it, and the air had free access, would not the air be pure?—Yes; but the poisonous condition of the atmosphere in the first case would be owing to the fact that it is carbonic acid instead of oxygen. You would have the poisonous effect of the carbonic, but you have no septic poisoning—you would have no blood poisoning.

2421. Would not that result follow?—No, there would be no development of life from that.

2422. Not if this system was continued in an aggravated form for some time—the same as is alleged in the Melbourne Hospital?—No, not from simple want of ventilation. I think there can be no question of that. Others, besides myself, have blown and blown through cotton filters, sterilized cotton filters, and have blown the air from the lungs through sterilized cotton filters for hours, and nothing has developed.

2423. You think no exhalations from a diseased patient—?—Yes; from a diseased patient there would be other exhalations than the exhalations from the lungs.

2424. The matter on bandages would produce this poisonous life of which you have spoken?—Yes, but you might have that poisonous life introduced into this room while the air in this room was perfectly pure; I could bring in a piece of contaminated gelatine, and let it dry on the table, and contaminate the whole room, though none of the persons in the room had the slightest trace of disease when they entered.

2425. Supposing the walls of the hospital were thoroughly cleansed and fumigated, and the modern practice in hospitals of allowing certain portions to rest were adopted, and you did away with the present system, and adopted the earth-closet system, and had a proper system of ventilating, then you could bring the hospital into a satisfactory condition?—Yes, perfectly satisfactory.

2426. Would you take exception to any particular ward in making that statement?—None.

2427. You think the whole of the building could be treated efficiently?—I think I could kill the germs in the dirtiest of the wards.

2428. You would undertake to keep the building sanitary?—That is a question for the doctors and the nurses.

2429. Allowing you, as a chemist, to have *carte blanche*, and adopt such measures as you thought necessary?—Yes, if nurses would be guided by rules.

2430. What I am coming to is, the advantage of employing a special sanitary officer to look after these matters, an officer whose duty it would be to see that this excreta was properly deodorised, and see everything necessary for cleanliness was carried out—would that be an advantage?—If such an officer carried out his business properly, there would be no complaint against the institution.

2431. Is such a thing practicable?—Yes; he would have to have full power and be there always, not visit occasionally.

2432. Do you know the London hospitals?—Not for many years, since I have been there.

2433. From your knowledge of London and the dense way in which the streets and buildings crowd upon each other, how do you think the position of the two structures would compare—the open space around the Melbourne Hospital, with the dense crowding round Guy's, St. Bartholomew's, Charing Cross, Westminster, St. George's, or the Middlesex?—From what I remember, they were all much more crowded. I know more of New York than of London; I know they are very much more crowded there.

2434. In that respect the Melbourne Hospital would compare favorably?—Yes, I should think there were very few that would compare with the Melbourne Hospital—I know nothing of the modern hospitals.

2435. Taking the area, the Melbourne Hospital, four acres and three-quarters, and with the surrounding streets, Swanston and Lonsdale streets, eight acres, three roods, four perches; do you think with those conditions, the hospital might be rendered perfectly sound?—Perfectly sound. I pass the hospital two to four times every day, so I know the site very well.

2436. Do you know any particular system of ventilation which you would recommend to the Committee?—I think the system of ventilation at the National Bank is as good as I know of. The air for that system may be filtered air.

2437. There is no other system you would have a preference for?—No, it is carrying out the plenum system in the best way—all the draughts are out, not in.

2438. You introduce the air as the individual requirements call for it?—Yes.

2439. Have you noticed in the Melbourne Hospital the great defect in warmth?—No, I am not sufficiently acquainted with it to say.

2440. Are there any means of warming the wards?—No, I do not think so.

2441. Do you think that is a necessary condition?—I think it would add materially to the comfort of the patients.

2442. Take a consumptive patient, would it not add to his comfort?—Yes; but I would rather the doctors answered that question.

2443. Do you know anything about the laundry?—No.

2444. Do you think it would be advisable to remove the laundry?—I do not see any reason for it.

2445. Do you think disease might be disseminated by poisonous products from clothing and bedding?—I suppose they are all boiled, and there are none of the germs that I have met with that would stand half an hour's boiling; I have not been able to develop any of them after half an hour's boiling.

2446. Would it not be better to take the washing away and have it done in the country, where it is exposed to the sun and air?—I think it might be an advantage, but more as a matter of convenience than anything else.

2447. You have never treated clothing washed at the Melbourne Hospital, and clothing washed in the country and exposed to the sun and air?—I have made some experiments in regard to the oven used at the Quarantine Station, in regard to the destruction of germs that might be introduced in the clothing of persons from ships where fever, and so on, has broken out.

2448. *By the Hon. the Chairman.*—Could you not find, in crowded factories, a number of microbes on the walls?—Any number; a railway carriage is one of the best places to get them—on the windows.

2449. Then this question of saturation or non-saturation simply means, that there are germs everywhere about us, and that these germs cannot do any murderous work unless they have a suitable field?—Unless they are the murderous germs; we drink the germs of the bacteria—we must drink them by the million when we drink a glass of water; it must be the septic germs that do the harm.

2450. You think that over-crowding has a bad effect?—You multiply the chances.

2451. You think this hospital, regardless of its construction, can be made perfectly sanitary?—Perfectly—I see no reason for thinking otherwise. With reference to these experiments, if you would let me know what you would like to try, I would be happy to do so.

2452. *By the Hon. W. A. Zeal.*—I think those experiments should be made in the presence of Dr. Youl and the Committee?—I may mention, that I spoke to one of the medical gentlemen in the city connected with the hospital, and offered to make the examination with him, and he has expressed his willingness to join me in it—I refer to Dr. James. I would suggest that two or three would be enough to join in the experiment.

2453. I mean that the start should be authenticated—it would be useless unless the start is authenticated. After you have obtained the material for us, and that is authenticated, I think the Committee should be present when you start this examination. If you took a piece of plaster or a chip from the ceilings the Committee should be present when you did so, so that they might say they saw you do it; otherwise it might be said Mr. Newbery took a favorable day or a particular place, but if Dr. Youl points out the particular place there can be no doubt.

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2454. *By the Hon. F. E. Beaver.*—I think Mr. Newbery should be asked to go into some large factory or building and do the same there, to make this experiment of any practical value?—I will consult with Dr. Youl if you like, and Mr. James, as to how this is to be done. I will prepare a number of sterilized vessels in which to receive the objects to be taken, and then I will notify you that I have got them ready, and you might have one of the samples taken and satisfy yourselves. I have no object in these experiments, except to demonstrate my “fad” that it can be done.

The Witness withdrew.

Ordered—That this Committee be adjourned to to-morrow, at Three o'clock.

THURSDAY, 14TH OCTOBER, 1886.

Members present:

The Hon. Dr. BEANEY, in the Chair;

The Hon. W. A. Zeal,
F. E. Beaver,

The Hon. D. Melville.

Edwin Matthews James examined.

E. M. James,
14th Oct. 1886.

2455. *By the Hon. the Chairman.*—You are a member of the Royal College of Surgeons of England?
—I am.

2456. Licentiate of the Apothecaries' Hall, and surgeon at the Melbourne Hospital?—Yes; I am.

2457. Where did you complete your professional education?—St. Bartholomew's.

2458. Do you remember how many beds the hospital contained?—I could not tell you; I think between 400 and 500. I am not sure. They have been increasing and enlarging since I went. When I was home the last time I did not go into those statistics of their additions. I am only speaking of my time. I could not tell you exactly.

2459. And you could not tell what area the hospital is built on?—I could not.

2460. Can you produce any statistics showing the death-rate on the medical and surgical sides of that hospital?—The last report that I have of St. Bartholomew's is of 1884. The death-rate is generally carried on by taking note of amputations more especially, than taking them generally. Their death-rate for amputations (I am only taking it from the book; I did not anticipate being asked the question), as far as I remember, is about 15 per cent. in those amputations—from 10 to 15 per cent. I could not speak so accurately upon that, but I think that is for amputations.

2461. That would apply, I suppose, to nearly all surgical operations?—They take those as the type. They generally put that down as the type of the whole. They do not put them all together. They generally take that as a test. Their general stay in the institution, in their last report, was 29 days for women and 28 for men, as the average stay in the hospital.

2462. Was that on the surgical side?—Yes, surgical cases.

2463. Did you, during any of your studentship at St. Bartholomew's, see much hospitalism, such as hospital gangrene, septicæmia, and pyæmia?—I did not. But having done so much hospital practice before, I did not go as house surgeon or dresser; but still I did not see very much hospital gangrene. I have seen such cases during my term there, where pyæmia resulted, say, where the knee joint was injected with iodine.

2464. Iodine is a powerful antiseptic?—Yes, very powerful. But that is a great many years ago.

2465. That does not alter the *modus operandi* of the drug?—Yes, but they know more about it now.

2466. The fact of suppuration occurring after the injection of iodine shows that suppuration and pyæmia may occur without the injection of iodine in bad constitutions?—You will get pyæmia in any institution. I do not think any hospital can boast of being free from it.

2467. How long have you been connected with the Melbourne Hospital?—Since January, 1854.

2468. That is 32 years?—Yes, nearly 33. It was in a sad state then, on account of there being no attendants. You could get none, in consequence of the gold diggings at that time. We had more than 70 patients in tents.

2469. That was only the central block then?—It was not fenced in at all. There were trees growing all round it.

2470. It was the central block—no pavilions?—None. Of the present centre, there was only the old part, where the name of the hospital is put over the door, and where the old staircase is. That was the old surgical ward.

2471. What was the average stay of patients in 18 ward under your care?—Under my care it has been sixteen days.

2472. All round?—Taking them all round in that ward. Some have been in some of the other wards 25 days. In No. 18 it was 10 days. The average number of days from the 21st December to 21st July was exactly 16 days. The average in St. Bartholomew's was 29 to 30 days?—That is the average for 1884—surgical cases. I am sorry I did not bring the book; but I did not anticipate these questions.

2473. That is a distinct gain of twelve days for our hospital compared with St. Bartholomew's?—The advantage is on the Melbourne side as regards that particular ward.

2474. Does not this average stay in No. 18 compare favorably with any other hospital?—I have no reason, from my own observation, to think otherwise. I have had, since I came back, 274 cases in the hospital—I think about 119 in that ward. I have no reason to complain of the ward with my cases. I have had them there from 4 years of age up to 74 and 77—that is the range—and some very very severe cases, and some that are there now, that have gone through all this period, and have done well. I might

mention that, out of that 274 cases that I have had altogether during that period—between December and July—17 deaths occurred. Out of those 17 deaths, 12 were unavoidable certainly, and, I may say, two more; I mean two were for fractured spines, two from fractured skulls, three from burns, one from hemorrhage that died in a few hours afterwards, another from extravasation of urine. Amongst those cases, one man was gored by a bull, and gangrene set in. One was the man who was murdered in Simpson's-road, and a boy had his skull crushed. Those were cases that nothing could save; but it leaves just five cases to account for. Those five cases, taking from all in that ward—taking out the 274 or 119 in that ward—leaves a very fair percentage.

2475. *By the Hon. F. E. Beaver.*—That is only 2 per cent.?—That is my experience—that is the condition of things as I have had them since my return; it is upon those conditions, those undoubted facts, that I do not feel that I am justified in condemning that ward. I am satisfied so far, that there are one or two improvements that we could make, there is no doubt. We could make improvements in the closet arrangements in that ward; but still, for all that, those are the facts upon which I based my opinion. I cannot say but what I have had very good success in that ward.

2476. *By the Hon. the Chairman.*—Have not the water-closets been altered lately?—No, they were to have been altered on a former occasion.

2477. I understood they were being done now?—They are not finished.

2478. Some of them?—Some of them. They are doing them, I think; but that is only as regards the arrangements to detach them from the wards. I think they would have been done some time ago had there not been an idea that the place should be pulled down; but formerly we had a definite idea about that (I think you were on the board at the time), that the closets should be moved so many feet from the building, so there should be a current between the building and the closets. But I have no reason to find fault. The ventilation is always a difficulty, and always will be a difficulty; and the difficulty is not only with the artificial, but it is also with the natural means. In the winter season, when we get our calms, there is no air moving. This winter we have had more calms than ever. If the air does not move outside, we cannot get it to move in; we must use artificial means; and, on the principle of using both, I should like to see artificial means used when nature is at fault, and we get calms. Moving air is what the surgeons require, and what the physician wants too, that the bad air shall be taken away, and good air supplied; and at the same time that we do supply that, we should destroy any bad air that goes out from the emanations or exhalations, by putting it through fire. One of the greatest difficulties that every person, both medical officers and others, in the hospital have to deal with—I have experienced it myself for ten years, during my sojourn there—is that, the moment you go out of the ward at night, the patients will get every window shut. The more they shut themselves up, the more they get poisoned, and the more they are afraid of a breath of air—just as every gentleman here has travelled in railway carriages, with every window closed, with six or eight in a compartment that is not large enough for one, they will shut the window, and, if you get out and go into it again, you are not pleased with it; it is the same with the wards of the institution. I have had the greatest difficulty during my residence there to keep the windows open.

2479. You will find the same thing in a low neighbourhood—if a pane of glass gets broken, they will stuff a petticoat in?—There is no doubt the more people get into bad air, the more they will shut themselves up, and make it worse rather than better. That is the reason I am so much taken with the way in which our American cousins deal with the matter, they put it beyond your control; they do it by artificial means. Singular to say, while much intelligence has been displayed and made use of among the hospitals in America—though they have tried to grapple in every possible way with this question, they have not quite succeeded; but in the very large hotels they can accommodate large numbers of people, and yet carry off the vitiated atmosphere. The large modern hotels have all but conquered the problem. I suppose necessity has been the mother of invention. My attention was drawn, not in one, but in many hotels, as I went through America to the number of persons that could inhabit one hotel. In Chicago, I was there during the Convention—a very important time. There were crowds of people there at the Palmer House Hotel, where we stayed; there were no less than 1700 beds in that hotel one night that I was there. In addition to that I am quite within the limit when I say, 70,000 people went through that hotel night and day. It was open night and day. I went out of my bedroom, and went out into the street, and came back to test the atmosphere. I was surprised to find there was not a trace of carbonic acid gas or bad odours. It then struck me, if this can be done in hotels, it is the very thing we want in hospitals. That is the reason, I paid attention to it, and I proved it, and I ask others to do the same, to see if they could find any difficulty. We know very well, if we go out of our well ventilated rooms, ventilated as we consider well, and take a walk out in the open air, even in a town, you come back and go into your room, you do not like it. It is the same in almost every private house. I do not know a perfect one. That was forced upon them by the extraordinary value of land, and their having to shoot up; to make up for space below, they have to go to a height above, and I was very much surprised to find that they charged more for the top story than they did for the first landing. I asked the reason why, I thought it would be less and less. It does get less for a certain distance, and then it increases. I wanted to know the reason why, I asked the superintendent about it; he told me, he said, "The reason is, that they can get better air up there. But what they like more still is, they can get quiet. They are away from the noise the higher they go—the further they are away from the noise, and as they get the lift going every two minutes out of every 22 hours out of the 24, there is no inconvenience from elevation;" then again, "they ventilate from above, downwards, not from below upwards, they drive everything down." I was surprised at that; it was a new idea to me when I found they used their water-closets, they had them in their bedrooms, and little bedrooms, bath-rooms and water-closets close alongside, and in the next room to your own. I did not like putting my children in, because I saw those closets; I thought it was a terrible thing, I went down to the superintendent and said, "I do not like putting my children there," and he said, "I do not think you will have anything to complain of, I have never had a complaint, but will you test it yourself?" I did, and I found that you could not even get a live smell to permeate the room, let alone a dead one. The secret was, that the current of air was drawn downwards, it was not drawn upwards, and everything went straight down—all the live gases. These were water-closets. That occurred in the Palace Hotel, at San Francisco. That room I took because I could get no other adjoining for my children. In rooms with no fire-places, bedrooms, I could get no gases, the cornices are all open, they are handsomely done and perforated—the air is drawn

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down from outside the wall. The facility with which they go up the various elevations caused me to think that we ought not to be behind that sort of thing here.

2480. Did you ever see a case of hospital gangrene in this hospital?—Yes.

2481. How long ago?—It is fully twenty-six or twenty-seven years ago; it is close upon thirty years.

2482. None since?—I do not remember any since. We had some twenty years ago. We had certainly a very bad condition of things for about six weeks, and that was brought about by the men not taking away the contents of the cesspits; you could not get men; they went to the diggings.

2483. At that time the hospital was in an insanitary state?—Very.

2484. You would not expect to get such a thing now, under any circumstances?—You cannot compare it; it is impossible.

2485. Were you in Dublin?—Yes.

2486. Did you see that new hospital, the Jervis-street Hospital?—No, but I went to St. Stephen's; I would sooner have our own, fifty to one. I was much surprised at the Rotunda, the lying-in institution there, a very old one. I spent most of my time there. I found Dr. McCann a most intelligent man—a persevering man—most careful. He had an old institution to deal with. They used the wet plan of scrubbing their old boards. I do not know when they were laid there; but Dr. McCann is so particular in his cleanliness, and knowing every one connected with a lying-in case, that his percentage of cures was something wonderful, simply from management. There was an old institution—low ceilings and plaster ceilings, whitewashed and everything of the kind, so that I think, if that institution was put by the side of the Melbourne Hospital, every one would say they would prefer the latter, as an old building. But I mention this to show what can be done with strict care and cleanliness. They have a splendid system of nursing. It is all under one head. Dr. McCann manages the whole of it. It is that one head that keeps the control.

2487. That is the master?—That is the master. No student, no nurse, has anything to do with a case but what they know the time and when they had anything to do with it, so they can trace anything. I must say, I was never better pleased with the results of any institution than the Rotunda.

2488. My reason for asking if you had seen the new hospital in Jervis-street is, I think it is five stories high, stands upon a small portion of ground, and the patients are taken up in lifts and down again, and the recreation ground is on the flat roof?—That is much on the style of the New York Hospital. It is seven stories, and on the sixth story they have their cooking arrangements, in the French style. The washing house is at the top. On the fifth story, I think, they have a large fernery, running almost the full length of the building, where the patients go in to rest. Those that can walk out of the wards, they go in there for a change. That is all done by lifts; it could not be done otherwise. I was very much surprised by the number of stories—very much surprised. I am by no means against elevation; not so long as we get lifts. They make steam subservient to every wish. Steam is made a tremendous slave in every part of America. Although labor is dear here, we do not use it to the same extent as they do.

2489. You think the health of the hospital does not depend so much upon its age and structure as upon its sanitary and hygienic management and control?—I believe, where cleanliness is strictly observed, you can get the best results; but it requires that that cleanliness should be observed, done by one and all, and if we can get that, it is more than half the cure. Fresh air is undoubtedly what is required, but sometimes fresh air without change of scene will not do it. I find that simply changing from one ward to another will promote a cure where I could do nothing in the one ward, and yet not often move the patient twenty yards across from one side to the other.

2490. At the German spas they do more good by change of scene and society than by the water?—Yes, the patients look upon it at first as a real punishment to be sent from one ward to another; they get so accustomed to the nurse and the surroundings that they do not like to leave; but, in spite of themselves, they get better when changed.

2491. Did you visit the *Mater Misericordiae* in Dublin, that is one of the newest?—No, I did not.

2492. That is it—[*handing an engraving to witness*]?—that is the block system?—Yes. I may mention that I went down to my native place in Shrewsbury, I noticed there what I did not notice anywhere else, that was an Ophthalmic Hospital built with all its undergrounds perfectly free; it was built upon arches; the underground was perfectly free to the wind, I was much struck with it; all the pipes, closet-pipes were all to be seen, any leakage could be observed, there was not the slightest chance of any accumulation at the foundation. It is the only one I have ever seen, it took my fancy very much indeed—no foul air, no accumulation with which we have such difficulty in Melbourne on account of the closet system. In all the institutions I have been at, except in some parts of East London, they are all water-closets; that is one of our greatest defects at the present time, getting rid of the sewage. The pan system is a very difficult one to work, no doubt very good for private houses in some ways, even then it is not pleasant.

2493. Have they adopted the water-closet system in the London Hospitals?—Yes, all of them.

2494. You like the water-closet system, if there is plenty of water to flush the closets?—I do. I do not think you can be perfect without it.

2495. How many wards have you under your direction now?—Five; I have 18 ward, 22, and the Lock ward; then there is number 6 and number 1—that is five altogether.

2496. Could you describe those on the map, where they are situated?—This is 18 ward—[*pointing to the same*]?—This is the old building; all that square is what it was when I went to it; it was very much like a gaol; this is part of it at the back, where the cook-house used to be. My patients are there, and at present here—[*pointing to the map*]?—this is my ward, the top story of that block; 18 is mine, on the ground floor; I have two over this part—[*pointing*]?—the Lock-ward, and No. 6 ward, and No. 1 ward—those are my wards; so that the female part of mine is in the very old building; this was put up in that particular way—it was Sir James Palmer's idea. At that time more was thought of outside appearance. He liked St. George's, although we wished, Mr. Garrard and myself, to have it put the reverse way, so that the wind could come right through, as it is here—[*pointing to the plan*]?—that has always been the fault. The closets come here and here—[*pointing to the plan*]?—and when we were on the inquiry before, we wanted those closets taken so many feet from the building, so that the current of air should go through there and there, so as to make it as near as possible on the pavilion plan. The closets are here, consequently they have to go out of those wards to those closets, then there is a jointure between the other wing of that; if that could be opened straight, there is a current right through, but this building will always

form an eddy. This part, near the front steps, is always in a state of damp, like the north side of Collins-street; it is often perfectly dry on one side, and very damp on the other.

2497. *By the Hon. F. E. Beaver.*—The sun does not get on to it?—The wind does not; the wind is better than the sun.

2498. *By the Hon. the Chairman.*—How many beds have you in 18 ward?—I think I have six; they are less now than what they were.

2499. How many cubic feet to each patient?—We have now, since the recent reduction, close upon 2000 feet; before that we had 1500.

2500. There is a row on each side?—Yes, there is a row on each side; the present number in 18 is 23 altogether. You have, I think, three more beds than I have—either two or three.

2501-2. I think it is. They could not quite equally distribute them on account of your having the western side, and I have the eastern side, as far as I remember now. I have about ten beds there. Have you ample space now?—Plenty of space there now; in fact, I think it is quite enough. I have no desire for more, looking at the results I have had. I am perfectly satisfied with those wards; if some of the central wards were the same, I would not think there would be any trouble at all. There would not be any talk of removal under those circumstances. Really, the institution does bear favorable comparison with a large number, considering the number of years it has been built.

2503. Is not Mr. Fitzgerald's ward above No. 18?—Yes.

2504. And ventilated and everything the same?—Yes.

2505. You do not complain of the want of sunshine in No. 18?—No, I do not—you have to look at every season. Sometimes in the summer time, if you get the blazing sun, it is too much, and in the winter time you get too little. It is the same in London; they get too much at one time, and too little at others. Everybody wants the sunny side in England. Here we want to get out of it. I have the greatest difficulty in summer time. The summer has its faults, and the winter has its faults. In summer the intense heat and northerly wind depress the patients. Mr. Garrard and myself, during the ten years we were there, could count upon so many deaths the moment we knew the north wind was blowing; and in the winter, in a dead calm, we knew we should lose a number of patients; the atmosphere would not move. You may throw the windows open, and carry the candle from one end of the ward to the other, and not have a shake in the flame.

2506. Are you aware that some of the recently constructed hospitals at home have had serious charges made against them, as to their insanitary condition, notably St. Thomas's and the Radcliffe Infirmary?—I have read of them. They are always cropping up in one place or another; it is sometimes one and sometimes another. Sometimes one hospital will do very well for a time, and from its very security probably the danger creeps in. It does creep in with everyone, even the best of nurses. They are obliged to change them about. They get so accustomed to the routine. It is not that they desire to be careless, but they get accustomed to doing a thing every day, like winding a watch, and sometimes they think they have done it when they have not. That is a matter of danger with the best.

2507. A new hospital may get into trouble through deficient sanitary arrangements as well as an old one?—If it was crowded, I do not think a new one would be safe a week, to be healthy.

2508. You think over-crowding is dangerous?—No doubt. That is proved beyond a doubt.

2509. Do you know the Alfred Hospital?—I do.

2510. That is a comparatively new building on the pavilion principle?—Yes.

2511. Have you ever heard that has been in a most insanitary condition?—I have heard of it. I never used to take any great notice of it; but when it was being formed, I remember Sir James McCulloch telling me he had given £100, thinking it was to be a convalescent institution. I was talking to him, and I said, "It is a very singular thing, that that institution should be built at the very lowest level." The water all collects there. I have known it for years and years. I have driven through six and twelve inches of water there. It is the lowest possible level. Therefore, if it was not that it was really on the pavilion plain, I do not think it could be so healthy; but it was only fair to say, if you are drawing any comparison, that every case should be noted upon its merits, whether the institution is the Melbourne Hospital or any other.

2512. The highest sanitary authorities say, that you should not exceed 30 beds in any one ward. I think that is about the average in the London hospitals. Here you say you have only 23?—My favorite number would be 15 to each ward.

2513. You would have a smaller ward?—The space that is nominally allowed to each patient is 2000 cubic feet, as we are now; but I do not think if we were to give 10,000 cubic feet, and let it be still, it would be sufficient; and therefore if we have some good means, some artificial means, by which we could depend upon the giving the patients all the air they require, more especially in the surgical wards, we could put a greater number of patients in the wards; but I think myself that fifteen beds in a ward would be quite sufficient.

2514. How many on the medical side?—The physicians might differ with me, but those with lung diseases I should say would want to be even less in the ward. I should certainly give them not more than fifteen beds, probably less. In lung diseases you want to give the lungs as little work as you possibly can, and you can only do that by giving them the purest air. In my time in the Melbourne Hospital, we had numbers of persons in consumption that were sent out here in the hope that this climate would do them good; they were sent out when they had no business to be sent out.

2515. What do you think of the present site of the Melbourne Hospital?—I think it is an admirable one, if you take into consideration all the necessities for poor people. I do not know, taking it as a charity, and taking it for the saving of life, and all things being balanced, that you could have a better site in or around Melbourne. The drawback, to my mind, is the system of drainage that we are obliged to adopt, which is the first consideration in a locality. As regards the ground, I think it is the finest piece of ground we could have. I believe, if we were to take up the foundations to-morrow, we should find it in the most perfect condition. I do not know any piece of ground I could pick out that would be better for a foundation for the institution than the present one. I have seen the foundations dug, and it is all that dried burnt clay rock, which does not absorb anything apparently.

2516. A witness said the other day that he attributed some of his bad results specially to the turning up of the earth, rooting up the trees in front of the hospital, which has released a large number of germs, or something of that sort, that was why he thought his patients did not get on so well. Do you think by

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turning up earth of that character round the hospital you could disseminate any disease?—I think that question could be very fully proved by some one examining the ground as it is. I do not think myself for one moment that that is the case. When I have got people into the garden they have always found a benefit from it. I have never found any one that was sick derive anything that I put down as detrimental from that source.

2517. You get them out as quick as you can?—I do. I send them out there myself.

2518. Supposing a new hospital were built on the present site, how many beds could you provide for the sick?—Any number, supposing it was taken all round the square, not built as it is now, but taking it all the way round—put your buildings all the way round and carry them up. It all depends upon the number of stories you choose to carry them up. I think the higher the better, but others may differ with me; but I think you could really find, if you wanted it, room for 1000 patients. At all events, you would find no difficulty in providing for 500 patients on that spot, according to the upright style. None of the wards should communicate with each other, but let it be tier upon tier, and no communication from one ward to another, except from outside—no two wards should communicate.

2519. That was the fault in St. Mary's?—I should never allow them to communicate. I constantly walk through the Eastern Market, and I have been much surprised, with such numbers of poultry, dogs, and birds of all kinds, that require a large amount of air, to find the air so pure. To explain it I look at the openings. There are two openings in Stephen-street, three in Bourke-street, and three in Little Collins-street. The result of that is, that above and below there is a current of air; everywhere you go there is no possibility of stagnation so long as air is moving—downstairs you go straight through, and upstairs you go straight through. It is covered over, it is not open at the top, and yet the air is wonderfully pure, considering. I was much struck with that. If anything occurred to cause the hospital to be rebuilt upon the present site, I should recognise that plan, and have the foundations built upon arches, and the corners should be open like the cloisters of old. They knew more about these things than we do, and they always had openings so that no air should be stagnant, it could always get free vent. Under those circumstances, I think there could not be a better spot. A central position for a hospital is undoubtedly essential. The reason I think so is, that people can always get quickly to the centre, and cheaply to the centre; but if they want to go to the periphery it is very different. If we do build a new hospital, and do not wish to be behind—and I should be sorry to see our city behind any city in the world, as far as the hospital is concerned—I want to see the plan adopted that is carried out in New York, the ambulance system. At present I suppose most of us have witnessed cruel treatment by persons being carried in waggonettes to the institutions. I have seen it myself. They are not pleasant vehicles if we are well; but, with the telephone system carried out here as it is now, the ambulance system should have the third right of way, as they have in New York. The Salvage Corps has the first right, the water engines, commonly called fire engines, the second, and the hospital ambulance the third. Everything must clear out of the way—tram cars and everything—for it to pass. The moment an accident occurs, no matter what part of the town it may be in, the telephone is set going, and I have seen the horses and men and everything ready, round at the door, ready to receive the assistant-surgeon, in 40 seconds, with every appliance, ready to start to any part of the town, with ambulance men to take in the individual; whether he has a broken head, or leg, or thigh, or bleeding, there is everything ready for him. I saw it done myself in 40 seconds—as quick as the Salvage Corps. I was much struck with that, and for that reason I say a central position for a hospital is the proper position. I look for this city to be an enormous one before many years elapse, and I think Brunswick, St. Kilda, Brighton, Hawthorn, and all those places will have their own institutions—they will require them on account of the distance; and if we are to have that system, which has been so long wanted, carried out, it could only be done in the centre, and I hope to live to see it carried out—that is one of the things I wish to see, and it is a very great one.

2520. You think there should be a hospital where the present one stands?—I heard a very wise remark made by a gentleman well up in the legal profession—"A hospital is a nuisance everywhere, and it is better for it to stay where it is. The present place is the best, because the people have gone to it there, and if you carry it elsewhere, you carry it to the people. Here they have gone to it, and they cannot complain of it, because they have gone to it and built round it." I thought it was a very sage remark.

2521. Do you think the pavilion system of architecture has an advantage over the block system, providing it is built on arches?—I do not like the block system. I would go against the block system in this country, for this reason, that the wind is always blowing north-east, north, or south, and whichever way you get it, you must have an eddy; if the wind blows on this side, on the other side it will be stagnant. I think the pavilion system is the proper system—that is the reason, if it were not for that centre block, I should say leave the place alone.

2522. You like the pavilions there?—I do. The improvements that could be made are simply in the closet system, and the drainage system is very defective; but I do not think we should have any difficulty about this question at all. I think this question has simply arisen out of the awkward position between the hospital and the University, and if it was sifted to the bottom, I hardly think this has come about from any finding fault by those that have to deal with the institution. I think it has come about through the unsatisfactory condition of things between the institution and the University as regards the medical school. I think, one of these days, the sensible plan will be, they will take the medical school to the hospital, and then there will be no more trouble; but, as long as the two are divided, I think we shall have a row. It is easy to find fault, but not so easy to refute it.

2523. If a man were brought into the hospital, suffering from an accident, and he was in fear something of a terrible nature would attack him in the hospital, would not that lessen his chances of recovery?—Most decidedly.

2524. Two men, injured at Footscray, implored the surgeon not to send them to the Melbourne Hospital. Was it not right, under those circumstances, not to send them there?—I think they were right not to go there, if they had no confidence in it. A stupid man will sometimes cure a patient where a clever man will not—it is simply confidence. If a man has no confidence in the institution, I would say—"Do not stay here." In some of my bad cases I have said—"Would you not like to go out?" "No, sir, I am not afraid." But I do not think you need ask any surgeon about fear—you have only to go to the dentist—We do not like it, we would rather put it off till to-morrow. During the cholera time, in 1848 and 1849, I saw a good deal of it, and very many men died of fear, and women too—they thought they had it.

2525. Have you ever attended cases of erysipelas or other forms of blood poisoning outside the hospital?—Yes, in almost every part of the town. The last case I had was a very bad one at Emerald Hill, just about the time when the air is most stagnant—the month of September, the time I always look for it. In fact, I never touch a case if I can avoid it. Years ago I asked my colleagues, in the face of this bad weather, would it not be better that we should make up our minds not to operate—not blaming the institution, but blaming the weather; but it was thought not necessary. I have recognised from past years—I know by putting the years together—that the worst time is during the time when you get a damp and non-moving atmosphere, and I advise every one not to be operated on then—to wait.

2526. In the out-patient department a large number of people come there, suffering from all kinds of complaints, filthily clad, carrying the germs of all kinds of life in their clothing, coming from their homes, where children may be lying sick of scarlet fever, and things of that sort; and it may happen that when they are all assembled there, to see the honorary surgeon, he does not put in an appearance, and the resident surgeon rushes off, and says—“The honorary has not come; I must go and see them,” and he sees these people, and then goes from there into the wards. Is there not a considerable risk in that?—Yes, it is a patient department quite free, and have people specially to attend to that.

2527. Do you think the out-patient department should be away from the hospital as a dispensary?—As far as the hospital is concerned, I would say, certainly it would be better; but when we consider that this institution is becoming an educational part of the Medical School, then it is of great importance, because the out-patient department is where they ought to learn more than they do with the in-patients.

2528. But in Edinburgh they study at the dispensaries, and get certificates for attendance?—They do, but that takes up more time than a student can spare from his other work; so much time would be occupied *in transitu*. He cannot afford to lose the time. They are bringing the cases more and more under one roof. That is why I have often thought our hospital here, with all these divisions brought under one roof, would be absolutely better. The out-patient department is one I do not think they can get rid of. I asked them at Guy's about it, and St. Bartholomew's, and they cannot do without them—the schools cannot do without them.

2529. There is some risk in a surgeon leaving the out-patient department and rushing into the wards?—No doubt, but in comparison with the filth of the in-patients that come in, it is not so very bad—the filth that is brought into that institution is something dreadful. I do not know how the Matron and Mr. Williams keep the place like it is, with the work they have to do. I do not know any two persons I have such satisfaction about as those two officers; the work is something enormous, and to keep that place like it is reflects the highest credit upon any person. I do not know any person who requires so much praise as those; I do not even exclude the staff. The work is under such high pressure, that I consider it is wonderful what is done.

2530. About three years ago a man of the name of Grimes died of pyæmia in ward 18, the result of a punctured knee wound in the knee-joint; he was stabbed by a woman. He was drunk when he was brought in, and he had been running about for a couple of days after he had received the puncture. He was brought into the hospital, suppuration occurred, and he died of pyæmia. In that very ward there were two amputation cases, one below the knee, and one above the knee, with large flaps, large open surfaces; in the little ward there was a sailor who had had his external iliac artery cut—that means cutting down deep into the pelvis. The pelvic wound healed up with the first intention; the man whose leg was amputated below the knee healed with the first intention, and the man with the amputation above the knee healed by suppuration without any unpleasant results. How can you account for a state of things so different in the one ward—that was the time Dr. Youl condemned it, and said it was saturated with pyæmia?—The facts were very similar in the case of that man who died not long ago, who was kicked by a horse. He died of pyæmia, and I am sure he would have died anywhere, no matter what you could do.

2531. Has not the constitution a good deal to do with it?—Everything; if we get a broken down constitution we cannot do as we should do; we like to pick out the best men; but punctured wounds, even in the best and healthiest persons are most dangerous, more especially when they think so little of it themselves as to go about afterwards. Under those circumstances the man almost always dies of pyæmia. Now in the case of that poor woman that was killed—at least, she was not killed, but all but killed—both her legs were taken off, I was obliged to amputate both of them, and that was at the worst period, when everything was said to be so bad—that poor woman lived for a fortnight afterwards, although she was all but dead upon the table. In the same ward, No. 18, I have had the abdominal cavity punctured in two boys—they did well. The poor man who was hurt at Ringwood has done well. A poor boy I was obliged to amputate at the hip-joint—he has done well. That is the reason I cannot side with many of my colleagues, because I cannot put these things out of my head—these definite conditions. They were open to these conditions of poisoning if the institution had been in such a bad state as it is supposed to be. I am sure we must have had something far worse; in fact, if it is as bad as it is stated, all the surgical gentlemen connected with the institution are guilty of great impropriety for sticking to it. I would not stick to it for a moment if I supposed it was countenancing an institution in such a state, but I have not been able to detect such a state in the institution. I put it before every one—I put it before the coroner's examination; these are facts that cannot be gainsaid—there they are in the midst of it. In my own family, the husband of the lady who comes to teach my children French, had his tongue removed in the Alfred Hospital, and the man died of pyæmia. If he had been brought into the Melbourne Hospital, without a doubt people would have said he died of pyæmia from having been brought there; but he died there, and I do not blame the Alfred Hospital, because it is one of the natural consequences we must expect from an operation of that kind. In the Melbourne Hospital I think we try to do more than nature will support us in doing; we try to save more than we can. A man meets with a severe injury, and I say—“You had better have your leg off.” The man immediately says—“I would sooner die.” You cannot take it off against the man's will, and yet you see the danger; but you do your best, and probably the man or the woman at last submits, and says, they will have it done when it is too late. You do it, but you say—“The time has gone by,” so I cannot blame the institution. Many people would say—“You blow hot and cold; you say you would like to see the institution rebuilt.” I certainly say I should, because I think we could accommodate more, and do more for the money we spend. The real reason for re-building would be, to bring into service the more modern ideas for the facility of working and the economy of labor. We should also arrange so that we should get

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nurses of an intelligent cast. At home we are beaten in that, because, there, ladies go as nurses in numbers, who have every kind of intelligence. As regards the drawbacks at home, every country has its drawbacks—if the climate is better here, on the other hand, the men are better off, and they can get as much grog as they like, unfortunately, and it is too often the case that they do like. The cases we get in the hospital are often broken down cases, but we cannot send them out—we cannot say, we will not have them; every other institution denies them but ourselves, and we have no place to send them to when they are improving. This morning I had a woman with the worst form of tertiary syphilis, and she is bound to be put in among the other patients. She is refused at the Benevolent Asylum, and my house surgeon said to me—"I could not refuse her—she could not move." In taking the Melbourne Hospital into consideration, we have to take into consideration the class of people to be dealt with. I do not believe the cleverest man on earth would depend upon statistics—I do not think they can, because each case must be given upon its merits.

2532. Do you think the result of surgical operations in a large hospital is the best test, when you have open wounds to deal with?—I think they are a very good guide. I think they go by that always. I think our surgical cases will bear favorable comparison with any institution, considering the class of cases we have to deal with. It is true the English climate is not like this; but, at the same time, while they do not get sufficient nitrogenised food there, here they get too much of it, and in addition they get any amount of grog, and they are broken down when they come here. I must say, in a young country like this, through the philanthropic feelings of ladies and others, we do pauperise the community.

2533. Have you ever had patients in your wards whose wounds healed with the first intention?
—Yes.

2534. That is what every surgeon is anxious to have?—Yes.

2535. If a man is admitted with a severe injury or a wound, or has internal injury, the odds are very much against him?—There is no question about that.

2536. *By the Hon. F. E. Beaver.*—When you were at home, you paid some attention to the hospitals there?—I did. The only ones that I did in London were Bartholomew's, Guy's, and St. Thomas's.

2537. Will you kindly inform the Committee what comparison the Melbourne Hospital has to those as to the test of mortality?—I think it bears very favorable comparison.

2538. I have a return in my hand which shows that, for the last six months, the death-rate on the medical side is 20·06 per cent.; but, if from that I take the percentage of cases that have died within 72 hours, taking those as moribund cases, that takes off 6·47, leaving 13·59 per cent—how does that compare with the majority of English hospitals that you saw, on the medical side?—That is the question—on the medical side. You see all the consumptive cases are on that side here. Whereas, in London, they have their consumptive hospitals; so that in Guy's, or in Bartholomew's, or in St. Thomas's they do not take in those cases, they send them straight to Brompton. So that I have a difficulty in coming to that point. As regards comparing the two, as I understand, the returns show that four-fifths of the deaths at the Melbourne Hospital are from consumption.

2539. So we have it in evidence?—In my time, when Mr. Garrard and myself were there, and we were common to both wards, even then consumption was the greatest. Then dysentery came next, and typhoid next—acute dysentery—that was in the olden times. But apart from that, supposing that we take, say, three or four from that, we should bring down the death-rate to about ten.

2540. Nine or ten?—I should say about that. And, then again, the rest of the cases in this country are not to be put on a par with the old country. From my experience they are always in a worse condition. They have the hospital to go to, and do not care about taking precautions.

2541. I find that the death-rate on the surgical side for the last six months of the present year is 5·04; then, if from that we deduct the percentage of those that died within 72 hours, or in a moribund state, such as you described, that is 1·75 per cent, that leaves the death-rate on the surgical side 3·29—how does that compare with English practice?—Very favorably.

2542. And this return is made up—I should like to call your attention to that particularly—at a time when the Melbourne people are being told that the Hospital is almost dangerous to go to?—I consider that it bears very favorable comparison, even saying nothing about the absolute conditions of the people; but that is the difficulty you see as regards taking statistics. I am always a little doubtful about statistics, and always have been, unless you can take all cases and put them side by side; but take the death-rate according to that return, it does not do discredit to the institution.

2543. Take the maximums five and six?—It would not even then.

2544. There can be no mistake about that death-rate, because you have the number of cases that enter, and the number of deaths?—That bears a proportion exactly to my own records, and those I can answer for. I have every case that came under me. That very nearly tallies, and I did not know it.

2545. I should like if you would tell the Committee what your opinion is about the management of the hospital—I do not mean the medical or surgical staff—but as to the condition of the hospital system of nurses and servants, and the general management, as compared with other hospitals—for instance, the cleanliness?—In point of cleanliness, I think we are equal to any. I have not found any hospital that is cleaner; but, as regards the nurses we are not as good. We have not got the same element—we have not got the lady element. They are better educated at home. We have no means of getting them here, and even if we had, we have no room. That is one of the reasons for enlarging our building on the present spot. I think we cannot compare favorably in that respect with the home institutions in London as they are now.

2546. Because they want intelligence here?—We want the intelligence and cannot get it; but, considering the difficulty that there is in obtaining women of intelligence to do the work in the hospitals, I think it is wonderful what is done.

2547. Is it not possible to get that intelligent class from ladies of this colony, if you had places to teach them like the Westminster institution?—Undoubtedly; that is what I should like to see, but I am not quite so sure that we should be able to get it. At home, of course, ladies are in the majority, as we may say, and many would like to marry who cannot; but here it is generally the reverse, and I am afraid they would not give up the marrying for the nursing. At the same time, I hope to see it; but that is the difficulty.

2548. So do I?—I hope to see it. It is one of the main points, and could be tried if we had proper arrangements for it. It is expensive; but, if we could have it, it is what is required.

2549. Have you paid any attention to the laundry arrangements?—Yes.

2550. Do you regard those as perfect?—No; I should like to see our laundry out in the country. Forced drying is not equal to open air bleaching; but you cannot get those things done unless you have got an enormous supply of articles to take away. But still, in London and all those places, they dry by steam instead of heated pipes—they dry by super-heated steam—and they generally disinfect them.

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2551. You know something, I suppose, about the operations of the large mail steamers that come here?—Yes.

2552. I have been struck with their getting that work done at Williamstown in a large outside laundry—might not the Melbourne Hospital very profitably follow that example?—I think we could do in more ways than one. If we had a farm, we could do many things. Long ago I was always anxious we should have a farm, and get our own produce, and have our laundry out at the farm; but there again the money question came in. That was the difficulty; but, no doubt, it would be very much better.

2553. Is there any danger of the germs of the disease remaining in the garments or bedding of the patients?—Not with super-heated steam. When they get the heat up to 200° and 300° they are destroyed.

2554. I gather from your remarks, that you believe in the water-closet system?—Undoubtedly.

2555. What is the objection to that in the Melbourne Hospital?—On account of the difficulty in getting it away—you cannot get it away.

2556. If it goes down into the tank below—that is getting it away, is it not?—It is getting it away; but you use such a vast quantity that no quantity of water would be equal to it.

2557. It has to be removed, of course—is it in the removal from the tank to the cart that the difficulty occurs?—Not at all. The difficulty is in running down the street, the overflow—that is, the super-abundant water that carries all the soil down into the cesspits—that is too much—it must go through the street. At that previous time I never found anything objectionable about it, but still it was a great eyesore and nose-sore to every one in the street. Although all the drainage of the hospital used to go down Swanston-street, and none into Elizabeth street, I preferred to walk along Swanston-street—that was in the old time when the old wooden post office was there.

2558. I am quite sure there must be some mode of getting rid of this stuff, because in the hotels in the other colonies—for instance New Zealand—I know there occurs precisely what you stated in America, and there is not the slightest smell or offensive odour?—The system that Mr. Williams has carried out of late years is really on the exhaust plan, and it came from a work published by a Mr. Keep. Where you could not run off those fluids and gases, in this exhaust system they are all drawn out of a cistern—for instance, we take one of those iron corn bins which are used as tanks, and then, by using the syphon plan, it is all drawn out by suction, simply by a process of exhausting and creating a vacuum in the cylinder, and that cylinder takes out everything, even the gases, without allowing any escape to the surrounding atmosphere. It is the plan that was tried in very many of the cities, and I will show you a drawing of it [*producing a book*—but Mr. Williams has carried it out as near as he possibly could, and it is to that we can attribute the present state, which is as satisfactory as it can be made—[*The witness exhibited and explained plans of the system referred to*]. The carrying out, however, on a large scale is the difficulty, as rags and other things are liable to choke up the small tubs, but with the fluids and solids they can take it all away, more especially the super-incumbent fluids. I have thought that, as they carry so much of the dirt away with those hopper-barges from the Yarra, that it could be very easily adapted to this very thing—carry the sewage well out to sea. If we could not have the water-closet system perfect, to carry it right out by a tube. For instance, if the idea was come to, by the general combined opinion, that the institution must be shifted, we could shift it across to the south side of the river, and take a drain quite out into Hobson's Bay, and drain Government House, drain the Hospital, drain the Homœopathic Hospital, and drain the barracks. We could have them all under the one system, and take the drainage out by a raised tube. We have not enough fall now; but, if it were built on a rise on the other side of the river, you could have an ornamental tube and carry it on arches—that would be the best plan. Then, again, I have thought that as we have lifts in the ordinary way, so we could have large tanks, corn-bins or others, and have them as lifting closets up and down, so that they could go down to the floor, which should be all upon arches, if upon my plan. Then this other system would come in and suck out all the gases and everything from those hermetically-sealed cylinders, and then take the stuff completely away. It could be taken in the middle of the day. Then there is the other plan, to economize and make it self-supporting for fertilizing the land; but those things are not easily done, unless it is in a combined way; but it would be exactly suitable to this country.

2559. Then you would prefer the water-closet to the earth, such as we have?—No doubt. I am speaking not so much in the surgical as the medical interest. Where we have typhoid, the water system is what I should like, and have a drain to carry it right out. That is why I do not like the prolongation, the going to the University, because we would have the drainage still farther away, and if you go to the Pig Market you have the rocks in your way, and you must go down to the level, and still follow the winding of the river; so that any way the shorter way is to go straight across into the Bay, and carry it out any distance you please. There is a drawback to that, no doubt. Some parts may come flushing back on to the shore. And then comes the question whether we could not have, say, have a pier, and those hopper barges under it, and float it out and take it out right away.

2560. Your suggestion is, to do with that stuff as they do with the sludge out of the Yarra to Laverton Bay, or somewhere?—To carry it away. It is expensive, but we have no alternative with the small fall we have.

2561. It was stated that the hospital walls were in a state of saturation with erysipelas; do you concur in that?—I do not believe it a bit. I have lived in those walls myself, in the very worst of the old ones, for eight years, doing work till three and four in the morning, sometimes not going to bed till all hours, so I was exhausted; and it was in a very bad condition then, and I never had fever or anything there.

2562. You were there since the commencement of the hospital, nearly?—It was after Dr. Greaves died.

2563. Did you see any of the bricks in that old building so porous that you could blow through them?—No, I have never seen any. Some parts may have crumbled as any brick might do.

2564. Does it show any sign outside?—No, I never saw any.

2565. You were there long enough to see it?—I have never seen it.

2566. Then, in point of fact, from what I have heard you say this afternoon, any defects in this hospital might be remedied, supposing the means in the shape of £ s. d. were there to do it, that is including better ventilation?—I think a very great deal may be done as regards ventilation. But I do not think the present institution is sufficiently large to give us all the accommodation for the extended nursing, the ladies' department, the lecture rooms, the economical working, and everything of the kind. I do not think it is possible to do it in that way. But as far as hygiene is concerned, I think it could, if we could adopt the water-closet system.

2567. You referred to the hotels in San Francisco and Chicago. What could be done there could be done in the hospital?—I have no doubt of it myself. I tried very hard to get that arrangement. It is a question of money. They do not mind money there. They think life is the first consideration. What I observed was, that it was done in hotels, before it was done in the hospital.

2568. And if in the one, it can be done in the other?—Certainly. That is why I stick to it so much, and I could not have believed it, if I had not seen it.

2569. In No. 9 pavilion ward, my friend, Mr. Melville, saw what he calls blow-holes. What do you think of those?—There is such diversity of opinion as to carbonic acid. Many will declare that carbonic acid must of necessity come down to the bottom. Well, it is very fair to take that, and they will illustrate it by a brewer's vat; but when it is heated up to a certain temperature it will rise, and therefore you want it from both top and bottom. And your inlet for your fresh air must not be such as to come and be contaminated with the bad as it is going out. But those holes are really put in there simply to try and overcome the closing of the windows at night; but I do not like them.

2570. I understand the patients themselves, or their friends, who close the windows at night, also close those holes with their garments?—There is no doubt they have done so, put their boots and hats there.

2571. So that does not overcome the difficulty?—No, that is the reason, as I told you, that the American plan was to put that on one side, where it could be carried out. For instance, the skirting-boards and the cornices are all ventilators, meaning that all the walls are hollow, and they have all tubes all the way up like the drainage tube, one on top of the other, and every wall is a Tobin.

2572. Is it your opinion that the site of the Melbourne Hospital, the area, is large enough to accommodate a good substantial hospital?—I think it is. I feel perfectly convinced of it; there is plenty of room for all that is needed. If we could only make it a hospital, and not a general reservoir for everything, there is plenty of room, and I think if we could go and get the authority to say: "We cannot take you in; you are not a fit case," we should have room even now.

2573. You would be perfect?—We would be perfect.

2574. One more question. If a new hospital is to be built, I presume you would support the building of one for specialities, such as consumptive and phthisis cases, out in the country?—Certainly I would for phthisical cases and convalescent cases. I have one thing to mention to you that has been ever wanted, and that is, that we should have a convalescent institution. It is what everybody admits, we have tried for years. John Matthew Smith years ago gave land on purpose for it, and it was to be done when the Alfred was built, and that is how it was started, and we all thought—"now we shall have it." But that was cut away from us, and we have ever wanted that, and it would be the greatest godsend to the poor people of Melbourne.

2575. Then, after all, you would rather the convalescent than a consumptive hospital?—I think they would have to have the two. But I think the convalescent would do for the consumptives as well. But I think, if you have a consumptive hospital, it ought to be really between the colonies, and put it the other side of the dividing range, because Melbourne is no place for consumptives.

2576. Up to the other side of the Murray?—Yes. I think if it was combined between all the colonies to have a consumptive institution. So many are sent here, because they are under the impression that they can get cured. I am afraid consumptive cases and cures are like the mining business, one man makes a little fortune and ruins many.

2577. *By the Hon. D. Melville.*—You fill a very important gap in our evidence. You have given us a contrast in your wonderful description of those new hospitals. Now, suppose your American friends came over with you, and you introduced them to the Melbourne hospital, and began to show them over the place, what do you think their opinion of it would be?—I think their opinion would be first of all—"You have a very clean place, and a splendid situation, but if I were you, I should work it with much greater ease, and have more comforts than you have for the working of it."

2578. What would they think of the structure?—The structure; I feel myself, that they would say—"Take it down from the centre, and build it all round, and make it higher. Why should you be running up and down stairs when you can make steam lift you anywhere you please."

2579. The whole structure, taking our wide street, and what you could show them, would not be in keeping with what you could show otherwise in Melbourne?—They would go in for a much loftier building, and close to the street.

2580. At any rate, you hold with all the gentlemen that have given evidence, that it is time to consider the question of a new hospital, even on that site?—Undoubtedly. We want more conveniences, more lecture theatres, more room for nurses.

2581. You tell us the closets are bad, the ventilation is bad, and always will be. That is taken down, I suppose. I apprehend, therefore, you would hardly begin to patch that old structure?—I am not aware that I said that the ventilation was always bad. I did not intend to convey that.

2582. "Closets are bad, ventilation is deficient, and always will be" is what I have down?—Well I will put it this way. I say nature is at fault. In my surgical wards I do not find fault with the ventilation. I say the closets are close on to the building, and it would be better for them to be away for some yards, and that has been settled some years ago. But, as far as the ventilation, I think you must have misunderstood me to some extent, because I say, in the winter season, when the atmosphere outside is perfectly stagnant, it is impossible to get it moving inside, without some artificial means. And I said it always will be so. We get six or seven weeks in the end of or almost all through September, when we get stagnant weather, damp weather, and that is the time we get most difficulty in ventilating our wards, and that is only done at that time by fireplaces.

2583. You have shown us most conclusively, that in hotels abroad, even to the extent of 1700 beds, everything is practicable for comfort, peace, and fresh air; yet in the Melbourne Hospital that does not seem to be attainable under present arrangements?—I meant to convey that, in those modern hotels in America, they do not depend upon nature at all. They depend upon artificial means.

2584. Do not you think we should adopt their means?—I think we can.

2585. And by common sense?—I have no doubt we can. I am perfectly sure it can be done, and on that very same spot.

2586. You have depicted a perfect paradise abroad—that left us to infer that our affairs are perfectly deplorable?—We are behind the age. You must remember that the Melbourne Hospital has been built since 1840.

2587. It is a piece of patchwork, is it not?—No doubt it has been added to.

2588. Were I to show that they spent from £600 to £1100 per annum in the plumbing work of the institution (you will see that for years in the returns), what would you think of your old institution after that?—I should say that very great attention was paid to every defect in the plumbing.

2589. What about the following year?—That all depends, it might be bad workmanship.

2590. Is anything like that found abroad?—I do not know what they pay for plumbing abroad, I could not tell you that; but, with an old house, it costs more for repairs in private, and I can see it must be the very same thing with an old institution that has been added to.

2591. You are clear, without reference to hygienic disputed points, that we should have now something like a proper hospital wherever we have it?—I am perfectly in accord as to the requirements of extended accommodation for the nurses, for officers, for steam, and for everything to economise; and, I think, by building a new institution upon that spot—I will not go from that spot, and never shall; but with that I think we could build an institution that would be a credit to the colony, and bring about such changes that very few indeed, except the sceptical, could complain of it.

2592. I see you are wedded much to the spot, but you talk of having a farm, and bleaching the laundry things at that farm. Some doctors have suggested to us the Royal Park and the Experimental Farm. Would that very much inconvenience you, if it were recommended by the Committee and carried out?—I should first consider, in answering the question, the inconvenience put upon the patients that went there, the distance as compared with this central system, that I would have; and also last, but not least, many of the staff are required to go there at all hours, and if they have been continually out during the day, they must go out again themselves, but they cannot always take their horses, and if they go out to the Royal Park, or if they go out to the Model Farm, I think that each time an honorary officer went he must expect to pay a cab at least 15s., and probably a young man will not object to it; but as an old surgeon is of greater value from what he has learned, so I think the older men have experience, and, if required to go there at that time, they would be much less inclined. They would not go at all, and give it up much earlier, if they had to go such a distance. I must say I think so, that his time is an object, and time is money. I think we must look, to some extent, to the inconvenience of midnight work, and have it so that you can spend as little time, and as little inconvenience to the individual who goes. It is always a difficult matter, to say nothing about medical men, putting them on one side; but as the others, I may tell you that, in Glasgow, I went to the old institution, and I went to the new. The new is about two miles out, close to the University, and the old one is right in the old part of the city; the old one was crowded, and the new one had plenty of room.

2593. Yet you carry all your patients as often as you can into the garden. Could you give us an alternative site in case it were impracticable to carry on again on this site?—We carry them into the garden to get air and change; even to look out is a benefit.

2594. Our trouble is, that they carry so many to the dead-house. They say on the medical side that it is one in six. I think that has not been contradicted?—I should be very sorry, and I think, if you yourself could be a medical man there, you would be very sorry indeed to place any value upon statistics of that kind.

2595. I think those are correct?—I am not saying they are not correct, but I want you to come to it, that lots of those people who come in have no chance. That the surgeon or physician knows when they go in that they have no chance of going out. The statistics, if they are to be worth anything, must make a record of that opinion. Almost invariably I put down in my book—"This patient has very little chance of recovery." And I do not care what becomes of it, what institution they are in, whether in the country or not, fresh air is essential, no doubt. But even fresh air is not all that is required; even a change of scene, as I told you, from one ward to another is an advantage.

2596. The splendid outlook from the Royal Park, would not that help you? I have not suggested that district myself. The medical men have suggested the Royal Park. Have you no alternative you can give us?—If I moved it at all, I would move it on the base of good drainage, and therefore, I would take it the shortest way to the sea, and take it the other side of the river. If you tell me you are bound to move it, you must move it; then give me the shortest way to drainage, for drainage is the base of everything.

2597. I am sorry to touch the financial part of it, but it has been suggested that we might, by selling or leasing the present site, have an infinitely better site both for patients and doctors, considering trams now, and railways. Are you very strong against the Pig Market, the University, and the Royal Park?—I am against the Pig Market on the same principle I told you, you would have greater drainage and longer distance to go, while, on the south side, you have the shortest, and you have as good air on that side as you have on the other.

2598. Would you help the Committee by any suggestion, off-hand, better than selling up the present site and getting a grant of 20 acres from the Government?—From my knowledge of the city, I do not know where you can get it.

2599. How can we get another hospital, or build one, except by something of that kind?—I think that it could be done on the present site by going on gradually, and having a general plan laid down, and going on gradually, not all at once. It must take a considerable time, and, as we built in one part, we take down the other, and so we have got it all going on, on that spot.

2600. It is only the hospitals which are really behind. If you take the new works and the buildings going on in eighteen months, why should we wait; can we afford to wait, from all you have shown us? In the eyes of the world, while you give us such a paradise account of those other hospitals, can we afford to

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wait?—I do not go into the question of cost. I do not think this country ought to look into the question of cost at all. I think if we are to have it, and if we are short of money, then if I had to look around me, I would say, if I am to have this institution rebuilt on the large dimensions for meeting every requirement, well, then, I think, as you suggested by the railways, I should suggest that great economy could be brought about by reducing the large number of provincial hospitals here, each one of which must have its expenditure; in other words, just like the various councils—St. Kilda Borough Council, and so on. They all must have their town-hall; they must have their town clerk. But I think that, with the railways and such easy communication with the centre, that one half of those country hospitals could be shut up, except keeping such as are required for accidents; for almost all the worst cases find their way down to the Melbourne Hospital, generally when they are past curing; and I must say, if I had anything to do with it myself, I would see whether the money could not be saved there, and have the institution, which must always be, and get the money for that, if it is a question of money. But with the generous condition of the public here, that if it was made a point of that sort, and it was a question of money, I do not think but what it could be done. I do not say in a year, but I mean to say that, working the way the ladies work for us for all charities, that I should never be afraid to get the money for it.

2601. *By the Hon. W. A. Zeal.*—It has been suggested that this Melbourne Hospital site might be sold, and the proceeds devoted to the erection of another hospital. Would not the same argument apply in a tenfold degree to the sites of London hospitals?—Undoubtedly.

2602. Is it not a fact, that the land in Guy's, St. Bartholomew's, Charing Cross, is worth per acre nearly twice or three times what it is in Melbourne?—They would only be too glad to be able to buy it.

2603. Is that made a point, the extreme value of the land?—I never heard it done so.

2604. That sets aside that part of the question?—I never heard the question asked or mentioned.

2605. Suppose the Melbourne Hospital was closed, would it not be absolutely necessary to have a hospital in one of the centres of population?—Undoubtedly.

2606. If the hospital was put in the Pig Market, how would you drain it to the sea?—It must go down into the Violet Creek.

2607. And go through the North Melbourne Swamp, where there is no fall whatever?—Yes, and you get a dead level for the drainage.

2608. What would be the effect of putting it in the North Melbourne Swamp?—You would have to pump it up. I have gone against that, because of the extreme length of the drainage.

2609. Is it not a fact, that a great deal of this outcry has arisen through the inconvenience to medical students attending the hospital from the University?—I have great reason to believe that, if the Medical School was separated from the University, we should then have no bother, and should not have had this bother at all, if there had been no Medical School.

2610. That is, the lectures to the students attending the hospital; that is, the professor of pathology lectures on certain organs of the human body; you say, if that portion could be removed to the University, you think that objection could be met?—No; it must be all under one; they must keep the pathology there; but in the Medical Schools at home, they are all connected with the hospitals. There is Guy's, and St. Bartholomew's, and St. Thomas's, and Westminster, and Charing Cross; they all have their schools; the University has nothing to do with them till they come up there, and this University should be the same—that the Medical School should be in connection with the hospital, and quite separate from the University.

2611. Take that plan of that ground; you see two buildings there, built on the pavilion system; suppose you multiplied that, could you not find room for a number of patients of which you spoke?—I am perfectly certain you could.

2612. That represents the plan of one of the wards; you see you could put another there without abutting on the street—[*pointing to the plan*]—and then there is another there in the same way, so it would give you six similar wards in that space, without using this ground at the back?—Yes, or in other words, if you take this all the way along, see the number you would get—[*pointing to the plan*]—and leaving those parts open for openings, but all on the arch system; you can see at once what an immense gain you would get.

2613. In your judgment, it is perfectly practicable and possible to so adjust and lay out that ground, as to erect a hospital capable of providing for all the requirements of the city of Melbourne?—I believe perfectly feasible, or I would not say it.

2614. You know very well that Guy's and Bartholomew's, and many other of the institutions of London, have enormous endowments from land funds; have we any of those endowments here?—No, we have none; we ought to.

2615. Is it not a fact that the Melbourne Hospital is supported mainly by a Government grant?—Almost entirely.

2616. In fact, the Government grant of from £13,500 to £14,500 constitutes the principal portion of the income of the institution?—Yes.

2617. How do you think such a sum could be raised if the Melbourne Hospital is abolished, to raise another establishment similar in size, and equal in its equipments—how could that be raised by the public?—If I had to do it, I should lay my base of operations, what I intended to do.

2618. I mean, how would you raise the money?—If you want it all at once, I do not know how to tell you, except getting it from the Government, or by the Government giving some land to endow the institution, on which we could borrow; but if we build so many wards, and all the while we are satisfying the people by building wards every year, I should not be afraid myself of adding a ward every year, but I should not follow the same piecemeal condition as this. I should start on a proper base, not to be like the general drainage of Melbourne, where there has been no Government plan of drainage, and everybody drains for himself. I would have it in the way I have described, and if we do, we can build what we want, and take away what we want.

2619. In other words, you would have a well-developed plan, and in accordance with the funds available for that purpose?—Yes.

2620. Have you considered this, that the Government has to deal with the whole of the hospital accommodation of the colony, and that Sandhurst, Ballarat, Creswick, Castlemaine, Kyneton, and other places have all to be supplied; therefore, you see, the Government would have great difficulty in giving an undue grant to Melbourne as compared with the country districts?—Undoubtedly, I have considered that, and I say, with the Government railways, that country expenditure could be very well decreased.

2621. The difficulty of the Government is, to allay the feeling of jealousy, to bring about decentralization which the country districts clamor for?—At the same time, I think that, while we must educate our young men to take our places in the medical world, the country should give them every opportunity, and let them not only have a hospital that is good, but filled with that class that they require to see.

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2622. You think that, if proper cleanliness and a perfect system of ventilation and thorough drainage were carried out, the site of the Melbourne Hospital is an admirable one, and calculated to supply all the requirements of the city of Melbourne?—I do.

The Witness withdrew.

James Williams examined.

2623. *By the Hon. W. A. Zeal.*—You are the secretary of the Melbourne Hospital?—Yes.

2624. How long have you occupied that position?—Since March, 1854.

2625. Will you tell the Committee how the operations of the present hospital are carried on from a financial point of view—that is, how you obtain funds to carry on the institution?—From annual subscriptions, supplemented by a Government vote.

2626. What proportion would the Government vote bear to the general contributions of the subscribers?—About three times the amount.

2627. Then the main source of revenue for the support of the hospital is obtained from the Government?—Yes.

2628. Do you find any great difficulty in obtaining funds to carry on the institution?—There is a difficulty, and that difficulty is increased from time to time as fresh institutions are formed—that is, the charitable dole of the inhabitants becomes distributed over a larger number of institutions.

2629. Have you found that the contributions to the Melbourne Hospital have been at all affected by the recent alleged scare?—Yes, in the year 1882 there was a falling off of about £500. Our subscriptions in 1881 were £5494, and they contain a special donation of £500; the following year it was £4403. That will show a reduction of over £500.

2630. Do you attribute that to the scare that took place at that time?—In part I do.

2631. Has the hospital been prejudicially affected by the recent statements as to its condition?—There is a considerable difficulty in getting money—people grasp at once at an excuse for not giving, and if there is anything prejudicial to the institution, they avail themselves of it.

2632. Has it come within your own knowledge—have any complaints from the patients as to the insanitary condition of the hospital come within your knowledge?—None.

2633. Have you ever heard the patients express fear of coming into the hospital?—No; I have heard that patients express fear, but no case came under my own notice.

2634. In your judgment, as an old and experienced officer of the institution, do you consider that the charges made against the hospital, as to its insanitary state are well founded?—So far as the institution is officially concerned, we have had no complaints. We only know by the press reports that a statement was made by the coroner in 1882; that is all the committee knew of the matter, and that was the commencement of the difficulty.

2635. It is stated, that the walls of the hospital are saturated with erysipelas, or septic disease. Have you any knowledge of such a fact?—I have none.

2636. Dr. Allen stated, that the worst years, from an insanitary point of view, were these—the years 1881 and 1882. Can you confirm that from your knowledge of the hospital?—I would not dispute the statement. In 1881, and especially 1882, there was a very large amount of erysipelas all through the district; one of our honorary officers mentioned to me in 1882, that he had a considerably larger number of patients in his private practice than there were in the whole hospital together, suffering from erysipelas.

2637. Have you any knowledge of the condition of the patients as they come into the hospital?—There are many drunkards among them.

2638. And as to moribund cases, what proportion would they bear to the general cases?—They form a very large number. I have forwarded returns to the Committee.

2639. You are satisfied those returns are correct?—They are absolutely correct.

2640. It is shown, from those returns, that the deaths from phthisis are in a very alarming number?—Yes.

2641. Have you had any experience of other hospitals, besides the Melbourne?—No. At home I was educated officially under the Poor Law—that was my first official experience.

2642. Do you know what is the practice at home in dealing with such cases as come into the hospitals—is it the practice to classify the diseases, to put consumptive patients in consumptive hospitals, cancer cases in cancer hospitals, and fever patients in fever hospitals, and the general type of cases in the general hospital?—That is the practice; there are a number of special hospitals provided for the class of cases described.

2643. Supposing those cases were taken out of the general cases of those which enter the Melbourne Hospital, what would be the result on the death-rate?—Very largely reduce it; if you take out the large proportion, say a fifth of the deaths from the entire mortality, of course, it would reduce it very much indeed.

2644. If we took away phthisis and moribund cases, the death-rate in the Melbourne Hospital would be extremely modified?—Very much.

2645. Previous to the coroner's making those grave charges against the condition of the Melbourne Hospital, had he ever officially informed the committee of his disapproval of the mode of carrying on operations there?—He once, many years ago, complained about an operation having been performed without a consultation being called. It was in December, 1875, a death from chloroform, non-compliance with the regulations was alleged; but, with the exception of one or two cases of death of patients not affecting the hospital at all, they are the only communications the committee have had.

2646. Did he complain of the insanitary and uncleanly condition of the hospital?—Never.

2647. Did he make any suggestions to the official authorities by which the condition of the Hospital might be improved?—Never.

2648. Did he, previously to holding that last inquiry, give the official authorities any reasons or grounds for the action he took?—No.

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2649. Did he signify to the hospital authorities the intention of holding an inquiry?—He mentioned to me, after the inquest commenced, that he proposed to enquire into the condition of the institution, and suggested that the committee might be represented if they wished.

2650. Did he allege any specific reason?—Nothing further than that he thought it desirable to enquire into the sanitary condition of the hospital.

2651. Had he before that time, say in January, 1882, made some grave statement that every nook and cranny was saturated with erysipelas?—In the press at that time it was reported, that he stated that every portion must be pulled down because it was saturated.

2652. During the year 1882 the mortality was only 15·64 per cent., as against 16·40 per cent. in 1885, when Dr. Allen tells us the sanitary condition of the Melbourne Hospital had very much improved; how do you reconcile that extraordinary statement, if the coroner's statement is correct?—Which return do you refer to?

2653. Your complete return of the admission of patients and the number of recoveries, and so on, dated 2nd September, 1886?—Yes, I have the return.

2654. You see by the return that, in 1882, the year in which Dr. Youl is alleged to have stated that the hospital was saturated with erysipelas, the death rate is 15·64 per cent., and that same year is stated by Dr. Allen to have been the most insanitary period of the Melbourne Hospital, whereas in 1885 the death-rate had increased to 16·40 per cent.—how do you account for that?—I cannot account for it, unless it is the class of cases that are admitted. It is very necessary to bear in mind, in dealing with hospital statistics, that nothing affects the death-rate so much as the mode of admission. If there is a great pressure from complaints, such as fog fever, which I see a witness mentioned the other day, that will cause a very large influx of cases which terminate fatally.

2655. Did the coroner, as chairman of the Board of Health, ever suggest any alterations or improvements in the buildings of the Melbourne Hospital?—In 1882 he sent the inspector of the Board of Health to measure up the wards and calculate the cubic space. The superficial area and his report was submitted to a coronial inquiry, but nothing further was done.

2656. His attention was directed to the cubical space rather than the sanitary condition?—Yes.

2657. *By the Hon. the Chairman.*—Was that Mr. Le Capelaine?—Yes.

2658. *By the Hon. W. A. Zeal.*—When the coroner made these alarming statements as to the state of the hospital, did he apply for any committee to inquire into the matter?—No. The committee invited Dr. Youl to meet them, with the object of inquiring into the condition of the hospital; but in reply to that request, he wrote a letter requesting me to inform the committee that it was no part of his duty to be present at private or extra judicial inquiries.

2659. Although he said the hospital was saturated with erysipelas, and a committee was appointed to investigate that complaint, he declined to attend?—Yes.

2660. As a matter of fact, has he ever written to the committee suggesting any sanitary improvements in the Melbourne Hospital?—Never.

2661. Have you any official returns showing the death-rate through erysipelas contracted in the hospital during the four years immediately following that statement of the coroner's, the period ending 1886? That is from January, 1882, to 30th June, 1886?—Yes—[handing in a paper marked "E"]. In 1882, the deaths from erysipelas in the hospital was 1·43 per 1000; in 1883, 0·54; in 1884, nil.

2662. There was no death at all from erysipelas in 1884?—None. In 1885, ·26, and in the first six months of 1886, ·09 per 1000.

2663. Have any of the attendants who reside in the hospital died of erysipelas or other forms of blood poisoning during those four years and a half?—No.

2664. And no illness of that nature has been traced to the attendants in the hospital?—Never. Not in a single instance.

2665. In your return, you gave the number of the attendants as 127. Is that correct?—114. I have it here.

2666. There is one of your returns dated 7th September, the number of officers, nurses, and porters, and other attendants who reside in the hospital, 127?—I think that includes those living outside the house. The 114 are those living in.

2667. There are 127 living there, the great majority of whom reside in the house?—Yes.

2668. Was Dr. Girdlestone ever a member of the committee of the hospital?—Yes. Mr. Girdlestone was a member of the committee during the years 1866, 1867, 1868, and 1869. And then again in 1879, 1880, 1881, 1882, and 1883.

2669. He was a member of the committee?—Yes, he had a seat on the Board during those years.

2670. When was he elected as one of the honorary surgeons of the hospital, or physicians?—He must have been now some eight or ten years.

2671. During the whole of that time that Dr. Girdlestone was connected with the committee of the hospital, did he ever bring before the committee any charges, as pointing out the insanitary condition of the hospital?—No. I would, however, like to explain, that many years ago, when the pavilions were being erected, I have a recollection of his complaining that the entrances to the closets were not constructed on an approved plan, but beyond that nothing further.

2672. Then he confines his complaints to the detail, as to the objectionable structure of the closets?—Yes.

2673. Not as to the structure of the wards?—No, only the mode of entering the closets—the passage way.

2674. Are you aware if the committee have ever refused to carry out any suggestion of the medical or surgical staff, when it has been in their power to do so?—No, they have always done it.

2675. Have you ever known them refuse any request of the medical or surgical staff?—No, the committee are particularly sensitive on that point. They are always extremely anxious to do what the medical men suggest.

2676. As the next matter of fact then, when any complaint has been brought before the committee, that body has carried out the suggestion of the medical and surgical staff?—Always.

2677. Did such a statement as has been made take you by surprise, that being the case?—It took me very much by surprise.

2678. Have the medical or surgical staff ever informed the committee that a single case of blood-poisoning has been chargeable to the insanitary condition of the hospital?—No, never. James Williams,
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2679. Can you account for the charges that have been brought against the hospital. Has it been from the inconvenient position as regards the University, or for inconvenient position as regards the residence of the staff, the medical and surgical, or from what reason?—There is no doubt that the University question is an important element in the whole of this matter, and the outcry seems to me to be the lever that is made use of to remove the hospital, more for University purposes than anything else.
2680. *By the Hon. the Chairman.*—The students complain it is too far away?—Yes.
2681. *By the Hon. W. A. Zeal.*—If the requirements of the students could be met, would there be this great demand for the pulling down of the hospital?—I think not.
2682. It has been suggested that the site of the present hospital, in the event of its being pulled down, might be utilized for leasing purposes, or sold to form a fund for the carrying on of another hospital?—Yes.
2683. Would it be desirable to close the hospital in the centre of a large population like this, to open another newer one in a remote suburb?—I should say not, a hospital situated as the Melbourne Hospital is, where the traffic converges, is in a position which furnishes great advantages to the sick poor.
2684. Is it not a fact, that all the large London hospitals, Bethlehem, St. Bartholomew's, Guy's, Westminster, London, St. George, Middlesex, Charing Cross, King's, the Royal Infirmary, Gray's Inn, the University College, and St. Mary's are all in the centre of dense populations?—It is.
2685. What would be the result if an outcry took place, that those hospitals had got into an insanitary condition through the surroundings? What would the result be in London?—The population would suffer—the class of people that form the hospital population.
2686. Has it ever formed an element of complaint as to the positions of the London Hospitals—that the land there is very valuable?—No.
2687. Is it not a fact, that the land on which St. Bartholomew's and Guy's, and other metropolitan hospitals stand is infinitely more valuable than the Melbourne Hospital?—Infinitely.
2688. And, if so, it would realize large sums of money?—Immense sums.
2689. That not being considered an insuperable objection in London, why should such a complaint be urged against the Melbourne Hospital?—I can only account for it on the grounds that there is an interest in another direction.
2690. Do not you think, that some of those complaints have arisen through the desire of the property owners surrounding the Melbourne Hospital—that suitable buildings should be built on it?—To some extent, business men, notably one living near there, has expressed his anxiety to me that the hospital should be removed for business reasons.
2691. That should have no weight either with the Government or the hospital committee in deciding on the utility of the institution?—Certainly not.
2692. And if the hospital was removed from the present site, and located in one of the suburbs, the same objection might arise in twenty years, as to the density of the surroundings, which exist now as to the Melbourne Hospital?—Unquestionably.
2693. Then the difficulty would not be met by moving this hospital from its present site altogether—it would only be staving it off for a further period of time?—Yes, quite so. Population would gather round in time.
2694. If this hospital was closed, would not casualty wards and dispensaries have to be dotted about Melbourne and its suburbs?—Yes.
2695. Could the various serious accidents, which now find their way into the Melbourne Hospital, be treated, unless some such means were provided?—It would be very necessary to have a hospital in the place where accidents could be quickly taken; and another reason for having it central is, that the medical men are close at hand. That is an important factor in considering the site of a hospital.
2696. And another would be the question of the means to buy the land to build a dispensary?—Undoubtedly.
2697. Are there any funds to draw on for that in the hands of the hospital authorities?—None.
2698. Is there any fund to buy land for casualty wards?—No.
2699. Then, if the hospital was pulled down, unless a large sum of money was forthcoming from the Government or the public, the patients now treated in the hospital would be sent to the mercy of chance?—Just so.
- 2699A. Do you think, in carrying on the operations of the hospital, that proper economical supervision is exercised over all its details?—So far as the administration is concerned, I can speak positively on that. I cannot go into professional matters.
2700. Can you put your finger on any blot in its business management which could be remedied or improved?—No, not at the present time.
2701. Do you think it would be an improvement to remove all the inferior portions of the building, such as the laundry, the out-patients' place, and some of the buildings which now cumber the ground—to remove the laundry to the country, and build wards upon the vacant ground?—No doubt it would be a very excellent thing to remove the laundry into the country. It would involve one item of expense—it would be necessary to largely increase the stock of linen—it would have to be doubled, and there would have to be constant communication between the laundry and the hospital by means of vehicles; and as hospital washing is a very particular thing, it would necessitate a staff.
2702. Or a skilled officer to look after that work?—Yes.
2703. If you took the public into your confidence, and showed that it was absolutely necessary, would not the expense be met?—I cannot say. It is a very remarkable fact, that I have not heard of any one who has shown an inclination to subscribe a single pound to remove the hospital.
2704. They are all philanthropic suggestions merely?—All gratuitous. As to dispensaries, I think that local dispensaries would be a gain, and that is a subject the committee devoted attention to some years ago; it was pointed out that the gathering of a large number of people in one place, would have disadvantages, and that it would be better to distribute the poor who receive out-door relief in the different localities, having a dispensary in each, and that would do away with the necessity for a large department such as we have. Then, on the other hand, for teaching purposes, the University requires the presence of out-door patients for clinical teaching in the out-door department.

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2705. Want of ventilation has been alleged as one of the grave charges made against the Melbourne Hospital—can you suggest any plan by which that can be remedied?—It is so wide a subject, and so many different opinions have been expressed, that I should hardly like to venture an opinion.

2706. I understand that the hospital authorities have introduced a new ventilator in the mortuary?—Yes.

2707. Have you had any opportunity of observing the good effects or otherwise of that ventilator?—It is not in position yet, but it is a very powerful extractor of air; it is a fan with curved blades.

2708. Supposing Dr. James intimated that, on many days, there was no means of getting air into the wards, on account of the stillness of the atmosphere, if such an apparatus was applied, would that remedy it?—It would move the air, no doubt.

2709. And would it affect the patients prejudicially?—No; I think it could be so contrived as to work without draughts.

2710. Do you think the closet system could be improved?—No, I think not. With reference to the closet system, my report explains the nature of the system. The main difference between the pan system and this is, that the pan has a very large exposed surface, and there is a very small chance of ventilating it, whereas the area of the pipe in the Liernur's system is five inches, and that is ventilated.

2711. It is alleged that, after the exhaust takes place, and the fæculent matter is taken down to the tank below, that there comes a recoil of air, which carries up offensive odours, and which enter the ward—is not that a grave objection?—We dispute that altogether; we say it is not the case. The tank, situated under ground, of which you have a diagram, is evacuated of air, and when it is in that condition, the valve is lifted, and the contents of the pipe rush into the space, and the valve is closed directly. The pipe then is empty, and the passage of back gas is prevented by means of a valve, and directly the closet is used again, the swan neck or trap at the bottom becomes filled, and shuts off communication; even assuming that the valve seat is not absolutely tight.

2712. Supposing that, in the swan neck and trap, fermentation takes place, would not the pressure of the gases on that trap get through the trap and up the shaft into the wards?—The tanks are not allowed to remain sufficiently long for fermentation to commence; they are emptied every 24 hours, and the pipe as well, and we use disinfectants in the closets, and in any case fermentation will not set in between the emptying, from time to time.

2713. Do not you think that a proper systematic appliance of the earth-closet system would be better and sweeter?—I think not.

2714. Suppose a special officer was appointed, whose duty it was to look after that entirely, and he was supplied with the deodorizing matter to disinfect the fæces, as dropped, would not that be a better system than the present, though it gave more trouble?—It would give more trouble, and be more expense, but I do not see the advantage. There you have a large surface to disinfect, here a small one, and that is disinfected. And then the pan system involves an entry to the place to empty them, which is open to considerable objection.

2715. The matter would be disinfected in a very short time after; would not that remove the objection to the pan system?—The attention to closets used by 250 or 300 people would require quite a staff of people.

2716. Can you suggest any improvement on the present system?—No. The committee, in former years, had a large supply of water, and we had water sewage. It was discharged into the street channel, but the volume of water was so considerable that it passed away without being noticed, but the City Corporation insisted on the practice being stopped, and it then became with the committee a question of removing the excreta. They, in the first instance, introduced self-acting closets, with a minimum quantity of water, say a quart for each time it was used; but it is obvious that the valves of the seats would often be opened unnecessarily, and the bulk to be removed was very largely increased. After this had gone on some considerable time, attention was called to Liernur's system, I think in the first place, by Dr. Girdlestone, and next by Dr. James, or both perhaps, simultaneously. The system seemed to present to the committee just the very thing that was wanted; that is to say, that the bulk was reduced to a minimum, and it presents other advantages from a sanitary point of view; which I have pointed out, as compared with earth closets as they were in that day. The committee adopted the plan, and it has been perfected from time to time till it has arrived at its present condition. That is the position of the case as regards the closets, and it is just a question whether the pan with a larger exposed surface is not open to graver objections than the Liernur's system, where you have a contracted space, and where you have an opportunity for ventilating. I should explain that the action of the air is down the pan and up the shaft, which is carried to above the roof of the house, and that could be exemplified on a day when the wind is blowing as it is now. You would find that smoke would be carried down the pan, and you could light a paper and it would go up the shaft.

2717. Is there not one common pipe in each shaft—would it not be better to have separate pipes?—That might be an advantage—that might remove the objection; but our closets are remarkably sweet. We hear, almost for the first time, that our closets are open to such grave objections.

2718. I think the medical superintendent made some grave objection to the effluvia as coming from these closets at different times—have you ever noticed that?—Never. I join issue with Dr. Lewellin in that, he knows I do. This is not a mere statement of mine, it can be verified any time by any person going into them.

2719. So far as you are aware, no grave objection has been made to unpleasant odour from the closets?—No, distinctly.

2720. As to the ventilation, the plan of shifting the Louvre boards over the ventilators—were they introduced at the request of the medical staff?—They were in the original plan, and met with the approval of the medical staff, at the time the buildings were put up. The institution is used for the treatment of patients, and the staff were always consulted as to that aspect of the case. I noticed in the Prince Alfred Hospital, in Sydney, that a similar plan is adopted by bringing in the air very near the floor-line, and also above near the ceiling. The idea is, that the surfaces should be swept by air as far as possible. I believe the same practice is adopted in some of the hospitals in London. Of course, the lower openings can be shut in the event of strong winds blowing, to prevent draughts.

The Witness withdrew.

Ordered that this Committee be adjourned to to-morrow, at Three o'clock.

WEDNESDAY, 20TH OCTOBER, 1886.

Members present :

The Hon. Dr. BEANEY, in the Chair;

The Hon. F. E. Beaver,
D. Melville,

The Hon. W. I. Winter,
W. A. Zeal.

David Boswell Reid, Esq., M.R.C.S.E., examined.

2721. *By the Hon. the Chairman.*—You are honorary surgeon to the Geelong Hospital, I believe? —I am. D. B. Reid, Esq.,
M.R.C.S.E.,
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2722. Where were you professionally educated?—I have been educated in London, in Edinburgh, in Paris, Brussels, Heidelberg, and New York.

2723. You were house surgeon at the University College Hospital?—I was, as private assistant to Professor Ericsson afterwards, and demonstrator of anatomy.

2724. At the same college?—At the same college.

2725. That has also a high reputation as a medical school?—I think it plays second fiddle to none.

2726. Do you remember what number of beds the University College Hospital contained, and the ground area upon which the hospital is built?—No, I do not; I think the number of beds was about somewhere under 200—120 to 200.

2727. Have you any idea upon how much land it stood?—Far less than the Melbourne Hospital; it was bounded by University-street on one side, and another street on the other side, but the land was very limited, far more limited than this.

2728. I suppose you could almost build another University College Hospital on this ground?—Exactly.

2729. Did you observe much septic disease while you were resident officer in the University College Hospital?—I did, I saw a good deal of it.

2730. And I suppose there was a good deal knocking about in all hospitals?—Yes, in all the hospitals.

2731. At that time?—At that time there were epidemics. Sometimes we would be free from it, sometimes we had a great deal of it.

2732. Can you remember what the death-rate was, after surgical operations, at the University College Hospital, to the best of your recollection?—I could not tell you. We were generally pretty successful, but we had a good deal of inflammation, and one thing and another happened afterwards; but I think they were generally pretty successful, unless a blunder had been committed.

2733. You do not remember the death-rate?—No, I could not tell you.

2734. Of course, if a blunder was committed in any hospital, that would produce bad results?—Yes.

2735. Do you remember what was the average stay of surgical patients in the hospital, when you were resident surgeon?—I should say about—Of course things vary. If a man got strangulated hernia, he might go out in ten days or a fortnight; if he had a fractured leg, he would stop in six weeks.

2736. Can you not tell us the average?—No, it is thirty years ago.

2737. You are selecting the cases, as it were, that is, specifying them. A fracture might stay in six weeks, and a strangulated hernia might go out in a fortnight?—Yes, a fortnight or ten days.

2738. You do not remember the average all round?—I do not.

2739. We are told here that it is 28 to 29 days in St. Bartholomew's?—We got them out pretty quick, they did not stay in very long.

2740. Mr. James told us the other day, that the average stay of his patients in ward 18 is sixteen days?—He must have been very successful, unless he packed them off to the dead house.

2741. Then you consider he must have been very successful?—Very considerably successful, I should say.

2742. In fact, he had it all his own way?—Yes, no doubt he had.

2743. How long have you been officially connected with the Geelong Hospital?—For 26 years.

2744. Have you any idea what the average death-rate upon the surgical side of that hospital was, as compared with the medical side of the house—that is, at Geelong?—I know that our average death-rate has been lower than almost any other hospital in the colony—that is all I know—I cannot tell you what it was; if you had given me a hint of these questions, I would have found it out for you; but I know, my great delight was, to have the smallest death-rate and the smallest expenditure.

2745. Do you think that surgical cases, that is of course with open wounds, offer about the best test of a hospital's sanitary condition?—I think so, because you can see it.

2746. You would rather be guided, if you were wanting to ascertain the sanitary condition of a large hospital, by the successes of the surgical cases, than the medical side?—I think so. You can see it. Will you allow me to make a remark on that point—it is this, than when I first took charge of the Geelong Hospital, the cases all did badly. It did not matter what any person was admitted for, even for a scratched finger, it always took on phagædenic or gangrenous action, and it was not for some time that we could get granulations on. The whole thing was dependent upon defective sanitary arrangements and bad ventilation. After those things were remedied, such a thing was scarcely known and is not known at this day. It is only very rarely that we ever see such a thing.

2747. I would like to read this to you, to see if you agree with it, after these remarks of yours. Dr. Burnett, in a lecture delivered in England, a short time ago, says:—"Sewer gas has been proved to be a prolific source of erysipelas, and to cause much pyæmia; when hospital pyæmia occurred in the surgical ward of a large hospital three years ago, this ward was built upon the pavilion principles,"—that is considered, you know, to be the best style of building?—Yes.

2748. "And separate from the other hospital buildings, some thirty patients were affected in a few weeks, and so violent was the outbreak that the surgeons declined to operate. At that time the sewers were unventilated, and their sewer pipes were in direct communication with the sewer. No sooner, however, were these defects remedied, than pyæmia disappeared. No other cases of pyæmia occurred for six

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months, when all of a sudden the disease again appeared in a violent form. As it continued, the ventilating shafts from the sewer pipes were examined carefully, and it was discovered they were stopped up. Some workmen had been engaged upon the roof, and as they objected to the smell, they had closed the ventilators with pieces of rags; this is a proof of the necessity of regular inspection of all ventilating shafts, open sewer pipes, &c. Of course, the ventilators were at once put into working order, and since then during two whole years the disease has disappeared from the hospital?"—I quite agree with that, and if you will allow me, I will give you a corroborative instance—In London, there was a celebrated lying-in hospital, I dare say you have heard of it or been there, under that great physician, Dr. Rigby, people were dying there very frequently of puerperal fever and congestion of the lungs, and all sorts of things, and my father was brought in there to see what could be done, hygienically, to cure it; he did his best, but still, for all that, the disease went on, and a strict examination of the sewers and things was made, and it was found that the men had done just the very same thing, and had blocked it up, consequently, drainage was defective, and the puerperal fever re-appeared, and all the septicæmia, and so on; but when this was taken away and a clear channel made, then they got a great deal better, and Dr. Rigby wrote a letter, which I saw, saying that after this change, the disease disappeared, or became very greatly modified.

2749. It appears, too, that some of the very newest hospitals in the old country have had those epidemics of blood diseases and poisonings?—So I believe.

2750. And it has been traced to defective sanitary arrangements?—That is just what is the cause of it.

2751. Notably the Oxford Infirmary, the Radcliffe Infirmary at Oxford—quite a new building. It was something fearful, I believe, and a very great authority was sent down from London—Dr. Schoman, of the Army Department—who was selected to visit the place; he found nothing more nor less than defective drains, and it was all rectified. The Manchester Royal Infirmary, it appears, was in the same state. I mention these matters, because it appears to be in accord with your opinion, that it is not the age you consider of a hospital?—No.

2752. Or the construction, so much as proper hygiene and sanitation?—Exactly. That is decidedly my opinion.

2753. How many beds do you make up in the Geelong Hospital?—About 200.

2754. What is the area of the ground upon which it stands?—About the same size as the Melbourne Hospital.

2755. Is that on the barrack or the pavilion system?—It is the old system. But we have out-houses.

2756. It is a block, is it not?—We have out-houses. There is the old hospital, and there are lots of other buildings.

2757. Something like that—[*handing an engraving to the witness*] ?—The main building is something in this style, but then we have got other buildings in our large grounds, other rooms made for fever cases or for lunatic cases, and all that sort of thing. But the main building is very much upon that plan.

2758. It is something after that style, you say?—Yes, the main building.

2759. How many beds have you in each ward?—In the main wards, there may be about 20 beds.

2760. What is the length of the ward?—I could not tell you; about 100 feet, I should say. They are pretty large wards.

2761. Then what is the number of cubic feet of space you give to each patient?—I could not tell you.

2762. Twenty patients in a ward 100 feet long—is it 25 feet wide, think you?—It is a good deal wider than this room.

2763. Then you would give about 2000 cubic feet?—I think that is about it.

2764. Is there more than one row of beds on each side?—No, just one on each side.

2765. Windows opening on each side?—No, the windows open on one side.

2766. Not on both sides?—Not on both sides.

2767. Still you have had excellent results there?—We have not, for years and years, been troubled at all with any kind of septicæmia attack; though, mind you, 26 years ago, it was very virulent; but if you will allow me to mention, lately they have had some improvements, and the old chimneys have been utilised as ventilators, and all the fetid air escapes, and you scarcely ever find a foul smell in the Geelong Hospital. It all goes off. The system is not perfect, but still it has been remarkably successful.

2768. Have you seen the new Alfred Hospital at Sydney?—No, it has been built since I was there last.

2769. Are you acquainted with the Melbourne Hospital?—I knew the Melbourne Hospital 26 years ago, and I have been there often.

2770. Do you approve of the site upon which the hospital is built?—I think it is one of the most convenient sites that could possibly be in the centre of the town. If you only had good hygienic arrangements, I do not see why it should be changed.

2771. You think it is essentially necessary that a large hospital should be situated in the centre of the city of Melbourne?—Exactly; if they only just take hygienic precaution, according to modern measures, there is no reason why they should not have a small-pox hospital in the middle of a town; and it would not hurt anybody, with good hygienics.

2772. In London they have small-pox hospitals and fever hospitals in the centre of the city?—Yes. I have been in them all.

2773. They do not send them to the country?—No.

2774. And hospitals for cancer and heart disease?—Yes. I have been in them all.

2775. When did you see the Melbourne Hospital last?—I have not been in the Melbourne Hospital to visit it for some years.

2776. What closets have you at Geelong? Are they water-closets or the pan system?—The pan system.

2777. Which do you think is the best, the water-closet system—if they are well flushed, the same as in the London hospitals—or the pan system?—Really, upon my word, one is about as good as the other, as long as it is well flushed, if you have got the water and the drainage provided for it; but I think the pan system is not to be despised.

2778. Some witnesses have said that, if they could have water-closets with an unlimited supply of water, so as to flush them thoroughly, they like them best; others like the pan system?—It is merely a matter of fancy. I think one is as good as the other, if they are only properly looked after.

2779. Have you attended crsipelas and other forms of blood poisoning outside of your hospital practice, in your private practice?—Yes, often.

2780. So that those diseases can be developed outside as well as in?—Of course. In fact, I can say that no cases of septicaemia, or anything of the kind, has originated in the Geelong Hospital for years and years past. But they have brought the disease in from the outside, and it has originated outside. But I am happy to say, that for years and years we never had the disease originated in the hospital.

2781. Are the wards of the Geelong Hospital ventilated by the natural method, that is, by doors and windows, and open fireplaces?—That is a subject which, if you will allow me, I will explain, I am very particularly interested in this way. The rules of the Geelong Hospital excluded all cases of typhoid fever, scarlet fever, or measles, and that was for a long time, and I thought it was very unjust, exceedingly unjust to the poor people under all circumstances that they should be excluded; and I proposed to the committee—and I gave a pretty heavy subscription at the time the Duke of Edinburgh was here, when it was proposed to erect that memorial in honor of his visit—to put up a fever hospital upon the grounds—a fever ward—and I did my very best to get the committee to allow me to have it ventilated properly, and I was perfectly willing to show them how to do it. However, there were too many men who fancied themselves, that really knew nothing whatever upon the subject, and I was handicapped to such an extent that I only got a very partial system of ventilation. I daresay, under other circumstances, I might have been more successful; but they all went against me. However, I got this arranged, as thoroughly impressed with the idea of our great master, the great surgeon that I served under, Parkes, of Netley, that the great thing was to introduce a vast volume of air into a ward without draught; and the grand way to do that is, though you may have a hurricane in the shaft, you must have an enormous area of inlet, so that it comes in gently, but may go out in a hurricane; and I did my very best, but I only got partial arrangements, and was handicapped here and there. One man wanted this, and another wanted that, so I threw it up. I got but very little of what I wanted; and I had a ward that was only fit to hold six patients covered with 30 during an epidemic fever, or typhoid, or measles of the most malignant type; and, even under the partial arrangements that I was allowed to make, I never knew it spread from one ward to another. And so I tell you this, that my great belief is, that unlimited fresh air admitted without draught (and it can be done very easily, if people only knew how) would destroy all your septicaemia, or phagædemic ulcerations, and keep the sewers perfectly healthy.

2782. In fact, it is the best anti-septic?—It is the best anti-septic; any amount of ozone. And then allow me to mention further. It has been said that air taken from low-lying localities where there are gutters or anything of the sort, might introduce the disease. But it is very easily remedied; take a shaft up. In the Houses of Parliament—the House of Commons at home—my father did this; he took the air from the high turrets, from the Victoria Tower, or the clock tower, which is as high as Hampstead Heath. It was sucked down. It is very easy to do, and they breathed in the House of Commons air that was just as good and as fresh as the air of Hampstead Heath. And if you refer to Dr. Parkes's Hygiene, I think you will find I am right, for he says distinctly, that more than medicine, more than any other thing at all, unlimited fresh air generally takes away everything. Hygienics beats all the physic in the world.

2783. Is that called any particular system—the system your father followed?—Allow me to explain. There are several systems of ventilation. There is the plenum movement, which forces air in, and then if you open the window the air goes out. There is the vacuum movement that sucks the air away, and there is the combined movement with the plenum and the vacuum, and that is the sort of thing necessary, say, for the House of Commons or the Legislative Assembly. For instance, if you have the vacuum too strong when you open a door, in runs the air and you have a draught. If you have the plenum movement too strong, that air runs out. You may adjust it generally. I may tell you that in my younger days, when my father was away, I used to be in charge in the House of Commons. Perhaps a great speech was made, perhaps a budget speech; we would have the place crammed, we would have perhaps 100,000 cubic feet of air going through the House at that time per minute. I had to go and see it was all right, and I stood at the door with a thread hanging from my hand like this—[*illustrating with his handkerchief*]. If I found that this thread was blown outward, I knew that the plenum movement was too strong, and I used to call down the tube “Moderate the engine strokes” or “Open the vacuum movement stronger,” and at last I got my thread straight, and no draught. And yet 100,000 cubic feet were going through the House every minute. Then when the speech was over many people would go out of the House, and I would lower it then. But at the same time I had to lower the other. The thing is very simply done. I recollect Disraeli's first budget speech. I had a good deal to do on that day.

2784. So you believe in that system?—I believe in the system. But, mind you, for a hospital, I would not recommend the double. I recommend the vacuum simply, because you may take in every case, and the foul air goes out through the chimney, burnt in the fire, and there is no chance of any germs going out to poison the town. I believe in the vacuum system for a hospital; and to prevent draughts, all you have to do is, to have the apertures of ingress very very much larger than the apertures of egress. Now the present House of Commons was built under my father's directions. As far as that was concerned, the whole floor is one mass of small perforations, only covered with hair cloth which is little or no obstruction, and you can get any amount of air through there without the slightest draught.

2785. I believe your father's name is like a household word on sanitary and ventilation matters?—To Queen Victoria, King Louis Philippe, and the Czar, and Baron von Humboldt; and others of that kind.

2786. Then you think there should be a hospital for the reception of the sick and wounded in the centre of this large city?—I do, most decidedly.

2787. I suppose you think the hospitals for consumption and incurable cases could be built away?—Decidedly, put them away.

2788. And that, of course, would be a great relief to a general hospital?—Yes, of course it would.

2789. A witness told us the other day, in fact he is one of the hospital staff. “we have been digging up some of the trees in the hospital grounds, in order to allow more air to reach the building.” This witness

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told us that, since those trees have been removed, dug up, and the soil opened, the cases have not gone so well. Can you explain that?—I must say one thing. I have a great fancy for having trees, especially gum trees, round a hospital. I think they are great purifiers.

2790. But how about earth, is not earth a great purifier?—Of course it is. I do not believe about the digging up. I believe the absence of the trees may have done some mischief. But I do not see how digging up the earth would.

2791. The removal of the trees was to give more air to the hospital?—I like plenty of trees round a hospital. I think they are very conducive to health.

2792. Professor Allen has told us that the present site is a very good one for a hospital to contain 250 beds. What is your opinion?—I should think your present site would take more than that.

2793. How many would you think?—If you had proper hygienic arrangements, I do not see why you should not take 500.

2794. Mr. James said the other day from 500 to 1000. Do you agree with that?—I quite agree with Mr. James.

2795. I suppose you sometimes have cases outside the hospital altogether, in your own private practice, go wrong at a time when you little expected it?—I have so, most decidedly and unfortunately.

2796. Then providing that the hospital wards get plenty of fresh air, and are kept perfectly clean, and the closet system all that could be desired, it does not much matter if the hospital is built upon the pavilion or the block system, or the height of the building?—I do not think it matters at all, as long as they do hygienics according to modern thought.

2797. You think the whole thing lies in that?—I think the whole thing lies in that.

2798. Have you had patients in the Geelong Hospital whose wounds have united by first intention?—Yes.

2799. And yet you have only one row of windows in your ward?—There are windows at the end.

2800. Still you have had wounds unite by first intention?—Yes, and do well. We never had any trouble at all with them.

2801. That is what a surgeon looks forward to, to heal as quick as they can?—Yes. I have not for years and years known in the Geelong Hospital any one take on phagædenic action.

2802. Suppose, in one ward, one man's wound heals by the first intention, another by suppuration, and still gets well, and a third by suppuration and pyæmia in the same ward; how can you explain it?—I should explain it this way—that one man's constitution was pretty strong, and the hygienic arrangements were very wrong.

2803. Then the man whose wounds heal by the first intention, you would consider that man to have been, before he came in, in good physical health?—Yes.

2804. The pyæmic man, you would say, was perhaps in a bad state of constitution?—He might be.

2805. Either that or there was some defective sanitary arrangements?—Yes.

2806. When a patient is admitted with an injury, and his internal organs are in a diseased condition, do you think the odds are against him?—The odds are decidedly against him if his liver, or heart, or kidneys are not right. He could not be in a worse condition.

2807. *By the Hon. W. I. Winter.*—Have you ever had any experience in the management of military hospitals?—No, I cannot say that I have; though, mind you, I have studied under the greatest military surgeon of modern times, Dr. Parkes, chief of Netley. I was his private pupil, and I had a great deal to do with him, and I learned from him.

2808. Would you consider that a building might be saturated with sewage, or germs, or anything of that kind—the brick work and plaster?—It could be saturated with that if there were not hygienic precautions—if they did not look out for it, and take common sense precautions. But if common sense precautions are taken, I do not think there could be any trouble in the matter at all; that is, plenty of fresh air. The oxygen or ozone would burn it all away.

2809. Would you consider it a fault in a building when medical evidence has been brought here to say that the brick work and ceilings are saturated with germs of sewage?—It is only from sheer ignorance of knowing how to remedy it; that is all.

2810. You do not think the site could be saturated in that way?—We are talking about the Melbourne Hospital. I think the Melbourne Hospital is situated in a very nice place, and it has a good fall; I do not see why it should be so. If the Melbourne Hospital is saturated with germs and all that sort of thing, it is sheer bad management.

2811. And you think it might be remedied?—Most certainly I do. We remedied it at Geelong, I know.

2812. Do you think there is any necessity to pull down the old portion of the Melbourne Hospital, and build it anew?—As long as you give, say, 2000 cubic feet to each patient, and adept hygienic arrangements, I do not see any necessity for it in the Melbourne Hospital. I have visited many cases, and I always found it remarkably clean; it compared very favorably with many hospitals at home. For instance, it is a very much finer hospital than the great hospital in Paris, the *Hotel Dieu*, that I studied in many years ago, and *La Charité*; it is a better hospital than those hospitals.

2813. Do you think it would be very expensive to make the Melbourne Hospital in as good a state as it could be made?—I do not think it would, as long as it is not handicapped by gross and sublime ignorance. To give you an example of ignorance—I was sent for some years ago to make an inspection of the Legislative Assembly, and I absolutely found certain holes in the floor, and I asked what those were for, and they said it was to suck out the carbonic acid. They said the carbonic acid, being heavier than the air, when you breathed it out, the carbonic acid went below, and was sucked out of those holes—they never heard of the laws of diffusion of gases. That ignorance was sublime, but he was a very great authority, and the man fancied himself considerably. He once invented a brake. I thought, "Well, if you are going to ventilate the Melbourne Hospital or the Parliament Houses according to that sort of style, with such sublime mediocrity as that, no wonder you come to grief."

2814. You do not think it would be necessary to bore holes in the Melbourne Hospital to get rid of the carbonic acid?—No, indeed.

2815. *By the Hon. F. E. Beaver.*—I have a return here from the Melbourne Hospital, in which it is stated that, on the surgical side, during the last six months, 5 per cent. of the number of cases taken in

died—do you regard that as a very high mortality?—No, I certainly do not. I think they are very successful if they only lose 5 per cent., and there are severe accident cases that are brought there—compound fractures, fractured skulls, and so on.

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2816. Dr. James told us further that, in his practice, it did not amount to more than that; he gives us the number, and that was just about according to his idea; but then there are cases taken in which must die—they go in there to die?—Yes, certainly.

2817. And they die within a few hours of their admission; if those are deducted, the same return tells us that about $3\frac{1}{2}$ per cent. is the number of deaths. I suppose you would regard that as very favorable?—I think that is a very favorable percentage—very favorable indeed.

2818. Are you acquainted with the medical side at all?—I am on both sides.

2819. On the medical side the number of deaths is about 20 per cent.; but then you will admit that a great many moribund cases go in?—Of course they do—consumption, and heart disease, and fever, and all sorts of things.

2820. When those are deducted—those persons who die within 72 hours of admission—I think about 13 per cent. is left; how does that compare with other hospitals you have seen and visited in other parts of the world?—From the best I know, I should say it compares very favorably.

2821. This ventilation business, that you have so kindly given us a great deal about, could be done in our Melbourne Hospital?—Of course it might.

2822. And I suppose at not an enormous cost?—Not an enormous cost.

2823. If that were done, I presume, from what you say, that the Melbourne Hospital would be a fair and good hospital?—Very fair and good hospital.

2824. You know a good deal about it—will you kindly tell us this: Comparing it with other hospitals, how is the management of the domestic arrangements?—I do not know.

2825. You have seen it?—I have seen it, but I have not been in it for years.

2826. When you were in it, was the place clean and nice?—Decidedly, it was a credit to the town.

2827. You could not wish it better?—I could not wish it better. I have seen it on many occasions during the last 26 years, and I always saw everything clean and nice, and I always saw all the wards, and the nurses standing to attention properly, knowing what they were about.

2828. I presume from your remarks and replies to the Chairman, that you would prefer either a separate hospital for consumption cases, or a convalescent hospital, separate and distinct from this Melbourne Hospital?—Decidedly. It would relieve the Melbourne Hospital, and give them more room, and, of course, a hospital in the centre of the town could be used by anybody—accidents, or anybody taken seriously ill suddenly.

2829. You say you agree with the site of the Melbourne Hospital?—I do.

2830. It is good for ventilation, and in the centre of the city?—Yes.

2831. And convenient for the medical profession?—Yes, I think so.

2832. You have heard a good deal about the scare in the Melbourne Hospital?—Yes.

2833. Do you know enough about it, or do you know anything at all about it, to give an opinion whether that scare is justifiable?—To tell you the honest truth, I have said many and many a time, that I do not think the scare is justifiable at all. I thought it was wrong; I thought it was a mistake.

2834. May I ask you further, what effect a scare like that has upon the poor, who require the services of the hospital?—It has a depressing effect upon their nervous system, and when you depress a person's nervous system, you take away half his chances of getting well.

2835. Then, in point of fact, it would have this effect, that many men and women who ought to have the benefit of the Melbourne Hospital, would be better out of it, if they knew of this scare?—I think so.

2836. So that, in consequence of the scare produced, the Melbourne Hospital has not been doing its duty?—I beg your pardon, what I meant particularly to say is this—that a patient coming into the hospital suffering from the scare is brought there, and forced to go there by pressure of circumstances, and his chances of recovery are very much diminished.

2837. Do you think, upon the Melbourne Hospital site, may be built a hospital that would accommodate at least 500 patients?—Decidedly.

2838. May I ask you further, for we have it in evidence, what is your opinion about bringing down the Medical School to the hospital site?—The Medical School?

2839. Yes?—I do not know that the Medical School could do much harm.

2840. But would it do any good?—All the dressers, and that sort of thing?

2841. We have had it in evidence, and I am sorry to have noticed it, that the scare has been brought about—I do not want to put it offensively to anybody—by a great prejudice in consequence of the Medical School being up at the University, and it was inconvenient to them to come down to get their lectures. Is that so—in your opinion, would that affect it?—Where would they go to get their clinical lectures except to the hospital?

2842. Exactly; but the argument to remove the Melbourne Hospital nearer to the University has been the one used to produce this scare, two of the witnesses told us that?—I would not take the slightest notice of it.

2843. You do not object to the building of a hospital in that form?—Not at all.

2844. Right down to the street?—Not at all, as long as you have plenty of air brought, properly permeating through all the floor, and going out to a centre arrangement, and through a fire.

2845. The Chairman did not state to you about the hospital he saw in Dublin, where the building was five stories high; perhaps the Chairman would ask the witness that.

2846. *The Hon. the Chairman.*—Yes, the latest addition to the Dublin hospitals is the new Jervis-street Hospital. I think it is four or five stories high. There the patients are taken up and down in lifts, and the recreation grounds are on the roof of the building, not below. What do you think of a building of that class?—I think, as long as you can get the thing properly ventilated according to modern arrangements, and allow a man 4000 or 5000 or 6000 cubic feet of air every hour, you build twenty stories if you like, and it is very easily done.

2847. *By the Hon. F. E. Beaver.*—All the wards in the Melbourne Hospital have 1500 cubic feet of space to each patient—what do you think of that accommodation?—You see, I mean so much air washing them round—passing through.

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2848. I ask you this distinct question—we have a return here showing that each patient in some of the wards has 1500 cubic feet of space, in other wards they have 2000 feet—how do you regard that?—I think 1500 to 2000 feet is considered in military hospitals a very fair allowance; but then the question is how much air are they going to have playing round them; there is where the point comes in. Parkes says 4000 to 6000, and he is the greatest authority in military matters, upon military hospitals.

2849. When you were at the Melbourne Hospital did you see, or pay any attention to, the laundry?—I have not seen it for many years.

2850. In reference to that laundry, all the bedding and clothes are washed in the laundry, not very far from the hospital, and it is a very high temperature—do you think that process is a satisfactory one?—At a very high temperature, I do not see that any harm can be done. We have the same thing in the Geelong Hospital. We have the laundry just outside the premises in the rear.

2851. Are the things subjected to the sun afterwards?—Yes.

2852. They get the heat of the sun afterwards?—Yes.

2853. And the air about them?—Yes.

2854. They do not go direct from the laundry into the house?—No.

2855. *By the Hon. D. Melville.*—You have not been at the present hospital, and you do not know anything about the present complaints?—No, except what I saw in the papers.

2856. When you held your handkerchief up and showed how still it was, do you mean to say that the ventilation was going on?—Yes.

2857. And the handkerchief was perfectly still?—No, it was not a handkerchief; it was a fine silk thread.

2858. And that would not be moved?—That would not be moved. The way I used to do it was this way—if the vacuum movement was too strong just at the door of the House of Commons, the thread would go in. I then would call down the tube, “A few more strokes of the engine,” and that would keep up the entry, and I would just keep it like that; or, I might check the pump above, and limit the discharge; but I used to do so before the House of Commons met, and there was not a draught, and yet there was 100,000 cubic feet going through every minute.

2859. What would be the effect of a draught, a severe draught, passing through gratings and corridors, and passing through large holes nearly as big as that grate, so that you could feel it in the corridor blowing in your face—would it be good for the patients?—No, it would not be good, it would be very bad. The great point is, to have an enormous aperture of inlet, so that it comes gently; it might be blowing a hurricane above, but it comes in gently.

2860. Then, in your opinion, that is absolutely a necessity for the health of the patients?—I think so most decidedly. I have tried to advocate it for years and years, but nobody will listen to me.

2861. Will you favor the Committee, before your return, by just taking a look at the blow-holes of the Melbourne Hospital, and writing to Dr. Beaney what you think of them on a day like this, or such a day as we were visiting on the other day.

2862. *By the Hon. the Chairman.*—Mr. Williams says he will be very glad to take Dr. Reid through the hospital?—I shall be very happy to go and see it.

2863. *By the Hon. D. Melville.*—Will you write to the Committee what is your opinion of the matter?—I have to be in town to-morrow; I am a witness at the Supreme Court.

2864. If you will, while you are there, I would like you to look at another matter. You have just told us the number of cubic feet for a patient to have to be healthy. Will you look at No. 1 ward and ask Mr. Williams—the patients have only 869 cubic feet there, according to his own return. In Nos. 2 and 3 wards the cubic space per bed is only 1349 feet, so that that completely bamboozles you, and your theories of ventilation, if this return be correct—869 cubic feet per bed by the return in my hand. Then to No. 4 there is only 1100, to No. 5 there is only 1000, to No. 6 there is 1011, to No. 7 there is only 966; so that literally your theory of healthiness is completely upset by the arrangements here, if this be true?—I might mention to you this. I was once asked the very same question before, but I said this—“that you can reduce the cubic space to a very considerable extent, as long as you supply a vast amount of fresh air.”

2865. You told us that there ought to be, by your military authorities and others—your opinion is in evidence, as it is unbiased—that there ought to be at least 2000. There is another thing—is it essential that you keep an even temperature to your patients in Geelong—can you do that. On a day like this could you let in cold air upon them suddenly?—That could all be managed with the utmost ease, if people will only do the right thing. I will give you an example. In the House of Commons, as I told you, my father took the air from the top of those high towers; it came down cold. Of course in summer it was delightful, but if it got too cold, they turned it through a little channel where there were a lot of hot water pipes, and so much air at a certain temperature was mixed with it, and it was brought up to 65°, at which my father always kept the House of Commons, and it was done as easily as possible.

2866. This return was in 1882, they have been improving upon this. This starvation of the air was in 1882; I think that was one of the scare years, was it not?—Yes.

2867. Speaking of the scare that you alluded to in the hospital, where there was puerperal fever, your father discovered the cause?—Yes.

2868. Had there been no scare at the time, you would never have discovered the cause?—I knew there was something wrong.

2869. And remedied it at once?—And remedied it at once. It was my father that did it at the Lying-in Hospital in London.

2870. When a serious scare is aroused now among the medical men in Melbourne, common sense tells all of us that there is something wrong?—I do not see it. The scare might be wrong; they might exaggerate the scare.

2871. Yes, they might have exaggerated it; no doubt they do; but it is a very serious thing when seven or eight medical men come and tell us, that certain things arise, we cannot disregard it. What would you do in such a case?—I would ask them what they know about it.

2872. We have asked that?—Where they learned, where they studied.

2873. That matter has been asked. It has been asked where they studied, and the same question was put to you, but that does not get over that difficulty. The scare has brought you and me and all of us

together now. What do you think is the cause of those deaths in the Melbourne Hospital?—Deaths we shall always have amongst us.

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2874. Would you not refer it, as you did in the puerperal case?—I put it to bad hygiene; if there is anything bad in the hygiene of the hospital, I put it to that.

2875. *By the Hon. W. A. Zeal.*—I just wish to call your attention to this return. Mr. Melville takes up a return here, and I am sure he has not intended to make a mistake; but not reading the heading to that return, he makes a statement which is grossly misleading. This statement is one recently prepared by the secretary of the Melbourne Hospital. It is headed to this effect—"Statement showing the number of beds in each ward, and the cubic feet of space, previous to the removal of 70 beds in 1882." This statement might have been strictly correct in 1882, but, seeing there have been 70 beds removed within the last four years, it shows that those remarks will not apply to the management at present of the Melbourne Hospital; is that so?—Clearly.

2876. Now take the first ward, No. 1, which my friend, Mr. Melville, said had only 869 cubic feet of space to the bed—you find, if you work it out, that the present cubic space in that ward exceeds 1500 feet—is that sufficient?—Yes, if you give them plenty of fresh air.

2877. Speaking generally, if all the surrounding circumstances are good?—If all the surrounding circumstances are good, you could do with less than that.

2878. But, supposing you shut a man in robust health in a room with 1500 cubic feet of space, how long would he exist if you did not give him fresh air?—He would very soon come to grief, I think.

2879. Then one of the conditions to retain health is, that a man shall have a constant access of pure and fresh air, is it not?—Yes.

2880. That applies not only to hospitals, but to every walk and relation of life?—Exactly.

2881. You spoke with reference to the quantity of air that is required, as I understand you, it is an inlet equal to, from 4000 to 6000 cubic feet of air per patient, should be allowed to enter each particular ward?—Yes.

2882. If that is the case, in your judgment, it does not then so much matter whether or not the 1500 cubic feet of space is given to each patient?—No, clearly so.

2883. Then after all it comes to this, that the proper control and the ventilation of the ward is one of the factors towards carrying out a healthy system of hospital management?—According to Dr. Parkes, the most important factor in all hospital treatment.

2884. Then, in fact, all these details can be put right, as you said, by the use of common sense?—Yes.

2885. Now I will come to some questions about the metropolitan hospital. Have you ever heard it alleged as a ground of complaint against the use and continuance of the London hospitals, that they are surrounded by densely populated districts; is that an objection to their position?—No, I never heard of that at all.

2886. What would be the effect if such hospitals as Guy's, Bartholomew's, Charing Cross, King's College, and all those hospitals were removed?—The poor would suffer very considerably.

2887. Would not they, in all probability, die by the hundred, through not having means of getting hospital help?—I say, they would suffer considerably; the result would be very disastrous to the population.

2888. Then the argument that the hospital is surrounded by buildings is not an absolute blot upon the site of the hospital?—Not at all.

2889. You know the Melbourne Hospital quite well?—Yes.

2890. If you were told the ground of the Melbourne Hospital contains $4\frac{3}{4}$ acres and the surroundings of the hospital, that is, the roads surrounding it contain very nearly 9 acres, would not that be a great element towards providing healthful and pure air for the patients?—Of course it would.

2891. From your knowledge of London, are there any streets in the metropolis which compare, as to width, with the Melbourne streets?—No.

2892. Surrounding Guy's, Bartholomew's, and those hospitals?—No; with the exception of Pall Mall, no street in London can equal Collins-street or Lonsdale-street.

2893. Some returns were shown to us as to the number of beds in the Melbourne Hospital, and it appears that Bartholomew's provides 750 beds; and Dr. Girdlestone told us that that was one of the best metropolitan hospitals. So it does not appear that the large number of beds upon a certain space is an absolute drawback to the usefulness of a hospital?—Certainly not.

2894. I take the St. Bartholomew's Hospital from the most recent return published in the *British Medical Journal* of the 11th September of the present year; and it says there St. Bartholomew's Hospital comprises 750 beds?—Yes.

2895. Two hundred and twenty-seven for medical cases, 353 for surgical cases, 26 for diseases of the eye, 20 for diseases of women, and 50 for syphilitic cases; so that the hospital combines a varied assortment of diseases?—I know it well.

2896. Is that considered a very objectionable feature in a hospital?—Not necessarily.

2897. I come next to Charing Cross Hospital; this contains 180 beds—do you know how that compares with Bartholomew's—is it larger or smaller?—Very much smaller.

2898. Then St. George's Hospital contains 351 beds, of which 205 are devoted to the surgical and 146 to medical cases; do you know the surroundings of St. George's?—Do I know it! I lived seventeen years close to it.

2899. Is it in a densely populated district or not?—I think St. George's Hospital has the great advantage of a more open area than the others.

2900. Then Guy's Hospital, this hospital contains 695 beds—there are 50 beds for ophthalmic, and 26 for obstetric cases?—Yes.

2901. Guy's Hospital, we are told, contains an area of seven acres, so that in this hospital there are 100 patients housed per acre, is that not so?—Yes.

2902. Has that ever been urged against it?—And it is one of the most densely populated parts of the south of London.

2903. Has that ever been urged as an objection to Guy's?—I never heard of it.

2904. King's College Hospital contains 170 beds; London Hospital contains 786 beds, approximately thus allotted;—Accidents and surgical cases, 343; medical cases, 290; diseases of women, 26; children

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under seven years of age, 70; ophthalmic cases 12; erysipelas and isolation cases, 45; mark that, doctor. In other words, among that immense crowd of people, 786 patients, there are introduced 45 erysipelas and isolation cases; that being the case, does not it prove incontestably what you said, that under proper hygienic management, the most pernicious diseases can be mixed up with comparatively healthy patients?—I would guarantee to make a small-pox hospital in the very middle of Melbourne, and not a germ would go out.

2905. Has that ever been alleged against that hospital?—I never heard of it.

2906. Now, St. Mary's Hospital contains 270 beds, 130 medical, and 140 surgical. Middlesex Hospital contains upwards of 300 beds, of which 185 are devoted to surgical, and 120 are devoted to medical cases, and there are 33 for cases of cancer, and also wards for cases of uterine disease and syphilis, and beds for cases of diseases of the eye. St. Thomas's Hospital is one of the newest, is it not?—Yes, and opposite to the Houses of Parliament.

2907. This hospital contains 572 beds, of which about 180 are appropriated to ordinary medical and 230 to ordinary surgical cases; there are also special wards for diseases of women, diseases of the eye, venereal cases, children under six years of age, and others for infectious diseases. Have you ever heard it urged against St. Thomas's Hospital that they allowed infectious diseases to be housed there?—I never did.

2908. Westminster Hospital contains upwards of 200 beds, and this hospital appears to be more appropriated for general cases, such as diseases of the eye, ear, skin, teeth, throat—diseases of women and orthopedic cases. Has it ever been alleged, against the use of the Westminster Hospital, that diseases of the skin are an objectionable ingredient in the management of the hospital?—No, I never heard so.

2909. I think these are the principal hospitals in the metropolis?—I know them all, I have been all round them.

2910. I should like to ask you some questions after you have seen the Melbourne Hospital?—I have got to be in Melbourne, I am in a case in the Supreme Court the very first thing; I will give my evidence, and then go to visit the hospital, and come and give you my evidence.

2911. *By the Hon. the Chairman.*—Mr. Williams has gone back to the hospital, he will be glad to see you now, and you can get that over?—Very well, then I will go at once.

The Witness withdrew.

Adjourned to to-morrow, at 2.30 p.m.

THURSDAY, 21ST OCTOBER, 1886.

Members present:

The Hon. Dr. BEANEY, in the Chair;

The Hon. F. E. Beaver,
D. Melville,

The Hon. W. A. Zeal,
W. I. Winter.

David Boswell Reid, M.R.C.S.E., further examined.

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2912. *By the Hon. W. A. Zeal.*—I want to ask you a few questions about the mortality of the hospital. I have in my hand a return from the secretary of the Melbourne Hospital, showing the number of patients, the number of recoveries, and the total number of deaths from all causes, and as you were informed yesterday this hospital is a hospital for general purposes, including all kinds of diseases, infectious and otherwise—would you be surprised to learn that the total mortality has ranged from 10.19 per cent. in the year 1860 to 16.46 per cent in 1884?—That is, medical cases and surgical cases?

2913. Yes, the total?—I should not be surprised to learn it at all.

2914. In these returns, it gives the number of phthisis patients who died in the hospital, and they constitute a very important factor in the return?—No doubt.

2915. Varying from 1 in 3.89 in the year 1880 to 1 in 5.96 in 1860. Should you think, in making a record of the average mortality for such an institution as the Melbourne Hospital, it would be fair to include in the return those deaths from phthisis and to specialize them?—I think it would be very unfair not to do so. Now, I will tell you why.

2916. Would it be unfair to specialize them?—No; allow me to make a remark upon that question. A person in the very earliest stages of consumption, as Dr. Beaney knows very well, can be taken from the jaws of death by judicious treatment; but when they come to have consolidation of the lung with cavities, they must die; and then it is that they go into the hospital and die, and swell the statistics of mortality—

2917. *By the Hon. the Chairman.*—They go in to die?—They go in to die, and to be buried cheaply.

2918. *By the Hon. W. A. Zeal.*—Then in your opinion the returns should show specially the number of deaths that occur from phthisis?—The number of deaths. To do the hospital justice, there ought to be statistics of the number of deaths that come from phthisis or thoroughly incurable cases, and those that might have a chance of recovery.

2919. Should consideration also be given in those returns to the moribund cases which are brought to the hospital?—Certainly, people picked up in the streets with a compound fracture, or drunk or taken laudanum, or strychnine, or something of that sort—those ought not to tell against the hospital.

2920. During the year 1880, out of a total number of 4096 patients, there were 95 moribund cases recorded out of a total number of 573 deaths, which gives 16.58 per cent. of cases of death?—Yes.

2921. Is not that a fair item of comment, and should it be specialized?—I think so, most decidedly.

2922. From January to August of 1886, a year when the return was a little larger, out of a total of 386 deaths, there were 132 moribund cases, or a per centage of 34.2 per cent.; do you think that ought to be noted?—Yes.

2923. It has been stated by Dr. Allen and other witnesses, who have been intimately connected with the Melbourne Hospital, that the years 1881 and 1882 were those when the Melbourne Hospital was in its most insanitary condition. What would you argue from that—that the returns should be higher or lower

from that cause?—Of course, if it was in a very insanitary condition, I should imagine that many cases would succumb, that might have otherwise got well.

2924. Would it tend to produce a high or low mortality?—Insanitary condition?

2925. Yes?—We should naturally expect it would give a high rate.

2926. Contrasting those years with the years 1884 and 1885, the mortality crept up from 15·75 per cent. in 1881 to 16·46 per cent. in 1884, or very nearly 1 per cent.; the returns of the year 1882 had crept up from 15·64 per cent. to 16·40—very nearly 1 per cent. of difference—how would you account for that—is there any medical or surgical reason for it?—Seasons—sometimes the seasons—and certain conditions of the poor, produce a very great mortality; and at other times even the greatest bungles will do well.

2927. Will this be a reasonable supposition—as given by Dr. Allen, the pathologist at the University—that, during the years 1881–82, when the hospital was in its most insanitary state, the committee took all the cases which were brought before them, including mild cases and extremely difficult ones; whereas, in the year 1884–5, they were more particular in their acceptance of cases, and they sent away the milder ones—what would be the effect upon the mortality in that case if an indiscriminate entrance was given in earlier years, and a discriminating entrance was accepted afterwards?—A thing of that sort would certainly, if they rejected the bad cases, and selected the cases, reduce the number of people in the hospital, the mortality would be naturally less.

2228. Then it would lead up to this: Are the deaths, and the total number of deaths, and the percentage of deaths of cases treated in the hospital—an absolute test of its sanitary or insanitary condition?—No, not necessarily at all, for the simple reason that you do not know what epidemic may be about; you may have a most sanitary hospital, but a very great epidemic of most malignant disease, and you might run up your mortality very considerably. Under certain circumstances, that could not be prevented, even with the most sanitary condition.

2929. Must not the returns be, in a great measure, governed by the circumstances surrounding the admissions?—By the admissions and the peculiar character of the climate, and of the epidemic that is about.

2930. I believe, since your examination yesterday, you have visited the Melbourne Hospital?—I have.

2931. Will you state concisely in what condition you found the whole or any portion of it?—I went round and visited the wards, and I found them a credit to the colony. The air was pure and fresh. I respired it fully and took in good breaths, and found it was really good and pure. I saw all the patients. I went round and smelt; they were all clean. I saw the attendants sharp and active and decisive; clean, and stand to attention; thoroughly competent for their work. I examined the fracture cases and the surgical cases. I went up and put my nose over them, and smelt them to see if they had been properly washed and that there were no bad smells; and all I can say is, that the hospital is a credit to the country.

2932. Does that remark apply to the whole of the hospital?—All I went through. I went through the bad wards—the surgical wards.

2933. Was your attention called to the ward known as No. 18?—It was. I went through it.

2934. It has been stated that this ward particularly was a very dangerous one, and not fit to have cases treated in. Is that your opinion?—Certainly not. I think that ward is a very good ward. I went through it.

2935. Did you examine the closets?—I went round and saw everything. I examined the closets and the air was perfectly fresh in every direction. There was plenty of fresh air, and all the patients were smiling.

2936. Did the secretary point out to you the system of the removal of the excreta by the aid of those closets—what system was adopted?—No, I do not think he pointed out that to me; but, anyhow, there was no offensive smell.

2937. It is upon the pneumatic system, and the excreta is removed by an exhaust, which drags it down into pipes, and once in twenty four hours the contents of those pipes are discharged into a tank, and the contents of the tank are carted away; not more than twenty four hours elapsing. It is also stated that there is a vent from this pipe, which lies between the hospital building and the tank, whereby the noxious gases generated by fermentation are discharged. Would you consider that a good plan?—I did not detect the slightest impregnation of the air, or anything deleterious. The air in the whole hospital was fresh and pure.

2938. Did you examine the laundry?—No, I did not.

2939. Did you examine the mortuary?—No, I did not.

2940. As to the ventilation of the wards, it has been stated that, at one time, there was not sufficient air allowed to enter into them, and since our visit—the visit of the Committee—they have discovered in common with other people, that there were very large ventilators at the foot of the wards, underneath the beds, in close proximity to the beds?—Yes.

2941. What do you think of that system of ventilation?—It is a very rough system of ventilation, but as long as you get plenty of fresh air into the building, it is quite enough.

2942. Do you think it would be dangerous to the health of the patients?—There are better systems, but I do not see anything particularly wrong with it.

2943. Could you suggest any improvements in the way of ventilation in those wards?—I could; but that would be a complicated question.

2944. Could you suggest such a plan as would remove any difficulty which might arise upon the score of ventilation?—Yes, I could do so.

2945. But, generally speaking, I understand you do not find much to complain of in the ventilation of the wards?—No, the air was good. I breathed it right into the bottom of my lungs, and I had no reason to complain. If you like, and if you are sitting for some time, I would bring up a model that I had prepared for the benefit of the public in general, and show it you worked with smoked paper, resembling the system of the House of Commons, which I have.

2946. Was that the model that stood in the hall?—It stood in the hall for a long time, but nobody would look at it.

2947. I think you are wrong there. I looked at it, and took great interest in it; but I never saw it working?—No?

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2948. Has not there been found in the ventilation of all public buildings a considerable difficulty in regulating the in-draught, and the exit of currents?—It all depends upon how you do it; whether you know how to do it, or you do not know how to do it.

2949. Still, any way, it is a difficult question?—No, it is a question as plain as a pikestaff.

2950. But I mean in hands other than those well conversant with the system of ventilation, it would be a difficult subject, would it not?—If they do not like to study it, they will not know.

2951. Taking the public buildings—take this building here, there has been considerable difficulty in ventilating that—do you attribute that to a want of knowledge of the proper system of ventilation?—I attribute it to a sublime ignorance.

2952. Do you think you could even ventilate the House of Assembly, if required?—I think I could.

2953. There have been some very considerable experiments made from time to time as to the ventilation of the House of Commons, I believe, have there not?—In the year I was born in—1835—they went into that subject; and there was Sylvester, and Dr. Neil Arnott, physician to Her Majesty, and my father, and two or three others; and the House of Commons agreed to try my father's system, which was with enormous apertures of entry, and small apertures of exit, so that the air came in without draught. It might go up like a hurricane through the top, but it came in quietly, as I explained yesterday. I would not recommend that system for the hospital. I would recommend the vacuum system only, so that all the air went out; there was nothing forced out, it all went out through a shaft and was burnt.

2954. You would draw the air out of the wards?—I would draw the air out of the wards.

2955. And allow the fresh air to come in?—And allow the fresh air to come in; but I should take the precaution to prevent draughts by having the apertures of entry very much larger than the apertures of exit. You can understand that—supposing for instance, we have a shaft here, and the air went out at the rate of ten feet a second, and supposing you have got an aperture of entry 40 feet larger, you can understand it would come in gradually.

2956. There would be comparatively no current from the larger orifice, whereas there would be an extreme current at the top?—Exactly.

2957. It seems that, in an account published in the *British Medical Journal* of 11th September last, that a system of ventilation has just been completed for the House of Commons, and it states there—I will read you the paragraph:—"The Ventilation Committee of the House of Commons held their final sitting for this Session on Thursday, September 3rd, and carefully inspected the works now in progress at Speaker's Green. We may remind our readers that, after hearing a considerable variety of evidence, and taking the opinions of several distinguished experts, the committee unanimously decided to adopt the pneumatic process of Mr. Schone, which has worked with complete success at Eastbourne and elsewhere, and which, whilst extracting and injecting the drainage proper of the House, cuts off all communication between its system and that of the metropolitan main sewer." Can you explain to the Committee what the pneumatic system is?—Yes, I can. In the new House of Commons, the present House, my father had, as I told you, a double system, the plenum and the vacuum movement, which I explained to you yesterday; and instead of having the fans that my father had to send the air along, they got great pumps, and they pump the air through cotton wool—that is the pneumatic system.

2958. It is forced in?—It is forced in by large pumps made of wood, and it goes through cotton wool.

2959. I see even here, in the House of Commons, they have removed from there the laundry from its position in the House, and applied a better system of ventilation to the lobbies and the water closets in the basement, so that our hospital and the public buildings do not appear very much behind the system adopted in one of the best and largest establishments in the world?—I think the hospital is a credit to the country.

2960. I would ask you now in reference to your returns and the hospital. I turned up Hayter's Year Book for the year 1885, and I find that the Geelong Hospital is returned as having 200 beds?—Yes.

2961. And 796 cases, giving a mortality of 10·80 per cent.—can you confirm that?—I think that is pretty correct, I cannot say positively; we have a great number of people rushed up to the hospital, just in a dying condition.

2962. I should state that the average return for the whole of the colony, taking country and city hospitals and mixing them all up together, the average death-rate is 10·85 per cent., so the Geelong Hospital is 5 per cent. below the average returns of the colony?—Certainly, I think we have tried to make it so.

2963. *By the Hon. the Chairman.*—We have a return here from the superintendent, Dr. Lewellin, of the hospital for the last month. He says—"During the month of August there have been 16 operations, of these 7 have been discharged cured or relieved, and none have died. Of patients operated upon in previous months, 18 have been cured or relieved, and one has died after incision for empyæma. During the month of September, there have been 19 patients operated upon; of those, 10 have been discharged cured or relieved, and none have died; of patients operated upon in previous months, 4 have been discharged cured or relieved, and none have died." Now, do you not think that is a very favorable report?—I do indeed, most decidedly.

2964. For a hospital in this large city?—Most decidedly.

2965. In fact, do you agree— I think you said yesterday that the surgical side of the house, where you have very large open wounds, exposed to the invasion of all those germs that we read of and speak of, certainly is the best test of the sanitary condition of the hospital?—No doubt.

2966. *By the Hon. D. Melville.*—Your cases at Geelong, Doctor, are better cases than the Melbourne Hospital, are not they, as a rule—not so dangerous?—We get just as bad cases in the Geelong Hospital as in the Melbourne Hospital.

2967. Taking it all round, it is quite as bad?—Yes.

2968. How do you account for the fact of your hospital being 5 per cent. upon the average below the Melbourne Hospital?—I will tell you—we are very particular about hygienics, and another thing, we are not quite so crowded as the Melbourne Hospital.

2969. But then you are very particular about hygienics—that is the main thing, you think?—I say hygienics—plenty of fresh air—is the greatest cure known, better than all the medicine in the world.

2970. If we could send our cases down to Geelong—?—Oh, but it is possible—

2971. If we could send our cases down to Geelong it would be a better result?—I do not think so.

2972. Is not that a fair inference?—I do not think so; it may be a mere matter of accident.

2973. But you have explained it, I think?—It is a mere matter of accident; we cannot always compel circumstances.

2974. We had better leave the public to infer the rest?—That is a question I would not like to boast about.

2975. But it is upon record, you have explained it—you at once gave the off-hand explanation that you were careful in the matter of hygienics. I think that is very true, and the public will draw their own conclusions?—I have no reason to complain of the hygienics of the Melbourne Hospital, they are very good indeed.

2976. But you say your cases are equal in badness to those of the Melbourne Hospital, and yet you save 5 per cent. more. It would pay them in fact to take their cases down to you?—I do not know that, I am sure.

2977. Did you climb up the stairs of the pavilion and go into the corridor at the top?—I went into the corridors, and I went up stairs.

2978. Did you go to the grating in the centre of the building?—I saw it.

2979. Did you look down into the bottomless pit there?—I saw the grating.

2980. Did you see the servants' quarters?—I did not. I only went in to inspect the wards generally.

2981. You spoke of the aperture of the shaft, and the exit shafts—did you see the shafts in the Melbourne Hospital?—No, I did not.

2982. Have they got any?—I do not know.

2983. The air gets in—do you know how it gets in?—I saw air come in at little holes, and one place and another, and the air was perfectly fresh.

2984. You have been giving us some information about the necessity of ingress and egress apertures, but you have not told us how it gets out of the Melbourne Hospital—that is the thing after all?—I made no inspection of that sort.

2985. Does it get out at all?—If the wind is on one side, it comes in on that side, and goes out at the lee side.

2986. It gets out the best way it can?—Gets out the best way it can.

2987. Would you like to give a certificate, if you were asked to do so, as to its perfection?—No, but I will say this, that however the air came in, and however the vitiated air went out, the air was very salubrious.

2988. But this test of yours—of course I never saw the test before, I am not going to dispute that—the long breath business down to the bottom of your lungs, for I have never seen that before—you say it is a good test; you took a long breath, and smelt the beds, and all that kind of thing—I did not notice anybody else doing it when we were there—is it really a good test?—I think decidedly it is a very good test of salubrity. When you go into a ward where there is not plenty of air going in some way or other, and escaping some other way, you will very soon have a most abominable smell, and very soon run out of the ward, and you would find the wounds very soon smell abominably.

2989. You have clearly shown us that you saw nothing of any system of ventilation in the Melbourne Hospital?—There is no system of ventilation, there are plenty of open windows and that kind of thing; the air came in one way and went out the other; there was plenty of fresh air.

2990. To a person like you, who have examined it from boyhood upwards, and have spoken to us of now nicely it is balanced in the House of Commons, when you see this rustic system in the Melbourne Hospital, you look upon that as sublime ignorance?—I say there is a great deal of sublime ignorance about it; it is only a rough and ready system of ventilation, but, as long as they get plenty of air in; there is no scientific ventilation there whatever; but mind you, what with their windows, and what they called the blow-holes, and so forth, plenty of fresh air comes in.

2991. It never gets out though?—Yes it does; if it comes in one side it goes out at the other, you may be sure of that.

2992. You do not believe much in that method?—I do not; if you like to send me a message, I shall be most happy to bring up my model, and show you how it works.

2993. *By the Hon. the Chairman.*—No. 18 has been the ward that has been so condemned for some time. I think Dr. Youl said to a coroner's jury, that a man might as well cut his throat as go into No. 18 ward. Now a case was operated upon in No. 18 ward for a large femoral aneurism, for which it was necessary to make an incision, extending right up over Poupart's ligament, for which it was necessary to tie the right iliac artery; you know that is a very deep wound?—I know it is.

2994. The whole of that wound healed by the first intention, and there was no suppuration on that at all. What do you think of that ward?—I think the ward is remarkably good, and that all the other accidents were mere accidents that nobody could help; but if you could do an operation of that ligature of the external iliac artery, a large femoral aneurism, and the whole thing healed up in that ward, that cannot be bad.

The Witness withdrew.

James Williams, Secretary to the Melbourne Hospital, further examined.

2995. *By the Hon. W. A. Zeal.*—Have the medical staff of the Melbourne Hospital ever made any suggestions to you as to an improvement in the system of ventilation?—No.

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2996. Have they ever suggested any plan which you could adopt in addition to that in use?—No.

2997. Did the coroner, after his inspection of the buildings, make any suggestion as to the ventilation?—None whatever.

2998. When we visited the hospital the other day, we noticed the servants were sleeping upon what is called the basement floor?—Yes.

2999. Have there been any objections from any of the attendants or nurses as to sleeping in this basement floor?—No, excepting an occurrence that happened shortly after what was stated by the coroner in 1882, which appeared in the papers. Some of the men wrote letters to the papers complaining of their accommodation, but beyond that there was nothing.

3000. What has been the average state of health of the attendants in the hospital?—Very good indeed.

3001. Have there been any cases of disease or sickness attributed to the deficient system of housing them? Have they made any complaints to you of injury received by them from it?—No. I should like to

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qualify that by saying, that I know, at the present time, there is considerable dissatisfaction as to the manner in which they are accommodated. Attention has been called to it, and they are able to draw comparisons between our and other institutions which have better accommodation for the staff.

3002. Do you think this complaint has arisen voluntarily, or has it arisen from the complaints and attention which have been drawn to the management of the Melbourne Hospital?—From the complaints. I should like permission to add that I have myself in past years called attention to the crowded state of the nurses' dormitories, the space not being sufficient for the accommodation which they require.

3003. If you had funds at the disposal of the Hospital Committee would you, do you think, provide further or better quarters for the attendants?—At once. The scarcity of funds has been the difficulty which has faced the committee at all times.

3004. Have the doctors ever made any representations to you that additional or different quarters should be provided?—In a communication, sent some time back, in the latter part of last year, they called attention, among other things, to the deficiency of the accommodation, but that was prompted more by the current discussion than anything else.

3005. You are aware that in the English metropolitan hospitals many of those institutions have very large money endowments?—Yes.

3006. And they are able to carry out almost any idea which is suggested either by the management or the medical staff?—In some of the large endowments it is so.

3007. Was your attention ever called to the report of Metropolitan Asylums Board published in the year 1885?—No, not to that one.

3008. I have copied some portions of it, and this is the purport of it, at least this is a portion of the recommendations. It says:—"The report of the Asylums Board, 1885, shows an increased expenditure, and deals with the subject as a whole. It shows that, though an enormous amount of money was spent, infectious diseases had increased and continued pretty much as before." Indeed, the entire policy of the Board appears to have been based upon the lines of providing everything for an emergency with which the Board was unable to cope. When that arose, instead of providing for present requirements with elastic arrangements, that could grasp all the emergencies when they occurred; in spite of all those provisions, infectious diseases increased, although the stamping out of them in the metropolis was supposed to be one of the objects for which the Board was created?—I think I have seen some comments to that effect in the medical journals.

3009. That being the case, and shown here by the constitution of this Board, that though enormous sums of money have been devoted to the suppression of disease and the stamping out of those epidemics, it has not been a success?—Quite so.

3010. Is not it therefore a fair subject of comparison, that the Melbourne Hospital conducted under far greater difficulties does not show any worse results than this report indicates?—Undoubtedly it is.

3011. The coroner stated that previous to the walls of the ward being painted, that the bricks were of a very porous open character. Do you know if that is so?—It is not so. I noticed the remark as reported in the public press. The walls have been painted for the last eleven years in the same manner that they are at the present time. Previous to that time the surfaces were lime-washed, the lower part being painted for about six feet from the ground. But the bricks were never in the state described by the coroner.

3012. If those bricks were of that porous open nature, that has been stated, would not they show some signs of exfoliation upon the exterior?—I was about to mention, that an examination of the exterior of the buildings shows that the bricks are sound.

3013. As far as you are aware, are there any signs of such a thing upon the exterior?—No. The only signs of exfoliation were upon the parapet of the out building, and I supposed the builders in 1854 took advantage to put soft bricks upon the top. But that has been cemented, and it is external work.

3014. Nothing of this kind is possible, is it, that a candle placed upon the inside would be blown out by the draught through the bricks?—No. I never heard of such a thing being done, except that Pettenkofer, who is a scientist, ascertained that such a thing could be done.

3015. Do you think that, if the paint were scrubbed from the walls, such a thing could be decided now?—It is worth trying.

3016. How would you characterise such a statement as that—as a statement conveying the truth, or as an exaggeration?—As an absurd exaggeration.

3017. *By the Hon. the Chairman.*—Mr. Fitzgerald has been surgeon to the hospital, he says, for about 26 years?—Yes.

3018. When did you first hear him make any complaint against the sanitary condition of the hospital?—Only since 1882, when the coroner made those statements.

3019. Not before?—Not before.

3020. He had been 22 years surgeon to the hospital and never complained of it?—Quite so. The only reference to matters of building which Mr. Fitzgerald has made, was a suggestion shortly after the pavilions were put up, that balconies should be erected; a very desirable recommendation, but the absence of funds prevented the committee from carrying out the proposal.

3021. That was after the coroner had made all this?—It was before that, some twelve years ago. That was the only remark he made in connection with building matters.

3022. Since 1882?—Yes.

3023. That those complaints of the state of the hospital have been made?—Quite so. Would you permit me to make a brief statement in reference to the order of events in this affair. The coroner made the statement which has been referred to. In January, 1882, immediately after an inquest held upon a man of the name of Bourke, a remark was made in reply to a juryman, who asked if it were not possible to separate cases from those which had erysipelas; and the reply was, that nothing would do, that the building was saturated with poison and must come down. The subject, of course, caused a considerable amount of consternation. The committee called for reports from the medical superintendent immediately, and, with your permission I will read his remarks on the subject. This is in January, 1882.

"To the Committee of Management of the Melbourne Hospital,

"GENTLEMEN—

"Certain statements made at a recent coroner's inquest, and various sensational paragraphs that have in consequence thereof appeared in the local papers respecting the prevalence of erysipelas in the hospital, and the general sanitary state of the building, being calculated to mislead the public and prejudice the institution, I beg to submit the following report,

based upon reliable records of cases extending over the time during which I have had the honor to be Medical Superintendent.

"During that time, that is, from the beginning of August, 1881, 58 cases have been treated in the male erysipelas ward; of these, 45, or more than three-fourths, were admitted with, and on account of the disease, the remaining 13 did not show any signs of the disease at the time of their admission.

"On only two occasions during the same period, namely, in the last week of 1881, in ward XVIII, and again in the end of August and beginning of September in ward XXII, did the disease show any tendency to spread.

"In a general hospital such as the Melbourne Hospital, where numerous casualty cases are being admitted at all hours, it necessarily happens that a large number of these casualty cases, coming, as they do, from the dirtiest and most unhealthy parts of the city, and being, many of them, of intemperate habits, either already have the disease in an incipient form, or are predisposed to contract it.

"It must also be remembered that erysipelas not infrequently arises spontaneously, some people having it periodically, without being exposed to any recognized source of contagion; also that, as the presence of a wound or sore renders the patient more susceptible, the majority of surgical patients are peculiarly liable to take the disease.

"The difficulty of excluding erysipelas from the wards will suggest itself more forcibly, when it is borne in mind that, at the commencement of this disease, there is a period of incubation extending in many cases over several days, during which the disease is not recognizable; so that it is quite possible that a patient who, having been a few days in hospital, is discovered to have erysipelas, is in reality only showing for the first time symptoms of a disease which was in his system at the time of his admission, and which would have developed itself whether he had become an inmate of the hospital or not.

"Respecting the patient Bourke, whose case was the subject of the coroner's inquest referred to, it has been stated that he was admitted into a ward where there were two cases of erysipelas. As a fact, there was no case of erysipelas in the ward at the time of his admission, which was on the 25th of December. On the 12th of the same month, a case of erysipelas had been discovered in that ward, but the patient was removed from the ward on the same day. I append hereto a report from Dr. Higgins, who had charge of the case.

"The coroner, who presided at the inquest referred to, is reported to have stated that he 'limits his remarks' as to the poisoned state of the building 'to the central part' which constitutes the old hospital, and 'that the pavilions or wings are all right.' As a matter of fact, shown by the statistics of cases annexed hereto, fewer cases of erysipelas have occurred in the old building during the period mentioned than in the pavilions. Out of a total of twenty cases, eight occurred in the central buildings, and twelve in the pavilions."

When that was found out, it was pointed out that the germs of disease had an affinity for new buildings; and they leave old buildings and go away to new walls. "It may be satisfactory to mention here briefly the results of the operations performed in the hospital during the time covered by this report, and recorded in the consultation book." I do not think it is necessary to read this. Then Dr. Higgins, resident surgeon, who had charge of the cases, states he thinks "It is only right, in justice to myself and the interests of the institution, to acquaint you with the facts of the case." Then he states the facts in reference to the admission of Bourke.

"Anthony Bourke was admitted into the hospital on the 25th ultimo, suffering from an incised wound in front of the left ear, which wound divided the temporal artery.

"He was bleeding profusely when admitted, and, judging from his state, he must have lost a large quantity of blood before he was brought to the hospital."

Then he goes on to say that—

"On the day but one after his admission, erysipelas of the face set in. Immediately I ordered his removal to the erysipelas ward.

"I must here state that there was no case of erysipelas in the ward when Bourke was admitted. * * *

"In giving my evidence before the coroner, I stated that a case of erysipelas had occurred in the same ward one week prior to the admission of Bourke, referring, of course, to McGuinness. On looking up the 'case book,' I find that this occurred thirteen days before, and not a week, as I stated.

"My evidence has been so distorted by the newspaper reports, that the public have got quite a wrong impression as to the real state of affairs. These reports would make it appear that Bourke was sent into a ward where there were several cases of erysipelas, and there allowed to remain. This, of course, is perfectly false; for, as soon as the least sign of erysipelas appears in any patient, that patient is immediately removed to the erysipelas ward."

He goes on to say—

"I believe Bourke would have got erysipelas (from the condition his organs were found to be in after death, and from the profuse loss of blood he had undergone) before his admission into the hospital."

The committee then invited Dr. Youl to meet them for the purpose of an inquiry; and his reply, as I stated to the Committee at the last examination was, that it was no part of his duty to attend private meetings of an extra judicial nature. The committee then appointed a sub-committee of investigation with reference to the case; it was presided over by Professor Elkington, and conducted with very marked ability; the whole of the medical staff were examined as to the case, and evidence from outside likewise was taken from a number of professional men. The inquiry lasted some considerable time and resulted in the report which I have in my hand, and after stating the various recommendations which were made—would you wish me to read them?

3024. *The Hon. the Chairman.*—Yes, if you please. This was after the inquiry?—This was the result of the inquiry. The report states first—"It is proposed by some to remove the hospital to a position in the northern part of the city where purer air, larger grounds, and cheaper buildings of a more modern type may be had. The present site of four and a half acres in the heart of the city would, in that, case, be either sold absolutely, or leased in allotments; in either case, the intervention of the Legislature being necessary. A number of other witnesses urged that the older portions of the hospital should be pulled down, and reconstructed on a better plan. A third recommendation is, that there be no interference with the buildings beyond improving, at a moderate outlay, the water-closet accommodation and ventilation in the old wards, where those arrangements are confessedly defective, but to insist upon a most rigidly anti-septic system of surgical practice on Mr. Lister's principles. The committee, by a majority, has decided not to adopt the first course. It is held that the existing site compares very favorably with the position of like institutions in far more densely crowded cities in the mother country and on the Continent; that, though the question of removal may be an urgent one a generation hence, it is premature now, and that if continued attention be given to prevent over-crowding within the walls, and to establish small hospitals in the suburbs as the pressure of population increases, it will not be necessary to disturb the institution as it stands. With regard to the second of the courses proposed, the committee freely recognize that the buildings in the central block which, at the time of the erection many years ago, were considered faultless of their kind, are no longer entitled to first-rate rank under the improved sanitary standards of the present day. By the outlay of money, many desirable alterations may be effected in this and other portions of the building, but those can be undertaken only on the condition that the necessary funds are provided by liberal donations from the friends of the institution, or, by a vote of the Legislature. Whenever such funds are available it will devolve upon the committee of management as a duty that will, doubtless, be cheerfully undertaken to carry out improvements according to the following general scheme. (1.) To re-construct the closets throughout the hospital so as to provide a freely ventilated passage between ward and closets; double doors with spring hinges being provided." That is the principal point urged in reference to the closets. "In

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the meantime it would be a great improvement upon present arrangements, and at the same time easy and inexpensive of accomplishment, to perforate the wooden partition, which separates the bathrooms from the closets, in such ways as to afford a free current of air across the closets, and near the door. (2.) To convert the wings of the old block into pavilions by pulling down staircases, which unite them to the main edifice, the connection with the latter to be established by bridges joining the upper stories, the bridges being reached by open staircases. To pull down the partition wall running north and south in No. 8 ward, and make the south-west corner into a special ward—the present special ward being removed, and windows put in on that side. Wards 6 and 7, with the adjacent lobbies and small rooms, should be turned into a single pavilion ward. This change would require the provision of a new lock ward for females, and the opportunity should be taken to provide one for males also, which does not exist at present. (3.) Unless, in the meantime, the complete abolition of the out-patients' department can be brought about, and a self-supporting provident dispensary supplied in its stead, the present out-patients' room opening into Little Lonsdale-street should be much better ventilated. The condition of the refractory wards is also unsatisfactory. (4.) While the present restriction, which limits the number of beds to one for every 1500 cubic feet of ward space, should be inflexibly adhered to, there should be a room set apart as an observation ward, for the reception of all doubtful cases." Further on it remarks—"The preceding summary contains all that, in the opinion of the committee, is required to place the building in such a state of efficiency as to leave no reasonable cause of complaint on sanitary grounds. But the committee is persuaded, that the true remedy for the grievances, to which public attention has been so pointedly drawn of late, must be looked for in the adoption of the third proposal submitted. An examination of the evidence tendered by the witnesses, and of that extracted from recent medical works, which have been read before the committee, convinces that body that the lamentably high rate of mortality in cases of surgical fever, which has formed the theme of unfavorable comment in the press, and has caused much disquietude to subscribers to the charity, is traceable, beyond doubt, to the imperfect adoption of a strictly antiseptic treatment on Mr. Lister's principles of surgical cases. The information given to the committee places it beyond controversy that, in many of the great hospitals of Britain and of the Continent of Europe, modern surgical science has completely banished erysipelas, pyæmia, hospital gangrene, and septicæmia from the list of contingencies to which a maimed patient is liable. One eminent pathologist has not been able to show his class a case of pyæmia, septicæmia, or hospital gangrene for a whole year." You perceive by that, that the committee very completely investigated the whole case, and obtained evidence from professional men, and seized themselves of all the information they could possibly obtain upon the subject.

3025. Were the whole staff examined?—The whole staff were examined.

3026. I was examined, was not I?—Yes, you were. The committee then had no funds, and the matter rested, but they took the precaution to obtain from their medical superintendent reports from week to week as to the state of the house. Whenever a case of pyæmia has occurred, it has been the practice of the committee to obtain from the honorary medical officer in charge of the case a report in reference to it.

3027. There was then a complete cessation of those blood diseases for a year when that report was made?—Yes; the committee have, in no instance, received information from the gentleman in charge of the fatal cases, that the hospital was blamable at all. It was attributed in each case to the peculiar condition of the patient under question.

3028. Was that the evidence at that time?—The information has been obtained since then.

3029. They did not attribute it to the hospital?—They did not attribute it to the hospital. In addition to that, the committee have from year to year obtained from the medical superintendent a special report with reference to the condition of the hospital. In 1883 Dr. Lewellin reports—"Great attention has continually been paid to this subject; no doubtful case has been allowed to pass without close scrutiny. Great improvements have been made in the sanitary arrangements of the hospital; a weekly report has been furnished to the committee, embracing every case as it presented itself; and I can safely say, that septic diseases are now no more prevalent in the Melbourne Hospital than in the majority of the great hospitals of the home country. Nevertheless, no pains will be spared to limit to the uttermost the occurrence of surgical fevers in the hospital." That is for the year 1883. In 1884 the same gentleman reports—"In my last report I stated, that septic diseases were then no more prevalent in the Melbourne Hospital than in the majority of the great hospitals in the home country. The facts now set forth in the annexed table present decided confirmation of this opinion. But, nevertheless, no pains are being spared to keep the sanitary conditions of the hospital as perfect as possible, and a fortnightly report is still furnished to the committee of management, concerning every case of septic disease which presents itself." His last report is for the year 1885, if you will permit me, I will read a small extract from the report of the committee which accompanies it. "Intimately connected with the foregoing subject, is the sanitary condition of the hospital. In the report for the year 1882 they quoted the following passage from the report of a sub-committee, presided over by Professor Elkington, which stated that, 'the alleged insanitary condition of the hospital was not to be found in the defective structure of the older portion of the building, nor did it rest with the nursing, the cleanliness, with the dietary, nor with any branch of the lay administration, all of which the witnesses agree in commending. Certain it is that no pulling down, or reconstructing the hospital, or any part of it, can of itself remedy the evil.' This opinion is fully sustained by the reports, from year to year, of the medical superintendent, which testify to the perfect sanitary condition of the institution, and these statements are amply supported by statistics. The committee venture to quote another authority, Mr. J. Holmes, who expresses the opinion, 'that the healthiness of hospitals depends far more on other circumstances than their construction, size, or age; . . . that, provided the wards be well but not excessively ventilated, and kept perfectly clean, and provided the beds are far enough apart, the precise ground plan of the hospital matters little.'" Dr. Lewellin, in his special report accompanying this, which I have just read, states—"In my opinion, septic diseases are not now more prevalent in the Melbourne Hospital than in many of the leading hospitals of Great Britain." That is the information that the committee had during the years that have passed since the first statement was made to them.

3030. *By the Hon. the Chairman.*—And that was a very exhaustive inquiry, if I remember aright?—That was a very exhaustive inquiry indeed.

3031. Since that time, Dr. Allen tells us, that the sanitary state of the hospital has been greatly improved?—Improvements have been made in the matter of cutting down windows, the sills of which were very high, a long distance from the ground.

3032. He says "the sanitary state of the hospital"?—As regards other matters, cleanliness and renovation, from time to time, no change has gone on. There were improvements in the change of the windows, which were very bad indeed. To that extent Dr. Allen is perfectly right.

3033. Dr. Youl, in charging the jury, said, it occurred to me, I paid a visit to the dead-house on one occasion, and there I saw a *post mortem* being made upon a typhoid bowel, everything running down into the street, and running along Swanston-street, enough to poison the whole city. I asked him if that was not many years ago. He said it was some time ago. Now, I believe that was long before Professor Allen was pathologist?—It must be so.

3034. Because Dr. Allen tells us that, when he became pathologist, that is ten years ago, all the drainage from the *post mortem* room and mortuary was seen to. So that there has not been that state of things since that time?—My attention was first called, not through any remark of Dr. Youl's to this matter, but Dr. Fulton, years ago, asked me, long before this fuss was made, whether any precautions were taken to intercept washings from the *post mortem* room, and he mentioned that a bowel being washed, if precautions were not taken, might possibly go down to the street. My attention was thus called to that aspect of the case, which had not been done before, and I at once connected the drains which would be used for that purpose with a tank, and we retain it the same as we do the excreta, and it is disinfected first and carried away; but that was a number of years ago, and it came under my notice in that manner.

3035. Do you think there would be any risk, or at least one element of danger removed, if the out-patients' department were conducted in a dispensary away from the hospital?—I have been long of opinion that it would be a great advantage if dispensaries could be distributed. The other day, when I was before the Committee, I mentioned that, for clinical purposes, the University would consider an out-patient department necessary; but, of course, the teaching could be obtained in the dispensaries, if they were dotted about the different localities.

3036. In Edinburgh, they have to go to the dispensary to get dispensary practice; there is the Royal Public Dispensary, quite apart from the Infirmary—do you agree with that?—Yes. The committee made some inquiries in reference to the out-patient department some years since, they looked upon it as a very considerable evil, and no doubt it is a very crude mode of dealing with sickness. If a poor person has to come from the lower part of Collingwood, and has to wait an hour, or an hour and a half, it is a serious loss of time. On the other hand, if the dispensaries were dotted about in various localities, a great waste of time to the working men, and the poorer class, would be saved.

3037. Another thing Dr. Youl said—I put the question to him—he said that he saw a number of students attending a *post mortem* examination, when a bell rang, and all left the *post mortem* room and rushed away into the wards and operating room—is there a bell there to ring?—No, we have no bell.

3038. I suppose you have seen, as the general manager of the institution all this time, the deaths from phthisis have been very large?—Very large indeed.

3039. That seems to form a large proportion?—Very serious.

3040. And a large number of patients at all times come into the medical wards to secure refuge, and die there?—Just so.

3041. How long have you been connected with the hospital?—About 32 years.

3042. You have grown with its growth?—Quite.

3043. Have you nothing else to tell us?—I should like permission to call attention to the matter of hospital statistics, as it is affected by the mode of admission; it is a subject upon which authorities have written pretty freely. Dr. Oppert, in his work on hospitals, mentions that nothing affects the death-rate of hospitals more than the mode of admission. It is within your knowledge that in the Parisian hospitals admission is indiscriminate; the bureau sends patients, no matter what is the matter with them, to the hospitals, and the Parisian death-rate is very high. Mr. Holmes is very specific upon that point, and quotes from Dr. Guy in Holmes's "System of Surgery." Dr. Guy remarks—"The great leading cause which determines the mortality of hospitals, is the selection of patients and cases, as the point of sanitary excellence our London hospitals have now attained, appears to me the real determining cause of a high or low death-rate. Dr. Bristow and Mr. Holmes, the authors of the Report upon the hospitals of the United Kingdom, comprised in the Sixth Annual Report of the Medical Officers of the Privy Council, have given it as their opinion, derived from personal inspection of nearly all the hospitals in the British Islands and Paris, that the cause of the great difference in the death-rate of rural and urban hospitals, is to be found chiefly, if not entirely, in the different kinds of cases admitted." He has further remarked, upon the same lines, which make it perfectly clear that the selection of your cases regulates your death-rate—that is to say, a hospital supplying accommodation for a population, where there are no special hospitals and no workhouses to send the indigent to, and the permanently disabled, must necessarily take in every case, whether it is hopeless or otherwise. The Melbourne Hospital does its work in the centre of a very thick population, and it would never do—we live too much before the public—to attempt to shirk our responsibilities in a case; so that if a case be brought by the police, or brought to our doors, and it is evident that life will terminate very shortly, it must be taken in—to refuse admission is impossible; and if you take the annual reports of another hospital not very far from Melbourne, it will be seen that in one year their death-rate is 6 per cent., and no doubt it was held up as an example of medical success. That has now increased to 13 per cent., but the facts of the case are well known—that cases that would terminate fatally were not admitted, and that cases that were approaching a fatal termination were persuaded to go out. By manipulating in that way, any hospital can show a death-rate of a highly satisfactory nature as regards figures; but if it is a general hospital, it is not doing its duty in doing so. The only other matter I would venture to speak of to the Committee is this—that, while the surgical death-rate is admitted by authorities to be the best test of the success or otherwise of a hospital, the death-rate of the Melbourne Hospital, taking the surgical side, is admittedly very satisfactory.

3044. Dr. Williams told us, the other day, that a large number of cases were sent into the wards of the hospital here, which in London would be sent to the workhouse or infirmary?—Under the Poor Law, our infirmaries, which are very large, were filled with a class of persons whom we have to take and treat in our wards, to say nothing of the cases admitted to special hospitals.

3045. *By the Hon. F. E. Beaver.*—Dr. Youl, in his evidence, stated that he had written, and that he had spoken to the Hospital Committee, about the insanitary state of the hospital in 1882, and subsequent years, which, with the evidence I have heard you give here, is hardly consistent—are you quite sure that

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Dr. Youl never wrote or spoke about this?—Quite sure. The only communication which the committee have had from Dr. Youl upon the sanitary state of the hospital, was in connection with the inquiry which was instituted after the statements which he made in 1882, by direction of the committee, as they deemed it desirable to hold a searching investigation. I wrote to Dr. Youl, and invited him to meet the committee for the purpose of inquiry. To this, under date January 21st, 1882, the coroner replied—"Sir, I do myself the honor to acknowledge the receipt of your letter of the 19th instant, in which, by desire of the committee of the hospital, you invite me to be present at an investigation with reference to the death of Anthony Bourke. Your letter does not say in which capacity the committee wish for my presence. Will you be good enough to inform them that it is no part of my duty to be present at private or extra judicial inquiries." That is the only letter which the committee received from Dr. Youl upon the subject.

3046. Did he ever speak to you?—No; only in connection with matters subsequent to the statement. Our conversations have been extremely brief, and there have been no such statements at all.

3047. Dr. Youl stated that he and the committee did not get on very well together—do you know of anything to cause that sort of feeling?—No, unless Dr. Youl has felt some annoyance at a circumstance which occurred some years previous to the time of which we are speaking. He stated at an inquest, I think somewhere out of town, that in consequence of certain operations there was a stampede from the Melbourne Hospital. In that case Dr. Youl did meet the committee, but the result of the inquiry showed there was no foundation whatever for the statement that had been made, and that was the only time Dr. Youl and the committee have had any direct intercourse.

3048. How long ago is that?—It must have been ten years ago. I have got the memorandum here, but I cannot put my hand upon it at the moment.

3049. At no period about or subsequent to the first scare that was created?—No.

3050. Dr. Girdlestone was upon the committee, I believe?—Yes, he was.

3051. Are you quite sure, that at no time during the period he was on the committee, he ever made a motion or attempted to carry a resolution in reference to improvement in the hospital?—Quite. The only matters he ever called attention to, were the objections he took to the passage ways into the closets, which have been the subject of comment—that was the time when the pavilions were put up, in 1867.

3052. But then he was not a member of the committee, was he, in 1867?—Mr. Girdlestone was a member of the committee in 1866, 1867, 1868, and 1869. Then there was a break, and he was upon the committee again in 1879, 1880, 1881, 1882, and 1883.

3053. During the period of this scare in 1882 and 1883 he was upon the committee—did he do anything then to call the attention of the committee to the insanitary state of the hospital?—The committee at once went into an investigation of this matter, and Dr. Girdlestone's evidence would be comprised in the evidence taken before the committee of enquiry.

3054. But beyond that he did not call the attention of the committee to anything?—No.

3055. You have stated that, since this scare has been on, the medical staff have called attention to the over-crowding of the nurse dormitories?—Yes.

3056. Notwithstanding that over-crowding, do I understand that the health of the staff has not been injured by it?—No, it is very good. Of course, with 100 people, you occasionally have some of them fall a little sick, but nothing serious.

3057. They never have erysipelas?—No.

3058. Nor any of the diseases we have heard about?—None.

3059. And none have died?—In the course of six or seven years we lost two nurses from typhoid fever, but they were a long distance apart.

3060. But that is not since this scare has been on?—Once since then.

3061. *By the Hon. D. Melville.*—You say you have been 32 years in the Melbourne Hospital, or thereabouts?—Yes.

3062. We were down in this dormitory, or servants' quarters, looking at the beds the other day—do you know how many there are in the place—we could not count them?—I should think 25 or 30 are down there, quite that.

3063. It is not painted?—It is painted above five feet up, I think.

3064. Is it painted at all?—Yes, five feet all round the lower surface.

3065. Is it not lime washed?—Yes, above the paint.

3066. How many times do you lime wash it in the year?—Those buildings are gone through nearly every year.

3067. Once a year?—Once a year.

3068. Do you know that the Factories Act compels factories to be lime washed within certain periods?—No, I have not had my attention called to that.

3069. Are not you aware that you must lime wash every six months at least?—No.

3070. You have no inspection of your place other than your own?—Quite so.

3071. Do you mean to say, that that was lime washed twelve months ago which we saw?—I should be inclined to think that it is within that time, that we have been through the building, but I cannot say positively, without reference to documents.

3072. Do you think, for the health of the patients, it is really necessary to lime wash a bedroom?—I myself prefer painting.

3073. How do the walls present that dirty appearance then, if you really lime wash it at all?—Are you referring to the dormitories?

3074. Yes, it looks a dingy place, as if it had not been lime washed at all during 32 years—are you sure it has been?—Yes, it was within a comparatively short time.

3075. Have you any paper to refer to?—Nothing here.

3076. When last was it limed?—I will ascertain.

3077. Do you think it is a good precaution to put such a clause as that in the ordinary Factories Act to lime wash it; a baker's shop must be washed and lime washed and all that sort of thing—have you any regular method to apply to this big place?—We are constantly at work—as soon as we finish one place we go on to another; renovation is going on continually.

3078. Will you refer and send word to the Committee how often that has been lime washed in the last few years?—Yes.

3079. What is the height from the floor to the ceiling of the dormitory?—I should think not more than ten feet.

3080. Is it ten—is it eight?—I think it is ten feet.

3081. Will you take the measurement of that?—Yes.

3082. The servants, you say, begin now to complain—do you tell the Committee that they have never complained to you before of this kind of quarters for them?—I explained to the Committee just now, that they made no direct complaints to me; but, shortly after the original scare, one of them wrote to the papers complaining of the dormitories.

3083. I do not want to go too minutely into the affair, but do you think they would be afraid to complain to you?—I should think not; *employés* here are not afraid to complain.

3084. I speak of the females?—I beg your pardon; I thought you spoke of the male department, upon the basement of the west wing.

3085. These inquires are with regard to the females. Do you say there are only 40 beds in that room?—I should think about that.

3086. And you say that is not more than eight feet high?—The females' apartment—that would be I should think twelve feet high, on the first floor. I think you are confusing it with the men's dormitories; they are low, and they are lime-washed, but the women's quarters are entirely painted.

3087. Will you refer, and give us the measurements? Now what is the nature of their complaints?—They would like separate rooms—that is, rooms where two or three would be together. It is right for me to explain, that these complaints have not been made to myself direct, but to the Matron, and they are mentioned to me, and I think it is very natural they should complain. If I may express an opinion, it is this—that the women's quarters are entirely unfit for nurses' quarters, perhaps more on moral grounds even than on sanitary grounds. I think it is most injurious to a staff of women. It does away with the feeling of delicacy, which it is very important should exist among a large body of women, who are exposed to very arduous duties, and we all know how very much is taken out of any one who is engaged in nursing duties. I think their apartments should be made as comfortable as possible, so that when they retire from their work they may sit down and have perfect rest.

3088. I am glad to hear you say so; I see you are in accord with some of the Committee upon that. Do you notice any want of cheerfulness upon the part of your nurses?—No, I have not noticed that at all.

3089. Do you think that retiring into that sort of miserable place that we were in would not affect the spirits of the people—that is, the melancholy nature of their duties, and then to retire into that?—Undoubtedly.

3090. And you consider, I daresay, that this is a most important suggestion that you are making to the Committee?—Yes, I have repeatedly represented the matter, in the same form, to the committee, and I have reported upon the question of the sanitary aspect of the case. I have spoken continuously, at every opportunity, of the moral effect of crowding a lot of women together in one apartment, to say nothing of the serious drawback to which you refer—the discomfort after women retire from their work, somewhat fatigued, and not having a cheerful place to sit in.

3091. Is it practicable, do you think, in that place of yours, to make any further improvement—can you do anything to obviate this, as the hospital stands?—Are you speaking now of the nurses' quarters?

3092. Both male and female?—Yes, a story might be carried up over the dispensary department, which would furnish a number of rooms for the staff, and it would be possible to carry their present quarters another story higher, so that they might be divided into rooms, access to be obtained to those rooms by a balcony running along the front, and partitions carried across, so that they could have a number of small rooms in which to sit down without being disturbed by the noise of a number of other people.

3093. You think, then, that the hospital is too small—you have no room to do as you would like to do with respect to that?—No.

3094. Would you not recommend, then, seeing the difficulties you are in with these nurses and servants, that you should remove from that place altogether, and get a better place altogether, from the Government?—Yes, a larger site would be preferable, undoubtedly.

3095. And that serious difficulty, moral and otherwise, would be obviated?—Yes.

3096. You speak of Lister's principle of surgery, which has been part of your recommendation to the doctors. You seem to insinuate that the doctors themselves are partly responsible for these septic disorders, by not adopting what you call the Lister principle of operations. Explain to us what you know of the Lister principle?—Professor Lister in dealing with the question considers that everything is in an impure state; that a sheet of paper, although it may appear perfectly white and clean, is dirty—that there are certain impurities upon the surface, which must be removed or rendered innocuous; and it is upon the principle of perfect cleanliness that Professor Lister works, with special regard to the prevention of anything impure coming in contact with open surfaces. That is how I understand the question.

3097. Are the operations now under this method—what is called the Lister principle?—To some extent. I could not speak positively upon the point. I am not present at operations.

3098. I believe the committee exercise some supervision over the medical men, do not they?—The committee expressed a strong opinion at the time, as indicated in their report which I read, and the medical men fell into and accepted the views of the committee, and the views recognised throughout the professional world; and the committee took the right view of the case as it resulted from the inquiry, by having received the approval of the editor of the *Lancet*, in an article upon the subject, in which he expressed the opinion that, though it was most objectionable to interfere in any matter affecting the profession, under a certain condition of things, such as was detailed, they were perfectly right in urging the professional staff to adopt a system which had resulted so splendidly in the treatment of surgical cases.

3099. At that time your report clearly states that it is not the fault of construction, or of the nurses, but that the doctors have not adopted this Lister's system. Is not that the conclusion?—That is the conclusion.

3100. Has the committee taken care that this method, whatever it is, is adopted?—The committee are powerless in the matter. They only call prominent attention to the great value of Lister's system, as evinced by the inquiry then held, but beyond that they could go no further.

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3101. The etiquette of the profession, and all this sort of thing, I suppose, does not let you interfere with them at all?—Not at all.

3102. They must just do as they like?—Yes.

3103. Still you make the remark in the report, that it is a material thing that this system be adopted in those operations. Would you from your experience believe that the absence of it would be likely to promote these septic disorders?—All the evidence tends in that direction. The evidence laid before the committee showed that in hospitals upon the Continent, where the mortality was something frightful, I think amounting to something over 50 per cent. of the hospital population, the introduction of Listerism brought about another state of things, and then the death-rate was reduced so much as to compare favorably with the best results in any other part of the world. Professor Lister, in further exemplification of the value of his system of treatment, would crowd his wards; he would place them, I believe, upon the floor; he would not allow his wards to be cleansed according to his usual custom, and his results were as satisfactory under such unfavorable conditions as they were under the ordinary conditions of hospital life where great care is taken in the cleanliness of the buildings. His point was to show that, if he had leave to protect his surfaces, he was perfectly certain of his results.

3104. Have you anything in your correspondence in the nature of complaints from patients who have left the hospital?—Nothing whatever.

3105. No letters ever complaining?—None.

3106. Are there any verbal complaints ever made to the committee?—No.

3107. Then are there two or three years back even?—None whatever.

3108. I noticed an entry in your books the other day in respect to a child run over by the trams, that the doctor had ordered that child out because of septic symptoms?—Yes.

3109. Was that order attended to?—Yes, the child went away.

3110. What was the nature of that order—would you recall it?—I did not know anything of it till after the occurrence, and I think the entry was something like this—"Dr. Girdlestone directed this patient to be removed, as there is evidence of septic symptoms, or suspicions."

3111. *By the Hon. the Chairman.*—Want of fresh air?—No, it was not expressed in that way; it was septicæmia developed.

3112. Nothing was developed, or it would have been sent down to the erysipelas ward, would it not?—That is generally the case; but, in this case, it was the only case that occurred in the house, and he ordered it to be taken out by its parents.

3113. *By the Hon. D. Melville.*—That was to save its life?—I cannot say what the motive was.

3114. Has there been any such case before?—It is the first that has occurred.

3115. That child was ordered by the doctor to be removed from the Melbourne Hospital, because of the development of septic symptoms?—Yes.

3116. When was this?—It went away the same night or following morning.

3117. The parents took it away home?—The parents took it away home.

3118. Have you heard anything of the case since?—Yes, I heard yesterday morning that the child was in the same state. The child is under great disadvantages; the parents are poor, and the dressings are unsatisfactory. When the nurse visited the parents, she found the child with a poultice on. It was dry or nearly so, and was being wetted with cold water.

3119. Did you inquire if there was any further development of the septic symptoms?—No, I have not.

3120. Do you think it is worth while to inquire in an interesting case like that?—I think it would.

3121. Will you make inquiries?—I will.

3122. And let the Committee know the result?—I will.

3123. These balance sheets that you prepare from time to time, I suppose you know that they are perfectly accurate?—They are copies of our audited balance sheets.

3124. I notice you have particular accounts in your ledger. You keep a ledger, of course—those are the headings of your ledger?—We tabulate everything.

3125. When you present an amount here, "timber and material," do I understand that is a transcript of your ledger account?—Yes, of our entries.

3126. When you have furniture, that is also a transcript?—Yes.

3127. Ironmongery and brushware, also a transcript?—Yes.

3128. Then we take those items as correct posts of those particular articles in your ledger?—Yes.

3129. When I see advertising and printing—£159, of course, there is nothing but advertising and printing?—No; those accurately represent the expenditure which has occurred.

3130. When I found, in 1884, that you had paid for plumbing and repairs £1151 5s. 4d., that had to be taken merely as plumbing and repairs?—£523 of that is principally wages, that is, men employed in the house—artisans.

3131. Artisans, not plumbers?—No; it is all included under the head of repairs.

3132. You just told me that the headings indicated what the work was?—Yes.

3133. In this case it is not exactly plumbing and repairs?—Not all; it includes plumbing and all expenditure for repair.

3134. How much of it really would be plumbing?—A very small sum. I will read the items under that particular sum. The sum of £533 1s. 4d. was paid as wages to artisans.

3135. What were the artisans?—Carpenters, bricklayers, painters, and plumbers.

3136. It is general?—Yes. Extensive repairs and alterations were made through the building in several wards—the old sashes were removed and replaced with hung sashes—floors repaired, walls painted, ventilation pipes inserted through to roof, the whole of the valley of the centre building re-laid with new material, gutters and ridges, which were in a bad state, re-laid, the whole of the roofs over-hauled; in some cases the gutters were stripped, improvements to ventilation and nurses' quarters, and the casualty room, the reticulation of steam pipes to tanks and ejector. In addition to ordinary repairs, to the furnaces and water pipes, and sundry other matters attended to. The expenditure upon closet pans for the period was almost *nil*.

3137. The year before, in 1883, you spent £800 18s. 8d., they were similar, I suppose?—They were similar after the inquiry took place which I have adverted to, the committee carried out a number of very extensive repairs and alterations.

3138. The year before that again appears far lower—£673, plumbing and repairs?—Yes.

3139. Your heading evidently keeps on to the plumbing; well, pass on to the next year, 1881, another £600?—Yes.

3140. And the last year, that is 1885, still all those artisans, £644 2s. 10d.; the gross amount of this is something pretty big, is it not, for those alterations and repairs?—They are not more than were necessary to carry out the alterations and improvements which the committee have made.

3141. The architects make a certain allowance; they have a certain scale, an idea as to how much per cent. it costs to maintain buildings—have you any idea what is the cost per annum in your valuation or anything else—have you got it reduced to a scale?—No.

3142. They are merely repairs to the building?—Yes.

3143. How much do you think it has cost altogether during the last five years to repair that building?—It would be represented by the figures upon these balance-sheets.

3144. An average of about £800 a year?—Yes, about that.

3145. Is not there a tremendous staff of artisans upon the buildings?—No, at present we are putting up nurses' quarters, and building a wall, and other things.

3146. It is not the present time; it is an average of five years—it appears as if the old ship required a good deal to keep her afloat?—Undoubtedly the old building requires a great deal of repair.

3147. There is timber and material beside that; what is that £269 in 1881? We are now considering the whole aspect of this case, whether the cost of the management of this place is not excessive from its very old and decayed nature. I do not wish unnecessarily to ask any questions, but I take timber and materials again in 1882, £325; again timber and materials, £364, in 1883; again in 1884, timber and materials, £437; again, timber and materials, £395; you see how closely they run year by year?—

3148. *By the Hon. the Chairman.*—There is some new building?—A great deal in the last three or four years.

3149. *By the Hon. D. Melville.*—We are now just getting into the beginning of it. There is a great deal more; this is a mere structure. I am not touching anything of the necessary management, but these are for repairs. Will you make up a statement to the Committee, showing the average cost of these in a word, it will bring it permanently under the notice; and send it in writing to us?—Yes.

3150. What the keeping of the hospital is from that point of view?—Yes.

3151. *By the Hon. W. A. Zeal.*—Will you distinguish between the maintenance of the buildings and the new structure?—Yes.

3152. *By the Hon. D. Melville.*—Include all that you are doing; you are evidently keeping up in—

3153. *By the Hon. F. E. Beaver.*—Mr. Melville talks of these as the repairs like those in an ordinary building. Is it not a fact that this includes not only the repairs we should have in ordinary buildings, but improvements which, even if it were a new building, would be necessary?—Quite so.

3154. *By the Hon. D. Melville.*—There is a little village of artisans, apparently, that have to be employed somewhere. At any rate, in addition to that, I see you spent in 1881, wines, beer, spirits, lemonade, ice, &c., £1240?—Yes.

3155. Do the patients get it, or have the doctors any of it—I do not know?—The staff have no wines or spirits.

3156. You appear in 1881 to have spent £1240 in those things—wines, spirits, beer, lemonade, ices, &c. Of course this went only to patients?—All.

3157. In 1882, you spent £857 upon these?—Yes.

3158. In 1883, £652; in 1884, £752, wines, beer, and spirits?—Yes.

3159. In 1885, £779, it appears to be gradually decreasing?—They involve pure medical questions, the same as drugs, and those things are prescribed by medical men; of course the committee have no control whatever further than that, if it appears the consumption is extravagant, attention is called to the matter, and sometimes we get a reduction, but not always.

3160. I see the sewage item here, £255, that is by contract?—Yes.

3161. Tenders are called for every year?—Yes.

3162. It varies from £336 upwards. What is the printing, stationery, and books—what is the meaning of that?—That comprises all the forms which are used in the hospital, which was very considerable indeed—it comprises case books for the medical men and stationery.

3163. I see it is £374 in 1882—is that about the average?—I think it is about the average.

3164. £396 in 1883?—

3165. *By the Hon. F. E. Beaver.*—Is all this done by contract?—Yes, all this is done by contract.

3166. *By the Hon. D. Melville.*—That is also a sort of average?—Yes, that is an average.

3167. *By the Hon. F. E. Beaver.*—My friend, Mr. Melville, has asked you, if you had any letters complaining from the patients, and you reply to that, as I understand, "No"—have you any letters from patients commenting and thanking you for the attention they have had?—I have had several of those.

3168. *By the Hon. the Chairman.*—Leaving the psychopathic condition of the life of the nurses, so feelingly alluded by the Honorable Mr. Melville, what has been the physical state of their health in the last few years?—As a class of women so brought together, very good—they are a robust class of women. Our nurses have held their positions for a long time, some as many as twelve or fifteen years.

3169. Have any nurses attending the erysipelas wards caught erysipelas?—None. I should like to be permitted to add—I think that one witness stated his nurses were often removed. One of the nurses has been in his employ over three years, another seven, another nine, and so on. None have been in the employ a less time than over three years, that he has had to do with.

3170. *By the Hon. W. I. Winter.*—Has any portion of the report you read a little time ago been adopted, especially in regard to ventilation of closets in the hospital?—It is more especially in the mode of entry to them.

3171. Has that been effectual and satisfactory?—Nothing has been done; it would require almost the re-construction to effect that, in some portions of the building.

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3172. Can you suggest anything for the benefit of the sanitary condition of the hospital from your own personal knowledge?—The entrances to the closets and pavilions might be improved if there were more space, there are two jutting portions at the end of each pavilion; the original intention was, to have baths and lavatories on one side and closets on the other, but the members of the staff thought they would secure a room for isolation cases, and it was decided to keep all on one side of the ward, which makes it very cramped.

3173. Do you consider the closets defective?—I think not.

The Witness withdrew.

Adjourned to to-morrow at Three o'clock.

FRIDAY, 22ND OCTOBER, 1886.

Members present:

The Hon. Dr. BEANEY, in the Chair;

The Hon. W. A. Zeal, | The Hon. D. Melville.

John Fulton, Esq., M.D., examined.

John Fulton,
Esq., M.D.,
22nd Oct. 1886.

3174. *By the Hon. the Chairman.*—You are honorary physician to the Melbourne Hospital?—Yes.

3175. And principal medical officer to Her Majesty's military forces in Victoria?—I am.

3176. Where were you professionally educated?—At the University of Glasgow.

3177. And the Royal Infirmary?—Yes.

3178. How many beds did the hospital contain in your time at the Glasgow Royal Infirmary?—Over 600.

3179. Is there much unoccupied ground around it?—Very little, indeed. There is a large quadrangle dividing the medical and surgical wards, but otherwise it is close up to the streets, and is surrounded by a large cemetery. The cathedral is in close proximity, and the grounds of the cathedral were used formerly as burying grounds. And then there is what is called the Necropolis, on the eastern side of the infirmary.

3180. Is that cemetery there now?—Yes.

3181. Was not Mr., now Sir Joseph, Lister, one of the professors of surgery, a surgeon to the Royal Infirmary?—He was.

3182. Have you any idea of the area of ground upon which the Royal Infirmary stands as compared, say, with the Melbourne Hospital?—I have no accurate idea, but judging from the size of the grounds, if my recollection serves me now, I should say somewhere about six acres. I could not be positive, but I should think somewhere about that.

3183. You think it was about six acres?—I fancy from the size of it, it would cover about that.

3184. And it contains from 600 to 700 beds?—Yes.

3185. Was it not during Professor Lister's connection with the University and the Royal Infirmary that he made experiments in the antiseptic treatment of wounds, which is known in the profession at the present time as "Listerism"?—Yes. It was during the time I was dresser to him he commenced his experiments in dressing wounds by mixing carbolic acid with putty, and putting it upon the end of the stump. In fact, every means he tried to use the carbolic acid for the dressing of wounds.

3186. You were one of his dressers?—I was for nine months a dresser of his.

3187. To Professor Lister?—To Professor Lister.

3188. Can you inform the Committee if there was any special outbreak of hospitalism in the Royal Infirmary, that induced Professor Lister to undertake those experiments?—As far as my memory serves me, Professor Lister was very unfortunate in his cases. The ward that he had for his surgical patients was the basement ward of the hospital, and almost every case that he operated upon, erysipelas made its appearance in some form or other, and it was through the prevalence of this erysipelas that he was caused to look about for something to destroy, as he believed, the germs which caused the disease. There is no doubt he was very successful, and the mortality was very much diminished after his lengthened experiments. It was subsequently found, I may tell you, that there was a cause for this outbreak of erysipelas in that ward, being, as I have said, the basement ward of the hospital. There was a large wall running the whole length of the ward at a distance, probably, of about six feet from the wall of the hospital. This was to admit light. Some years afterwards it was found on disturbing this wall that there were layers of coffins behind it.

3189. What, underneath?—Behind the wall; and to this was attributed the excess of erysipelas and pyæmia, which occurred in this ward. Now it is a very healthy ward, and very little is known of that disease.

3190. And that was the disturbing cause?—That was the exciting cause.

3191. And after that was remedied?—And after that was remedied, of course. Now it is a comparatively healthy ward, and no germs or disease are found in it.

3192. Were other wards more healthy at that time?—Yes, I believe they were. The upper surgical wards were much more healthy. This upper ward—a female ward—that was a very healthy ward, and they had very little disease at all as compared with the other.

3193. But in this particular ward the coffins caused it?—The coffins were behind the wall, outside in the cathedral grounds.

3194. Then he pushed ahead with Listerism, and now it has become a recognised thing in the profession, as the proper thing to do in all surgical treatment?—Certainly.

3195. Are you acquainted with the Alfred Hospital?—Yes, I am. I was connected with it when it was first opened. I was three years physician to it.

3196. That is built upon the pavilion principle?—Yes.

3197. Comparatively a new hospital?—It is.

3198. Do you think a comparatively new hospital may become as insanitary as an old one?—Certainly, unless it is built upon most scientific principles with regard to ventilation, and so forth, it would.

3199. Then, after your experience with Professor Lister at Glasgow, you think that plenty of fresh air, with a perfect system of drainage, is of greater moment in hospital administration than its age or construction?—There is no doubt that those are certainly adjuvants and necessary. I might mention, if you will allow me, that I came across a record, a little while ago, of a surgeon at Copenhagen, who was in Glasgow visiting Mr. Lister then, and enquiring into his anti-septic treatment. He had also, from some cause or other, to contend with a large number of cases of pyæmia and erysipelas, and twelve months after his return from Glasgow he wrote to Professor Lister, telling him that he had, since his return to Copenhagen, adopted his system in every way, and the institution with which he was connected, though 100 years old, was comparatively free from disease; the change was so wonderful under the anti-septic treatment of Lister.

3200. You have heard of the new Radcliffe Infirmary at Oxford, quite a new building, becoming suddenly insanitary?—Yes, I am aware that it is on record, that new hospitals are liable to become so just as quickly, produce disease as rapidly, and, in fact, more so than old ones.

3201. I think Professor Allen in his evidence stated that, upon the walls of new wards, germs would have a better hold than on old ones?—I should think much would depend upon the nature of the walls. It is generally supposed, that a smooth wall now will not afford so good a habitat to germs as a rough wall does. I should say it depends very much upon what the wall is.

3202. How long have you been officially connected with the Melbourne Hospital?—I think somewhere about fourteen years.

3203. Fourteen years physician to the hospital?—Yes.

3204. Which are your wards?—The Catherine Hayes ward, No. 10, and the pavilion ward, No. 20.

3205. How many cubic feet of space do you allow to each of your patients at the present time?—I believe the number is 1500 cubic feet.

3206. What do you think it should be for surgical cases?—I think in this climate, as it is now, that in surgical cases it might be more. But very much would depend upon the climate. Of course we know, that in some countries they allow as much as 3000 cubic feet, but I think anything between 1500 and 2000 is quite sufficient in this colony.

3207. You think 2000 feet is ample?—It is quite ample.

3208. What is the general nature of the diseases admitted under your care?—Of course much depends upon the season of the year. In the autumn the wards are pretty well filled with typhoid fever. When that passes away, of course, that is endemic always with us, and we generally have always some cases of typhoid; but the majority of cases are consumption—phthisis. In the spring of the year the cases are pneumonias, congestions of the lungs, pleurisy, and acute rheumatism, some cases of gout, and some cases of Bright's disease. But the prevailing cases are consumptive cases. That is, except when there is an epidemic.

3209. Which of the diseases, that you are called upon to treat in your ward, furnishes the highest death-rate?—The largest death-rate, I am sorry to say, are cases that I never see at all—the cases that are brought in moribund.

3210. And die before you see them?—Die before I see them—brought in moribund.

3211. Then you are credited with that?—I am credited with those cases, certainly.

3212. Although you do not see them?—Although I do not see them. As to the mortality in typhoid fever, I may say it is almost *nil*. The only mortality I have had, has been from cases that have been too long in being brought in. Some, in fact, die within probably three days from the time of admission.

3213. But your phthisis patients give you a heavy death-rate?—They come next. I believe they are the largest death-rate in the institution, with the exception of the cases admitted moribund.

3214. What has been your average mortality, in cases of typhoid fever?—In my own experience?

3215. Yes, in your own wards?—As far as my memory serves me, I do not think it would amount to more than one per cent.

3216. Of typhoid fever?—Of typhoid fever. I hardly ever lose a case of typhoid fever.

3217. Yes—those are cases that demand plenty of fresh air, do they not?—They do—plenty of fresh air.

3218. Are you in favor of building a hospital for consumptive cases, apart from the general hospital?—I think it would be very much better, and would give a patient a much better chance if he were further away from the city.

3219. What do you think of Riddell's Creek?—I think that is a good place. It is high up, and high lands now are looked upon favorably for all chest complaints.

3220. Do you think the out-patients' department should be administered apart from the hospital altogether?—Yes, I do. I think it would be very much better to have it separate. I cannot help thinking, that being in such close proximity to the wards of the hospital, and the running backwards and forwards of students and resident surgeons, it is possible for them to carry contagion with them from the out-patient department; and I think it would be very much better, if it were further away, or entirely removed from the hospital.

3221. The patients in that department are attended to by the junior honorary staff?—By the junior honorary staff.

3222. What they call the out-door staff?—Yes.

3223. It occurs very frequently that they are not there?—Yes.

3224. Then the resident surgeon has to attend?—Yes.

3225. And what they call "polish them off"?—Yes.

3226. Then he sees those patients, and then he has to go back to his wards afterwards?—Yes.

3227. And perhaps, if that is a surgical ward, there is some risk?—Yes.

3228. Because you do not know where those people come from?—Certainly not. They may come from a house where there has been scarlet fever, measles, or other contagious disease, and they may have the germs upon them. I have myself frequently found, when I was connected with the out-door department, that though I could not see anything about the patient, yet, if I had to knock a fly off my face, I have very frequently contracted ringworm.

3229. That occurs often in ladies' schools, does not it?—Yes.

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3230. What do you think about the removal or otherwise of the laundry?—I certainly do think that the laundry ought to be out of town; and I am further of opinion that, instead of cleansing the bed-clothes as they are cleansed at present, it would be an improvement if they had the sunshine and natural drying.

3231. Sunshine and fresh air?—Yes.

3232. You think that is preferable?—Yes, certainly I do. I am of that opinion, though I am aware of the arguments on the other side, that they are subjected to a very high temperature, and so by that means destroy the germs; but I do not know that anything will compensate in the way of artificial drying for the sun's rays.

3233. You have been fourteen years physician to the hospital—what has been the general state of the health of your nurses during that time?—With the exception of one lately, they have all been healthy.

3234. Have your patients or nurses ever contracted erysipelas or blood poisoning in your wards?—None.

3235. Have you, as physician to the hospital, ever sent patients into the hospital, in order that they might have a better chance of recovery?—I always do.

3236. I asked Dr. Robertson that question, and he fenced with it rather, and said he might have done?—I always do, I may tell you; if I am called in to see a poor person, who has not the money, and cannot pay me, I simply tell them "Now your case is a bad one, and will require a long attendance; if you have not got the means, I will give you an order, and will take you into my own ward in the Melbourne Hospital, where you will be well looked after, and well fed, and well nursed, and you will get better, but you cannot get better here," and that has been my practice since I have been in practice in Melbourne, and that is twenty years.

3237. Have you ever known any of the staff to decline to do so?—No.

3238. In fact, it is one of the privileges they have?—Yes, and a very good thing to do.

3239. And the surgeons send in cases to be operated upon, do not they?—Certainly, I have sent in cases to be operated upon myself.

3240. It appears it was admitted by Dr. Lewellin the other day here, that some of the patients have their washing done outside the hospital, by their relatives and friends—do you think there is an element of danger in such a system?—Most assuredly, unless you know where the clothes are taken to. They may go to some places in Collingwood where there is an epidemic of scarlet fever, or measles, or some such disease; and, unless you have some guarantee that the clothes have not come from such a place, it is an element of danger, and ought to be avoided. I think there is far too much access to the hospital by the relatives of patients. There is no question put to them, whether there is any disease in the house, and no precaution is taken. I think if we were to carry out hygienic principles properly, all such people coming into the surgical wards especially, and coming into the hospital, ought to pass through a disinfecting room; some means ought to be taken to prevent their carrying germs of disease into the wards.

3241. Especially the surgical wards?—Especially the surgical wards. There is no such precaution taken.

3242. Suppose a woman's husband is in the surgical ward, whose leg had been amputated; suppose her sister at home was suffering from puerperal fever, would not there be considerable danger in coming from that puerperal house into the surgical ward?—Yes, certainly; just the same as scarlet fever, and certainly, if a wife was desirous of seeing her husband, she would never tell anything, whatever there was, that would prevent their getting in. All would say—"No, there was no disease in the house." But certainly I think it is desirable for the hospital to take some precautions, if only to have a disinfecting garment put round them; and again, they are allowed to remain too long in the wards—especially on Sundays, they remain no end of time there.

3243. What is the time allowed?—I think about two hours.

3244. I suppose upon Sunday there is a large number there?—The wards are crowded.

3245. Is it your opinion that fresh air is the best of all disinfectants?—Most assuredly.

3246. Do you think that, for a hospital, natural ventilation is the best, that is, by windows and doors?—I think it can be assisted very much. The great object, of course, in all systems of ventilation, is to obviate draughts, especially in wards—get in plenty of air however you can, without draughts; have a circulation of air without any draught that the patient is conscious of.

3247. Dr. Reid said yesterday—have very large openings to admit air, and very small ones for it to go out, so as to prevent draughts?—There is no doubt that, at times, I have gone into my wards when I have not been able to see my patients, in consequence of the smells, and that has always been on days when there has been a stillness of the atmosphere outside; and I have sent for the superintendent, Dr. Lewellin, and called his attention to it, and suggested the advisability of having punkahs to create a current of air on such occasions; and I am certain, if such a thing were done, the wards would be very much better. Those days certainly are not very numerous in the season, but they do occur, and they are very bad for the patients.

3248. If the atmosphere is still outside, it must be still within?—Certainly.

3249. And you have suggested to Dr. Lewellin the use of punkahs?—Yes.

3250. Such as they use on board steamers?—Just the same—something to create a current of air.

3251. Have you studied artificial ventilation at all—have you any idea what system is best?—I have given my attention to Tobin's system, and certainly I am very much in favor of that. I think, so far as I understand ventilation at the present time, it is a very good system.

3252. What kind of closet do you think the best for hospital use, the well-flushed water-closet, or the pan system?—The well-flushed water-closet.

3253. With an unlimited supply of water?—With an unlimited supply of water, and I have no hesitation in saying, that Melbourne would be a very much healthier city if we had a good system of underground drainage, to carry away sewage, not only from the hospital, but from the whole city. Only a few months ago, I had occasion to go along Drummond-street, Carlton, and the smell from the open drain was a perfect abomination; and so it is still every hot night, from every drain in the city, which makes it most unhealthy.

3254. Do you recommend any reconstruction of the hospital?—Yes, I do; I think that the pavilions we have are very good, but the old block, I think, ought to be reconstructed, or done away with entirely.

3255. That is the centre?—That is the centre.

3256. The administrative block?—The administrative block, of course, with the wards above. I do not approve of that, I think the pavilion system is certainly the best, and I think the wards in the pavilions might be three or four stories high. I am of opinion, and have always been so, that the higher you go the purer the atmosphere, and the better it would be for the patients. I do not think there is any danger whatever in having the hospital three or four stories high, on the pavilion system.

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3257. You have no complaint to make against the pavilions at the present time, have you?—The only thing is the smells from the closets, and that is being obviated now, I know, and I think will be successfully done.

3258. When the Committee visited No. 18 ward the other day, they considered it clean and free from smells, and light, and airy; but, when we ascended to ward No. 19, which is one story higher, that is Mr. Fitzgerald's ward—?—I know the ward.

3259. They were of opinion, that it was even better than No. 18, below—how do you account for the difference?—From the purer atmosphere.

3260. Because it was higher?—Because it was higher, certainly, and I believe the higher you go the better for the patients.

3261. Then you do not think it necessary to limit the building to two stories?—Certainly not.

3262. Is the death-rate on the surgical side of the hospital, where you have large suppurating wounds, the best test of a hospital's sanitary condition?—I think so, certainly; yes, I do not see any other way of getting at it.

3263. You agree with the other witnesses?—Yes.

3264. Are you aware that the death-rate, after surgical operations, is greater in the Alfred Hospital than at the Melbourne Hospital?—Yes, I have heard it stated that it was.

3265. Can you explain that in any way?—I am very much inclined to think the drainage has a good deal to do with it—I never approved of the position of the Alfred Hospital, it is too flat; the fall is too small for any drainage to be carried away.

3266. You like the buildings?—The buildings are very good.

3267. But you do not like the position?—I do not like the situation at all.

3268. Is Listerism practised now in the Melbourne Hospital in all the surgical wards at the present time?—I could not say that it is carried out. It is in the operating room, but I think probably in the wards it may not be done. Of course it is only a very few years since Listerism was introduced into the Melbourne Hospital.

3269. Eight years, is it not?—I recollect very well when Dr. Lefevre came here and commenced practice, he undertook to show them how Listerism was carried on, as he had seen it by Professor Lister at home; but whether it is carried out strictly upon the principles upon which Lister carries it out, is a different matter. I know for certain, in my experience of Mr. Lister, in his earliest days, and even when I saw him when in England, he is extremely particular in every possible way about having the spray going for such a time, and all the instruments being thoroughly saturated in the solution of carbolic acid. He spares no pains whatever, and will allow no one to come near the case except those whom he knows.

3270. At the time he was very particular to have the spray over the body of the patient?—Yes.

3271. Are you aware that he has given that up?—I believe he has modified his practice.

3272. He has the spray going in the room?—Yes, saturating the whole room.

3273. In the Melbourne Hospital you have seen Listerism performed?—Yes, usually the spray is never turned on till the operation is about to commence, which is not Listerism, as I understand it, and as practised by Professor Lister.

3274. If Lister does not direct his spray over the patient, but has the spray going for an hour in the operation theatre before he operates, and the same thing is done in the Melbourne Hospital at the present time, would not that be Listerism?—Yes, certainly.

3275. That is, if you follow out Lister, it is Listerism?—Yes, certainly.

3276. Carbolic used to be his only agent at one time, used it not?—Yes.

3277. Are you aware he has other agents now?—I am not.

3278. Bichloride of mercury?—I was aware of bichloride of mercury, but I understood it was introduced by—

3279. But he uses it?—Yes, and it is a most potent anti-septic. Koch, of Berlin, I believe, introduced it.

3280. Is not over-crowding a very dangerous element in the causation of septic diseases?—I believe it is, and I have no doubt of it.

3281. Since you have been connected with the Melbourne Hospital, have you seen it over-crowded?—I have many a time; many of the wards. I have seen as many as six beds upon the floor in my own wards.

3282. It is not over-crowded at the present time?—It is not.

3283. There has been a good deal of thinning of the beds lately?—Yes.

3284. Do you consider the present site a good one for a hospital?—I do.

3285. Then, if it be desirable to build another hospital further north, do you think that for the requirements of this large city, there ought to be a hospital in its very centre?—Yes, I think there ought to be a central hospital, and I think there could be no better site in a city like Melbourne than the site we have at present for the Melbourne Hospital; and I am perfectly satisfied that, with reconstruction on the latest principles, there is sufficient accommodation there for a hospital of 500 beds.

3286. Of course it is a growing city, and as population increases, we shall want by-and-bye several hospitals?—No doubt.

3287. But you think in the centre of Melbourne there must be one?—I think so. I am certainly of that opinion. Of course, if a site could be had equally as good as the sites that have been spoken of—the Pig Market, or the University Reserve—there is no doubt in time, those places will be equally as central as the Melbourne Hospital is at present, from the extension of the city. That will be close to the University, and if such a site can be had for a good hospital upon modern principles, I would have no objection to say, "Yes, let the hospital be built there;" but I say the site of the Melbourne Hospital is most excellent. It is central, and with reconstruction it can be made to accommodate 500 patients.

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3288. It has been suggested that the hospital should be moved, because the land is so very valuable. Now, would not the land upon which the London hospitals stand, if sold, realize fabulous prices?—Charing Cross would, and St. Thomas's, and Guy's.

3289. It would sell, not by the foot, but by the inch?—It would.

3290. Then the treatment of the sick in those hospitals seems to be the first and great consideration?—Certainly.

3291. Money comes next?—Yes.

3292. You think, with perfect ventilation and drainage, the present hospital could, if reconstructed, be made to contain 500 beds?—I do, upon the system I have mentioned of carrying the wards higher—have, say four wards.

3293. You could always then have 50 beds or more resting?—Of course. I mean, as I said before, to relieve the institution of incurables; because it is really an awful mistake, in my opinion, to have incurable cases occupying beds which ought to be ready for the reception of emergencies and acute diseases; and, as soon as a case is found to be incurable, it ought to be sent to a hospital for incurables, and then it would relieve our institution very much, and reduce the mortality very considerably, if we had a consumptive hospital.

3294. Some cases of cancer come in that are perfectly incurable, yet they go on ulcerating away and poisoning the atmosphere of the whole ward?—No doubt. I have seen and had cases of cancer of the uterus, and they are the most offensive; in fact they are not fit to be in a general ward at all, they are perfectly pestilential, nothing can be done for them; and they should be in a special ward for themselves, and thoroughly disinfected before they leave.

3295. And you cannot turn them out?—No, you are not allowed to, and they must go on, and they are most injurious, and an annoyance to all the patients.

3296. Can you tell the Committee why one man's wound should heal by the first intention in ward No. 18—that is Dr. Youl's condemned ward—while another patient with a small wound died from the effect of profuse suppuration and pyæmia in the same ward?—Yes, I think that everything depends upon the constitution of the patient in such cases.

3297. When he is brought in?—When he is brought in. A man may be brought in with a small wound, whose system is thoroughly saturated with drink, and the organs may be rotten. I say in such a case as that, the wonder would be if he did not die of pyæmia or erysipelas, or some such disease setting in rapidly.

3298. His wound would be an admirable culture ground for poisonous germs?—Yes.

3299. And the other man?—His wound would probably heal by first intention.

3300. Now the beds, I presume, of the Melbourne Hospital are filled with patients drawn from every type of physical health?—Yes, every type.

3301. And a patient's ultimate recovery will depend upon the integrity of his internal organs?—Certainly, most undoubtedly it does.

3302. So that if his internal organs——?—If they are healthy and he has a good constitution, he has an excellent chance of recovery.

3303. But, if his organs are diseased and incapable of performing their functions, the chances are very much against him?—Certainly they are.

3304. So that, if a man whose liver, heart, or kidneys are in a diseased condition immediately upon a serious accident, has to undergo a large surgical operation—then you say he has a very poor chance of recovery?—A case occurs to me at the present time, where, in the Military Hospital at St. Kilda-road, they had a patient who had a large ulcer about the size of a crown piece upon the calf of his leg. He had been drinking very freely, and very much to the astonishment of everybody erysipelas set in. The man had not been anywhere where he could contract the disease; I merely give that as an illustration of how the disease may arise in a case of a man who has been drinking heavily, with a small wound.

3305. He was nowhere near people with erysipelas?—No, never saw such a thing in the place before.

3306. Have you ever attended a case where such a thing arose without any cause being found?—Yes, I have.

3307. Outside the hospital?—Outside the hospital altogether, where no cause could be found except the condition of the constitution.

3308. *By the Hon. D. Melville.*—It has been stated here that, when you put more than an average of 40 patients to the acre, the death-rate rather increases?—I am aware of such a theory certainly; but the theory of course will apply only to, it may be, the cottage system which has been so much advocated, and was urgently advocated by Sir James Simpson; but I do not think it is meant to apply to buildings carried high up. Allowing the same number of cubic feet to each patient in each ward, you may have several wards one above the other.

3309. Have you found any difficulty with your patients, similar to Dr. Robertson, who has stated that he finds his cures slow and difficult? He has stated to us here that he discovered, and has found for a long time in the Melbourne Hospital, that his cures are difficult and protracted?—That is not my experience; I have had no such experience as that.

3310. Have you found it in your practice outside the hospital, that there is a readier cure than in the Melbourne Hospital?—No, I have not. I must say, with the good feeding and good nursing and good attention, they do very much better in the Melbourne Hospital than they do outside; I have no hesitation whatever in saying that.

3311. Do you think the present building in all respects equal to the occasion, to the requirements of Melbourne at present?—I have already said that I do not think it is; for I say, take the Melbourne Hospital and compare it with the hospitals which I saw four years, or four years and a half ago, when I was at home—the *Hotel Dieu* at Paris, which is blocked in all round; University College Hospital has only a very little bit of space in front of it; Charing Cross Hospital is blocked up and surrounded—go into the wards you see very little light at all, and the ventilation is very bad. Guy's Hospital is in about the lowest part of London; when I say the lowest, I mean where the poorer people live in the borough. Take St. Thomas's, that is certainly a very fine institution, upon the banks of the Thames, opposite Parliament House; it is one of the best hospitals at home, I think. But, with regard to the Melbourne Hospital, I say it really

does compare most favorably with many of the London hospitals. I do not mean to say it cannot be improved. I have already said it can be improved very much, and I am certainly an advocate for improving it.

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3312. What do you think of the matter that has brought us together—this scare, as it may be called, on the part of surgeons and medical men who differ from you?—I think a great injustice has been done to poor suffering humanity by the theoretical ideas of Dr. Youl; I have no hesitation in saying so.

3313. He is only one—we have Dr. Robertson, Mr. Girdlestone, and Mr. Fitzgerald?—About the saturation of the walls you refer to, I suppose?

3314. No, generally; Dr. Robertson points out, that in the hospital it is difficult to cure?—That is not my experience. I think the difficulty of cure might be found—I do not mean to disparage or reflect upon Dr. Robertson's experience; but I mean, put a young man with the most recent therapeutic ideas upon the treatment of disease into his wards, and the results might be different.

3315. I only want to point out that Dr. Youl alone is not responsible—that all the surgeons and medical men who come here are almost unequivocal in condemning both the structure, the closets, and the difficulties to them individually?—I say, that all that might be very much improved.

3316. That has brought us together?—Yes.

3317. And we now find you differing a little?—I shall be only too glad to clear up any point that I can.

3318. It has been suggested that a new hospital be built in the Royal Park, in the Pig Market, or at the University—would you think it would be equally convenient if the Committee were to recommend one in the Royal Park, equally convenient to you?—It would not be equally convenient to me; but rather than forego the prestige of being connected with an institution of that kind, I should certainly go there.

3319. Do you not think that, if a hospital could be got of the type you have spoken of in the Royal Park, by the assistance of the Government, with twenty acres of land, it would be infinitely preferable to the present state of things that exists—that is, the conflict of opinion and other difficulties?—If you want me to answer the question as to whether a new hospital with twenty acres of land in the Royal Park, constructed upon the most modern principles, would be superior to the Melbourne Hospital, I unhesitatingly say, yes.

3320. Do you believe much in this germ theory?—There is a great deal in it, no doubt about that.

3321. You notice the remarks made, that hospitals may get saturated?—Yes, I have seen all that.

3322. You have shown us that——?—It is an emanation of a brain, sir; it cannot be proved.

3323. You have shown us that these diseased walls, or whatever they are, have induced Lister to make important experiments—may not our hospital now be, to some extent, saturated?—Certainly not.

3324. You think it is not true?—I mentioned a case illustrative of that; perhaps you did not notice—I do not recollect the name at the present moment—but a surgeon from Copenhagen, who went to see Mr. Lister's experiments with carbolic acid, and he went back to Copenhagen determined to destroy the germs, and to lessen the mortality from septicæmia and other diseases, by the use of Lister's method. After twelve months' experiment with it, he wrote a letter to Mr. Lister telling him how he had lessened the mortality, and how little the disease was known since he had adopted the system.

3325. Do you think the surgeons and medical men have a fair chance with this——?—I wanted to say that the hospital in Copenhagen was 100 years old.

3326. Of course you admit the climate has something to do with the affair, a climate where the thermometer rises to 100 degrees, and another where it is depressed occasionally to a very low point, as it is in London, is scarcely a fair comparison?—That the climate we have here is not a fair comparison with the climate of London?

3327. I mean where you have a freezing point, such as in London and other places, you have an advantage in that direction which you have not got here?—We have a much more trying climate here than they have in London.

3328. But, I apprehend, you admit that climate has a specialty about it—it would not be very favorable to germs?—Certainly it would not.

3329. As to the construction of this hospital, you disagree with your brethren about it—do you think that those wooden ceilings that the Committee have seen in the hospital are really not likely to be places where the germs would lodge?—Well, I do not think so, they are all varnished; I do not think they afford a habitat for germs at all. Germs only live where you get smells; they must have something to feed upon—keep down your smells, and you kill your germs; they have nothing to live upon.

3330. You are aware that Pasteur has discovered that in the old hospitals there are 10,000 germs to one in the new ones; if he says that, it would be somewhat in conflict with your opinion, I suppose?—I do not know that it would.

3331. I understood you to say, that you thought the old hospitals were not necessarily worse?—I only gave you the illustration of the surgeon in Copenhagen; and there has been a great deal written about the old hospitals, some preferring the old to the new, even now.

3332. Then all I want to bring under your notice now is that, apparently, in old dwelling houses in Paris and other places, Pasteur has noticed the atmosphere, and measured the amount of bacteria and bacilli and other things; he finds them in the ratio of thousands to one there. Would you, in the face of that, very strongly advise us to root out the old hospital?—It is not such a very old hospital—only 40 or 50 years. I think the old portion of it ought to be removed—I have just said so in my evidence.

3333. If the suggestion made by various parties that, the ground now being comparatively very valuable, they could sell up the old site, and get a better one by the University or Royal Park, take it altogether, remove the hospital and not have one there—if that can be accomplished, you would not object to it?—Yes; but I should not allow the value of the land to influence me in my opinion of the condition of the hospital.

3334. But it is an element of how to do it?—It is an element of the maintenance of the institution, and a very good idea too; and I certainly think, the land being so valuable, if you can get a good institution in the neighbourhood of the Royal Park, with 20 acres of land, and a hospital upon the most modern principles, and can endow the institution with the amount of money you get for the land here, I say, by all means do it.

3335. The smells you have mentioned in your ward have been mentioned by other medical men; do not you think the construction of the building, take it altogether, is very faulty?—I do not think so—you mean the pavilion wards?

3336. The wards where you complain of these smells?—The wards where I complain of these smells were the pavilion wards, and the day happened to be a very muggy one—no current of air, nothing whatever; it was as stagnant inside as it was outside, though the windows were all up and down, and I suggested that, upon such a day as that, punkahs would be very useful in those wards to cause a current of air.

3337. Do not you think that the ventilation, as described by a medical man here yesterday, when he said the apertures are sufficient to let the air in, but there is no provision as to how it is to go out, is very objectionable?—I do not think that applies to the pavilion wards of the Melbourne Hospital. Over every window there is an opening, and there are openings below.

3338. Of course you are well acquainted with the construction of the hospital; can you remember going up into a corridor, where there is an immense grating?—I think you refer to the old building.

3339. You stand upon the grating and find the current coming up, and blowing right in your face?—Yes.

3340. You find also that the ventilation from the wards extends through those corridors?—Yes.

3341. And apparently there is no scientific or intelligible method?—Certainly there is not; and that is the old portion of the building, which, I say, ought to be pulled down.

3342. Is it not quite possible that much of the difficulties may arise from this incongruous sort of arrangement in this old building?—I do not think the old building has any longer the right to be there.

3343. Do you know where your nurses congregate, some 40 of them in a room?—Yes; it is very objectionable.

3344. With old-fashioned stretchers?—Yes.

3345. And walls half painted, half lime-washed?—Yes.

3346. How long have you known of that?—I do not recollect how long. I do not think I ever considered inquiring about the nurses. When medical men have a large practice to attend to in this city, they go in and discharge their duties in the hospital; and they do not, as a rule, pay attention to the accommodation of the nurses, unless there is something to draw their attention to it.

3347. If 40 people are put into a sort of cellar, it cannot be very favorable to your patients?—Certainly not; I do not think I ever knew about it, until this inquiry was set on foot, where they lived.

3348. Had you been aware of it, we would have expected you to have brought it under notice. What I have seen, I have not seen anything like where 40 human beings could sleep in a place partially under ground, it may be 8 feet to 10 feet high, apparently no lime-washing for a considerable time; you were aware of it?—I was aware of it, but you must also be aware that, that is no part of an honorary physician's duty to look after the accommodation supplied to the nurses in an institution like that—that belongs to the medical superintendent, the secretary and matron—those are the administrative officers of the institution, and it is no part of the duty of the visiting staff.

3349. In making our investigation of the causes of this scare, do not you think that of itself was collateral to the whole affair?—It never appeared to come out in anything I have read, as far as my memory serves me; this scare originated through Dr. Youl.

3350. These very small matters may have caused these bad cures, and may not that be one of them, the neglect of the nurses?—I do not see how it would apply.

3351. If 40 human beings pass eight or ten hours together, in a place such as I have described, may not the adherence to their bodies and their clothing, whatever it is, whether germs or what not, actually pass upstairs to your patients—Dr. Youl has asserted that the ventilation of those places spreads through the whole place?—Not through the whole place, only through the administrative part.

3352. Would it be worth while, with these things in view, to perpetuate a place that is evidently deficient in your opinion?—I should certainly eradicate it as soon as possible.

3353. You have spoken of the drainage—it attracted your attention in the city?—Yes.

3354. Is not the drainage from the Melbourne Hospital, where it is, likely to be very dangerous to those shops below?—It depends upon what the drainage consists of. I made inquiries some years ago, with reference to that; for instance, in the mortuary where we examine dead bodies, I found a tap of Yan Yean turned on, and the water ran through several yards of bowel, and the fæcal matter was washed away; I asked where this went to, and I found that it went into this air-tight pit, and did not flow through the streets. I do not know what drainage there is; I do not think there is any offensive drainage allowed to flow through the streets from the hospital; it is all collected in those pits—so I am assured by Mr. Williams.

3355. We had some evidence from Mr. Cosmo Newbery, who took the drainage and analysed it—he finds it in the streets?—I should not be at all surprised, but I did all I could to inquire about it; but you have another source of contagion which very few have ever given any heed to, and that is our open sewers. It is a well-known fact, that if we had an epidemic of scarlet fever in the city, it does not matter where it is, that one of the sources of contagion is through the urine of the patient. All this urine when there is an epidemic, flows through our open channels, and so wherever disease exists you have the same thing to contend with in those open drains, and as such they are sources of disease and of contagion.

3356. Of course that points to an aggravated form constantly in operation?—Yes.

3357. And upon the site of the hospital?—As I have been informed—I can only say from information which I obtained from Mr. Williams—every precaution is taken to have the sewage—any offensive sewage—conveyed into those pits, which are regularly emptied.

3358. You know what these pits mean; it is not one pit, there are six of them?—I do not approve of them at all.

3359. You know how they are emptied?—Yes.

3360. The thing is opened, and then commences a most dreadful odour to spread all over the city?—I have experienced it when they have been leaking.

3361. Half a dozen of those pits opened every day with those millions of germs passing along, spreading along all round those houses, is not a safe thing, is it?—It is not.

3362. On that account alone, would not you be inclined to change the site of the hospital?—You misunderstand me altogether. I say unhesitatingly, that I would move the hospital, if you could get a better

site, and have it re-built upon the most modern principles. I am not an advocate for keeping the hospital where it is, with all those nuisances and sources of contagion.

3363. I am very glad to hear you speak so strongly, because I had an idea from your evidence to Dr. Beancy, that you thought well of this site?—I did not know what questions would be put to me.

3364. *By the Hon. W. A. Zeal.*—My friend, Mr. Melville, dwells a great deal upon the danger to health from removing this faecal matter from these pits in the hospital; is it not a fact that, in the city of Melbourne, the pans of every house are only removed once a week, and that the faecal matter remains in the pans during seven days to germinate and spread disease?—Yes, it is a fact.

3365. Do you consider there is any more danger to the health of Melbourne, from the system adopted in the metropolis, than from the system in the hospital, where the faecal matter is removed every day?—No doubt in a hospital like the Melbourne Hospital you have every kind of disease, and you have a large number of cases, I suppose, sometimes, may be, a hundred cases of typhoid in the hospital, and if the faeces of a hundred patients suffering from typhoid fever are allowed to remain a week in one of those pits, and then opened, the gas must escape.

3366. But Mr. Williams's statement is, that those pits are opened every night?—Every pit every night?

3367. Yes?—Then I do not think the danger is any more in that case than in removing the same amount.

3368. Would the danger be as much as if the matter were kept seven days and allowed to ferment?—Only in this way, having those contagious diseases there.

3369. But if, as Mr. Williams says, this matter is deodorized and moved every 24 hours, what is the danger from that?—There cannot be much certainly, if it is deodorized.

3370. Mr. Cosmo Newbery says, that to allow those microbes and bacilli to assume the form of life, it requires a proper matrix, and that they shall have some days to develop—how would that theory coincide with your belief, that those poisonous germs might arise if the matter is removed every 24 hours?—I was not aware; I did not understand that it was removed every 24 hours.

3371. We asked Mr. Newbery, supposing you remove the plaster from off the walls, with the view of determining whether there are any microbes or bacilli upon the plaster or upon the boards, and he said, "I should require to prepare a matrix for them for something like a fortnight, and then they would take several days to develop;" if that was the explanation, would there be any danger in this?—If you recollect, when I was asked about germs in the wards, I said the germs could not exist in the ward without something to exist upon.

3372. Mr. Cosmo Newbery said also that, though he found traces of faecal matter in the sewage which formerly ran down Swanston-street, he found it in much greater quantities in the sewers which run down Elizabeth-street; would not that point to the fact, that the sewers in Swanston-street are more healthy than those in Elizabeth-street?—Certainly; if there is more faecal matter in the latter.

3373. That seems to upset the theory of contagion from the matter running down Swanston-street, for Mr. Cosmo Newbery could have no motive in stating that the one was more innocuous than the other?—No, certainly not.

3374. Supposing that statement to be true, would it modify your opinion?—The opinion which I gave referring to the cleansing of the pits?

3375. Yes?—That opinion was based upon the hypothesis, that they were only cleansed once a week instead of every night, and I do not think that would be any more offensive than the emptying the ordinary pans in that case.

3376. Then you think, if ordinary care is taken in cleansing these pits, and deodorizing the faecal matter in them, there is not much danger to life?—Certainly not.

3377. With reference to the site; should not the convenience of the patients be in some measure consulted as well as the persons who attend the hospital—such as the medical officers and the different visitors there?—I think the convenience of patients ought certainly to be consulted as well as the medical staff; and I say again, I do not think you could have a more central site, or better site, for a hospital than the present site.

3378. You consider the Melbourne Hospital site a good one?—Yes.

3379. Do you know the Pig Market site?—I do.

3380. Do you think the Pig Market site as good as the present Melbourne Hospital site, or is it better, taking all the surroundings?—Before I commit myself to any opinion, I may explain, that I have a great aversion to any hospital at all in that direction; it is too near the cemetery. I think a hospital up in that direction would be a very great mistake.

3381. I was going to point out to you—you would not notice it so much as a person in my profession—that all the drainage from the Pig Market must go down to the North Melbourne swamp?—Yes.

3382. Do you think it would be a source of gratification to the inhabitants of North Melbourne, to have a huge cesspit made in that swamp?—I am pretty sure it would not. I have been a long time medical officer to Hotham; and, from my experience of the inhabitants, so long as they can raise their voice against it, they will do so.

3383. Do you think you could get the sewage through there into the river?—I think Mr. A. K. Smith was satisfied in his time, that he could carry all the sewage of Melbourne round that way.

3384. Did he attempt in that to put it into an artificial sewer?—Yes, he would require to run a tunnel through.

3385. Then, if the sewage be taken that way, it must be by artificial means, not by a channel?—Certainly not.

3386. As to the Royal Park site, how would that suit the convenience of patients who now use the Melbourne Hospital, the Royal Park near the Sarah Sands Hotel?—No doubt the city is extending in that direction, and probably in the course of another fifty years, it will be quite as central as the Melbourne Hospital is now.

3387. Take the case that the Melbourne Hospital is closed, and that an unfortunate man is stricken down in Flinders street—would it be prudent to carry that man from Flinders street to the Sarah Sands Hotel?—Why not?

John Fulton,
Esq., M.D.,
continued.
22nd Oct. 1836.

3388. Suffering from frightful hemorrhage, or a compound fracture?—With our ambulance system now in operation, and men trained who could apply means to arrest hemorrhage. In the military hospital I have patients brought from Queenscliff to the St. Kilda Road.

3389. Suppose a frightful accident, the man is almost moribund, is it not a great advantage to move him as short a distance as possible?—Assuredly, and so it is a great advantage to have a hospital in a place like this, as central as it possibly can be, and you will never get a more central place than the Melbourne Hospital is now.

3390. Do not you think it will be necessary to buy another site in the city and erect another hospital, if the present one is closed?—If you do not do that, it would be necessary to establish some sort of place to receive accident cases.

3391. Just reflect a moment upon the position of the London metropolitan hospitals; they are placed right in the centre of the population?—Yes.

3392. Supposing the same objection is taken to their position as is taken to the Melbourne Hospital, and that the poor patients had to be removed from them to the suburbs of London, what would be the result—would it not cause a sacrifice of thousands of human lives?—Not the slightest doubt it would.

3393. Should not that consideration have some weight with the Committee, in considering the determining of a site?—I think it ought. It is easy of access to the metropolitan and suburban population; and also, you know, large numbers come from the country, and it is easy of access to them; whereas, if it was somewhere away, it would not be so.

3394. Then one great consideration in fixing the site is, that it should be easy of access, and sanitary?—Certainly.

3395. Knowing what you do of the site of the Melbourne Hospital—the site, and the soil upon which it is built—cannot that hospital be made as sweet and sanitary as any hospital in the world, if modern appliances are brought into play?—I do not think that it could be done with the old block; it might be a large outlay.

3396. The great objection, as I understand, to the old block, is the want of ventilation, and the closets?—Yes, and the construction of the wards.

3397. Supposing that practical item of artificial ventilation be introduced, would not that obviate your objection—and the closets put into proper condition?—That almost implies rebuilding a large portion of it.

3398. No. What makes me say that is this; I notice in the mortuary and in the laundry, the ventilator used there, which is calculated to effect the reform I have indicated. I am also told that this ventilator has been erected in one of the large establishments in the city, with very great success. In fact, I may tell you, one of the proprietors of the *Age* office told me, that since this ventilator was put into the printing room, I think it is——?—It is the compositors' room.

3399. The air is now comparatively clear and sweet; whereas, it was offensive before?—Yes.

3400. Do not you think, if some such appliance was introduced, a better system of ventilation would be obtained?—Yes, no doubt.

3401. Is it not, then, worth a trial?—Seeing we must go on where we are for some years, I would try any means to get ventilation; and I know that the closets are now isolated, and it will be a very great improvement.

3402. Seeing that something like three-fourths of the funds which keep the hospital come from the Government, and seeing that the expenditure is also made upon hospitals in the country, and that the expenditure is watched with very great jealousy, is not it incumbent upon the hospital committee to consider very carefully, before they begin to destroy a building and to re-build?—Assuredly.

3403. Do you, as a resident in Melbourne, think that the public could be confidently appealed to for such a sum of money as would build another hospital?—It is very doubtful.

3404. Till we are assured of that, must not we certainly remain where we are?—Yes. The public are very liberal here in supporting charitable institutions, but——

3405. Have they not hundreds of cases every day to provide for?—Yes, certainly.

3406. Then, as prudent men, the conductors of the hospital should look forward to ways and means?—Certainly.

3407. Then if a scheme cannot be initiated to provide for the funds, must not the scheme to remove the hospital remain in abeyance till the money is provided?—Certainly.

3408. Then should not those who say, this is a pest-house, and is killing people by the score, have indicated to the public some way of building a new hospital?—I thought they proposed to sell the present site.

3409. But cannot they go the Government?—But it is not only the Government they have to deal with, but the public.

3410. I presume you know there has been, at the present time, spent in these buildings a sum of £55,078, without maintenance?—Yes.

3411. Do you think we could raise, within the next two or three years, £55,000 to put up another new hospital?—I do not think you could in Melbourne.

3412. Do you think we could get it from the Government?—I do not think so.

3413. Then that disposes of that point?—Yes; you said something about the jealousy of the country hospitals, spending so much money upon Melbourne.

3414. Yes?—I do not think there ought to be any jealousy of that kind.

3415. It is not a jealousy of the Melbourne Hospital, but a jealousy of Melbourne getting more funds?—So it ought to do. All the country towns—every one living throughout the length and breadth of Victoria, and even New South Wales, though it is not generally known, takes advantage of the skill in the Melbourne Hospital. We have them sent by surgeons from the country for that reason.

3416. And, therefore, the Government recognise that, and give from £13,000 to £14,000 a year for maintenance; but I speak of the difficulty the Government would have to combat if they show any undue preference to Melbourne—that is the difficulty?—I understand that.

3417. In speaking of the advantages of fresh air, would not you naturally conclude that country hospitals should show better results than that in Melbourne?—They ought, if they have the same scientific knowledge brought to bear upon them.

3418. Suppose they have all those essentials—plenty of fresh air, built quite in the country, and not crowded—taking those three desiderata, should not we look for better results?—Certainly you should.

3419. I find, in looking over the returns furnished by Mr. Hayter for 1885, that the Portland Hospital, which is built quite in the country, and has the advantage of all the sea-breezes, has a death-rate of 19·15 per cent. as against the 15·8 per cent. of the Melbourne Hospital?—Then you must come to this conclusion—that, given the conditions you have named, the other conditions, far more essential to the patient, are absent.

3420. But does not that prove this—that even if the Melbourne Hospital is bad, other hospitals are wiser?—Yes, if you attribute it all to the hospitals.

3421. Is that not a fair inference?—It is, all other things being equal.

3422. I will take another case—Would it be fair to condemn a hospital entirely upon its death-rate?—No, I do not think it would.

3423. Should not all the causes which lead up to the death-rate be considered?—Most assuredly.

3424. Take the Austin Hospital—should people condemn that because the death-rate in 1885 is given as 25·85 per cent.?—An excellent institution and a fine atmosphere, and so on—certainly not.

3425. Does not that prove that the cases and the surroundings connected with a hospital should be carefully analyzed before any conclusion is arrived at?—Yes.

3426. I should say that the Geelong Hospital was dwelt upon by Dr. Reid yesterday, and that is slightly below the average rate of all the hospitals, so that shows a very fair result, I suppose?—Yes, I should say so.

3427. During your long experience, have you known any cases, or heard of them, of what is called “hospitalism,” in the Melbourne institution—that is death from gangrene and diseases that seem to surround hospitals?—The word “hospitalism” is used so frequently now by so many.

3428. I mean the worst cases which arise from want of cleanliness, or from some necessary duty to be performed which must be performed, but which is neglected?—You wish me to say, have I known any in my experience?

3429. Yes, have you?—No, I have not.

3430. You have read, no doubt, the paper by Sir James Simpson on Hospitalism?—Yes.

3431. There he gives us the record of his experience—366 deaths per thousand in the St. Bartholomew’s Hospital, 473 per thousand in the London Hospital, 382 deaths per thousand in Guy’s Hospital, 388 deaths per thousand in St. George’s Hospital; in the average of nine London hospitals, 411 deaths per thousand; the Royal Infirmary, Edinburgh, 433; the Royal Infirmary, Glasgow, 391 per thousand. Now have you ever approached such a condition of things as that?—No.

3432. Were you unfortunate lately with three cases of hospitalism after cases of amputation?—Yes.

3433. Do not you think that many statements which have been made about the Melbourne Hospital have been grossly and unfairly exaggerated?—It has not been done by any feeling of patriotism or philanthropy—all this agitation about the Melbourne Hospital—another cause is in operation.

3434. Will you state that cause?—I believe it to be, to get the hospital nearer to the University, to aid the students—that is the commencement of it.

3435. There is not a man in the community who will not agree that that is a good thing to do?—Certainly it is.

3436. Would it not have been wiser for them to say so at once?—They never expected to be dragged into the question, or that the question would have been criticised as it is.

3437. Dr. Allen is a very able man?—A very able man.

3438. He says that, in 1881–82, the insanitary condition of the hospital was at its highest—do you, from your knowledge, agree with that?—I could not speak positively about it.

3439. Presuming that is the case, would not you naturally look for a higher death-rate then?—I should look for a naturally higher and progressively higher death-rate each year up to the present.

3440. If the hospital’s insanitary condition had then reached its highest point, would you not expect its death-rate to be higher then than in any other year?—Yes.

3441. Then that being so, how would you account for it, that, in 1884 and 1885, the mortality actually increased one per cent.?—I do not know.

3442. Would it not rather point to this, which is the theory of Dr. Allen: He says that, during the years 1881–2, the hospital authorities were less careful of the admission of their patients, and diluted the worst cases with mild cases, and therefore got better returns. He says now, since we are called upon to watch narrowly the progress of the institution, we admit the more serious cases, and hence the mortality has increased—is that a reasonable hypothesis?—I do not think it is.

3443. What is your idea?—My idea is, that the large mortality—I know there is a large mortality amongst some, much larger than amongst others—I do not know what to attribute it to. Of course there are many causes, not from the insanitary condition of the institution; but I myself find, in treating disease, that my experience is being re-modelled every year; and I think, unless we keep studying the progress that is made in theoretical science, and keep ourselves thoroughly posted up in the treatment of disease, our mortality must go on; but if we allow ourselves to be fossilized in our ideas, and stick to our old treatment, our mortality must be greater.

3444. You said to the Chairman that, in London, there are many classes of hospitals—the convalescent, cancer, Lock hospitals, a large number of consumptive hospitals, and small-pox hospitals?—Yes.

3445. Are not those diseases solely treated in those hospitals?—They are, of course.

3446. Is not this a general hospital, treating all those diseases?—Yes, it is a general hospital; but we have a Lock ward.

3447. In the Melbourne Hospital?—Yes.

3448. Then those returns would be aggregated in the returns of the Melbourne Hospital?—Yes.

3449. And if you have any cancer cases, they would be?—Yes.

3450. And if you have ever had small-pox, those would be in the returns?—Yes, we have had small-pox there.

3451. Then those being separated in the London hospitals, would it not affect their returns?—It ought to do so.

3452. Consumption, cancer, and small-pox are very serious diseases, are they not?—Yes.

3453. That being the case, would it not account for the smaller returns of the London hospitals?—It would.

3454. Should you not think that, in the returns of the Melbourne Hospital, the moribund cases and phthisis should be eliminated in speaking generally of the mortality in the Melbourne Hospital?—I certainly do think it would be better to have a tabulated return of the number of deaths from every particular disease—it would be much more satisfactory than having a general return.

3455. Taking the returns of the hospital authorities for the year 1860, if you eliminate the deaths from phthisis and moribund cases, you have only a death-rate of 8·02 per cent., and 8·46 for 1865 over the whole hospital; and in 1870, 9·90 per cent. Would those be unfavorable results?—Certainly not.

3456. Coming again to the years 1881–2, if you eliminate those moribund and phthisis cases from the general returns, you find that the mortality is reduced to 12·80 per cent. for 1881 and 12·46 for 1882, the two most insanitary years of the Melbourne Hospital—is that a very high death-rate?—No, it is not.

3457. You were speaking of some very offensive smells which you had discovered in the hospital—are those smells chronic or only occasional?—Only occasional.

3458. Mr. James stated in his evidence before us, that in some days in the year, when the atmosphere was very still, he had noticed the same thing—do you attribute it to the stillness of the atmosphere and the inefficient working of the means of ventilation upon those days?—I do.

3459. If you had a perfect artificial system of ventilation, would it not do away with those smells?—Most assuredly it would.

3460. *By the Hon. the Chairman.*—You say your nurses have always enjoyed good health?—Yes.

3461. We had Mr. Williams's testimony yesterday, that the whole of the nurses in the hospital enjoyed good health—you agree with that?—Yes.

3462. We asked Dr. Allen the other day, this question—considering it would take from three to four years to build a large new hospital, such as has been suggested, what shall we do with the patients at the present time, if this hospital was closed. He answered, that it would not do to close it, but he would undertake himself to keep it thoroughly sanitary for three or four years without losing another bed—that is, not to have any more beds taken out—and at present I think they treat nearly 300 patients?—Yes.

3463. What do you think of that?—Considering the advances in sanitary science, if he is able to do it for four years, he ought to be able to do it for all time.

The Witness withdrew.

Adjourned.

WEDNESDAY, 27TH OCTOBER, 1886.

Members present:

The Hon. W. A. ZEAL, in the Chair;

The Hon. J. Williamson,
D. Melville,

The Hon. F. E. Beaver.

John Laurens, Esq., a Member of the Legislative Assembly, called and examined.

3464. *By the Hon. the Chairman.*—You are a member of the Legislative Assembly, for what district?—For the district of North Melbourne.

3465. And also a member of the committee of the Melbourne Hospital?—I am at present a member, and have been a member for some ten years; and I think I am now the oldest and only member here that has been continuously in the office for the last ten years—the only person now sitting at that board who has been continuously in the office for ten years.

3466. Are you a member of the general committee, or the special committee of the hospital?—I am of both. My remarks now apply to the membership of the general committee; but we divide ourselves into sub-committees, dealing with several branches of the management.

3467. Will you state what offices you hold in connection with the hospital?—I am, besides being on the general committee, on the visiting committee, and I am on the building committee; I have been on the building committee for very many years.

3468. You have heard what has been stated in reference to the insanitary condition of the Melbourne Hospital—have you any statement to make with reference to the remarks of medical men and others who have given evidence?—Yes, of course. I desire to say at this point, once for all, that I am not here to tender professional evidence of any kind. I make no pretension to professional knowledge in any direction whatever. As a member of the committee, of course, and a subscriber to the hospital, and a member of the general public besides, a Member of Parliament as well, I have, necessarily, given very much attention to the matter involved, from the time that the very alarming statement, to which I will refer shortly, was made, it is only natural that I should have done so; but, before proceeding to that, I would like to place myself right, because, unfortunately perhaps for myself, and for those who desire to know the worst and the best of the question raised, it appears to have been very fashionable with the press to abuse us, or distort the statements of those who try to show facts as they are, and as supplied to them by the very medical men themselves; and, therefore, to place myself right, I wish to say that I have always said in Parliament, out of it, amongst the public, and at the hospital board of management—I have always said that, if the public, after knowing all the facts of the case, on both sides, thought that the time had arrived to supply an institution on the best of models, according to the best of modern experience and knowledge in regard to sanitary arrangements in every particular, I was prepared to subscribe my mite towards building such an institution, either on the site of the present hospital, or on any other site which might be available. I say that distinctly, because I do not wish whatever statements I may make hereafter to be open to distortion, as if I had an object to serve. I repeat again, I have said it in Parliament, and have said it in public, and I have said it at the board of the hospital many times. I have got a special mission to do here from the council of which I am a member—I mean the Hotham council. We sent a copy of

a resolution passed by that council some time ago, and that Council passed a resolution specially expressing their desire that I should be heard before this Committee.

3469. That is the Hotham Municipal Council?—The Hotham Municipal Council, that I should represent them here with a view to urge the views they take on the question of the possible erection of a hospital, either on what is known as the Pig Market site, or the Royal Park.

3470. Are you a member of the Hotham Municipal Council?—Yes, I am. I wish, in the first place, in regard to that point, to call your attention—(perhaps you have not it before you)—to the motion that was passed. I have got a notice-paper in my hands which shows the precise wording of the resolution. On the 4th of October of this year, the motion was to this effect—That, as both the Pig Market site and the Royal Park cannot drain in any other way than in the silted, sluggish, and all but stagnant Moonee Ponds Creek which meanders through this town, the council, on sanitary and various other grounds, most emphatically protest against any attempt at inducing the erection of a hospital on either of those places. I wish specially to call your attention to the last words—the question with the council is not whether the Melbourne Hospital shall be removed; that is not the question. The question they raise is that, as far as they can possibly prevent it, they will allow no hospital to be erected there at all. They, of course, know that the population of Melbourne is growing, and that, some day or other, not only one new hospital, but perhaps half-a-dozen new hospitals will be required in the colony as the population grows and spreads about, and, therefore, they did not pass that resolution in view of the possibility, as has been recommended by some of the witnesses here, of removing the hospital there; it is simply, that they raise their voice against the erection of any institution of that kind in that place. Now, I have a return here—I may tell you that, as early as 1878, I moved for a return, in the other Chamber, showing the amount derived by the Government from the sale of land in the Town of Hotham, marked in the first and every succeeding plan as proposed reserves for public squares and gardens, prior and up to 1872, and also the area then taken for State school purposes from such proposed reserve. This return was duly placed upon the table of the Legislative Assembly, and was ordered to be printed on the 3rd of October, 1878, and the return shows that various places proposed for reserves and gardens and public squares had been sold, and the Government realized from the sale of those reserves the large sum of £22,770 10s. 11d., according to that return. I will leave this return with the Committee; and the use I mean to make of it at present, on behalf of the council I now represent in this respect, is this, that these reserves were done away with on the plea that we were closely adjoining the Royal Park, and that it was, for all practical purposes, really a Hotham reserve for the purposes of recreation, hence it is that we have always felt very jealous of any encroachment of whatever kind on the park. We have had to protest, time after time; at one time against erecting a small-pox hospital, at another time against erecting a powder magazine, which, unfortunately, was erected; but our protests were so continued, that powder was never stored in it. The building is still there, and is somewhat illegally used, for there is no reserve, I find, on behalf of the Government, or on behalf of the Industrial School Department. There is no reservation in the deed of grant to the trustees of the Royal Park for the purposes of public recreation; but, although that is so, because the trustees of the Royal Park do not wish to get into immediate conflict with the Government, they have not yet ordered the removal of the place, which had been intended for a powder magazine, and which is used, I believe, for the reception and treatment of foundlings and the like. Those are some of the general grounds upon which the people of the district object to any encroachment of any kind upon the park. I may also tell you that for some six or eight years, or possibly ten years, the National Agricultural Society of Victoria made almost superhuman efforts to secure twenty acres, which were not at that moment strictly vested in the trustees, owing to some hitch or misunderstanding. Some twenty acres had been reserved, apparently with the intention of allowing the National Agricultural Society of Victoria to use it for the purpose of their exhibitions, and every time they had a deputation to the Government, every time the council of Hotham appeared in opposition to it, although all the leading manufacturers of agricultural implements (who, of course, the most of you well know, have their establishments in the very town of Hotham), owing to their particular trade and interest, were desirous that that twenty acres should be allowed to go for that purpose, the burgesses, as a whole, and the council on their behalf always refused any attempt at devoting those twenty acres to that use, and the result was, that the opposition was thoroughly successful; and ultimately the twenty acres were united to what had been already vested in the trustees, and now the land stands vested in the trustees for the sole purpose of a recreation ground—now that is some of our general grounds of objection to the use of the Royal Park for other than recreation purposes. Now I come to the sanitary view of it, you will have noticed that the motion says—“We object on sanitary grounds.” Now the sanitary grounds arise mainly from the consideration of the fact that nobody knows better than ourselves, the difficulty that is to be met in connection with any drainage that goes through that sluggish creek called the Moonee Ponds Creek. It is simply a place silted with filth from one end to the other, and the Royal Park has no drainage except in that, not excluding that high portion near the Industrial Schools. No one would attempt to gainsay that, although many seem never to give the matter a thought, and speak of the Royal Park and of the Pig Market as places that are remarkably well drained. From the Pig Market site, as it has been termed, the drainage would flow through the channel and culvert under the State school, one of the largest, if not the largest, State schools in the colony of Victoria, and would push its way along till it got to the junction of the Macauley-road, as we term it, and Arden-street, when it runs into a channel, which is not pitched, and almost upon a level, and always silted with filth. Now and again the corporation of Hotham have got to go and clear the silt away, and those facts are plain to any one; because if any one of you has passed upon the Footscray-road, he would have noticed a terrible stink just below the North Melbourne Station, where the creek intersects a kind of a ditch that is along the embankment, which was raised for the purpose of reclaiming some central portions of what was known as North or West Melbourne Swamp. It so happens that in to-day's *Age* appears a lecture, which has been delivered, headed “Progress of Science, a Year's Retrospect,” by Professor Kernot, and he happens to make mention of this creek at a point which I have underlined, and which I will read. He says—“The valley of the Moonee Ponds Creek is even worse, owing to the almost cessation of the stream during a large part of the year; but we urgently need, and must have, a complete system of intercepting sewers to carry all the foul water away, independent of the Yarra and its tributaries, which would thus be restored to their original purity.” He has been speaking of the Yarra, and he comes to this creek, which he says of course is very much worse than the Yarra itself, from

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the fact that, at some times of the year, no water flows through it. So I think I have put my case as clearly as I could on behalf of the Hotham council. I may say that, when the matter was discussed, the resolution was passed unanimously. We thought we should have held a public meeting at once to denounce the very mention of the Park for the purposes of a hospital.

3471. Have you anything more to add in reference to that?—No, nothing more.

3472. As we have heard a narrative of the business management of the hospital from the secretary, and of the surgical management from the various physicians and surgeons, I would just ask you, shortly, if you will state any facts within your knowledge which led to this present so-called scare?—Yes, I will do that as briefly as the matter will fairly permit.

3473. Bear in mind that the details we have gone into pretty fully?—I am speaking of course as a member of the committee, who had to take in hand the inquiry which followed the most alarming statement made by Dr. Youl on the 6th January, 1882. On the 6th January, 1882, Dr. Youl was holding an inquest in the Melbourne Hospital on a person of the name of Bourke.

3474. Had that person been an inmate of the Melbourne Hospital?—I cannot say whether he had been an inmate at any time previous, for he was a comparatively aged person, and I have no knowledge of the late Mr. Bourke.

3475. Did he die in the Hospital?—He died there as he was brought in, in consequence of having received a wound in the head from a stone thrown at him by his exasperated daughter, whom he had been threatening and chasing under the influence of drink, as shown by the witnesses, his own children, examined at the inquest. I have before me the *Evening Mail* of January the 6th; but it was reported in all the papers so. I do not suppose that anyone will dispute the fact that he was drunk then. One of his own sons says he was drunk. He was abusing her—that is, the poor daughter who, in self-defence at the tail end of the day, exasperated at her father's threats and most filthy language; it was something horrible, picked up a stone and threw it at him—so say all the witnesses. The only medical man examined on the occasion was Dr. S. O. Higgins, resident surgeon, who had this patient under his care. In his evidence he states that within two days of the admission of Bourke into the hospital for treatment, symptoms of erysipelas disclosed themselves on his face; not in the wound that he had received, but in his face.

3476. Who makes that statement?—The only doctor under whose care he was, Dr. Higgins.

3477. Is this Dr. Higgins one of the medical staff?—He was the resident surgeon at the time in the Melbourne Hospital, and had had the care of this Anthony Bourke. It so happened, he was the only doctor examined. He made no mention of the hospital or the condition of the hospital in any way whatever in his evidence. No reference was made in any way, that would lead either jury, or coroner, or anybody else to conclude that the death of Bourke was in any way due to anything wrong in the hospital. But it so happened that a juryman, who happened to have some kind of apprehension that he had been placed somewhere near some erysipelas patients, improperly, as he thought, I suppose by a medical man, asked this question, which is reported in the paper I have before me; that is the *Evening News* of that period, and was reported in other papers also; a juryman asked "whether it was not possible for the hospital authorities to exercise more care in the disposal of patients suffering from erysipelas." That was the question. Now I wish the Committee to mark well, in this case, the professional authorities, for the lay management has nothing to do with the disposal of patients—nothing to do with it—simply the medical men. If anyone had been at fault in the disposal of any patient, either of Bourke, or any other patient, who might have developed erysipelas poison or any other, it was not a matter at all for the lay management, but simply for the medical men.

3478. Your statement is, that the medical men are not in any way interfered with in the position of placing the patients?—Not in the remotest sense. And it leads me to remark, just at this point, that all the blame that was showered upon the committee for one or two weeks specially, by one section of the press, was very misapplied, because we have nothing to do with it. Then the only answer this sensible juryman got from Dr. Youl was the remarkable and most alarming scare-producing statement, which is of course in every person's mind, and quoted by the papers this very day—"The only remedy is to pull this hospital down at once. If I had a wound I would sooner be treated in a 640-acre paddock than come here. The entire building is saturated with erysipelas. Every nook and cranny is full of the poison, and the entire fabric should come down."

3479. Who makes that statement?—Dr. Youl, the coroner, who had taken all the evidence whatever from this solitary medical witness on the sanitary state of the hospital.

3480. Following that up, would you tell the Committee what opportunity Dr. Youl has of knowing the condition of the Melbourne Hospital. Is he a frequent visitor there, or otherwise?—I am not aware that he has ever been there in recent years, except officially, that is, as the coroner to hold an inquest.

3481. How frequently would he be a visitor?—I only know that, if I happen to read in the press that Dr. Youl held an inquest in the Melbourne Hospital; I could not say from memory at all. I cannot say positively. But I wish here to point out that there was not the slightest attempt to answer this sensible juryman whether he believed rightly or wrongly. Apparently he believed wrongly, as I know from the explanation I have here from the doctor. The juryman was under some apprehension that there had not been that care that ought to have been exercised. But, at all events, the question, I think, was a sensible one, was one that any sensible juryman would naturally put, if he thought anything had been wrong in practice, and the only answer he gets to the question is, that the only remedy is to pull down the hospital at once; not as you see to reduce the number of beds, not as you see to rebuild any part that is not built according to our modern ideas of hospital construction—not whether a door should be here or there, not whether we should give better ventilation if possible, not whether we should import artificial ventilation, not whether we should remove a brick which was eaten, which might be supposed to contain poison—nothing of the kind. It is simply that there was no remedy for the better disposal of patients, because that was the question—no remedy except knocking the whole place down. This was no answer to that sensible juryman's question; it was simply a crude, unmeaning, but alarming statement, eminently calculated to create a most damaging scare amongst the poor patients who had to stop in the hospital, and most likely to prevent their recovery.

3482. Before you go any farther, had Dr. Youl, previous to this complaint of his, ever made any representations to the committee as to the insanitary condition of the hospital?—I have sat for ten years,

and I am asked the question, I understand, whether Dr. Youl, up to this period, had ever written to the committee complaining of anything. Is that the question, Mr. Chairman?

3483. Yes?—My answer to that is that, though I have sat for ten years upon the committee, there has been only one letter received from Dr. Youl, addressed to the committee, on any subject whatever. That was the letter that we got in reply to a request we made to him at this time to come and explain to us what the alarming statement he had then made meant, and the letter was simply a point blank “No,” that he was not going to come and do it. That is the only letter we have received from Dr. Youl.

3484. Then this statement of the coroner’s probably must have taken the committee by surprise, he having given no prior intimation of his belief?—Yes. I shall go into that just now. We met at that time, and for six years after, every week. We meet now, having changed our by-laws recently, every fortnight. This took place on a Friday—January the 6th—we met then the following Tuesday—that would be the 10th of January—and naturally it came up for discussion and comment. My own remarks on that occasion were to this effect—that I could not tell, as a layman, whether it was true that the hospital was unfortunately in the condition which had been described by the coroner, and that it would be a matter of great regret if his statement was strictly true, though I could not say whether it was or not, but that I did not admit that the death of this particular drunkard, who had developed this erysipelas disease within 48 hours of admission, could at all be an evidence in itself, that the hospital was in such a sad condition. That is the substance of the remarks I made then. I did not challenge his statement, was not in a position to do so, had no facts even that I could oppose to it then, though I think we have very many facts which we may fairly place in opposition to a statement of that kind at present. A great scare followed.

3485. Will you tell what the committee did consequent upon this?—I was going to say that, but I had my note down to make some slight mention of this scare. I will be very brief about it. A very great scare followed in the public, and instead of being treated (as I see by the evidence that has been forwarded to me by this Committee) instead of being treated generally, and more especially by the press and by Dr. Youl as a mere figure of speech, as something that meant nothing after all, the papers teemed with the most adverse comments upon the matter—the *Herald* newspaper more especially among others. The *Herald* within five days of that report had some slashing articles, some of them leading articles with furious headings; and the very next day, on the 7th of January of that year, they had long columns showing that Dr. Youl had been interviewed, and it was headed with a statement, “Dr. Youl’s statement intensified.” Nothing had been taken out of it. There was no attempt at making it a figure of speech or anything else, but it was simply that he had been visited at a cooler moment, when he could have modified his very alarming statement, and they reported that he had intensified his statement. The press comments of that time were exceedingly calculated to create a terrible scare, and I would just tell you now the effects of the scare as I experienced it. On one occasion when travelling in a cab from Hotham to Melbourne, on that occasion in particular there were in the waggonette two ladies talking to each other in front of me, and one lady said to the other (this was a few weeks after the scare arose, perhaps eight or ten weeks)—the one lady said to the other, “Is it not a pity that no person can go and be treated with the slightest of wounds in the hospital without being sure of death,” or some language to that effect, and they seemed to be so impressed with this that I volunteered the statement, though I did not know them, “Well, my good lady, how many do you think have died from erysipelas contracted in that place during the last six or ten weeks.” “I forget how many.” I knew what had occurred, as I followed so closely. “Well,” she said, “I cannot tell, but a good many.” “Well,” I said, “Ten, do you think?” “Oh, more than that.” “Well twenty?” “More than that.” “Thirty?” “Oh, a great deal more.” “Forty?” “Oh, a great deal more.” And at that point I stopped and I said, “My good lady, there has not been one.” Now simple as that may be, I think it is very much calculated to show the extent of the scare then existing. Another lady having her dinner; she came with a lady friend at home, and was taking her dinner at my own table, and happened to make a remark just as this lady that I had met in the waggonette, and I put it to the same test, and she just gave the same answers. When I told her, “My good lady, there has not been one, as a matter of fact.” I do not wish to be misunderstood. That was during the six, eight, or ten weeks I have mentioned.

3486. Immediately following the occurrence?—Yes. Just after the scare. And while I am about the scare, I may say that recently, since the last scare occurred, I was coming up to the Parliament House, about half-past four, to the meeting of Parliament, and I took the bus down at the corner of Swanston-street and Bourke-street, and the Honorable James Munro happened to be sitting in the bus, and as he tendered his hand to me, believing that, as I came in at the corner of Swanston-street, I came from the hospital, he said—“Laurens, I hope you are not coming from the hospital,” just in a joke; and a poor lady sitting at the corner of the bus said, “Oh, I hope not.” And she moved off to the top of the bus, and she was ready to abuse me for my temerity in daring to go into a bus after leaving the Melbourne Hospital. I think I have not exaggerated anything, and I have given you an indication of the extent that a scare like that can go to. Of course the other indication is, that it reduces our revenue and all that kind of thing. I believe the secretary has given you the exact amount we lost in 1882, compared with what we received before. I think £300, or £400, or £500. You have got that in evidence. I do not think I can say any more about the scare, except that it had a good effect. My meeting this lady in the bus had a good effect, as believing her to be a type of thousands who had been equally alarmed by the recent scare, at the very next meeting I tabled a motion, that is, at the table in the hospital committee, asking for a return showing the number of attendants that we had in the institution, and showing how many had died from blood poisoning; I put it for three years, because I did not want to give much trouble, and the return was confined to three years. That return was in due time placed upon the table of the hospital committee. It has been forwarded for your information; I think you have it; a return showing the nurses, and it showed there that we had 127 attendants, and that no person had died from blood poisoning among those attendants who reside in the hospital. I wish to explain here that, although that return is confined to three years, in order to give less work to officers of the institution in compiling it, I find, from the evidence, that the secretary has given you a return of his whole experience of 32 years, and that is no mean period in the hospital, which shows that during that long period we have never lost a single servant living there from blood poisoning, and, therefore, if these facts go to the lady I met in the bus, I suppose she will not feel so deeply alarmed in the future.

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3487. The return you allude to is the Appendix F, prepared by the secretary, Mr. Williams, I believe?—Yes.

3488. Showing that for the last three years no officer of the Melbourne Hospital had died from blood poisoning?—Yes; I say it is confined to three years. It was prepared on my own motion, after the committee had adopted the motion; but I wish to point out that it might be misleading. I wish to point out again, that that three years has no significance.

3489. It was just an arbitrary time that you casually fixed?—Yes.

3490. Have you any idea what would be the result if a larger period of time were taken?—What I wish to be very clear upon is this, that it would be *nil* if the return was for thirty-two years. I wished that return to be prepared with very little trouble, and to be before the public, so that the minds of the public might be relieved from their ideas of the danger of sitting at all near a person who had been in the Melbourne Hospital.

3491. Your statement is, that during the whole time of your connection with the hospital, no hospital official or nurse has suffered from blood poisoning?—None. Now as to the course we followed. We requested a report from the medical superintendent, Dr. Miller, at that time, upon the question raised by Dr. Youl's alarming assertions. I hold in my hand a report, signed by the then superintendent. The most salient points in that report to us are—"The statements as to the general sanitary state of the building being calculated to mislead the public and to damage the institution, I beg to submit the following report, based upon the reliable reports of cases extending over the time during which I have had the honour to be medical superintendent. During that time, that is from the beginning of August, 1881, 58 cases have been treated in the male erysipelas ward; of those 45, or more than three-fourths, were admitted with, and on account of the disease; the remaining thirteen did not show any signs of the disease at the time of their admission. 3. During the same period there had been thirteen females treated for erysipelas, of which number five had the disease when admitted, and seven may be assumed to have contracted it in the hospital. 4. Only two occasions during the same period, namely, in the last week of 1881, in ward 18, and again in the end of August and the beginning of September, did the disease show any tendency to spread. 5. In a general hospital, such as the Melbourne Hospital, when numerous casualty cases are being admitted at all hours, it necessarily happens that a large number of those casualty cases come in, as they do, from the dirtiest and most unhealthy parts of the city, and being many of them of intemperate habits, either already have the disease in an incipient form, or are predisposed to contract it. It must also be remembered, that erysipelas not infrequently arises spontaneously; some people have it periodically, without being exposed to any recognized source of contagion; also, that the presence of a wound, a sore, renders the patients more susceptible. The majority of surgical cases are peculiarly liable to take the disease; the difficulty of excluding erysipelas from the wards will suggest itself, when it is borne in mind, that at the commencement of this disease, there is a period of incubation extending, in many cases, over several days, during which the disease is not recognizable; so that it is quite possible that a patient who, having been a few days in the hospital, is discovered to have erysipelas, is only in reality showing, for the first time, symptoms of a disease which was in his system at the time of his admission, and which would have developed itself whether he had become an inmate of the hospital or not."

3492. This is a quotation from Dr. Miller's report?—This is a quotation from Dr. Miller's report. I have told you that the first thing we did when the committee met was to ask for a report upon the question raised from the medical superintendent, and this part of his report is full of meaning in connection with the Bourke case, inasmuch as the medical man in charge, and the only one who gave evidence at the inquest, said that he had shown erysipelas clearly developed within 48 hours of the time of his admission. It appears to be the general view of the medical men that the incubation of that disease takes some three, four, five, and it may be six days. I notice that Dr. Youl himself in his evidence, which has been forwarded to me, has said that it takes four days. If it takes four days, according to Dr. Youl, this unfortunate man, the late Bourke, could not by any possible means be supposed to have been the victim of anything of that kind in the institution, even supposing it existed. "Respecting that patient Bourke, whose case was the subject of the coroner's inquest referred to, it has been stated that he had been admitted into a ward where there were two cases of erysipelas." Now, that is the reason why this sensible juryman who somehow or other got hold of this view, asked this question of Dr. Youl; he was under the impression that he had been placed side by side with two cases. "As a fact, there was no case of erysipelas in the ward at the time of his admission, which was on the 25th December. On the 12th of the same month a case of erysipelas had been discovered in the ward, but the patient was removed from the ward on the same day. I append hereto a report from Dr. Miller, who had charge of the case with regard to the isolation of cases of erysipelas. The provision made for patients is ample as regards female patients. However, there are at the present only two beds available; this is not sufficient. I am of opinion that if it be practicable, having regard to the land available for the purpose, the erection of a tent such as exists for male patients would be advisable. With regard to the measures adopted for keeping the wards clean and free from sources of contagion, the wards are, as I am informed, and as you are probably aware, annually emptied, thoroughly cleansed and renovated." I might have been permitted to notice that this has been a custom going on ever since I was connected with the institution, though I find some witnesses appear to have said (I do not know how they could have said) that it was not carried out. It was carried on even at that time.

3493. Was this renovation systematized?—That renovation is systematized. It was nothing new at the time of this outcry.

3494. *By the Hon. F. E. Beaver.*—Every year?—Every year, and sometimes oftener. "The walls are also cleansed at other times when and so often as such a course is deemed advisable. The coroner who presided at the inquest referred to, is reported to have stated that he limited his remarks as to the poisoned state of the buildings to the central part which constitutes the old hospital, and that the pavilions or wings are all right. As a matter of fact, statistics of cases annexed hereto show that fewer cases of erysipelas have occurred in the old buildings during the period mentioned than in the pavilions." That is a very important point.

3495. It is Dr. Miller's statement?—Yes. "As a matter of fact, statistics of cases annexed hereto, show that fewer cases of erysipelas have occurred in the old building, during the period mentioned, than in the pavilions." The pavilions are the newest portion of the building. "Out of a total of twenty cases, eight occurred in the central building, and twelve in the pavilions," although I believe I am right in stating

that there are more patients in the old buildings than in the pavilions, still, more cases occurred in the pavilions. "I have before referred to the large number of erysipelas cases which are admitted from outside into the hospital, and I feel certain that if those cases, though isolated in the erysipelas wards, were not admitted, there would be far fewer cases of erysipelas in the general wards. The only remedy for this evil, is the institution of what is a serious want in this city, viz., a hospital for contagious diseases. With regard to pyæmia, there is no special provision in the hospital for such cases, and the isolation is accomplished with considerable inconvenience and difficulty." I may here state, that I think the practice at present is, to put them all in the tents outside that we have got. I am not very certain, but I think they go into the same place with the erysipelas cases.

3496. *By the Hon. D. Melville.*—Do you know how many cases of pyæmia there have been?—I am speaking in general terms. I say, as far as I am impressed at present, they have sent them from outside, which they do very often; or if it should happen inside, they are sent to the same place, I am not very positive, it is in the tents outside; and I do not know that the doctors practise any discretion in the matter. "It may be satisfactory to mention here briefly, the result of the operations performed in the hospital during the time covered by this report and recorded in the consultation book. There have been performed since August 1st, 1881, 44 operations. Of the patients operated upon, 11 have died. Three of the deaths resulted from shock, one from disease of the lungs, one from exhaustion, one died suddenly while progressing favorably, death probably being due to embolism; in one case death resulted from erysipelas, and in the remaining four, including a doubtful case, death was due to pyæmia. In short, out of a total of 44 operations, many of them serious ones and involving much disturbance of bone, there were only four cases in which death can be said to have resulted from pyæmia. Appended hereto is a report of Mr. Higgins's."

3497. *By the Hon. D. Melville.*—Who signs that paper?—Dr. Miller.

3498. *By the Hon. the Chairman.*—The then house surgeon?—The then medical superintendent. His letter is dated 10th January, 1882. I have pointed out, that we met then, and I presume that, knowing the feelings of the committee, he had prepared his report prior to the meeting and I suppose this very paper was read before us on the day we met. It was such a startling thing, that he had prepared this before hand, and I find that it is dated on the first committee day, four days after Dr. Youl made that announcement. I might say, that I am very glad to say that we do not get as many cases now in the year as they appear to have had during the short period mentioned there. In the year 1884 we had only two cases altogether, I mean of pyæmia.

3499. Does that arise from the rejection of erysipelas patients, or is it just an accident?—What?

3500. The admission of erysipelas patients. You say that since that period you have not had so many in any one year?—I spoke of those who develop in the hospital. He seems to mention, if I apprehend it rightly, that we had amongst the operations during a given period which is surprisingly short—I think some months—four cases of blood poisoning, and now we do not get anything like that. We had not a single death from erysipelas in the year 1884. This is the letter sent to him referred to in his own letter. This is the letter of the medical man who had charge of Bourke—Mr. S. O. Higgins.

3501. *By the Hon. F. E. Beaver.*—Whom was this letter sent to?—To the medical superintendent, and enclosed to us when the medical superintendent's report was sent to the committee. I see it is signed January the 9th, just three days after the inquest was held:—"Dr. Miller, Dear Sir—Some sensational reports have appeared in the daily papers touching the death of a man named A. Bourke, who died from erysipelas in this hospital; therefore, I think it only right in justice to myself, and in the interest of the institution, to acquaint you with the facts of the case. A. Bourke was admitted into the hospital on the 25th ultimo, suffering from an incised wound in the front of the left ear, which wound divided the temporal artery. He was bleeding profusely when admitted, and judging from his state, he must have lost a large quantity of blood before he was brought to the hospital. As soon as the hemorrhage was stayed, he was removed to 18 ward. On the day but one after his admission erysipelas of the face set in." As I told you a little while ago, not in the wound, but in the face. "I immediately ordered his removal to the erysipelas ward, that was, in the tent outside. I must here state, that there was no case of erysipelas in the ward when Bourke was admitted. It so happened, that erysipelas attacked two other patients, Myerst and Fisher, in the same ward, and upon the same day, that it attacked Bourke. I also ordered their immediate removal to the erysipelas ward. The only other case that occurred in this ward, prior to this, since I have had charge of it, was that of the man McGuinness. On looking up the case book, I find the case occurred thirteen days before, and not a week as I stated. At the inquest on Bourke, the coroner asked me, if there were any other cases of erysipelas in the same ward. I replied, that two other cases of erysipelas occurred in the same ward. He said 'Oh, but have not you got a special ward for erysipelas?' I replied 'Yes, as soon as the blush of erysipelas appeared, they were sent down to the erysipelas ward.' My evidence has been so distorted by the newspaper reports, that the public have got quite a wrong impression as to the real state of affairs. Those reports would make it appear that Bourke was sent into the ward where there were several cases of erysipelas, and there allowed to remain. This, of course, is perfectly false, for as soon as the least sign of erysipelas appears in the patient, that patient is immediately removed to the erysipelas ward. Why erysipelas should occur in wards I am unable to say, as it is one of the wings and one of the cleanest kept wards in the hospital. In any case, I believe Bourke would have got erysipelas from the condition his organs were found to be in after death, and from the profuse loss of blood he had undergone before his admission into the hospital. I am, sir, yours obediently, S. O. Higgins."

3502. *By the Hon. D. Melville.*—Does bleeding a man give him erysipelas then?—I cannot say; I cannot give professional evidence. As I told you, I can give the Committee only such information as medical men have given us, and am not here to express my opinion, but simply to submit undisputed facts supplied by medical authorities. I have told you what we first did. We required a report from the medical superintendent, and I have read you that report. The next thing we did, and almost at once, we appointed a committee to take evidence from various medical men, including Dr. Youl, who were then requested to give evidence before the committee. All of them readily tendered the evidence desired except Dr. Youl, who point blank refused to attend that committee. On the day (I think the 24th April, 1882), that committee, of which I was a member, brought up the following report—I wish again to say that I was a member of that committee to take evidence. I will leave the report with you.—[*The witness handed in the same and read therefrom as follows*]:—"Melbourne Hospital, April 21st, 1882. Gentlemen—The following report is submitted to the consideration of the committee of management in conformity with the

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following resolution agreed to at a meeting of that body held on the 10th January last. 'That a committee of the whole be appointed to inquire into and report upon the best means of improving the sanitary condition of the hospital, either by removing the site, by reconstructing portions of the present buildings, or otherwise.' The committee has held eleven meetings, and one meeting of sub-committee, and has examined the following witnesses:—Dr. Robertson, Dr. Brownless, Dr. Jamieson, Dr. Jonasson, Dr. Moloney, Dr. Allen, Dr. Cutts, Dr. M'Inerey, Dr. Miller, Dr. Williams, Dr. Motherwell, Mr. Girdlestone, Mr. James, Dr. Beaney, Mr. Fitzgerald, Mr. P. J. Ryan, Mr. Lewellin, Mr. C. Ryan, Dr. Barker. In addition to the information thus obtained, written reports on various phases of the inquiry have been contributed by the undermentioned gentlemen:—Dr. M'Crea, Dr. Fulton, Mr. Cooke, Mr. Rudall. The committee requests that the thanks of the committee of management may be tendered to the gentlemen above-named for the information given, and given in most instances at the cost of much valuable time. Without binding itself to the extreme opinions on the subject advanced by some of the witnesses, the committee is persuaded, that the evidence leaves no doubt, that the condition of the hospital admits of considerable improvement, and that steps are immediately required in order to restore public confidence, which has been shaken so seriously, as to interfere considerably with the receipts from governors' subscriptions. Three courses have been recommended to the committee, the adoption of some one of which, it is alleged by the witnesses who advocate it, will effectually dispose of all grounds of complaint. 1. It is proposed by some to remove the hospital to a position in the northern part of the city, where purer air, larger grounds, and cheaper buildings of a more modern type may be had. The present site of four and a half acres in the heart of the city, would, in that case, be either sold absolutely, or leased in allotments; in either case the intervention of the Legislature being necessary. 2. A number of other witnesses urged that the older portion of the hospital should be pulled down and reconstructed on a better plan. 3. The third recommendation is, that there be no interference with the buildings beyond improving, at a moderate outlay, the water-closet accommodation, and ventilation in the old wards, where these arrangements are confessedly defective, but to insist upon a rigidly antiseptic system of surgical practice on Mr. Lister's principles. The committee by a majority has decided not to adopt the first course. It is held that the existing site compares very favorably with the position of like institutions in far more densely crowded cities in the mother country, and on the Continent; that, though the question of removal may be an urgent one a generation hence, it is premature now; and that, if continued attention be given to prevent over-crowding within the walls and to establish small hospitals in the suburbs as the pressure of population increases, it will not be necessary to disturb the institution as it stands. With regard to the second of the courses proposed, the committee freely recognises that the buildings in the central block, which, at the time of the erection many years ago, were considered faultless of their kind, are no longer entitled to first-rate rank under the improved sanitary standards of the present day. By the outlay of money many desirable alterations may be effected in this and other portions of the building, but these can be undertaken only on the condition that the necessary funds are provided by liberal donations from the friends of the institution, or by a vote of the Legislature. Whenever funds are available, it will devolve upon the committee of management as a duty, that will doubtless be cheerfully undertaken, to carry out schemes according to the following scheme." This reminds me of what I should have stated when I attempted to make a personal explanation, that no one admits more readily than myself, that the hospital is not built as we should build it to-day if we had funds; that various faults of construction are to be found there, and, therefore, it is almost waste of time to take evidence upon those points, unless it be for the purpose of merely rectifying them, because it is a thing that no one denies.

3503. Can you name some of them as you go along; it would save a lot of trouble afterwards?—I am speaking a layman's opinion, and one upon the visiting committee, and one upon the building committee. There are several faults, the rectification of which we have recommended recently. I cannot enumerate them all, but there are very grave faults of construction in the old parts. For instance—I do not think there should be four rows of beds, if we had the money to prevent it; two wards should not communicate with each other, and various faults of that description. I think some of the staircases are in the wrong position. At this very moment we are rectifying a fault. Dr. Beaney, Chairman of this Committee, made a very handsome present of a window to the hospital, but somehow, in a careless way, the window was put in solid just at the end of the corridor, and it cannot be opened, and it was a very great oversight, in my opinion, to fix a window, at the end of the corridor, which could not be opened, just where you want a draught and ventilation. We are rectifying that at the present moment, and as I passed the hospital now I find we are building a new place for the closet arrangements of the nurses' quarters. There are a variety of things which I wish to be understood very clearly. I know no person connected with the hospital, and no member of the committee, who would deny, that there are faults of construction in the Melbourne Hospital, and that it is not at all upon the lines we should adopt to-day in many of its parts, if we were about to rebuild it, or build the institution anywhere else. Then we go on to say in this report: "(1.) To reconstruct the closets throughout the hospital so as to provide a freely ventilated passage between ward and closets, double doors, with swing hinges, being provided. In the meantime it would be a great improvement upon present arrangements, and at the same time easy and inexpensive of accomplishment, to perforate the wooden partitions which separates the bath-rooms from the closets, in such wise as to afford a free current of air across the closets and near the door. (2.) To convert the wings of the old block into pavilions by pulling down the staircases which unite them to the main edifice, the connection with the latter to be established by bridges adjoining the upper stories, the bridges being reached by open staircases; to pull down the partition wall running north and south in No. 8 ward, and make the south-west corner into a special ward, the present special ward being removed and windows put in on that side; wards 6 and 7 with the adjacent lobbies and small rooms should be turned into a single pavilion ward. This change would require the provisions of a new Lock ward for females, and the opportunity should be taken to provide one for males also, which does not exist at present. (3.) Unless in the meantime the complete abolition of the out-patients' department can be brought about, and a self-supporting provident dispensary supplied in its stead, the present out-patients' room opening into Little Lonsdale-street should be much better ventilated. The condition of the refractory ward is also unsatisfactory. (4.) While the present restriction which limits the number of beds to one for every 1500 cubic feet of ward-space should be inflexibly adhered to, there should be a room set apart as an observation ward for the reception of all doubtful cases, which should be retained there until the particular disorder of each patient can be properly determined. Mr. Rudall's suggestion to establish an ophthalmic department in the hospital, should be referred to the honorary staff for

their opinion. (5.) The main corridor should be opened at the western end by carrying the large windows outwards from the main wall. (6.) The wards should receive on the walls and ceilings a thorough coating of smooth impermeable cement, the wooden ceilings being first done away with. Keen's cement is generally recommended for the purpose. The periodical cleansing of the wards preparatory to painting should be carried out according to the method advised by Dr. M'Crea in his report appended thereto. Whether the cementing be done at once or not, the committee recommend that henceforward Dr. M'Crea's method be observed."

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3504. *By the Hon. F. E. Beaver.*—What is the date of that report?—April 21st, 1882. "(7.) The pathological theatre requires to be better lighted, and an extra room adjoining is wanted as a preserving-room and microscopic-room. The microscopic work of the hospital is now, for want of space, carried on in the instrument-room, an arrangement that the committee think should be put an end to, as soon as the additional accommodation can be given. The preceding summary contains all that, in the opinion of the committee, is required to place the buildings in such a state of efficiency as to insure no reasonable cause of complaint on sanitary grounds; but the committee is persuaded, that the true remedy for the grievances, to which public attention has been so pointedly drawn of late, must be looked for in the adoption of the third proposal submitted. An examination of the evidence tendered by the witnesses, and of that extracted from recent medical works which have been laid before the committee, convinces that body, that the lamentably high rate of mortality in cases of surgical fever, which has formed the theme of unfavorable comment in the press, and has caused much disquietude to the subscribers to the charity, is traceable, beyond doubt, to the imperfect adoption of a strictly antiseptic treatment, on Mr. Lister's principles, of surgical cases. The information given to the committee places it beyond controversy that, in many of the great hospitals of Britain and of the Continent of Europe, modern surgical science has completely banished erysipelas, pyæmia, hospital gangrene, and septicæmia, from the list of contingencies to which a maimed patient is liable. One eminent pathologist has not been able to show his class a case of pyæmia, septicæmia, or hospital gangrene, for a whole year. A distinguished surgeon (M. Socin, of Basle) says that 'Every case of amputation which dies of pyæmia or erysipelas is a victim of ignorance, of want of skill, or of negligence on the part of the surgeon.' A third declares that—'Any recent wound treated by this method is guaranteed against pyæmia, hospital gangrene, erysipelas, progressive suppurating, and, in general, against all accidental complications'; and the same great man (Professor Nussbaum) does not scruple to declare, in a treatise not cited by Mr. Cheyne, that the surgeon, who permits such an occurrence to supervene, is guilty of an offence for which he should be dealt with in the courts of law. It has been distinctly proved by Mr. Lister, that the astounding results he has obtained—a mortality of something less than 5 per cent. on the average—are independent of overcrowding; for he has encouraged the filling of his wards to such an extent as to make up beds on the floor without any perceptibly bad effects upon surgical patients. He shows further, by refusing to have his wards renovated for twice the interval of the same process in other wards, that ordinary cleanliness in painting, fumagating, &c., does not give the clue to the marvellous preservation of human life with which his name is identified. In the face of such facts as are set out in the evidence, the committee does not feel called upon to advise any considerable outlay in re-constructing the existing building until the result of a thorough trial of antiseptic surgery throughout the hospital has been ascertained. If such experience as is set forth in evidence can be had under unfavorable conditions in the large cities of the old world, it is not Utopian to expect, that under our genial sky, and amid our healthier surroundings, the resources of the surgeon will be equal to saving life in similar cases in at least the same proportion. It is important to add, that strong confirmation of the opinion of the committee is given by the records of this hospital. The committee has been informed that, until strict antiseptic precautions were taken in performing operations for ovariectomy, every case terminated fatally; but that since the introduction of strict antiseptic treatment, which has apparently been limited to cases of this class, there have been thirteen consecutive operations by two surgeons without a single death." That is in our own hospital—the Melbourne Hospital. That is prior to adopting this treatment, they had 136 cases in succession unsuccessful. "What our surgeons, in their honorable rivalry with the great practitioners of Britain, have accomplished for this most difficult and hazardous professional task, can be, and ought to be, accomplished for every other case which is liable to the supervention of surgical fever. With reference to the provision to be made for the better accommodation of patients suffering from erysipelas, &c., the committee is of opinion that, whenever a contagious disease hospital is completed, no case of the kind should be admitted to this institution, either within the main building or into the tents outside. But until this desirable end has been gained, the committee recommend, that the tents now in use be retained for cases of erysipelas, one tent for each sex. A separate staff of female nurses should be employed in the tents, and they should not, under any circumstances, enter the wards of the main building. The medical supervision can best be carried on by detaching an officer in turn, for say six weeks, under the direction of the medical superintendent. The officer so engaged should be put on his honor not to reside in the hospital, nor to enter any of the wards, the casualty room, or the operation room, and to do all in his power to prevent the dissemination, either by himself or others, of the infection. Resident Officers.—It is desirable that one resident medical officer attend every day in the casualty room, referring to the medical superintendent all cases which he feels doubtful how to treat. While this duty lasts, the resident officer should not do any work in the wards. Attention was called by the honorary officers to the inconvenience and risk entailed by the frequent changes which occurred last year in the *personnel* of the resident staff. It is needless to do more than refer to this matter, as steps have been already taken by the committee of management to amend the rule, so as to require from each officer an undertaking to serve twelve months from the time of his election, unless the committee shall think fit to dispense with his services sooner. Students.—The committee recommend that imperative instructions be given the medical superintendent not, under any circumstances, to permit any student who is employed in dissections, or in any business that necessitates his attendance at the dead-house, to enter either the operation room or any surgical ward. A students' attendance book should be kept, in which every student who has to perform duties in the hospital should enter his name daily, with the hour of his arrival and departure, and as an inducement to diligent conduct, small sums might be awarded yearly as prizes for the best dressers and clinical clerks. Registration.—With a view to avoiding any repetition of the complaints, that the hospital registration of disease, &c., is untrustworthy, the committee has verbally requested Dr. Miller to initiate, as from the 1st January, 1882, a proper record, based on the system pursued in the best conducted hospitals in England. The record is to show particularly, both primary and

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secondary manifestations, with the other information usual in well-constructed registers, including an entry against all surgical cases, whether Listerian antiseptics have been employed, and if not, why not? The value of the compilation will, in part, depend on the ward books and the consultation book being carefully and regularly kept. To ensure this being done, an inspection should be made of these books by the medical superintendent, at frequent but irregular intervals, and attention should be called where any want of care is detected. In conclusion, the committee repeat, that the true cause of the alleged insanitary condition of the hospital is not found in the defective structure of the older portions of the building, nor does it rest with the nursing, with the clean linen, with the dietary, or with any other branch of the lay administration—all of which the witnesses agree in commending. Certain it is, that no pulling down and reconstruction of the hospital, or of any part of it can, of itself, remedy the evil. A host of modern surgeons, with Mr. Erichsen, of University College, London, at their head, lay it down as abundantly proved, that whenever new buildings are joined to old ones, the disease germs are apt to abandon their former haunts, and cleave to the new quarters provided for them. The experience of our own hospital corroborates this proposition, for the committee has learned that the late outbreak of erysipelas was most severe in the new building, the old portion, though faulty in other respects, being comparatively clear of infective agencies. The late troubles are due to the omission to extend throughout the institution the priceless resources of antiseptic surgery, and the committee trust that this important subject will receive the early and serious consideration of the honorary staff. The splendid results which have attended the treatment of ovariectomy in this hospital, and of all kinds of surgical wounds and injuries in the hospitals of Europe, convince the committee that in the general and faithful introduction of Listerian antiseptics, the committee of management may look with confidence to a great saving of life in the hospital, and to the lasting riddance of erysipelas and blood poisoning generally." There is an appendix to the report I have now submitted, which sets forth the various authorities, I think, which we consulted then, and the various matter and data which were available, and they seem to arrive at the same conclusion that the committee arrived at.

The Honorable Member withdrew.

Ordered—That this Committee be adjourned to to-morrow, at Three o'clock.

THURSDAY, 28TH OCTOBER, 1886.

Members present:

The Hon. W. A. ZEAL, in the Chair;

The Hon. S. Fraser,
F. E. Beaver,
D. Melville,

The Hon. W. I. Winter,
J. Williamson.

John Laurens, Esq., a Member of the Legislative Assembly, further examined.

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3505. *By the Hon. the Chairman.*—Will you follow on with your evidence?—I left my statement, when we adjourned yesterday, at the point where I have explained that a sub-committee of the Melbourne Hospital had been appointed consequent on the alarming statement of Dr. Youl, on the 6th of January, 1882, and they had reported in the month of April following upon the whole matter, after taking evidence from a very large number of medical men. The next thing the general committee did was, during the process of the investigation, Mr. Gibbs, then a member of the hospital committee, having noticed that the medical men were generally agreed that each patient ought to have 1500 cubic feet of space, tabled a motion that the number of beds should be reduced so as to allow that space to each patient. That motion was unanimously carried—thus, at the instance of Mr. Gibbs, and not by the request of the coroner, as he alleges, the number of beds was reduced by 70, from which time each patient has had 1500 feet of space till recently, when, at the instance of the medical superintendent, and the visiting committee, of which, I informed you yesterday, I am a member, a few beds have been taken from the surgical wards for the purpose of allowing 2000 feet of space to each surgical patient. The committee immediately—

3506. Is that to be a permanent arrangement?—I told you yesterday, Mr. Chairman, that I do not come before you to express any opinion, because, as a layman, I cannot.

3507. But, as far as you are aware, was that passed with a view of keeping to that standard?—As far as I understand, it is with a view of doing so. I wish to intimate that I am before you to-day to place before you certain facts which cannot be challenged. I am not a professional man, and I cannot exactly dive into the future. I speak to you of the past, and I submit that I will place facts before you that cannot be successfully challenged by any person. The committee, immediately after Dr. Youl's extraordinary statement, directed the medical superintendent to forward a weekly report to the committee expressly and specifically showing whether any cases of erysipelas or other forms of blood poisoning, however mild in their character, had developed themselves in the institution during the week, and, if so, whether such cases had resulted in the death of the patient, and also directed that whenever such cases occurred, they should be at once isolated by being sent to the erysipelas tent outside the hospital. He was also further directed only to admit needy blood poisoning cases from outside, and to inform the committee weekly as to the number so admitted. I might just supplement that by stating that the idea of the committee was that—it was not desirable these cases of erysipelas and pyæmia from outside should be admitted into the institution; that it must of necessity for a variety of reasons—which I will not just now stop to explain—be in itself a source of danger; but, on the other hand, the committee felt that there was really no place, where some who happened to be very poor, with no place for treatment of any kind, when overcome by this disease, could go, outside of the hospital; and in the face of the existing fact, it would have been almost cruel to say, "Shut the door against everybody." Therefore, we did not do it, and the consequence has been, as you may have seen by some of the returns placed before you, that we have always had a far larger proportion of those cases coming from outside than the numbers that arise in the institution itself. The direction of the committee to send this weekly report from the medical superintendent, has been most

rigorously carried out ever since by the superintendent, and this is a point to which I wish to draw the very special attention of the committee, so that his report on blood poisoning cases has been announced to the public by the press on the following day when reporting the Hospital Committee's proceedings; and, therefore, if at all incorrect, could be challenged by any visitor, medical or other attendant, patients, or their friends; and last but not least, by the press, who almost daily visit the institution. Now, I make a great point of that, because it is a strong point, that however our statistics on this matter might have been less or not reliable up to that time, they are most reliable from the time we gave that direction. In no instance has the correctness of that weekly report been challenged. It must then follow that the statistics of the Melbourne Hospital for the four years and a half from January, 1882, to June, 1886, as to the number of blood poisoning cases occurring therein are strictly accurate, and, therefore, probably more reliable in that respect than those of any other institution. They cannot be gainsaid, or even weakened by the mere statement or insinuation so often made before this Committee, that statistics may be made to suit or to prove anything. I am very particular about that, because in no case has there been even a semblance of challenging these returns which have been supplied to us weekly, published in the press weekly, and, therefore, open to question. From the superintendent's weekly reports have been compiled the last four yearly reports read at each annual meeting of the subscribers, and also that four and a half years' return now before this Committee—[*producing papers*]. This is the return to which I refer—[*handing in the same*]. It is from the weekly returns to which I have now adverted, that that return is made, and, therefore, as the weekly returns were never challenged, those are all matters over which the lay management has no manner of control; and even if it could be supposed that they could be wrong, they would not be wrong because of any tampering on the part of the lay authority. We have nothing to do with it, but from the reasons I have given to the Committee they must be accepted as strictly correct. The four and a half years' return which I have placed before you, shows that out of the 16,528 in-patients treated during that period, only 9 died from erysipelas and 15 from pyæmia; being only one death from erysipelas for every 1836 persons treated, and only one death for every 1101 cases treated from pyæmia. Now, there is one thing—

3508. *By the Hon. F. E. Beaver.*—Up to what date is that return?—Up to the 30th June this year; but I would like to say that only to-day it struck me that, perhaps, still more elaborate information might have been supplied, for I am not in a position to inform the Committee how many of those deaths were surgical, and how many medical. This includes both classes of cases; they are not necessarily all surgical, in fact, they might be more medical cases—those deaths might be more upon the medical side of the house than the other, for all I know, but I do not know; and, of things I do not know, I do not like to speak. And let me say, that those four and a half years, so as not to lose sight of this fact, comprise the years in which the clamour was so largely raised, and during which such an intense scare existed; and I can say, because I can show it by the records of the newspapers, that most of those people were intemperate, most of those deaths were—I do not like to use strong terms of people that are dead, and I suppose the mildest term to use is, that they were intemperate people. I showed yesterday, that the death that occurred on the 6th January, 1882, was that of the late Mr. Bourke. He was pursuing his daughter in a state of drunkenness, unfortunately, when he received a wound at the hand of his poor exasperated daughter. Now, strange to say, we had three of those cases in succession that year, which are of course comprised in that return. The next case that we had, and upon which there was an inquest held by Dr. Youl, which was made a great deal of, as tending to show that his remarks were, at all events, partially true, if not wholly so, was the case of one Grimes who died in what we call now South Melbourne. Now it so happened that in the *Herald*, of February 6th, 1882, his dying statement was published, and in that dying statement I read the following words—I mean his dying statement was taken for the purpose of judicial evidence in regard to the charge against his paramour, who had thrown a knife at him, and wounded him very seriously—a punctured wound in the knee—and he said it was done in a drunken row. “I was drunk, I was drinking for three weeks; I was drunk at this time, and she was drunk, and that ended the row, and then I went and gave her in charge. I was mad with drink. It was a table knife she threw at me. I was wounded in the knee-joint of the left leg. It was a drunken spree.” Signed by his name, and published in the *Herald* of the 6th February, 1882, exactly a month after the death of Bourke. Somewhere about a month afterwards another drunken case—I am able to give evidence more especially in regard to these three, because, as they occurred in succession at the time of the scare, and taking much interest in these things, I have preserved these old scraps of paper from which I am reading. This third case was the case of Jane Irving. I will quote some parts of the evidence—

3509. *By the Hon. the Chairman.*—What date is this?—I am reading now from the *Argus* of Friday, March 17th, 1882, and I will only read parts of the evidence given at the inquest by the doctor who had been her medical attendant for some years:—“Dr. Charles Ryan, sworn, deposed—I am an assistant surgeon in the hospital. I have known the deceased woman for two years. She was always intemperate the whole of that time. I was called to see her on Boxing night, at her own cottage in Rathdowne-street, Carlton. She had sustained a comminuted fracture of the bones of the left leg, and was suffering from *delirium tremens* as well, which aggravated it. I put the leg in splints, but that night she got up, took them off, and tried to walk about. The result was the next day I thought the limb would mortify. This was at the outset of the case. She remained about her place and was attended to till they gave up all hopes of her, and she came to the hospital for treatment.” Some of the witnesses, I fancy Dr. Ryan himself, either in this paper, or some other, was reported to have said that her life had been lengthened by coming into the hospital. In another part he says—“I do not think that any one had ever the same attention that she had; she was very weak, and was suffering from rheumatic fever of a typhoid character; she had diseased kidneys, enlargement of the liver, and the heart affected. From the first I took an unfavorable view of the case, and never expected she could recover.” One of the nurses was also examined as a witness, named Ann Conlon. She was sworn, and she said:—“I am a nurse in 22 ward, and live in the hospital. I had charge of the deceased from the first. She came in on the 5th of January. When she came in she had a large red patch on her back. That was on the spot where the bed sore subsequently came. She was quite delirious. She came in on the Thursday, and the Saturday following the skin was broken, and the bed sore commenced. I at once called the attention of the house surgeon to it. It was Dr. Higgins. I applied a dressing before calling his attention to the wound. He looked at it, and directed me to continue the dressing. He looked at the patient occasionally. I do not know how long Dr. Higgins attended, but it was up to the time that he left. The sore was very offensive from the time it

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continued,
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broke. From the commencement, the patient did not actually complain, but it could be smelt all through the ward." I have only happened to have these old reminiscences, and as they go to prove the statement I made a little while ago, that, unfortunately most of the deaths from blood poison have been that of patients of intemperate habits, I merely thought I would substantiate my statement that three in succession, since 1882, from which that dates, were actually people of that class. I might make this observation, that some might think that the number which the return shows, that is only nine cases, if I recollect rightly, of death from erysipelas in these four and a half years, is too much. At all events those are the facts. They cannot be altered either by those who think they are very few indeed everything considered, or by those who think they are many. Some may believe that we ought to have a hospital which would cure even those who come in a state like that with blood poisoning upon them, as we found in the last inquest held the other day, where three were rolled into one. It was declared, even under the superintendence of Dr. Youl himself, that the evidence was plain that they had contracted the disease before they were brought in.

3510. *By the Hon. S. Fraser.*—Is that lately?—About a month or two ago. Some may think we ought to have a hospital that would even cure people at that stage. That is a matter of opinion, but these are the facts. The medical superintendent's report for 1884 shows that 3334 in-patients were treated during the year within the so-called erysipelas—poisoned saturated—walls, without a single death from erysipelas occurring therein. I hold that report in my hand. As a subscriber and one of the oldest members of the committee, I have ever since Dr. Youl's statements in January, 1882, watched the medical superintendent's reports with the closest care and attention, as I felt a desire that the public, the Government, and Parliament should at the earliest possible moment, at all times, know the worst and the best of the hospital. As soon as the weekly report showed that we had been for some weeks free from any deaths from erysipelas, I called special attention to it, first in the committee, that is, in the hospital committee, and afterwards in Parliament, with a view to inform the public, and to allay the scare which had been brought about. I have returns here; these are first a return in August, 1882, laid before the Assembly during the time of the scare. I seized the first opportunity that presented itself to try and get the public to know that, for some time we had had no deaths of that kind, and the result was that this report was placed upon the table, showing the number of persons, if any, who had died from erysipelas in the Melbourne Hospital, during the five months ending the 21st August, 1882. It is signed by H. L. Miller, M.D., medical superintendent, laid upon the table of the Legislative Assembly by Sir Bryan O'Loughlen, on the 31st August, 1882. I have another one which I asked for, and the House ordered at a later period in the same year, which was printed. I do not know how this one did not happen to be printed; this is a copy of it, for I have been upon the printing Committee of the other House for very many years, and I cannot explain to myself why I did not get this printed. This other one is a return to an order dated the 10th October, 1882, showing—(1). The number of in and out-patients admitted for surgical treatment in the Melbourne Hospital during the seven months ending 31st October, 1882. (2). The number of such persons who have died from erysipelas during those seven months. Ordered by the Legislative Assembly to be printed 1st November, 1882. Number of in-patients admitted for surgical treatment, 678; number of out-patients admitted for surgical treatment, 1638; number of such persons who have died from erysipelas, *nil*. Of course this information is to some extent contained in the four half-yearly reports, but my object in placing this matter before you is, that these returns were got at my instance, and I simply want to convince the Committee of the close attention which I have given to this matter all through from the time the scare began. I was always anxious to get at the facts in the matter, whether they were black or white, whether they told for or against the institution, and in regard to that, perhaps the Chairman will allow me to diverge for one moment, and call your attention to what appears to me rather unfortunate for a person who seeks to get at the truth. On the 20th April, 1882, owing to having called attention to these facts at an early period in our committee at the hospital, I was commented upon in a leader of the *Argus* of the 20th April, 1882, in these words, "At the last weekly meeting of the Melbourne Hospital Committee the medical superintendent reported that there had been no case of erysipelas or blood poisoning during the past week. The institution had been perfectly free from those diseases. This satisfactory announcement"—

3511. *By the Hon. D. Melville.*—That is for a week?—Yes, that is right. I told the Committee some time ago that the superintendent had rigorously carried out the direction of the committee in giving us weekly reports, and the *Argus*, of course, this particular week had reported upon it, the same as they have reported ever since.

3512. Do I understand that you are laying any emphasis upon its being clear for a week?—No, not in the slightest, that is not my object. "This satisfactory announcement caused Mr. Laurens at once to get upon the war-path. After pointing out that it was the third week in which the medical superintendent had reported no case of pyæmia or erysipelas, this impressible gentleman, metaphorically speaking, dragged Dr. Youl into the arena, and there publicly trampled on him. He, Mr. Laurens, would like to know how it was that the 300 patients in the hospital, and the walls being, as it had been asserted, saturated with those diseases, no cases were reported. The walls had not been pulled down, nor even plastered." That is a quotation from my remarks, and then the comment goes on—"It would have been wiser, we think, to have postponed this terrible sarcastic outburst until after the report of the sub-committee, appointed to inquire into the sanitary condition of the hospital, had been received. The whirligig of time has a knack of bringing its own revenges, and, if rumour may be trusted, it will not be long before it vindicates Dr. Youl, and rolls his sarcastic critic into dust." Well now, the whirligig of time, Mr. Chairman, has arrived. We have four years and a half gone by, and I must inform this Committee, that we have not only been three weeks free, as was then the case, but that we have been actually even, on one occasion, more than one year free. So much for "being knocked down in the dust." I say it is unfortunate, and I simply call the attention of the Committee to it, more in sorrow than in anger, for I think it is a case that we ought to approach seriously, and not in a feeling of that kind at all. The next occasion was an occasion when I asked for the return of October. Now, on this occasion, I think I was (I do not wish to lay a charge) exceedingly unfairly treated. I am going to read from the *Argus* of the 20th October. On the previous evening I had moved for the return which I have handed in, and it secured me this paragraph—"An example of the mode in which members of the Assembly take advantage of their position, to waste public time or employ the machinery of Government for a frivolous purpose, is afforded by an incident in the Legislative Assembly yesterday. Mr. Laurens, who is a member of the committee of the Melbourne Hospital, moved for a return of the number of patients admitted for surgical treatment during the seven months ending 21st October, 1882, who have

died from erysipelas. The motion was agreed to. An officer of the Treasury department will have to be instructed to write to the secretary of the hospital for the information required, and the reply of that functionary, when received, will have to be copied on a Parliamentary form, and solemnly laid before the table of the Assembly by the Treasurer. A week or a fortnight will be occupied over the work, and the correspondence will pass through a number of hands before Mr. Laurens's curiosity can be satisfied, and the most remarkable feature of the case is, that Mr. Laurens knows perfectly well beforehand what the reply will be. No other person takes the slightest interest in the matter; because the facts have already been made known to the public through the press." Now, when I tell the Committee that this return was actually in the hands of the committee of the hospital, and that my only desire, at a moment like that, when there was such a scare abroad, was to give as great publicity to the fact that there had been no death from erysipelas for the then last seven months as I could, and when I tell this Select Committee that, instead of taking a fortnight and all this kind of work, the next Parliamentary night after my motion was passed, the return was placed upon the table of the House, and did not cost the country a shilling. I say this, because I suppose my fate in securing the truth, whichever way it lies, will be, perhaps, the fate even of some members of this Committee, if they do not simply go on that side. It appears, that any one who clamors and who makes the most extravagant statements against the institution is praised, and any one who seeks simply for the naked truth is adversely commented upon. I repeat again, that I give my time in the hospital, and my annual subscription, and I am a citizen as well, and it is my intention to give something to the institution when I need nothing for myself; and I think that people giving their time should not be treated in that way, when they are only seeking the truth. I can understand it, if you could challenge the statements, and show that they were not facts; if any one could show that you are guided by some unworthy object, and you wished to distort the truth; but in the search of truth in a matter of this kind, I feel that such treatment is not fair in face of the fact, that returns involving two or three months' labor in the departments, costing some two or three hundred pounds, are often prepared at the instance of members without provoking a single comment thereon by the press. I come now to the general death-rate. The medical superintendent's report for 1883 shows, that out of 3683 in-patients treated—and this is a matter to which I wish to call the attention of the Committee very specially, because I see in reading the evidence given, that this matter has been very much talked of; evidence has been sought by the medical witnesses and from the medical witnesses with a view to find out how many patients of a certain class of diseases had died, such as consumption, or, as they are mostly called, phthisis patients, and we have it actually in some of these annual reports which I will show shortly—the medical superintendent's report for 1883 shows that, out of 3683 in-patients treated, 553 died; of those 138 occurred within 48 hours after admission; 126 were due to phthisis, 35 to heart disease, 36 to typhoid fever, and 56 to pneumonia. These make a total of 391, which when deducted from the total deaths, 553 for the year, leave only 152, or a death-rate from other causes less than 5 per cent. for that year. The first paragraph contains the data which I have summarized there, and from which I have drawn the deduction in the report. In the medical superintendent's report he says—"It is inevitable that, while such cases are freely admitted, the mortality will be high, but no thought of the annual statistics has ever been allowed to interfere with the admission of any patient, however hopeless his case may be." Now, I am sorry to see that a certain gentleman, Dr. Youl, who is not very particular as to what he states, has given evidence before this Committee that we refuse those cases, and they go to the Alfred Hospital; he stops at nothing in his statements, but I was glad to see that Dr. Allen gave evidence to the Committee, I think in these words—"Be it said to the honor of the Melbourne Hospital that they never shut their door against anybody." That annual report is elaborate in regard to other matters, and shows the class of deaths. I place it upon the table—[*handing in the same*]. The medical superintendent's report for 1884 shows the deaths from phthisis alone, (see report, page 9, the first paragraph in that yearly report). I may inform the Committee, that for these four or five years the medical superintendent has always sent in an annual report. This report is submitted to the subscribers; it is open to any person to challenge it in any way, shape, and form; it has never been challenged. I, as a subscriber, and member of the committee, have attended every annual meeting. He says the number of in-patients under treatment during the past year was 3334, of those 557 died, the mortality in the wards thus being 16·7 per cent. Several causes contribute to this large mortality, thus 116 patients died within 48 hours of admission. Out of 230 phthisical patients admitted, 151 died, and out of 97 patients with heart disease, 45 died, and out of 109 cases of pneumonia, 50 died. The greater majority of those cases were absolutely hopeless from the first, and in those ways over two-thirds of the hospital mortality may be explained. Now that is a point I have noticed upon which the Committee have sought a good deal of evidence from some medical men, who said they had no data and did not know how to answer it, but here you have it answered practically in these returns. The large number of deaths from phthisis in the wards, amounting to over one-fourth of the total mortality, leads me again to urge that provision should be made for the treatment of consumptives away from the metropolitan hospital, in the purer air of the country, where the surroundings of the patients could be made more cheerful and their chances of recovery improved, while our hospital would be freed from a source of considerable embarrassment if a special institution were founded. It would be possible to ensure adequate treatment during the early stages of the disease when the prospect of the patient would be much more hopeful. Too frequently at present, consumptives reach the hospital only in the last stage when little or nothing can be done for their relief. Then he says in the last paragraph, that is in the 1884 report:—"In my last report I stated that septic diseases were then no more prevalent in the Melbourne Hospital than in the majority of the great hospitals in the home country. The facts now set forth in the annexed table present decided confirmation of this opinion, but nevertheless no pains are being spared to keep the sanitary condition of the hospital as perfect as possible, and a fortnightly report is still furnished to the committee of management concerning every case of septic disease which presents itself." I may explain here, that about this time we changed our bye-laws controlling the ordinary meetings of the committee, and whilst before that we had met weekly, and the report to which I referred a little while ago was weekly, from the time, a little before the end of the year 1884, when our meetings were controlled by an altered bye-law, we have met fortnightly; and therefore the information which prior to the change had been supplied weekly to the committee, from that time forward has been supplied fortnightly. But I repeat again, that in every case the direction of the committee in that respect has been rigorously carried out. So that the whole truth should be known in the matter in whatever direction the truth lay. I have a return which is somewhat new, it is a return showing the

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number of deaths that we have had amongst the attendants residing in the hospital, during the last nine years. It is new to me, I only got it yesterday—[*the witness handed in the same, which is as follows*]:—

MEMO. OF THE NUMBER OF DEATHS AMONGST THE ATTENDANTS OF VARIOUS GRADES WHO HAVE DIED WITHIN THE LAST 9 YEARS.

Males.				Females.			
Kidney and Liver Disease	...	...	1	Typhoid Fever	...	...	2
Typhoid Fever contracted outside	...	...	1	Pneumonia	...	...	1
Epilepsy	...	...	1	Phthisis and Aneurism	...	...	1
			—	Paralysis	...	...	1
			3				—
							5

On the male side we have had three deaths.

27/10/86.

J. WILLIAMS.

3513. *By the Hon. S. Fraser.*—How many?—We have got about 120. One of those deaths was from kidney and liver disease; one from typhoid fever, contracted outside; and one from epilepsy. On the female side, we have had two from typhoid fever; one from pneumonia; one from phthisis and aneurism; and another from paralysis—five females and three males—that is, eight in all.

3514. *By the Hon. the Chairman.*—In how many years?—Nine years. We have 127 attendants. It is at the rate of a little over six per cent. The reason why I got this return was, that I knew that none had died from blood-poisoning. As I said yesterday, even during the whole course of thirty-two years; but I had a way of making a comparison myself, as I happened to know that during the last nine years nine members of the committee have died, and we are twenty-two all told, and that is at the rate of 40 per cent. amongst the members of the committee for this nine years. Now I wish to point out, that I have no reason to believe anything else than that members of the committee live in comparatively good houses, and notwithstanding that the death-rate for this nine years amongst the members of the board amounts to 40 per cent., and the death-rate amongst those attendants, many of whom occupy the worst portions of the hospital, we all admit, and who certainly are not surrounded by scenes in the attendance upon the sick very much calculated to bring about good health or longevity of any kind, yet we have the startling fact notwithstanding the many allegations that have been made, that we have a death-rate of 40 per cent. for nine years.

3515. *By the Hon. D. Melville.*—A comparison between the young people who are nurses there and the old gentlemen upon the committee is out of the question altogether, is it not?—I have said to the Honorable Mr. Melville, among other members of the Committee, that I came here simply to state facts, not allegations or opinions; and if I had offered an opinion on those facts, I might perhaps have laid myself open to either censure or further questionings. I have simply called the attention of the Committee to facts—and undeniable facts. I do not think Mr. Melville disputes them.

3516. Give the ages of the respective people?—Mr. Melville is quite right in taking into consideration—if he seeks to draw any conclusion from the facts I have submitted humbly to this Committee—he is quite right in taking into consideration that some members of the committee are getting ripe in years; but I may inform him that amongst those who have died were far younger men than Mr. Melville himself. I am pleased to see that Mr. Melville seeks to bring out the truth, and, as I said before, I object not to the truth wherever it leads—and that is where my position is strong—no distortion, and no light way of treating the evidence before the Committee can alter the facts. Perhaps I may ask Mr. Melville if he has any recollection of the late Mr. Robert Ramsay?

3517. I have a lively recollection of him?—He was one of the nine, unfortunately, perhaps, for the colony; and a doctor we had of the name of Jones, a Welshman—I do not think he was more than 30; and I can show amongst some of our male attendants especially, and possibly even among the female attendants, some whose hairs are grey. However, that is by the way. I only put it before you, Mr. Chairman, as a matter of fact, for whatever it may be worth, as a matter of comparison. I shall call your attention now to some data in Hayter's *Year Book*. The first thing to which I shall call your attention is to a classified table showing the number of deaths of various kinds, enumerated at page 260 of the *Year Book* for 1884–5, and it shows that in the colony of Victoria during that year no less than 41 deaths from erysipelas occurred. Now, the fact to which I wish to call your attention is this, that while those 41 persons died in that year, we had not a single death from that disease occurring in our institution. My reason for calling attention to that fact is, for the purpose of showing the fact which flows from it, that that disease must be found, and must take hold of people outside of the walls of the Melbourne Hospital, or else we should not have had a record in those tables of 41 deaths, not one of which occurred from erysipelas contracted in the Melbourne Hospital. I wish to call attention to a tabulated statement at page 304, showing the death-rate at the various hospitals in the colony of Victoria for that year. Now, I find, of course, they vary very much; but I find that in the Colac Hospital—a place, I think, we admit, in the Western District, that ought to be fairly healthy—in the year under review—that is 1884–5—their death-rate was 14·71; about 14½ per cent.; and in the year previous it was 16·28. Then I find that in Portland—a hospital on the sea-board—the death-rate for 1884 was 19·15; and the comparison to which I wish to call the attention of the Committee is this, by way of showing how careful this Committee, or any person who wishes to draw anything like a safe conclusion from a death-rate must be, if they wish to arrive at anything like a fair conclusion from the facts. In this table we find that at the Mansfield Hospital during the same year, while they treated 105 patients, there were no deaths at all—so great is the difference between the death-rate—owing, no doubt, to different circumstances; if we only look upon the face of things we are apt to arrive at wrong conclusions in such matters. People say:—“Oh, Mansfield must be a remarkably healthy hospital, and Portland must be exactly otherwise.” Now, it does not at all follow, as I think at least—it may be that the one is just as healthy as the other—but, at all events, we have got the fact recorded.

3518. Do you know an explanation of that?—No, and I do not offer any. I repeat again, my reason for submitting these facts to the consideration of the Committee is to show how, by simply looking upon the face of things, you may arrive at wrong deductions. For instance, I found that the coroner, when holding his inquest, has been in the habit of telling his jury—“There at such a hospital the death-rate is so much, and here in the Melbourne Hospital it is so much, and the difference between the death-rate in that

hospital and the death-rate in the Melbourne Hospital is exactly the number that that hospital kills." That is the way he has got of addressing his jury. Now, upon that principle, supposing I was the coroner, I would call attention to the Mansfield Hospital; give no explanation at all. I would say in the Mansfield Hospital they have no deaths at all, and therefore all the deaths in the Melbourne Hospital, or any other, represents the number that that hospital kills. That is his style of reasoning. Now, I think, in the face of that fact, and of the other fact that in the Alfred Hospital itself you have a death-rate—I am quoting now from page 4 of the Annual Report of the Alfred Hospital for 1885—in that very hospital you find the death-rate from 1871 to 1885-6, and you find that their death-rate was as low in 1880 as 6·40, and you find that in 1885-6 their death-rate is 13·30—that is, there is an increase of over 100 per cent. in the same institution in six years, showing at once how careful we ought to be in dealing with any particular death-rate. Unless we take all the circumstances into account, it is impossible to arrive at anything like a conclusion, or draw a fair and useful deduction, from a mere quotation of a death-rate, no matter what it may be. I believe it was the authority who had the admission of patients in the Alfred Hospital during one or two or three years where the death-rate is so low, who had made up his mind that he would secure a low death-rate. I need not tell you at the cost of what it was secured. We might have no death-rate at all in the Melbourne Hospital if we did not take in people that were at all likely to die. At all events, we find in the same institution that within six years the death-rate has more than doubled, and it leads me to make these remarks, that I see that a very large amount of comment has been made upon the increase of 1 or 2 per cent. in the last few years in the Melbourne Hospital, which some medical men have rightly accounted for by the taking the more urgent medical cases, and not being able, for want of space, to admit all kinds of mild cases; but supposing the death-rate of the Melbourne Hospital in 1880 had more than doubled itself, what should we say? Should not we say, upon the first blush of the matter, that it told terribly against the hospital, if the death-rate should be 25 or 26 per cent., which it would be if it were more than doubled? I think such a fact as that which is shown in Hayter's *Year Book* deserves consideration. I did not mention the death-rate in the Austin Hospital—it is over 25 per cent. I think that is the first year we had a death-rate from that institution. I do not know what it will be this year, but it is not likely to be under 25 per cent., and why, because they take in people who are supposed to be incurable. I noticed in the evidence Dr. Robertson gave before this Committee—in reading the evidence, I noticed, he stated himself, that about one-third of the people admitted in the Melbourne Hospital were incurable, and all those things are of a nature, I need not tell the Committee, to account to some extent, to say the least of it, for the high death-rate. I wish now to speak of the closets, and say this, and I will say it simply as a matter of fact, I have been on the visiting committee for the ten years I have been there, and I have been at various times, and notably the other day, with some members of the Committee, and on no occasion have I, or any one with me, given any warning of our coming there, unless it was upon the last occasion. I suppose they knew we were coming there, but on any previous occasion I have never given note or warning. We went at all times in the week, and all hours of the day, but I have never been there by night, and I have never smelt anything more than I do here in any of the closets. Now, whether they are upon a right principle or not I do not know, but I have a nose, and I can smell as well as a professional man, and I have never smelt anything till we got the other day into the nurses' quarters, where, undoubtedly, there was a smell at the closet, it was there, and we very soon found it. I wish to observe that, if it had been equally in the same way to be found in the other closets, we should have found it there also; but we only found it there, and workmen are now engaged in altering that place altogether. They are engaged by the day at it. Lots of these things which have been done in that way, and, unfortunately, they have been mentioned as "plumbing and repairs," and it has been assumed here that it was all painting and plumbing about the closets. I am informed that the amount about the closet pipes did not come to five pounds. I simply wish to put that as a matter of fact. Now, when I say this, I do not wish for a moment to challenge the statement of any witness who, perhaps, has been near those closets at times other than the times I have been there. They may have found a smell. I cannot say. I am only here to state facts as far as I know them, or perceive them, and I have not found that smell. This I do know, that no visiting committee has found that the patients complain. This is a very important point in connection with this—no patient ever since the time that I have been connected with the hospital has ever made a complaint to us that the closets were offensive; and, when I say that, I wish the Committee to understand that occasionally we have had patients, well-to-do people, who are brought there because they met with an accident, and, being there, and finding themselves so well treated, and not wishing, perhaps, to alter their medical treatment, remained there for a considerable time, when that occurs they do not say—"I am going to pay," and we do not say "You must pay," but, in many cases, we have had patients of that character who, after they have been discharged as cured, or, when they thought proper to go, and were relieved, have, in the highest words of praise, acknowledged the good they received in the institution, and sometimes sent the institution £10, £20, or £30, as the case might be, and never a word of complaint from patients, either those who accidentally came to us who had means to get treated in ways other than in a charitable institution. And many times when I have visited the hospital—we are supposed to do that—I have asked the patients "Have you anything to complain of? What do you think of your position and treatment?" Never during the whole period that I have visited the place have I had a word of complaint from a patient as to any smell arising from closets, or any defect in the building.

3519. *By the Hon. S. Fraser.*—Are they not afraid to complain?—That is a question I could not answer. I can only say this, that complaints have arisen, not in any number, as spoken about; but, as there will be queer characters come in there sometimes, they may have a quarrel with a doctor or a nurse, and some people have very strange dispositions, and such persons may, on one or two occasions have sent very strong letters; but the letters, however strongly written, or however rabidly the complaints were made, have always commanded our best attention. The medical, or other attendant, against which a charge was made, have been asked to explain, and therefore though patients might be presumed to be under some kind of subjection or obligation to the hospital authorities, all complaints made by them, however wild their nature, are as closely attended to as if made by persons of independent means. I can say that much; but beyond that, I cannot say whether any misgivings or misapprehensions exist as to what might follow.

3520. *By the Hon. D. Melville.*—Have you got those letters of complaint. Can we see them?—Yes; Mr. Williams has those.

3521. Would they be at the service of the Committee?—Certainly.

John Laurens
Esq., M.L.A.,
continued,
25th Oct. 1886.

3522. Are there many of them?—There may be perhaps two or three during my time; and I simply mention it, partly as a fact, and partly to answer Mr. Fraser's question: "Are they afraid to complain?"—I know this, they are not afraid to complain to us as visiting committee—we put our questions in such a tone as to provoke a readiness to complain.

3523. *By the Hon. J. Williamson.*—And you know that human nature is more prone to complain than to be glad?—I put the facts simply as I find them. Every committee-man will say the same. We come to the bedside and ask how a patient is. "Are you getting better?" And then we say, "Have you any complaint?" "Are you well treated?" and "Have you anything you wish to call our attention to?"

3524. Is that after they leave?—No; when they are in bed and we go round.

The Honorable Member withdrew.

Ordered—That this Committee be adjourned to to-morrow at half-past Two.

FRIDAY, 29TH OCTOBER, 1886.

Members present:

The Hon. W. A. ZEAL, in the Chair;

The Hon. D. Melville,
F. E. Beaver,

The Hon. J. Williamson.

John Laurens, Esq., a Member of the Legislative Assembly, further examined.

John Laurens,
Esq., M.L.A.,
29th Oct. 1886.

3525. *By the Hon. the Chairman.*—Will you oblige the Committee by continuing your evidence?—Yes. Before I continue, I wish to add to my former statements in regard to the statement by Dr. Youl—the alarming statement of the 6th January, 1882. As a layman, not supposed to know anything about such a matter as that, I considered—I am speaking now of my own considerations at the time—that as persons developed erysipelas, and died from it, in every part of the world, the fact that some persons died from it in the Melbourne Hospital could not in itself be proof that it should be pulled down at once. I further, then, thought that, if this hospital was the only place in which such disease occurred, it would then amount to presumptive evidence that there was something wrong about it, but that such fact solely in itself could not prove that it was due to poison-saturated walls; it might be due to a thousand and one things, according to the best medical authorities. It might be communicated by the various attendants, medical and others, or by some of the numerous visitors to the institution; and somewhat in support of that theory, or reasoning of mine at the time, I might instance that, within the last month or so, as reported in the *Herald* of Monday, October 4th of this year, I read the following paragraph:—"A bootmaker, named Patrick O'Brien, 45 years of age, was admitted to the Melbourne Hospital on Saturday with medical erysipelas. He was in a low state then, and gradually sank, and died this morning. He came from his lodgings, in Exhibition-street." That man came on the Saturday night with the disease on him; he happened to come when the disease was sufficiently developed and apparent to know that he had the disease on when he came; but, if he had come a few days before, very likely what occurred in his own house would have developed in the hospital, and then it would have been a charge against the institution, according to the logic and manner that has obtained. Strange to say there was another case similar in September—[*I am reading from the Herald of September 13th, 1886*]—and I read this paragraph:—"An infant, one month old, named Henry Hume was admitted to the Melbourne Hospital on Saturday evening, from Coventry-street, South Melbourne, with a very serious attack of medical erysipelas. He was placed in the erysipelas ward, but he gradually sank, and died this morning. An inquest will be held." It is rather strange that in this very organ two cases occur within a few weeks thus, showing that such cases occur everywhere. I suppose not everybody takes notice of these cases as I do. I generally spot them. I omitted also to state, when dealing with that matter, that, on every occasion since January, 1882, the hospital committee have requested the medical man in charge of the case to forward a report as to the cause of death from blood poison; they have not spontaneously reported the matter, as stated in evidence. In reading the evidence over, I notice that some of the medical witnesses have informed the Committee that they were in the habit of always intimating to the committee of management when any of those cases occurred, by way of a warning. They have never done that, as a matter of fact; but we have, in every case where those deaths have occurred watching them so closely, ever since this clamour, asked for an explanation. As I told you, the lay management has no charge of the patients whatever—all we can do is, to ask for explanations. In not a single case has any of the medical staff ever sought to inform the committee that any of the deaths over which we have asked for an explanation were due to the hospital being in an insanitary condition in any way at all; you can get their letters from Mr. Williams. They have always informed the committee that it was this or that other thing, but never for a moment in any case have they suggested that any particular death of that kind was due to anything connected with the hospital, so far as the building was concerned, or anything of that kind. I am glad to notice, in looking up the evidence that has been tendered to the Committee by the medical men, that not a single one of them has even attempted to clearly state that any death of that kind was due to the hospital as such, or has sought to specify a single case in which they could say, "That case was a that of young man in the prime of life, who met with an accident—a sober well-conducted man. He came there, and, according to *post mortem* examination, there is not, as far as human knowledge and science could judge, the slightest reason that that man should be overtaken by death from blood poison." That is quite in accordance with what I am informing the Committee has taken place, in regard to such deaths, between the hospital committee and the medical staff. Now I come back to where I was yesterday. I was dealing with the closets. I have no desire to add to what I have said beyond this, that, expecting that Mr. Butler would give you evidence on that matter, I wish to inform the Committee of this, that when his letter, which, I suppose, is a copy of what you have here, was received by the committee of the hospital, they treated it as they treat everything that appeared to be written with the desire to impart some information which might prove of some value to the institution. In taking that letter into consideration they instructed that the building committee, of which I am a member, should put Mr. Butler's theory about those closets to the test, that is by throwing water into the closet at the top story, whilst watching the pipe and closet below.

3526. *By the Hon. J. Williamson.*—For the gases?—Yes, or any smell that might arise in carrying out that operation upstairs. I may inform you that Mr. Williams tells me that it is never done in practice; if it is done, it is done because the rules are overlooked in some way or other; it is not supposed to be done at all, but we caused it to be done—sent a man upstairs with a pail of water. We were watching, and just as the operation was done there was just the suspicion of a smell that lasted from six to eight seconds, which could not have been smelt at four feet distance from the closet, and disappeared at once; so that I think it is one of those cases in which the Committee, notwithstanding the great trouble they have already had, might go some day, without notice or warning, and ask that the same operation might be carried out, wherever they chose to have it. That is the main point in Mr. Butler's statement on the closet question. Now I have noticed, in reading the evidence, that there has been an attempt by some of the doctors, notably Dr. Youl, to speak in a way, if not in so many words, as to lead the Committee to believe that the excreta and the contents of the closets remained on the ground in the tanks for a long time. I am informed by Mr. Williams that the order of cleaning those tanks out is once in 24 hours, unless there might happen to be a large quantity of stuff, which it would not be found possible to clear away that day, and then some of the tanks might remain in that way 48 hours. I may say I have gone round those tanks on several occasions; we went round the other day, and I never smelt anything more round the tank than anywhere else. I come now to the celebrated Ward 18. This is a return concerning Ward 18—that is the ward, I might inform the Committee, in regard to which the coroner, Dr. Youl, in July last, when speaking to a jury of his own, informed them that a patient had no more chance of recovery if treated there than if his throat was cut. That led us, of course, to seek an inquiry, as usual, as to the facts in regard to this Ward 18. The return I hold in my hand is a return showing the number of patients treated during the two years and a half ending on the 30th June, 1886, in Ward 18, and the number of deaths from blood poisoning developed in Ward 18 during the same period. In 1884 there were 376 persons treated, in 1885 there were 361, and during the first six months of this year there were 240. During the year 1884, 3 deaths occurred from blood poisoning developed in the ward; one was a fracture of the skull, another was hernia, and the third was a gunshot wound. In 1885 one death occurred; the case was one of stricture—died after operation. I think that is one of the celebrated four cases that occurred in the operating theatre. In 1886, during the six months, there was one death. That is, in all, five cases during the two years and a-half in that particular ward from causes as above explained.

3527. *By the Hon. the Chairman.*—We have that return?—Yes; but it, perhaps, has not been placed before you in evidence, so I wish it may appear in my evidence, because the Attorney-General has told me he will read my evidence with very great care; that makes me more particular than I otherwise would be. I am now reading from the report of the hospital committee's proceedings in the *Argus* of August 25th, 1886, a report of the proceedings of the day previous:—"Wards 18 and 19.—In compliance with a resolution passed at the previous meeting, at the instance of Mr. John Grice, replies were received from the honorary medical staff in charge of Wards 18 and 19 to the following questions:—1. Whether, in their opinion, the wards are in an insanitary condition. 2. If so, whether such condition can be remedied by reducing number of patients or by other means available to the committee? 3. If, in their opinion, such condition cannot be remedied, whether they recommend the committee to close these wards?" If they were in the condition it was alleged, it would have been a sin to keep them open a day longer. I am going to read the nature of the replies, and the Committee will be able to judge whether there was an attempt at giving the real true specific replies the Committee required, or otherwise. The reply of Mr. Fitzgerald was the first one, which was:—"1. It is the least insanitary of my wards, but cases do not progress so favorably in it as they should. 2. The ward, since the recent reduction of beds, does not hold too many patients, but the general construction and closet system are so faulty as to be almost irremediable without incurring very heavy expense, which I would not advise. I consider the accident wards, 7 and 8, in a far more insanitary condition than this one (19). 3. This ward does not require closing nearly so much as many of the others." That is a general way of answering the question, not a specific one, which was what the hospital committee had expressly desired. Mr. Girdlestone replied in regard to ward 19:—"1. I am of opinion that 19 is in an insanitary condition, it being part of a hospital of which the general construction is faulty. The entire structure is admitted by most people to be insanitary, and as I have patients in several different parts of it, it appears remarkable that all the questions just received from the Committee refer only to one ward, viz., 19. Surely it would be better to deal with the institution as a whole. Ward 19 is more healthy, and in all respects better, than the medical wards in the west wing, better than the surgical wards in the south side of the old building; better than 6 and 7, in which I have patients as well as in 19; and better than ward 18, as the latter is greatly superior to the place which is used for the retention of all our 'refractory patients.' 2. The number of my patients in 19 have already been reduced within the last few days, before my opinion was asked, and by whose authority I do not know. I do not regard it as a step in the right direction. 3. I conclude that it would not be deemed expedient to close the hospital altogether, until some better place can be provided for the reception of patients. Therefore I cannot recommend the committee to close 19, which is one of our best wards. I particularly desire to state, also, that, in my opinion, if the committee is prepared to take action at once, it should begin by causing a thorough examination to be made of all the closets and all the covered drains and drain-pipes in the institution, and it would be found that they are capable of such ventilation or other improvement, alteration, or repair that would be the means of causing an immediate amelioration in the sanitary condition of the hospital. In a great many cases complete reconstruction of the closets is urgently required." Here again you will notice the entire absence of a specific answer to a specific question. Dr. Beaney replied, regarding ward 18:—"1. The satisfactory termination of my operation cases militate against such an opinion. 2. I think ward 18 ought, at all times, to supply from 1600 to 2000 cubic feet of space to each patient." Dr. James replied—and this is really the specific reply of the whole, and it is to this one I call the special attention of the Committee, because it looks so genuine:—"In reply to your first question as to whether, in my opinion, No. 18 ward is in an insanitary condition, I beg to say I am not of that opinion, and my opinion is based upon the following facts:—From December 21, 1885, to July 26, 1886, 129 cases came under my care in 18 ward, of which 111 were cured or relieved, 9 died. Of these six were of a fatal nature on admission; of the remainder, one at least was most doubtful. Again, the average stay of patients in ward 18 has been sixteen days. If compared with a surgical ward of any hospital, this average stay must speak for itself. Twelve operations have been performed by me on cases in that ward, from the age of 4 to 74, and only one death followed, and that was a severe case of compound fractured skull,

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continued,
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hopeless on admission. I may state, that the average stay of surgical cases in St. Bartholomew's Hospital was, in 1884, 29 days for men, and 28 for women." I call the special attention of the Committee to that, because it is thoroughly specific in all its parts. It gives day and date and the number of cases, and everything else which we fail to have in the other replies. Here is an extract from the minutes that I should have read when I was speaking of what had occurred—when I was speaking of the action of the committee of the hospital. "Extract from the Minutes of Committee meeting, July 24th, 1883. It was moved by Mr. Laurens—"That the official return placed on the table is eminently satisfactory, as it shows that, during the six months ending 30th June, 1883, the Melbourne Hospital was as free from fatal erysipelas as the best hospital in the world, not a single death having occurred amongst the 1814 in-patients treated in the institution during that period from erysipelas contracted therein." The resolution was carried." Then there is this extract:—"Extract from Minutes of Committee meeting, August 12th, 1884. It was moved by Mr. Laurens—"That the return recently placed on the table is exceedingly satisfactory, as it shows that, although no less than 1555 cases had been treated in the Melbourne Hospital during six months ending June 30th, 1884, not even a single death from esysipelas contracted in the institution had occurred." The resolution was adopted." About the typhoid fever cases we have a return—I do not know if it is amongst those that have been sent to you.

3528. *By the Hon. D. Melville.*—Yes?—I am placing before the Committee a return, showing the number of cases treated in the six months ending 30th June, 1886; and also the number of typhoid cases treated during the year ending 30th June, 1886. The total number of cases treated was 2241, and the death-rate over all cases was 14·28 per cent. The number of typhoid cases treated was 251, and the deaths were 44, or 17·53 per cent. I think this is valuable in this sense—I notice Dr. Youl attempted to show, or spoke in a way to lead this Committee to understand, if they were not otherwise informed, that the typhoid cases went over to the Alfred Hospital; but we get our share of them, and the death-rate of that class of patients is even above the general death-rate of the institution. I have dealt with the nature of the so-called outbreak or scare of 1882—I come now to the nature of the recent outbreak. I think it occurred almost solely, or was greatly intensified by, or brought into the region of a scare when the following paragraph appeared in the *Argus* of July 26th, of this year:—"The unhealthy state of portions of the Melbourne Hospital is again demanding attention. It has been ascertained that Mr. T. N. Fitzgerald, one of the honorary surgeons, has refused to perform any more operations in that institution. He was prompted to this resolution because four of the patients, on whom he operated on Monday last, developed septic symptoms. They were all healthy subjects, and the operations were not of a serious nature. Mr. Fitzgerald's particular ward was No. 19, but he has found that in all wards the same danger exists. His protest has not taken a formal shape, but he has given verbal notification to the superintendent and several members of the hospital committee to the effect stated above, and so convinced is he of the danger to any one undergoing an operation in the hospital, that he has advised many persons, who require to be treated surgically, to leave the institution. One young man recently came from Sydney, expressly to have an operation performed by Mr. Fitzgerald in the hospital, but the surgeon refused to operate, and advised the sufferer to return to Sydney, and seek relief at one of the local institutions. Mr. Fitzgerald further informed this person that, even if he recovered, his stay in the hospital must be very much longer than would otherwise be necessary. Patients suffer from what is professionally described as 'hospitalism,' which, among laymen, is known as erysipelas." I have a return here—

3529. *By the Hon. the Chairman.*—Is that the return prepared by the medical superintendent on your order?—Yes, on my motion. This return, which is Appendix M, shows that, in the first place, one of those four cases referred to was a myth—there were no four cases traceable at all. It further shows that there was only a suspicious appearance in regard to one of the three other cases. The whole of those cases in the month of August following were discharged relieved.

3530. Whose return is that?—Dr. Lewellin's.

3531. Who is he?—The medical superintendent.

3532. This return is prepared under his direction?—Certainly.

3533. I want to get that clearly out?—Yes.—[*The return was handed in, and is as follows*]:—

"Melbourne Hospital. Return on the motion of Mr. Laurens, presented September 7th, 1886. 1. If any of Mr. Fitzgerald's four patients have died, whose cases were prominently mentioned in the *Argus* of the 26th July, in such sensational and alarming manner as to give rise to the intensity of the recent hospital scare, by then stating that they had all developed septic symptoms after operation, on which ground the doctor had made up his mind, as then alleged, not to further operate in the institution?—Answer—The names of the patients are:—(1.) Blake, William, discharged relieved, 12th August, 1886, re-admitted 20th August, 1886, and fitted with a truss;—(2.) Lucas, Francis, discharged relieved, 31st August, 1886; McEwan, James, discharged relieved, 31st August, 1886;—(4.) No record of a fourth case. 2. Have any of these patients, as a matter of fact, contracted blood-poisoning in this hospital?—Answer—In my opinion, McEwan was the only patient who developed symptoms of septicæmia. 3. Have any of the persons been discharged; if so, how many, and were they cured or relieved?—Answer—The three patients have been discharged relieved. 4. If any remain in the institution, what is the present nature and state of the case?—Answer—All were discharged relieved. 5. If, as a matter of fact, Dr. Fitzgerald has, since the 26th July last, refused to carry out any operation; if so, what became of the case on which he refused to operate?—Answer—Mr. Fitzgerald discharged four patients, on whom he refused to operate. One of these has since been operated upon in the Alfred Hospital, I believe. The only operation performed since by him was on August 26th. Patients discharged—One, an O.P., July 24th; one, July 26th; two, July 27th, 1886. A. J. R. LEWELLIN, Medical Superintendent. 7/8/86."

I have informed the Committee that the lay management has nothing to do with these things. All these patients were discharged relieved in the following month, and the medical superintendent says there was only one of the cases where he thought it might have developed septic symptoms. That is part of the cause of the last scare, or the intensification of it. I might point out that this return shows that from the 24th to the 27th of July four patients were discharged by Dr. Fitzgerald just at the time this paragraph appeared, and we are not informed at all what was the nature of the operation they required, or anything. The medical superintendent is asked to show what has become of those people—he does not know; he believes that one of them went to the Alfred Hospital, but he does not know anything about the rest; and it shows also that Dr. Fitzgerald did perform an operation in the month of August following, that is, the month following the one in which it was alleged that he would no longer operate in the hospital; but we have not been informed that he has ceased to perform his duties as honorary surgeon in the institution, and therefore it looked to me exceedingly strange, when reading the evidence, that this same gentleman told this Committee he did not know at all what had become of the patients on whom he had operated. It is a thing I intend to bring before the committee of management. It is very strange that the person who

is in charge of the patients, the only person who has authority to discharge them—the lay committee has nothing to do with that—should not know what had become of them.

3534. *By the Hon. F. E. Beaver.*—He did not care, perhaps?—It is not for me to say whether he cared or not. The committee met next day, when it was clearly shown that there was not a single member present, including the President, Mr. Bruce, to whom Mr. Fitzgerald had said a word about those alleged cases of blood poisoning. So much for those paragraphs, and is it any wonder that scares occur when that takes place—that is part of the causation. Just about this time the coroner had a jury before him—I forget what the case was the jury were inquiring into—but he was reported in the papers to have said that a person had no more chance to recover from his wound in ward 18, if he went there to be treated, than if he cut his throat. A few days afterwards (all within a few days), I think on the 31st July, he empaneled a jury to take evidence for the purpose of making inquiry, presumably as it should have been, upon the cause of death of three persons who had died in the hospital. Their names were Alexander Barker, Elizabeth Graham, and Sarah McLaughlin. Barker was admitted on July 20th, and died July 27th. Graham was admitted on July 23rd, and died July 29th; and McLaughlin was admitted June 12th, and died July 29th. Now the whole of those cases were reported in the papers, more especially in the *Herald*, *ad nauseam*, with flaming paragraphs to the effect that the whole of those three persons were the victims of the state of the hospital; that they had all been killed by the hospital itself. It was under circumstances of that kind, and just after the coroner had made that strange statement about ward 18, that he empaneled a jury ostensibly to find out the cause of death of those three persons; but in reality, as the jury was informed by him, he wanted to decide whether the hospital should be removed or not. Although the inquest was held under such circumstances, when every person's mind must have been inflamed from the statements they had been reading in the press, and presided over by the coroner, who had many many times condemned the hospital in unmeasured terms, notwithstanding all that, the jury returned a verdict that Alexander Barker and Elizabeth Graham had contracted blood-poisoning before they came into the hospital.

3535. *By the Hon. the Chairman.*—That is in accordance with the opinion expressed by Professor Allen before the jury?—He was the only material witness, and the inquest might, if it had only been an inquiry into the cause of death, have terminated after his evidence; but the coroner proceeded, adjourning the inquest and incurring expense, giving certificates for the payment of jurors—I suppose that cost about £30 to the State, when it should not have cost £3.

3536. Do you mean to say that, after this coronial inquiry on the bodies of Barker, Graham, and McLaughlin, the coroner held a court to inquire into the condition of the hospital?—I mean to say he addressed his jury in these terms—that they would have to decide whether the hospital should be removed, as they were as fit to decide that matter as anybody else.

3537. Were there two separate inquiries?—No, they were all rolled into one. That reminds me that, in the case of McLaughlin, there was no charge of mal-practice or violence, or talk of an accident; it was not a case there should have been a coronial inquiry upon at all—the three were rolled into one for the purpose of making the effect greater. I have got the evidence. I got the Government shorthand writer sent there, and the evidence was forwarded to me. I would think, when the coroner says—“I am going to see if the hospital is chargeable with being the cause of death of A, B, and C,” that he would ask the principal witness (in this case Professor Allen)—“Do you believe, or is it your opinion, that if this person had not come to this institution, he would have developed blood-poisoning?” but you may search the evidence given at the inquest in vain to find such a question put by the coroner. A sensible juryman—the coroner had 17, it was not enough to have 12, he had 17—a sensible juryman, his name was not given, did venture to ask Professor Allen if this person would have contracted blood-poisoning if she had not come into the hospital. His reply was brief and to the point. He said—“Quite possible.” That is what occurred in regard to the third person, Sarah McLaughlin.

3538. Is that recorded by the Government shorthand writer?—Yes, I have it here. That was the statement, and Dr. James, who was examined on oath before the coroner on that occasion, stated that they would have all died if they had been treated in the Governor's house—the whole three of them. Dr. Robertson, in whose charge this person was, sent us a letter, because we asked for information from him, which we did in every case. The information sent by him was to the effect, that her case was of that nature that she should not have been admitted to the hospital at all; so that the hospital was debited with the deaths of those three persons; you would find it quoted in the *Herald* in five or six places in several of its then issues. You can see how a scare would be created. What I wish very specially to draw the attention of the Committee to is this: Barker was admitted on July 20th—he was one of the two cases the jury declared had contracted blood poison before their admission into the hospital. The Committee will see that if, by accident, this person had been admitted on the 17th instead of the 20th, the same thing that had developed in his own house would have developed in the hospital; and by mere accident that death would have been chargeable, according to the mode of reasoning that has been adopted, to the hospital. The same with Graham, who was admitted on the 23rd. She was also declared to have contracted blood poisoning before she was admitted; but if she had been admitted on the 20th, instead of the 23rd, she would have developed blood poison after, and not before, her admission; then, according to the style of reasoning, or style of argument, that has been indulged in so much, the hospital would have been chargeable with her death. That shows how carefully things of that kind ought to be dealt with before you arrive at the conclusion that any place, whether the hospital or any other place, should be chargeable with a thing of that kind. This is the nature of the last outbreak, as I find Mr. Fitzgerald calls it in his evidence, when he says—“We may be free for a few days, and then have another outbreak.” This is the outbreak, and what does it come to when it is analysed fairly. No sane man would seek to make a charge against the hospital on cases of that kind. In connection with that, I became very anxious to know what was going to be the result of operations in the hospital after the 26th of July, the date at which Dr. Fitzgerald's alarming paragraph appeared in the *Argus*. I may inform the Committee that, on my motion after the scare in 1882, we directed the medical superintendent to send us a report every month, at the first meeting of the committee in each month, of the result of all the operations taking place in the hospital during the previous month. Therefore, according to the custom that has prevailed by direction of the committee since that period, we have had sent to us his monthly report for August, and also September. This is what he reported to us:—“During the month of August there have been sixteen operations. Of these, seven have been discharged cured or relieved, and none have died. Of patients operated upon in previous months eighteen have been cured or

John Laurens, relieved, and one has died after incision for empyema." The Committee must understand that these latter cases refer to periods before August and September. "During the month of September there have been nineteen (19) patients operated upon. Of these, ten (10) have been discharged, cured or relieved, and none have died. Of patients operated upon in previous months, four (4) have been discharged, cured or relieved, and none have died." I think that is about the most important evidence that I have tendered to the Committee, inasmuch as this is a return of the outcome of the operations carried on in the months of August and September, the two months that immediately followed the month of July, on the 26th of which Dr. Fitzgerald's alarming paragraph appeared in the papers saying that no portion of the hospital was fit to be operated in.

3539. Does that return appear to an order?—It is not a return asked for specially; it is a return that has come in due course, pursuant to the direction of the committee after the scare of 1882, in keeping with our conduct in the matter, desiring not to hide anything, but rather that the public should know the worst and the best.

3540. Have we a copy of that return?—I do not know. As to the slow recovery part of the charge, I have read Dr. James's statement, that his patients in ward 18 recover remarkably quickly. I wish to put before you a comparative statement of the death-rate between the two hospitals—the Melbourne and the Alfred—which is as follows:—Total number of cases treated during the six months ending 30th June, 1886, Alfred Hospital, 790; Melbourne Hospital, 2241. Percentage of the general death-rate, less those occurring within 72 hours of admission, Alfred Hospital, 10·89; Melbourne Hospital, 9·78. In other words, it was 1·78 per cent. less in the Melbourne Hospital than in the Alfred Hospital. I wish to show by this return for ten years, which I have in my hands, that notwithstanding we compare so favorably for the first six months of the year with the Alfred Hospital, we had during that period exactly that state of things in the hospital that all the medical witnesses concur in saying is calculated to bring about a high rate of mortality. I notice that every witness that has been before you says that, when a place is crowded, there is nothing more calculated to bring a high rate of mortality, blood poison, &c.; and what I wish to show you is, that we have this favorable comparison with the Alfred Hospital, notwithstanding the fact that we were crowded during those six months far and away above the number we generally have. If you look at this ten years' return you find that in 1884 we had 3334 in-patients; in 1885, 3780; but during the first half of this year we had 2240 patients, which is at the rate of nearly 4500 for the year. We had the place so crowded during the first six months of this year, that we had them at the rate of nearly 4500 patients a year, whereas our rate has been 3500.

3541. *By the Hon. F. E. Beaver.*—In other words, you had 500 more?—Yes. All the medical authorities agree, who have given evidence before this Committee, that that is a state of things that will bring about this blood poisoning and fatal consequences in even the newest hospital you can build. It will not secure immunity. If you have the best hospital that could be devised, quite new, and crowd it in the way our old institution has been crowded the last six months, you will be liable to provoke an outbreak of blood poisoning and everything else. Bearing that fact in mind, which cannot be disputed (beds on the floor in every direction) what is the outcome of a comparison between the Melbourne and the Alfred Hospitals for that six months? We come out 1·78 better.

3542. *By the Hon. D. Melville.*—A miracle?—I am dealing with facts, not miracles. As long as I deal with facts, I do not care who faces me. They may joke over it; but they cannot destroy the facts. As regards my own statements, I have troubled you long enough. I simply wish to remark that there has been an entire absence, notwithstanding the clamour that we had, of an offer of a single sixpence on the part of the so called public to place things in a better position—not a penny. I wish also to read a copy of a motion submitted by me at the hospital committee. It shows a very important event in connection with the cry about moving the hospital. *Argus* June 30th, 1886. "The committee proceeded to the consideration of the following adjourned motion of Mr. G. Godfrey, viz. :—That in the opinion of the committee the hospital should be removed from its present site, and that the Government be asked to introduce a Bill in Parliament authorising the dealing with such site," to which the following amendment was moved by Mr. Laurens— "That inasmuch as the governors of this institution, to whom this committee submitted the question of its removal so recently as 1883, declared that they were opposed to any such course, it would be neither proper nor even courteous to them for this committee, whose appointment, mission, and purpose is simply to manage the hospital in its present form and actual site, to pass a resolution emphatically affirming that it should be removed until they further be consulted and show that their views have been changed in the matter." I do not know if the Committee was informed by previous witnesses that, as a matter of fact, we held a meeting of subscribers in the Athenæum, Collins street, in 1883, with a view to consult them on the possible removal of the hospital, and I never saw a meeting that was so strongly averse to that course; so that I think that I have shown that the committee with its limited means has not shown any want of disposition to do the best they can to get information for the public, and remedy any defects which were within their scope to remedy. This is a return—[*producing the same*]—showing that, during the six months ending 30th June, 1886, the deaths on the surgical side were only 3·29 per cent. after deducting deaths within 72 hours after admission, one of the lowest, if not the lowest, surgical death-rate to be found in any hospital records. In speaking of the deaths on the surgical side I might also say that, during last session, my own colleague, Dr. Rose, joined in the clamour in some way and, in the House, said he had been informed by some surgeon of the hospital that one in every five in the surgical cases died. Well, the very next day, I could not correct it then, I do not think I was in the House, but finding it in the papers next morning, I had a return from the medical superintendent showing that the surgical death-rate for the then last twelve months was only six per cent., and not twenty, as alleged. It is in this way a scare is not only raised but maintained. That would be published in the papers next morning, very likely, my correction was not. I may say, I shared the same fate last night in the hearing of Mr. Melville. I read, in the House, the return referring to Mr. Fitzgerald's patients mentioned in July as having disclosed septic symptoms, for which reason he was not going to operate any more; I quoted that return to show the public that all those patients had been relieved and discharged from the hospital, but in this morning's papers there is not the slightest mention of it in either of them; so it seems, the desire is that the people shall be told that 19 or 20 people are killed in the hospital; but when the true facts are brought forward, they must not appear. So much the more pity for the institution. Fortunately you are not guided by this partial way of dealing with it. You have heard both sides, and you have got your own reporter who will give you all the facts, and you will be guided in

your own deliberations by that, and not by comment or want of comment on the part of the press. I should like to say a few things in regard to some evidence that has been given. As regards Mr. Fitzgerald I do not think I need say more than I have said already. I have said he would not inform this Committee of what had become of his patients, and I have also explained the nature of the outbreak to which he refers, when he says:—"We may have a little respite; let us hope for some little time, while we are getting a new hospital, to have a healthy state of affairs; but I know, as certain as the sun will shine to-morrow, that we shall have another outbreak in a certain time." I have explained the nature of the last outbreak by showing that his alleged blood poisoned patients had been all discharged and relieved within a few weeks of the so called alarming symptoms, and also by showing further that the three persons over whose bodies Dr. Youl then held an inquest, were dying before their admission into the Melbourne Hospital. In the evidence given before you, paragraph 172, I find the following question and answer:—"I think you will admit that, in the Melbourne Hospital, we really get the worst cases that can come to any hospital?—Worse cases than go to the Alfred Hospital and any other hospital. The very worst cases go to the Melbourne Hospital. That is the rule. More bad cases than any other hospital." I was so far pleased to see that, because I think it is true; but it is entirely at variance with what Dr. Youl has told you. Then the question goes further:—"They all resort to the Melbourne Hospital?—Yes, that has always been so." Mr. Girdlestone says:—"And, consequently, we get worse cases in the Melbourne Hospital than in the Alfred Hospital?—Yes." I have nothing to say to that. But he is asked:—"Then as a hospital site, you approve of it?" And he replies:—"I think it is an admirable site. The hospital ought to be in the town to be of any use; at least if it is to be of its proper value. I consider it is an excellent site, but it is small. It is cramped." However, he bears true testimony to the excellence of the site, as far as it goes. In regard to the size of the site I might notice, and I notice more from what has transpired in this Committee than from my own knowledge, the area comprised in the hospital site and in the streets that surround it, is rather over eight acres. Although I thought about it myself when I saw the acreage really made out, it appeared to me it was surprising we have the command of so much air space, because, although we cannot build in the streets, no one else can. That site will have the command of so much space. The site is four acres and three-quarters, and then you have four acres more so far as air space goes, that cannot be built on. I think it is an important element to take into consideration, when taking account of the actual space. However, he (Dr. Girdlestone) is asked:—"Do the surgeons make complaints to the committee directly?" And he says:—"Yes, they may do." But, as a matter of fact, they never have done since I have been there, in regard to those matters, except the round robin, so to speak, which is dated 3rd November, 1885. It was put in the evidence given before the inquest. Except on that occasion, they have never written to us. In this statement (I do not wish to occupy time in reading it), in the 5th paragraph, which is the pith of the whole matter, it says:—"The questions of primary importance accordingly are:—(1.) Whether the present site is sufficiently large to permit the erection of such an hospital fully organized and equipped; or (2.) If not whether some larger and more suitable site can be obtained. As members of the medical and surgical staff we would earnestly impress upon the committee, without delay, a general plan of reconstruction of the hospital on a larger scale, either on the present site or elsewhere, and would urge that until such a general plan be adopted no patchwork, alterations, or additions should be authorized. Otherwise the funds of the institution will be wasted on buildings which can only be of temporary service, and which may be sources of additional evil, while the reorganisation of the hospital on a satisfactory basis will be indefinitely postponed. The members of the staff cannot but consider the existence of a first-rate general metropolitan hospital as a matter of the highest consequence, not only to Melbourne, but also to the whole colony; and in view of the vast improvements which have been effected during recent years in the public buildings in and around Melbourne, they cannot but regard the present condition of the Melbourne Hospital as unworthy of so wealthy and progressive a community." It seems that the medical men had in their eyes something very big and grand. They do not point out to us in this communication that there was any death or blood poisoning chargeable to the hospital; but they desired to see some very grand hospital building somewhere. "The staff would, therefore, submit the matter for the consideration of the committee in the hope that a movement may be speedily initiated to secure for Melbourne a general hospital which will bear comparison with the most modern and most appropriate European models—an hospital of which the richest city in the Southern Hemisphere may be justly proud." I have already told you that, if after all, the facts come before the public generally, they are prepared to say that they will have a hospital such as is described here, built on the best of modern lines, and according to the best ideas that modern and sanitary science can suggest, I have always said, in Parliament and out of it, that I am prepared to subscribe my mite to it; but this I do want, that they will arrive at that conclusion after having considered all the facts of the case.

3543. What is that?—This is the only communication sent to the committee of the hospital since I have been there.

3544. What is the date?—The 3rd November, 1885.

3545. Who signed it?—It was signed by the staff generally there at the time.

3546. The medical staff?—The medical staff, including surgeons and physicians. But at this time Dr. Beaney and Mr. James were not in the colony. It is not for me to suspect anything, because I came here to deal with facts.

3547. You deal with that as a medical remonstrance?—I deal with that as an application for a hospital on the latest modern lines, worthy the credit of the metropolis of the Southern Hemisphere. I say, as Mr. Langton had it in a letter in the *Argus* some time ago, he said he could not pretend to decide the question, but he was fresh from Sydney. He had visited the Alfred Hospital in Sydney, he would venture to say, if the poor of Victoria could only be properly treated in such an institution as he saw in Sydney, and with all the various appliances they have there, then he might well talk of razing the Melbourne Hospital. I quite agree with him. If you cannot treat the sick poor except in a place like that, I am prepared to subscribe my mite towards the erection of such hospital. But when I speak of the hospital in Sydney, the letter dated Sydney, July 27th, signed H. D. Russell, Secretary to the Sydney Hospital, is a very important one. I intended to submit it to the committee, because Mr. Girdlestone laid great stress, in his evidence before this Committee, on the fact that there were some wooden ceilings in some of the wards in the Melbourne Hospital. I am going to read the testimony of the secretary of the hospital in Sydney constructed in wood, which Mr. Williams has visited, which is done with common weatherboards, where there

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is any amount of places for the germs of bacteria and everything to rest on; and what does he say. This is a very important letter. This appeared in the *Argus* three or four days after the 27th of July:—
 “Insanitary state of the Melbourne Hospital. To the Editor of the *Argus*. Sir,—I have observed, through the daily papers, that the sanitary state of your principal metropolitan hospital is just now exercising the public mind, and also that at the present time the medical opinion is at variance with respect to the desirability of demolishing the structure with a view to the erection of a new building free from all septic taint. Now let me inform you that the Sydney public, some few years ago, were startled in a similar manner with respect to the Sydney Hospital. It was then boldly asserted that it was dangerous to life to bring a patient with an open wound within its walls.” Exactly the same accusation we have had here the last four years. “And the honorary medical staff clamoured for the immediate destruction of the building, and the erection of a new one. The result was that the old building was taken down and a temporary wooden structure erected to meet the hospital requirements of the city until the new one was completed. This wooden structure was erected in 1876.” So it is ten years old now. “And, as the new hospital is not likely to be finished for the next three years, it will have to continue its functions for some time to come. Since its erection there has been no outbreak of erysipelas or pyæmia in the surgical wards. What is the cause of this immunity from septic disease? It cannot be due to the nature or construction of the building itself.”—I have told you every bit of it is wood—ordinary weatherboards—“for its walls are most eminently designed (rough weatherboard) for the retention of septic germs. Can it be that the system of treatment is that known as ‘Lister’s’ method? Now, what was the state of affairs in the old building when a similar experience to that of your hospital obtained? Erysipelas and similar diseases were freely admitted then. They were not exactly received into the surgical wards, but it was the duty of the accident ward nurses to attend to these patients. They were also treated by the honorary and resident surgeons. The resident surgeon was not debarred from entering the mortuary and making *post mortem* examinations. The students who accompanied him were not prevented from entering the surgical wards and assisting in the dressing. Under such circumstances, can it be wondered at that pyæmia frequently occurred amongst the patients? However, all that is changed now in the Sydney Hospital. The present system is cleanly surgery. The honorary surgeons do not pride themselves in performing an operation in the shortest possible time, and then leave the subsequent treatment of the patient with the resident medical officers. I can quite understand that, when the Melbourne Hospital was designed, many essential requisites were omitted in its construction; but, on the other hand, no matter how perfectly a hospital may be built, the same evil now complained of may occur again if a proper and cleanly system of surgery be not adopted and insisted upon. Let the hospital directors, in electing their honorary medical officers, insist that those gentlemen shall be regular in their attendance.” That is exactly what we have not the power to do. We have no power to elect the medical men. They are elected by the subscribers. At the Alfred Hospital they have the control of the medical staff, and apparently at this one in Sydney. “And not subordinate the hospital interests to their convenience; that they shall attend at least three times a week, or throw up their appointments; that their wards shall be airy and well ventilated—even draughty, so long as the patients are well supplied with bed-clothing and flannels; that each ward shall be emptied twice a year, its walls thoroughly cleaned down and lime-washed with good Roche lime; that the antiseptic system of surgical dressing is faithfully carried out; and they need fear no hospitalism in the future. I may here state that I am not a medical man, but that my experience in hospital matters has extended over 30 years, and the opportunity afforded me for observation has, therefore, not been an insignificant one.” I am going back to the evidence of Mr. Girdlestone. It says—“Have you drawn the attention of the committee to the bad state of the closets?—I do not remember exactly now what state that question is in; it has been mentioned so often. The committee is as well aware of it as I am.” “Have you ever complained?—I have, at different times; but, generally speaking, if I want anything done I mention it to Mr. Williams, and he gets it done.” I wish to say this, that Dr. Girdlestone sat on the committee for several years before the rabid statement of Dr. Youl was made on the 6th of January, 1882, saying that there was no remedy but to pull down the structure, because of its poison-saturated walls, and he has never opened his lips during the many years I had previously sat on committee with him until the statement was made by Dr. Youl, when, for reasons of his own, he gave some colorable support to the rabid statement of Dr. Youl; but previous to that he never opened his mouth. And when he gave that support, I charged him openly myself at the committee board with never having opened his mouth about it during all the time I sat with him on that committee. I am dealing now with Dr. Youl’s evidence before you. The question is asked—“Hospital gangrene is one of the worst things?—Yes. We have never had that at the Melbourne Hospital?—I think you have been near it. If I had let it go on three years ago I think you would have got it. There were fifteen cases of pyæmia, septicæmia, and gangrene in a fortnight or three weeks, and it would have been very serious if I had not interfered then, because I was frightened there would be a regular outbreak.” By the returns I placed before the Committee, instead of being that number of cases in three weeks, there was not that number of deaths during the whole year. I do not know why he says that, when he has just been saying we came very near it three years ago; he means four years and a half. He never wrote to the committee on this subject except to say, he would not meet us to explain his statement. Therefore nothing can be said to have been done at his instance, as he alleges. At question 69 he says—“I speak to you now, giving you the result of evidence that I have collected from all these sources, and that is what I have learned by experience. I know that no man gets erysipelas in the bush; a man who can lie in bed, and smoke his pipe, and spit through the wall; you want them as much as possible in the open air.” In regard to this statement from the coroner to yourselves, that no man gets erysipelas in the bush, I wish to call the attention of the Committee to this fact, that when Inspector Hare was wounded at the Kelly capture, he went for treatment into the mansion of Sir William Clarke at Sunbury, and he was no sooner there than erysipelas supervened in the wound he had received at the Kelly capture.

3548. *By the Hon. the Chairman.*—That was corroborated by Mr. Girdlestone, I think, who stated that a patient of his developed erysipelas systematically?—He might have been in the bush. I am commenting upon the statement of Dr. Youl, that no man gets erysipelas in the bush. We have the fact, that no sooner had Mr. Hare gone to the mansion at Sunbury, than erysipelas supervened. It did not prove fatal; and I read in the papers that he had erysipelas again. About four months ago, I read in the *Argus* a paragraph headed “The death of a miser.” It was the death of a person who had died in Belfast—which we ought to consider healthy—by himself in a hut. He had died from erysipelas contracted in his own hut, where he lived a retired life, though a man of means. I may say that it is not very long ago since

we were informed that a man whose name is celebrated (John Brown, who used to live in the Queen's Palace) contracted erysipelas, and died there; and we are informed that Gambetta died from erysipelas in a palace the other day. Then, in question No. 72, we have—"Suppose they build two new wards?—There is no place for them.—Is the ground all covered?—Dr. Youl replies, Yes, more than covered." In regard to that, you all know it is not covered; but I may tell you, as a matter of evidence, it is not covered. I may tell you further, that it is quite possible to build a pavilion on the very border of Russell-street; you would have 99 feet on the other side of it of clear air.

3549. We have had that fully before?—I am glad you are aware of that fact; you could do that either in Swanston-street or the other street. I see that some members of the Committee called the attention of Dr. Youl, in question No. 821, to the inquest on the late Anthony Bourke on the 6th of January, 1882; and I was not a little surprised that, when he was asked if he recollected about it, he said he did not remember that inquest. It appears to me to show with what carelessness a scare is created, that he did not recollect the particular incident that caused all the scare in 1882. The latter portion of his evidence appears to show that there are worse cases go into the Alfred Hospital than into the Melbourne Hospital; and he gives the number of deaths from consumption and phthisis in the Alfred Hospital. He is quite correct; but for one who dies of consumption in the Alfred Hospital, we have got seven who die in the Melbourne Hospital; and therefore his aim in trying to show that they get all the moribund or incurable diseases in that hospital is exceedingly misleading. There is no other medical man backs him up in that. Every medical man that has been asked in this Committee has admitted that the cases that we treated in the Melbourne Hospital were of a more serious nature than those treated in the Alfred Hospital.

3550. *By the Hon. D. Melville.*—Dr. Reid denies that; he says the cases are all bad in Geelong?—I am not speaking of Geelong; I am speaking of the Alfred Hospital. I say every medical man has freely admitted that the cases that come into the Melbourne Hospital are worse than those in the Alfred Hospital; and Dr. Allen, in his evidence given at the inquest on those three days not only did that, but combated the coroner, who tried to make him believe it was otherwise—he said the comparison of the Alfred Hospital to the Melbourne one was not fair.

3551. *By the Hon. F. E. Beaver.*—I am sure the Committee are very much obliged to you for your evidence; but there are one or two questions I should like to ask. Are you quite sure that everything that the medical staff have asked for has been carried out by the committee?—I cannot recall anything to mind that it was in the power of the committee to do that they have not done. When I say within the power, I mean when the means were available. We have always paid the utmost deference to anything they may have suggested, but the suggestions have only been made when we have called them to give evidence before us. For instance, when we examined them from January to April, 1882, after the scare, I was one of the members of the sub-committee who took evidence. They gave us some ideas then; and I am forced to say that, in examining their present evidence, they appear to admit that the hospital is in a much better condition now than in 1882—even Dr. Youl admits that.

3552. Supposing the hospital were removed to some other place, there would always be a difficulty, do you not think, amongst the people residing there, objections to the hospital going there—you yourself have objected on the score of drainage?—I am in a position to inform the Committee that the people in Carlton object to what has been called the University site; and the people in Hotham emphatically object to the Pig Market and Royal Park sites. I do not know that any other suburbs have been suggested. I may say this—that the inspector of charities has told me personally, and I believe has written a report to the Government, recommending the foot of the Domain, on the other side of the Yarra, as a site for the hospital. There is a difference between objections to the hospital where it is, and removing the hospital—we may want half a dozen hospitals, for what I know.

3553. The population has gone to the Melbourne Hospital where it is now, it has not gone to the population?—*Cela va sans dire*; the hospital was built in 1846, and it was like the bush there at that time.

3554. There could not be the objection to the hospital being there, that there would be to building a new hospital in a crowded thoroughfare?—I am only expressing my opinion as a citizen. There can be no valid objection on their part; because, assuming it is a nuisance, they have come to the nuisance, the nuisance has not been brought to them. I might venture to go a little further, and make this statement. I have been reading books on hospitals by medical authorities, and in relation to the sites in London and elsewhere, it does not appear that the fact, that the site occupied by a hospital has become valuable, so that you speak of the value of the land by the inch and not by the foot, as we do in Melbourne, has caused a desire to remove the institution, because of the sum of money the land would fetch. That is what I learn from reading those books.

3555. Can you give the Committee any reason, other than has been stated, why the scare should have taken place?—I have given you certain facts which I esteem to have been the reason of the scare—beyond that I cannot go.

3556. One or two have given it in evidence that it has been produced because the Medical School is at the University?—My own conviction is, that that is at the bottom of the thing. I may say as a kind of proof of that—I do not like to hazard any statement without a proof—that I read in the *Argus* that the Council of the University have passed a resolution to the effect that, whenever any legislation takes place concerning the Melbourne Hospital, which there would have to be if it were removed, that legislation should provide for some legal control over the hospital, which they do not have at present. So far, that is evidence that there is a desire in that quarter.

3557. To my mind it appears that, if the Medical School were at the hospital, a great deal of this difficulty would not have arisen, if it were in the hospital grounds instead of the University grounds?—That is putting it in another way—I dare say it would not—it is a matter of opinion.

3558. As to the financial aspect of the case, supposing a new hospital were to be built—it is a charity of the city of Melbourne, and the funds are provided by the citizens of Melbourne, supplemented by a grant from the Government. Do you think the citizens of Melbourne would readily consent to that place being abolished, and put their hands in their pockets to the amount of £150,000?—As to abolishing it, we had a meeting of subscribers, and they were thoroughly against it. Perhaps I may be permitted to express what I have thought. I do not think it would be any use to gather the public or the subscribers together to-morrow, unless you were in a position to say to them—"Will you consent to move the hospital to such a spot?" Supposing the Pig Market site was available, and there was no objection about drainage, and

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every one was agreed it could go there, the public or the subscribers might be inclined to favor the removal to that spot, whereas they might not be inclined to favor its removal five miles off. That is the difficulty about asking the subscribers—"Are you in favor of moving the hospital?" They would naturally ask—"Where to?" and if you could not tell them where, how could you get an intelligent answer from them?

3559. Have you considered in your own mind the sale of the land of the present hospital?—Yes. We have got valuations by two firms of auctioneers—the estimated value is about £150,000.

3560. *By the Hon. D. Melville.*—Is that the average?—About that.

3561. Is it the average of two or three men?—There are only two who sent in. We asked three firms to send in, and I think two sent—I am speaking now from memory; I think it is about £150,000.

3562. When was that?—About four months ago. There was a valuation, a passing valuation, submitted to us, I think, George Godfrey brought it in, representing the value of the land fronting Little Lonsdale-street at £100 a foot, and fronting Russell and Lonsdale-streets at £160 a foot. I think £100 a foot for Little Lonsdale-street is altogether an over valuation—there is a blank wall on the other side of the street. I know properties have sold below it at £30 a foot in the more business portions. There was some property near where the Japanese Village is now, a vacant piece of land, and some of the frontage was sold, and I noticed it fetched about £65 a foot. The valuation was £200 for Swanston-street, and I think that valuation is the nearest of the lot—I think it might fetch that.

3563. Would that mean £150,000 for the lot?—About that; that is a valuation that has been submitted to us.

3564. Will you get the figures?—Yes; Mr. Williams will forward you a copy of the valuations. You must bear in mind—the Committee must not be misled—this is for the whole ground, and I do not think there is any person who would give his consent to remove the entire place from there.

3565. *By the Hon. F. E. Beaver.*—If the hospital were removed, it would be necessary to have a receiving-house in the locality?—You would still want a deal of ground there.

3566. The £150,000 required for the new hospital could not be realised from the sale of the whole of the ground?—No, you would have to retain a portion.

3567. Have you thought anything of a hospital in the country for phthisis?—Speaking as a layman, I think it is a great want, and I am prepared to subscribe my mite towards such an institution. That involves another consideration, that, if you have a hospital of this kind, and perhaps a special hospital of another kind, it would make the present hospital large at once in the sense of being relieved of cases that ought not to go there, but which we have to take—pyæmia, erysipelas, and everything else; or shut the doors against poor men and women who perhaps have not anywhere else to lay their heads.

3568. *By the Hon. D. Melville.*—Suppose it were clearly understood that your site is worth a quarter of a million—?—I have not put it that way.

3569. Supposing the Committee arrive at the conclusion that the site you occupy with this hospital is worth a quarter of a million, would you recommend to continue occupying that gold-mine?—Whether I would recommend to continue to occupy that gold-mine—you will allow me to be guided by what I said just now I found in books—that, as a matter of practice, people in London or elsewhere are not induced to dispose of a site because of its being a gold-mine, or because it will realize a large amount of money.

3570. Would you individually as a member of the committee, and representing the committee of the hospital, object to the removal of the hospital, seeing that the amount of money involved for those poor people is something enormous—assuming it is worth from £150,000 to £250,000, you would still contend for this site?—I will answer the question in this form. As I said just now, it altogether depends—you could scarcely ask the question of the subscribers whether they were in favor—

3571. I want your opinion as representing the committee of the hospital—would you think it prudent or right to occupy that site in view of all the circumstances before you?—That is putting the question in another form. The question is, whether I think it proper to occupy the site.

3572. Would you, representing the committee, still recommend, or insist, or suggest that you still occupy the site?—I can only speak as an individual now.

3573. You are speaking all the time in your representative capacity?—Up to the present time I have only laid facts before you which no committee can alter; but this is a matter which the committee would have to decide. I have not to commit them in any way—it is a matter of opinion.

3574. It is a practical question that the Committee must deal with—will you give us your opinion?—Before I can answer that, I must be told where the hospital is to be put.

3575. No, here is the hospital, worth a gold-mine—worth £150,000 to £250,000, for 200 or 300 poor people, to be dealt with—do you recommend the Committee to persist in that site?—I thought I was being asked my individual opinion.

3576. Limit it to your opinion, if you like?—My answer is—I wish it to be very plain, and very plainly understood—that if a site can be found equally convenient, and if the proceeds are sufficient to build a hospital such as is desired, or appears to be desired, I would be in favor of that course; but I must not be misunderstood—I say if you can get a site equally acceptable and as convenient, with as good drainage, and foundations and everything else, and the proceeds can secure that site, and erect a better and larger place, I would recommend it—that is my opinion.

3577. The people of Hotham objected to the Powder Magazine in the Royal Park, they objected to the Small-pox Hospital being in the Royal Park, and of course they would object to the hospital being moved to the Royal Park or the Experimental Farm. You say you are empowered to say, they do object?—I was specially desired by specific resolution of the Hotham Council to appear before this Committee and urge their objections to the erection of any hospital either on the Pig Market or Royal Park sites.

3578. Suppose this Committee arrive at the conclusion to shift the present Hospital somewhere, with your large experience, where would you recommend as the next best site, assuming that the site where it is is the best?—Next to the present site?

3579. Yes, setting prejudices and everything on one side, you are asked the question where is the next best site for the Melbourne Hospital, all things considered?—The foot of the Domain, at the other side of the Yarra, near Prince's Bridge.

3580. Is there any other, supposing that is not obtainable—that is where the boat-houses are?—A little above that. I will give you my reasons, and I think they are the reasons of the Inspector of

Charities, too. The drainage would immediately flow into the Yarra; bad as it is, it is the largest flow of water we have near Melbourne.

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3581. There is a sort of back-flow, and it would get round to Hotham?—I do not think so.

3582. I have seen a tremendous flow of water round by that canal—would you be safe there?—I have never considered the question from that aspect. It is just as convenient as the present one for being central; everything converges there. Although the Hobson's Bay Railway-station is not as central in the town as the Post Office, still it is as central in a practical way, because every vehicle and cab converges there from all parts of the town.

3583. But have you borne in mind that the Alfred Hospital is within a stone's throw of it?—The stone's throw is very distant; I think it is some three miles.

3584. From that site?—It might not be more than two; I think it is two.

3585. Is it a mile?—Yes, I think it is—the hospital is very near St. Kilda—my impression is, it is more than two. I was going to add, that everyone knows there is no suburb increasing at such a rate as those on the other side of the Yarra at present, and the Alfred Hospital will soon be too small for the population round it; so that we need not take the Alfred Hospital into account.

3586. Have you thought of any other site?—I have thought of the matter in a variety of ways, more especially, as some believe that the hospital ought to be in the country. I have thought of the matter from that point of view, and, although I am not familiar with the country called Maribyrnong, I have thought there would be good sites on the Saltwater River, with better drainage than the Moonee Ponds Creek, which is no drainage at all. I have thought that, if we required to build more hospitals, round about Maribyrnong, there is high ground in the vicinity of the Saltwater River suitable for that purpose. I notice that some gentleman who gave evidence before the Committee, I think it was Professor Allen, suggested some site about Hawthorn.

3587. To go back to Maribyrnong, is that the place where the boiling-down places are?—Somewhere about there, I have not been there more than once or twice in my life; I am speaking of my impressions of the place.

3588. That is where the slaughter-houses of the corporation are?—I think there are places in Maribyrnong very far distant from that. There is an hotel where they go fishing, that is quite away. I do not mean any particular place; I say it occurs to me there are large areas there.

3589. Dropping Maribyrnong for a time, do you know of any other site?—No other has suggested itself to my mind.

3590. You mean Maribyrnong for a country hospital?—I have already stated so. When the question was before the city council, as to whether they were prepared to give the Pig Market site; some of the councillors said they thought the hospital should be in the country; and when speaking to Mr. Carter, who is also a member of the council, at the time Mr. Godfrey had the motion before the council, he said they ought to have a hospital in the country; and I thought, where could we have one, and Maribyrnong came into my mind.

3591. Have you heard the committee, with their practical experience, name any other site?—No; there has been incidental mention of the Pig Market, and the Royal Park, but not in the committee. I wanted the committee to go into particulars as to what they would do, whether they would retain a portion of the site before they went to the Government to ask for the University site. They went to ask for the University site, and they said it could not be granted; the council of the University appeared before the Minister of Lands to oppose the application. Reading between the lines, I think their opposition meant this—"The fee of those eight or ten acres is not in us, but we have been allowed to fence it on condition that we would plant it. We have fenced and planted it and spent £500, and, therefore, we ought to be considered the owners, and if we are approached as the owners, if the application comes to us instead of to the Government, in whom the land is vested, we will be in a position to impose our own terms, as to the terms on which it shall be used as a hospital, and then it will suit us exactly."

3592. What is the objection of the people of Hotham to the Royal Park site?—More especially the portion that borders on Hotham. The Government have sold £22,000 worth of land, what was called reserves, and kept for reserves for many years, and they have taken away three or four acres for a State-school, which the council had fenced and planted for a reserve, and this was all done on the plea that the Royal Park was really our place of recreation. We have been forced to view it in that light, independent of any choice of our own, and because of that I have explained how we have resisted every attempt at planting anything foreign in the Royal Park—foreign to a place of public recreation.

3593. In your opinion there would be no danger from the drainage?—That is our local objection, even supposing the drainage was good; but we say—on drainage grounds it is most objectionable—there is not a worse place round Melbourne.

3594. Is it really dangerous?—That is a professional question; but if the people have got the idea, all the professional opinions in the world would not alter it.

3595. Is there any real danger?—We think there is great danger.

3596. Is there any danger to the people in Melbourne now where it is?—It is a professional question; but I will say—

3597. It is not professional for the people of Hotham?—I am going to explain the facts. The drainage, as soon as it leaves the front of the hospital, drops into the new sewer in Swanston-street, therefore the public are as free from any possibility of danger as they could be with a hospital situated on the edge of the river. It drops down at the corner where the urinal is and goes down to the Yarra.

3598. If it would be really a source of danger to the people of Hotham, which is only about 500 acres in extent, how much more so must it be to the great city of Melbourne and its surroundings in the present position of the hospital?—The hospital has comparatively good drainage where it is to what the Royal Park has; besides, that piece of ground has been devoted to hospital use from the first, and we pride ourselves that the other ground has been devoted to public recreation. This hospital site was never devoted to public recreation by any one. To use any portion of the Royal Park for hospital purposes would simply be taking away a site for everything but that for which it was granted. It is vested in trustees, it is not Crown land now—the Crown has no control over that ground.

3599. I hope you will not regard the fact that the people have come to live near the hospital, which was once in the bush, as an insuperable difficulty—that because they came there you will never be disposed

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to relieve the people of Melbourne, even if the hospital is in a bad place?—I do not exactly understand the question.

3600. Assuming it is dangerous, you would not have us say they shall have it there perpetually, because it was bush once, and that the people who came there will have to put up with it. You are implying that, because the people have come to the hospital they should have no relief?—I made no comments—I simply stated, as a matter of fact, that if the hospital is deemed a nuisance (I do not say it is, but if it is) the people have come to reside near the nuisance, the nuisance has not been brought near to the people.

3601. Yes, but this danger has been conveyed a considerable distance—to Flinders-street; those people were not responsible for that, so that they did not come to it. Assuming it is an element of danger, it is equally an element of danger to Melbourne as to the people of Hotham. If they deem it an element of danger, and you recognise it as one, is it not right also that the committee should recognise it on the part of the people of Melbourne?—I think they should recognise the interest of everybody in every case; but how is that interest met is the question, and I may tell Mr. Melville that, in a matter of this kind, which is not altogether dissimilar to many questions which people in Parliament have to deliberate and vote upon, whatever might be my individual opinion in a matter of this kind, I should esteem it my duty to carry out the wishes of my constituents; that is an important point.

3602. When you come to give us evidence, we treat you in the broader aspect, that you are a representative of the whole people, and we do not wish to confuse that evidence with the likings or dislikings of the people of Hotham?—Let us be plain. Suppose the question was before Parliament to-morrow, and there was an attempt to place the institution in the Royal Park, knowing the feelings of my constituents, I should consider it my duty to oppose it might and main.

3603. You would set aside the merits of the question, and merely deal with it——?—I consider I have to represent the feelings and wishes of my constituents, and you may expect that, if anything of that sort was attempted, the whole of Hotham would be in arms.

3604. You have alluded to a matter about some of the complaints of the patients being put in writing?—I spoke to Mr. Williams about that this morning, and he says really they are so few he cannot recall them, except a few against the medical men. One assumed a practical shape six or eight years ago, when one of the patients pulled up one of our resident surgeons into court for damages in a matter of mal-practice in the treatment of a finger. It was a case of try on, and the costs amounted to £50 or £60, and the committee voted the amount, so that the surgeon should not be subject to it. To my mind, there has been no complaint, except perhaps against a medical man or a nurse. Some people may say, "I have been roughly handled by the porter, I will write to the committee about it." There would be no complaint about the hospital in that.

3605. I thought, from the way you alluded to the letters that have been written, that we would be able to get them?—I daresay you would, if Mr. Williams will look up the papers. Sometimes such a thing is remitted to the visiting committee to inquire into. I have sat on the committee to inquire into a matter in dispute between the late Mr. Gillbee and Mr. Fitzgerald; but I am pleased to say we have not had many of that kind of inquiry. Sometimes you get a patient who, rightly or wrongly, thinks the medical man or one of the attendants has not been sufficiently kind, or has been too rough in his handling, and some few times they have written complaints of that kind to the committee, and you may rest assured that Mr. Williams is the last man that would withhold anything of that kind.

3606. He has no memory of anything of the kind, so you are in conflict?—I asked him this morning, and he said they were so few he could not remember them.

3607. The evidence you gave was, that there were letters—I asked you myself?—I think I said, crotchety people were met with who could complain about anything, and we have complaints; but I wish to repeat, that we have had no complaints about the hospital as such. I was speaking about the closets. I said, as a member of the visiting committee, no patient had ever complained to me of the closets.

3608. I notice in the last part of your evidence you pay a very high compliment to the candid manner in which Mr. Girdlestone speaks of the committee, and the things he thinks right in favor of the hospital. You admit all this, but you reject him when he speaks of things in which he thinks the hospital is defective. You repudiate that, and all the medical men you treat equally with Mr. Girdlestone?—In what respect have I taken exception to what Mr. Girdlestone has said, or any other doctor? I am prepared to stake my existence I have not misrepresented them.

3609. Mr. Girdlestone has pointed out cases in which healing has been delayed—Dr. Robertson has done the same thing, that healing is prolonged, and that the construction of the hospital is altogether faulty——?—One thing at a time.

3610. You think the candid evidence of Mr. Girdlestone a bit of well merited compliment?—I understand that point. But what is it you want?

3611. But when it does not suit you——?—Where does it not suit?

3612. You accept the doctor's evidence when he stated those matters about the hospital that he thinks others have stated unfairly, but you overturn his evidence when he speaks of the wooden linings of the hospital and its defects?—Let us stop there. I want one thing at a time. I read a letter from Sydney showing how little reliance could be placed on Dr. Girdlestone's objections to wooden ceilings in some of our wards. In that letter we have the general information that they have a place in Sydney entirely built of rough wood, and they have an entire absence of blood-poison diseases there. I repeat that. What is the next point?

3613. While you pay those gentlemen the compliment of saying their evidence is candid, you repeat the word "rabid" about Dr. Youl. You used that word several times?—I will repeat it a thousand times, I say, of an official who says that there is no remedy but to knock down the whole institution at once that is so useful in its character, which cannot be replaced to-morrow. The very inquiry we are engaged in shows that it is important. I say it is a rabid statement. That rabid statement was made to a sensible jurymen who asked whether the medical authorities (because it is they who have the disposal of patients), could exercise more care in the disposal of patients; and instead of being told by Dr. Youl—"Well, they might," or "They ought to have been more careful," an alarming statement is made, which is bound to have the effect of scaring patients, and retarding, if not altogether preventing, their recovery.

3614. That is so in the answer?—Yes, I am charged with improperly using the word "rabid"; I would use the word if it was the last word of my life. I cannot conceive a more rabid statement than that.

It is thoroughly inconsistent with what Dr. Youl has stated to the Committee, that he has recommended this and that to the committee, which he has never done. If I tell you there is no remedy for a certain thing but knocking down the whole of this building, would you think it would be right and consistent for me to say—"You can amend this way and that way," for I start by telling you there is no remedy but pulling down the whole thing. Any suggestion of a remedy is inconsistent with the first statement. Therefore it is not only rabid, but unpardonably rabid.

3615 Those gentlemen have given the evidence on the best of terms, Dr. Robertson, Mr. Girdlestone. All of them condemn the structure?—I condemn it too, in some respects.

3616. Apparently, in that document you have shown us, they say the time has arrived for the committee to seriously consider getting another place, and considering the instincts of the people of Melbourne—are you opposed to that?—I will answer that by reading this to the Committee. I had a motion before the Hospital Committee on the 29th June, 1886, to this effect—"That as it is now clearly evident that neither the University authorities nor the Government will give for hospital purposes the site hitherto supposed by some persons to be available and at the disposal of this committee free of cost; that, inasmuch as the rapidly increasing population of Melbourne and suburbs, and the consequent increase of sick persons unable to pay for proper surgical and medical treatment, will make it, sooner or later, imperative that either an additional hospital should be erected on some available site (however distant), or the present one enlarged, as well as its defects of construction (as shown by modern sanitary science) remedied, it is desirable that this committee should place itself in communication with the authorities of the most recently-erected hospitals in Europe and America for the purpose of obtaining, if possible, the best authentic information for their guidance in the matter on the following points:—1. The area of the whole ground occupied by each institution. 2. The area solely occupied by the buildings, and, if more than one story, how many and how reached. 3. The number of beds provided for, and how many cubic feet of space allowed to each. 4. The mode of ventilation and whether found in practice to be safe, satisfactory, and effective. 5. The closet system and general features and arrangement. 6. The cost of construction in each case."

3617. This hospital in Sydney appears to use largely what you call "Roche lime"?—So the secretary says.

3618. Have you ever seen that in the Melbourne Hospital?—No.

3619. You do not know the specific qualities it possesses? It is one of the conditions in the paper you have read, that this Roche lime must be plentifully used. Do you know anything of this lime?—It is a lime I have heard the builders speaking of.

3620. You do not know whether they use it?—No.

3621. The committee do not deal in the matter as an agent to protect in any way—They do not recognise it?—No.

3622. You are not aware of their having ordered the walls of any part of the hospital to be washed in Roche lime?—No, not that I aware of.

3623. You are not aware that the Act of Parliament compels you to use this cleanly article?—It may do so. I do not think it orders to whitewash painted walls. I took part in the passing of the Act, but I do not think it does any such thing.

3624. Why did you put such a clause in the Act to compel the factories and places around Melbourne, where people sleep, to be washed every six months?—I do not know. But that reminds me of a thing I intended to call attention to. I have had to take exception to one thing. In various parts of Dr. Youl's evidence he says the committee began, only four years ago, to paint the walls, which were porous bricks which you could blow through. Those walls, as a matter of fact, were painted in the same manner as they are to-day, when I joined the hospital committee ten years ago. That is thoroughly incorrect—thoroughly untrue, to say that we only began to paint the walls four years ago. That is another thing to which I have to take exception more in sorrow than anger. I do not wish this Committee to believe that it was through him the hospital committee had the walls painted.

3625. I wish to ask you when were the walls of the servants' quarters lime-washed, or were they ever washed?—I may tell the Committee that those are detailed matters, which are generally left to Mr. Williams. As a committee, we do not know generally. The finance committee may know. I have never been a member of the finance committee. When the quarters are being renovated or whitewashed, I may only know it, if I happen to go in and see it. It is not within the purview of the general committee.

3626. It comes within our purview?—Exactly; but I am not in a position to deal with it.

3627. If the dirty state of the servants' quarters, the dingy appearance of the rooms, attracted our attention, would it not be a good time to ask a member of the committee when they were lime-washed?—Yes.

3628. You do not know?—No.

3629. If we asked Mr. Williams, and he did not know, whom should we ask next?—I am surprised to hear Mr. Williams did not know. I think if he referred to his data—

3630. What is his data?—His books.

3631. Has he any record?—I presume he has.

3632. If you find 40 people sleeping in a room 10 feet high, would it be a proper question to ask: "When was this lime-washed or painted?"; would that be a proper question?—I think so.

3633. Would you ask the committee when it was lime-washed? We cannot find it out?—It is a very proper question; but it places me in the position to remind the Committee, that there was never any charge as to that made by Dr. Youl in his wildest moments.

3634. We are not investigating solely Dr. Youl's statements?—If the charge that has been made against the hospital means anything, it means that no person can be surgically treated there with safety.

3635. We are on the question of lime-washing, which you yourself introduced?—I say I am not in a position to say. I think the lady nurses' quarters, the upper part of the wall, is lime-washed, but I am not sure.

3636. Nobody knows. Mr. Williams has been here and he has not told us?—I may be allowed to tell the Committee that the charge is really—I know you have to enquire into every matter, and, therefore, do not take exception; but the main issue was—that you could not come to be treated in the Melbourne Hospital without running the risk of your life. And this leads me to take another exception to the medical evidence, that all through the piece, in the evidence given to this Committee, every witness supposed to be

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unfavorable to the institution fought shy as much as possible of any death return on the surgical side. They had to be continually reminded that the death-rate was only so much on the surgical side. They were always flying to the medical side. We show in one of those returns that the death-rate is below 4 per cent. on the surgical side, when you take out the cases dying within 72 hours. They avoid referring to that return at all.

3637. We are on the Roche lime now?—I know; but I am glad to have an opportunity of pointing out that those witnesses have studiously avoided all comments in reference to the low surgical death-rate in the hospital, which, during the first six months of the year, was only 3·29 per cent., after deducting the deaths which took place within 72 hours of admission. They always pointed out the 23 per cent. being the highest medical death-rate ever reached, which part of the statistics they always quoted and accepted as strictly correct. But when their attention was called to another part of the same statistics, which showed the surgical death-rate had been as low as from 3 to 5 per cent., they generally exclaimed, "Oh, you can make statistics say anything." Only the high rate was correct. On the other side, it was never correct. When I say it was never correct, they will never say so. They never say they are incorrect. They never say, it is not true that the death-rate on the surgical side is so little. But they always somehow insinuate that it was not correct. The statistics are strictly correct, because of the manner in which I have explained to the Committee they were prepared. I am sorry to make these statements. I would rather say they have said what is correct on those things. In the report of 1885, in one of the last paragraphs of the medical superintendent it says—"It may be noted that the one death among the cases of erysipelas occurring in the hospital was that of a patient under treatment in a medical ward for advanced alcoholism. In four of the cases of pyæmia developed in the hospital the poison was apparently communicated from an obscure case of that disease, which was unfortunately admitted into a surgical ward, the exact nature of the disease not revealing itself for some considerable time." This annual report, you will notice, appears to account for those four fatal cases of blood poison, which were contracted on the same day in 1885, and to which so many strange allusions have been made before you, in a form to lead you to believe that the insanitary condition of the hospital was the cause of those deaths. If any one were to blame, it was the medical men in not being careful in admitting this case, and placing it among others. I believe this refers to four cases of blood poisoning in the theatre, which occurred in this way; five patients were operated on; the first came out right, the second was the case of a woman. I think it was this obscure pyæmia of which the superintendent speaks; it was a woman; she had a sore cancer to be operated on. When they got into the operation, they found there was this obscure pyæmia in her body, which they had not discerned before their instruments and hands were used in the operation. Three other persons were operated upon on the same day and on the same table, and they all got the blood poisoning and died. One of those four cases is the case that Mr. Girdlestone called the attention of the Select Committee to, when he said they were puzzled to know how it occurred. And here again Mr. Melville may think I am making a charge; but, reading the evidence, he seemed to put it in a way to lead the Committee to think it was chargeable to the building; whereas, it was owing to this obscure disease which had not been discovered, which they only found when they operated, and the three persons who followed her died; and, what is more, there was no inquest upon those cases, no inquiry.

The Honorable Member withdrew.

Adjourned to Wednesday next, at half-past Two o'clock.

WEDNESDAY, 3RD NOVEMBER, 1886.

Members present:

The Hon. W. A. ZEAL, in the Chair;

The Hon. D. Melville,

The Hon. F. E. Beaver.

J. Williamson,

William White examined.

3638. *By the Hon. F. E. Beaver.*—What are you?—A ship builder.

3639. Have you seen the Melbourne Hospital?—Yes.

3640. Been over it?—Yes.

3641. What do you wish to say?—This is a system of ventilation I have thought a good deal about; in fact, I want to have brought it before the Parliamentary Committee for the Chamber, but I did not. I have made a drawing here which is simple—[*exhibiting the same*]. "For this purpose I propose introducing a tube made of galvanized iron nine inches in diameter, capped with a cowl to turn from the wind marked number one; the tube to go down and to have a bell mouth as marked number two; another piece of tube with bell mouth as marked number three, and a gas burner about 18 inches diameter with about ten jets as marked number four. The consumption of the vitiated air by burning would create a draught up. The current is shown by those arrows; they draw all the air from the top of the room. To supply fresh air place another globe of six inches in diameter, mounted by copper facing, as shown here, and at the lower end a globe made of sheet iron 3 feet in diameter perforated all over, to allow the fresh air to pass out into the room. The ventilation is so that the air shall be widely displaced." I have gone to the laundry. "The laundry being in the house it is only possible that the kiln-dried clothes can have the comparative purity of the atmosphere of the house. It is also well known that dirty water from washed linen is one of the most noxious compounds. To avoid this, and to dry the clothes in fresh air, I would remove the laundry to some place easily accessible by rail, where drying sheds could be erected for wet weather, and where the clothes could be sun and wind dried and be wholesome. 4th. Washing dishes—This should not be done in the lavatories, as, of necessity, the washings must go down through pipes into drains and creates a sickly smell in the vicinity. 5th. Drainage—No covered drain should be allowed. Waste water not pure enough to run into the street should be filtered through Hunter's disinfectant. The smallest underground drain genders poisonous gases. 6th. The closet system is good. The pans should have hermetically

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sealing covers as per margin." I have shown a drawing there. The covers could be put on the pans so that only in the time of use there could be any smell.

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3642. Have you had any experience in ventilation?—I have had a good deal of experience in the want of ventilation; and some experience in ventilation, ventilating ships. A ship is ventilated and dried out by the second operation described there by a wind sail put up and send the fresh air down into the hold of the ship; and we all know that the burning of gas must consume the air, and we know also that it must cause a current up the chimney and, therefore, the burning of gas under the ceiling; for instance, take this room—there is nothing to allow the heated air to escape. If there was a tube embracing a pipe through the roof, the heated air from the gas must necessarily go up there, and with a ventilator in the ceiling larger than the pipe would necessarily draw the heated air of the top of the room out just the same as the draught goes up the chimney.

3643. Have you been through the hospital?—Yes.

3644. How do you regard that as ventilated?—If I had been a visitor going through the hospital without any knowledge of reports, I should have thought it a fair institution.

3645. Let us suppose that you had not heard any reports—what would be your opinion?—Then my opinion is just what I have explained in that paper.

3646. No, I ask the question—how do you regard, irrespective of what you have read or heard, but merely from what you have seen, the ventilation of the hospital itself?—Well, the ventilation of the hospital, under ordinary circumstances I should call good, but when there is very little air moving, of course it does not matter how much opening you have, there is no current, and there can be no change of the atmosphere in the wards.

3647. Supposing there is no current outside, how can you get it inside?—The burning of the gas will create a current, because the air is consumed by the burning, and being rendered hot must draw and go out through the roof, just the same as smoke or hot air will go up the chimney.

3648. Take the one to bring in the cool air—suppose there is no air outside, how can you get cool air in there?—The hot air going out, the vacuum must be filled in some way, that if it did not come down through the tube placed for the purpose would be drawn in through ventilators already in existence.

3649. How do you propose ventilating this apartment, and this apartment—[pointing to the plan]?—Have the same sort of apparatus, a separate apparatus in each ward, and then the corridors. This fresh air tube is put lower than the other, so this takes out the vitiated air, and this pours in fresh. Suppose there is no wind for it to act, then the present ventilators in the side of the ward will act.

3650. You went into ward 18 and 19 with the windows on each side and the doors open?—Yes.

3651. Is not that very good ventilation?—I considered it was, as far as an ordinary building is concerned.

3652. Would your scheme be an improvement?—Yes, I think so decidedly, because this gas would burn day and night, and constantly send up the vitiated air through the building.

3653. *By the Hon. D. Melville.*—Did you overhaul the whole of the hospital?—I went through nearly all the wards.

3654. You think it is dangerous to have the laundries there?—Yes.

3655. Do you think the closets dangerous there?—No, I think that the closets, with hermetically sealed covers to the pans, could not be better.

3656. You think we should set to work and ventilate that hospital?—Yes.

3657. *By the Hon. the Chairman.*—How many cubic feet of air do you suppose your ventilating shafts will remove an hour?—That would all depend on the consuming power of the gas.

3658. Have you made some estimate?—No.

3659. Because I should tell you, the best authorities say, that each bed should have 4000 cubic feet of air per hour besides the cubical space of 1500 feet. Do you think your plan would provide for that?—Of course you could put as many of those as you liked.

3660. But it is the expense?—Never mind the expense; those things would be very simple and very inexpensive.

3661. How many jets do you propose there? How much gas would that consume per hour?—I do not know that.

3662. To test the value of your plan, you should be able to tell us what would be the cost of that plan per hour per ventilating shaft?—Yes.

3663. Will you do that?—Yes.

The Witness withdrew.

Thomas Edwards examined.

3664. *By the Hon. the Chairman.*—What are you?—Ventilating and sanitary engineer.

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3665. What length of experience have you had in that capacity?—About ten years, exclusively to that business.

3666. Has your experience led you to adopt any particular form of ventilation, or are you wedded to any particular system?—We generally follow the Blackman system—plenum, or exhaust.

3667. That is a patent system?—Yes, that is our patent system; we have patent rights for it, and we follow either the plenum or the vacuum system, according to circumstances.

3668. Before going into this system, I would like to ask you, have you seen the Melbourne Hospital?—I have.

3669. Have you been all over the building?—Most of the wards and closets.

3670. Coming first of all to the pavilions, have you seen all those—that is, the newer portion of the hospital?—Yes.

3671. What do you think of the present system of ventilation adopted in the pavilions?—I think they are nearly as good as can be by natural means.

3672. Do you think that plan of having those open ventilators under the beds, or near the beds of the patients, is proper?—Yes, providing there are outlets to suit, and that they are large enough.

3673. Supposing a patient is in a delicate state of health, do you think that system of ventilation then is a good one, placing the patient, in fact, in an active current of air?—By means of a trap valve they can regulate the currents of air to any extent.

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3674. Will you explain how they regulate it?—When we adopt the plenum system of ventilation, we place the apparatus in the basement, and connect with air ducts to convey air wherever required.

3675. This present system I want to get, how they regulate the exit of air out of the building—the speed?—By means of hit and miss flume, that is made to work on a pivot, or a system of levers.

3676. Is that the plan in the hospital?—No.

3677. Would you suggest an alteration in the present lower ventilators in that direction?—I should, if I were to suggest alterations at all. I was saying that the present system was as well as could be by natural means, with the exception that there should be more inlets in some cases.

3678. Would it be your desire to make as many inlets into the wards as possible, with a view of preventing any great draught in any particular place?—That is our system; that is what we always follow; at the same time construct the inlets and outlets so as to be entirely under control, and of proper area.

3679. Having seen those wards, where would you suggest additional ventilators to be placed, and in what form?—One ward in particular—that is what they call No. 18—I found to be the closest of the wards; that is more stuffy than the rest.

3680. That is one of the pavilion wards?—Yes; and that is easily accounted for by the ward being enclosed on three sides by buildings.

3681. The other buildings screen it in?—They keep fresh air from getting to it, and in a measure obstruct the air currents.

3682. I think you must have mistaken that ward; the pavilion is built in the shape of the letter “I”; it stands out in the grounds, and is altogether isolated from the others?—Then I must be wrong in the number.

3683. Are not you referring to the main building?—I am.

3684. That is not the pavilion—that is the old building?—I ought to have had a plan. I am talking about No. 18 in the central portion.

3685. There are two buildings. That is the shape of the ground plan—the letter “I”. Those buildings are placed alongside of each other, and they are to the east of the building, the main building being the old portion of the hospital. These are comparatively new buildings, these pavilions, and No. 18 ward is in one of those pavilions—[*showing a sketch*]?—But the ward that I took the number of, this is more the way of it—[*making a sketch*]. The ward in question lies between the other two, and, by the addition of a few more inlet pipes, that is in the floor, and a current of air injected by the plenum system underneath, would make that ward as fresh as it could possibly become. You could force in a current of the purest air that can be had.

3686. The Committee thought, when they visited the ward, that patients were unduly exposed to the action of the atmosphere by the air rushing in too suddenly; there is no proper system of control when a strong south or north wind is blowing?—Yes, that is so.

3687. What we want from you, having seen those ventilators, and being an expert, is to know whether some system could not be adopted which would prevent that great in-rush of air at times, and allow an ordinary current at all times to enter the ward?—That can be done.

3688. You say this plan you suggest would do?—With the plenum system you can accomplish that, that is with the aid of a machine for doing it, but you cannot do it by natural means.

3689. Did you notice the ventilators in the upper portion of the building, the exit ventilators?—Yes; there could be that system followed out through all the hospital; but as it is built, you cannot put an up-cast shaft in it to answer the purpose with due efficiency.

3690. That is a shaft that would come through the whole of the ceilings, and carry it on in fact from all sides, and then carry away?—Yes.

3691. What would prevent your making an up-cast shaft, and bringing it from the lower building, and carrying it up the side of the wall, and having exit by the eaves of the roof?—That could be done, but not with the required results.

3692. That is, under an artificial system?—You may put it under an artificial system. Without that it would not work at all times, because there would be a greater current from one ward at one time than there would be from another.

3693. In reference to the older portion of the building, have you noticed those wards. There is one ward called the Catherine Hayes ward, a very large one, with double rows of beds. Did you notice that?—Yes.

3694. What is your opinion of the ventilation of that ward?—I think, if this system was followed out, that has a good exit flue, capable of being regulated, and then inject pure air in through a large number of inlets, you could get perfection of ventilation in any of the wards; it does not matter where.

3695. Did you see the upstairs wards in the large building?—I did.

3696. The whole of them?—I could not say the whole, because the time was limited. I had only three hours there.

3697. Could the wards that you did see be materially improved on the present system by a natural system of ventilation?—They could, but it would be uncertain. Natural ventilation is always uncertain, because in muggy weather you get the air all stagnant; of course in dry weather you have a better chance of ventilating the room; but in muggy or calm still weather you cannot ventilate it by natural means, though you open all the doors and windows you like; but with the system of forcing pure air in you can ventilate any room, let it be a cellar, or where it is situated; it does not matter if it is 100 feet deep, you can ventilate it efficiently.

3698. With those alterations you have indicated, you think the present system of ventilation could be much improved on?—That is so. There are a few additional inlets that might be made, and regulators that would assist.

3699. One of the medical witnesses stated that a number of days in the year the atmosphere is very still, and there is hardly any current of air in the wards?—Yes, that is always the case.

3700. Would that be the condition of the atmosphere which you have described just now as muggy?—Yes.

3701. Then it is on those days that the artificial ventilation would be most required?—Yes.

3702. And the natural system fails?—Yes.

3703. You mentioned a particular system of ventilation just now—the Blackman system. Is that system the one that is being adopted in the mortuary and the laundry at the general hospital?—Yes, I am fitting a propeller to the mortuary, and one is temporarily placed in the laundry.

3704. You fitted those up?—Yes, we are giving one for a trial to the Melbourne Hospital.

3705. Taking the laundry first, that is the larger fan of the two?—Yes; but that is a very small one.

3706. What quantity of air per minute will that ventilator drive out of the building?—About 5000 cubic feet per minute.

3706*a*. How have you tested it?—By means of a water gauge, and measure the wind up in the usual form.

3707. How far will that ventilator affect the atmosphere?—Any distance; it all depends on the friction on the sides of the tubes. The ventilator would drive air 500 yards at the cost of a quarter of one horse power.

3708. Would it drive that in a large ward, say, like you find in the hospital, some 80 feet in length, and 17 feet in height, and 25 or 26 feet in width—would it make a perceptible current of air all through the ward?—Yes, provided the inlets were not opened at the large end towards the ventilator, so that it would supply the whole of the air that went to the ventilator without affecting the others; you must close the windows at end nearest the propeller.

3709. Will you describe as clearly as possible the principle on which it works?—Assuming we were going to ventilate this room, we would construct openings, commonly called the Tobin's tubes, along the walls, with inlets and valves at the top. We would make as many openings as required, and connect all with the main trunk underneath, and provide a machine for forcing the air in, so that there would be a general current flowing at the rate of two feet and a half per second through the whole building. Then we would provide exit tubes or openings in the ceiling, or any available place. We should provide so that these should let the air pass out into the outer atmosphere; then we set our machine to work, and constantly force this air in, and there is a general current flowing evenly all over the place. For water-closets adjoining any wards, or places where gases are likely to emanate, I should adopt the vacuum principle, that is, we withdraw air from the tube, consequently it draws all the foul air out, and creates a circulation right through them. It does not matter if there are twenty closets, one over another.

3710. For the wards you would use the plenum system—force the air in?—Yes.

3711. Would that system be a suitable one where sick and infirm people are being treated?—It would be beneficial, because, in wet weather, by just causing it to pass through a chamber with steam pipes, you gradually heat and dry the air, and, before it gets into that chamber, it would pass through some very fine screens which would take all the dust and impurities out of the air.

3712. You speak of your system of ventilation as a combination of the Tobin system with this?—We use the common tubes called Tobin's tubes, that every one calls his, because he was the first to adopt them.

3713. What height would you place them above the ground?—It all depends.

3714. Suppose you dealt with patients in the wards where the height of the patients was three feet or three feet three inches above the ground?—I should place the ventilators between the beds, not at the back, so that the air would pass to each bed, but not perceptibly across the patient.

3715. What height?—About three feet six inches.

3716. Would not that cause a draught over the patient?—No, it is not perceptible, because it is such a general current, the draught would be imperceptible.

3717. You would inject from those stand-pipes a constant current of fresh air?—Yes.

3718. Which would permeate the whole building, and drive out the vitiated air?—Yes, that is what we propose to do in every case.

3719. Would such a system as that successfully deal with the air at a height of above twelve feet from the ground—would it drive out all the vitiated air from the ward?—It would; it would keep renewing it all the time; the fresh air coming in would entirely renew the air in the wards.

3720. Do you say that from experience, or is that your opinion?—It is our practical experience. It is the same system that is used in the Reform Club in London, and other places where I fixed them up with Mr. Waterhouse, the architect, and that system is adopted throughout; and the Criterion Theatre in London is all done by the plenum system.

3721. This Blackman ventilator has a fan, which, under the circumstances you apply it, may either supply the vacuum system or the plenum?—Yes.

3722. In the wards you would have the plenum, and in the other cases—the closets—you would adopt the vacuum system?—That is so.

3723. Coming to the expense of this, what would be the expense to efficiently ventilate any particular ward by this system?—That I have not gone into.

3724. What power would you require?—A very small amount.

3725. What power would be required to efficiently ventilate the Melbourne Hospital by that system?—I should say a five horse-power engine would ventilate the whole of the building by placing machines in different positions.

3726. How many ventilators would you require?—One ventilator would ventilate two or three wards if they were in the same story, or near enough to connect.

3727. Would one ventilator ventilate Nos. 18 and 19—the pavilions—one is above the other?—Yes, one above the other; one three-feet propeller would force in enough air for that building, and be always available.

3728. Could you place the engine in any place on the hospital grounds to work this?—It can be easily worked by water, a self-contained apparatus to work by water, fixed on the propeller.

3729. The water pressure is very often insufficient during the time you require it, hot days; would it not be dangerous to depend on that?—That is our great difficulty, the water power being so variable.

3730. How about working by gas engines?—We have them in a large number of cases, but not in the colonies.

3731. It was mentioned that one of those ventilators is working the *Age* office?—Yes.

3732. What is the expense there?—We adopted the vacuum system there, because, with men at work, a draught is not so objectionable, a slight draught, as it would be in a hospital ward or room where any one

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continued,
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is sitting, an assembly room for instance; so we worked it by the vacuum system, placed a fan in the window and connected it with the machinery, and the result was that it lowered the temperature of the machine room from 120 to 83 degrees in ten minutes.

3733. Could you get any certificate from the proprietors to that effect?—We have all those, but I have not brought them with me, and we also have testimonials from nearly every user.

3734. Is there any other place in the colony where it is adopted?—Very few as yet—John Sands of Sydney, and a few breweries. We have chiefly gone in for utility here, such as wool or timber drying.

3735. Would you state what manufactories you have applied them to under the different forms?—Yes.

3736. Could you furnish the Committee with the cost of those vacuum machines for making perfect ventilation in the Melbourne Hospital, and the cost of driving them per day?—Yes. I would make you a plan and show you, if you would name one or more wards, commission me—any ward you may choose. I will make you a plan and give you the cost of thoroughly ventilating any portion of the hospital; it does not matter where it is.

3737. As an example, take Nos. 18 and 19 wards—[*showing the plan*] ?—[*The witness explained his meaning further on the plan as to what he had already stated as to the ventilation of the Melbourne Hospital.*]

3738. *By the Hon. F. E. Beaver.*—Suppose the wind was south-west?—Then that would be the best. They are built very much on the same principle that we build fever and small-pox hospitals in the old country.

3739. They relied on natural ventilation?—No, we forced artificial ventilation in them.

3740. You would only use it in case of need?—Yes.

3741. *By the Hon. J. Williamson.*—Many days it would not be required?—No; in cold weather you have a better chance of ventilating than in hot, because the fireplaces give a current through.

3742. *By the Hon. the Chairman.*—Will you examine the Catherine Hayes ward, which is a double ward with a double row of beds, and give the Committee some idea of what the cost would be of ventilating this ward, and the power required to keep the ventilation in motion?—Yes.

3743. What size ventilator do you use in the hospital—those two that are used?—Those are the smallest we have; one is eighteen inches, and the other two feet.

3744. In this prospectus which has been handed to me it gives the following result with a ventilator 24 inches in diameter, revolutions 800 per minute, cubic feet of air moved by it, 6400. The indicated horse-power to work that would be half a horse-power?—Yes, that would be the utmost it would take for distances not more than 200 feet.

3745. The utmost capacity of the machine?—Yes, running at low speed.

3746. It would not be reasonable to take that—that is extreme?—The capacity is increased by speed.

3747. We want you to give an estimate of what we might expect for ordinary requirements, not extraordinary, and the cost of working that. Could you undertake that for the Committee?—Yes.

3748. *By the Hon. D. Melville.*—You spoke about some new hospitals that have been built; how does this hospital compare with the new ones you have seen?—It compares very favorably, I see nothing in the Melbourne hospital objectionable at all.

3749. When were those hospitals built?—Just before I came from England, three years ago.

3750. What were they?—The Birmingham Hospitals, Small-pox and Fever.

3751. What size were they compared with the Melbourne Hospital?—Not nearly so large as the Melbourne Hospital; of course there are the General and the “Queen’s” as well; these referred to are new hospitals, built on the pavilion system.

3752. Wooden ceilings?—Built entirely of wood, with the exception of chimneys.

3753. Could you form any idea of the cost?—£6000.

3754. And the number of beds?—I could not give you the number without referring to plans.

3755. They are of wood?—Yes, excepting the chimneys.

3756. Was there special ventilation there?—Yes, the ventilation was very carefully considered. Dr. Lawson Tait and I had it entirely in hand, and we carried it through.

3757. You say £6000; what roughly would be the beds?—I could not exactly tell you.

3758. *By the Hon. J. Williamson.*—Sometimes they would be full and sometimes empty?—Just so. They have a large Small-pox Hospital there as well. That was built because of the cholera scare.

3759. *By the Hon. F. E. Beaver.*—In point of fact, a temporary hospital?—It was built of wood with the idea, that when it got contaminated or full of disease, it could be burnt down.

3760. *By the Hon. D. Melville.*—Is that a common thing?—Not in a brick, but more probably in a wooden building.

3761. Was it your impression in England that hospitals get contaminated?—They do, if the air is allowed to get stagnant.

3762. Do you gather that that has resulted in their building those temporary hospitals of wood, in order that they might be swept away in the end?—That was one reason, and the other was, that they could be built very expeditiously; that is not applicable to the Melbourne Hospital.

3763. Did you notice anything particular in the ventilation of the Melbourne Hospital that you would call the attention of the Committee to? Were you satisfied with it?—As I said before, it could be improved by putting in additional inlets.

3764. When you speak of improving it, would you condemn it—considering the sick people there, do you think we can continue the hospital as it is?—I should say it could be improved.

3765. That is so improved—everything could be improved, even your system; but is the thing safe for the patients in your estimation as it is?—Certainly, I do not think it is unsafe.

3766. You saw those large holes in the walls with a sort of shutter—is that your system?—This is a very primitive system, a system which has been in use a long time, we improve upon that.

3767. What is the objection to the blow-holes?—The air should not be emitted through large holes, it should be admitted through a number of small holes, the more the better, then you got a more even and gentle current instead of having a blow-hole.

3768. You saw all those getting out of condition—are they too big—your system is quite the opposite, it is a system of a large number of apertures?—Yes.

3769. This is a system of a sort of man-holes?—The current is too much concentrated in that case.

3770. You say there is no great harm by the large one—you do not think it inconvenient to patients?—The quantity of air that comes in would not be injurious, provided it were distributed evenly.

3771. Then it is merely a blow-hole—it comes in in too large quantities in one place?—Well, it is too much concentrated.

3772. How about the exit, did you notice that?—Yes, it is supposed to exit through the air-bricks, and through the openings along the cornice.

3773. Where does it get to afterwards?—It passes away through these air-holes.

3774. Can those air-holes in the bricks let the air out, seeing you make large apertures in the bottom—will the little holes take it fast enough?—They will take it.

3775. Will they take it fast enough?—Certainly, an air-shaft is preferable where so-called natural ventilation is in use.

3776. Do you think those air-bricks give a sufficient escape for those wards?—I think it is quite sufficient; the number that are in there is quite sufficient for the inlets.

3777. But you prefer what you call an air-shaft?—That is, where we could. If we could place a central air-shaft, four feet square right up in the centre of the wards, it would improve it, it would be better.

3778. Did you go down to the bottom of the building, the basement where the servants' quarters are?—No.

3779. Did you see the grating in the corridor in the top story?—Yes.

3780. Did you feel the current there?—Only slight.

3781. What was the width?—Four feet square.

3782. Did you ever see anything like that before?—Yes, there are a number of them at Netley Hospital.

3783. They have a similar grating to that in the middle of the corridors?—Yes, two of them—one in the upper corridor, and one in the lower in each block.

3784. You think patients do not suffer from those draughts?—Not from any draughts that they would bring about—those apertures in the corridor.

3785. The day you were there, the draught was not excessive?—It was not.

3786. Did you look at the closets?—Yes.

3787. What do you think of the ventilation there?—It was fairly good, but it could be improved by the vacuum system—air-shafts right throughout the closets and propeller attached.

3788. When you say "fairly good," is there any ventilation about those closets?—You could smell no closet smell, and there is an air-pipe up from each receptacle that ventilates them from top to bottom.

3789. Do you think the system of closets with those attached receptacles in the yard is a good system?—It is the next best system to the "Ball" sewage system, but that is not available here unless there is water sewage.

3790. *By the Hon. J. Williamson.*—Would you prefer the pan system with deodorant, and carried away every day?—No; I consider this is about the best system that could be used, without the water-closet system of sewage.

3791. Private houses use the pans?—Yes, but hospitals are very different; they are being used nearly every minute of the day.

3792. *By the Hon. D. Melville.*—Then I understand you to say, in No. 18 ward the great defect is, that it is subject to the variable change of the wind—one day all right, and the next, owing to the other building blocking it, it will be incomplete?—Yes, the ventilation would become stagnant at times through these circumstances.

3793. And that would be dangerous in the Melbourne Hospital?—Yes, that would be dangerous in the Melbourne Hospital if it were always like that; but then by artificial means, you can always get out of that difficulty.

3794. And there is no artificial means at the Melbourne Hospital at present?—No.

3795. And in any new hospital that we would recommend to be constructed we would have to make provision for artificial ventilation?—Yes.

3796. *By the Hon. F. E. Beaver.*—Does not that apply to any building you may erect?—Any building where appliances may be had.

3797. Not to the Melbourne Hospital simply?—No, certainly not.

3798. Unless they have an artificial ventilation, as I understand you, they will always be subject to having another building near at hand which is taking away the air from one quarter or the other, according as the wind may blow?—Yes, that is so; there is the General Hospital at Birmingham, which is closed in all round.

3799. Then the Melbourne Hospital is no different from any other building in that respect?—No.

3800. This ward which with a south-west wind is all that is desired, with a south-east wind has this other ward taken away the benefit?—Yes.

3801. That would be so under any circumstances with any building?—Just so.

3802. *By the Hon. J. Williamson.*—On a dull day, with no wind at all, they would be both alike?—Yes.

3803. *By the Hon. F. E. Beaver.*—You say no building can be ventilated without artificial means?—Yes.

3804. And we want now to know the cost of that?—You have promised that?—Yes, I shall be happy to give required estimate.

3805. *By the Hon. the Chairman.*—I should like you to base your calculations on the following data:—Fresh air brought in at a low level and warmed; foul air taken out of the highest part of the ward; fresh air to reach the patients without a bit of any other—that is very necessary—vitiated air to be removed in like manner, 4000 cubic feet of air per hour for each patient, air not to move in the ward more than one foot and a half in a second, except at entry, where rate should not exceed five feet per second; about 64 square inches of inlet and outlet as the minimum, that is the ventilating space for each patient and warm air, when necessary, for each patient. Will you let us have that information as soon as you can?—Yes.

3806. Will you bring the plans of the hospitals you refer to?—Yes, and show the arrangements for and the details of ventilation.

3807. *By the Hon. D. Melville.*—And what can be done for £6000?—Yes.

Jas. Williams further examined.

3808. *By the Hon. the Chairman.*—The Committee just desire to recall you, to ask if there is any other information you wish to supply to them that you have not previously given, you having been interrupted by another witness whom it was desirable to then hear. Is there anything you wish to add?—I think not, unless I should explain—with reference to the impression that has got abroad that the committee of the hospital are somewhat hostile to the moving of the institution—that the committee to a man are entirely in favor of a change of site being obtained if it can be had; so much so that in 1882 after a meeting of the subscribers, who passed a vote adverse to the proposal to remove the hospital, the committee waited on the then Minister of Lands to ascertain if land could be obtained for hospital purposes. The answer was, that no site was available. A similar request has been made recently with the same result. I think it right to mention this to the Committee, that it may be understood that the hospital committee is anxious to remove the hospital if a larger and more suitable site can be obtained.

3809. Did you give your evidence since the last visit of the Committee to the hospital?—Yes.

3810. As to the housing of the attendants, the nurses, and the wardsmen. Although there is no charge made against the hospital as to the insanitary condition in that direction, the Committee were impressed with the necessity of something being done to more comfortably house them. Has that ever been considered by the committee, and what have they done towards accomplishing that object?—The subject has been brought under the notice of the committee repeatedly, ever since 1881, and in 1882, and 1883, attention has been called to it, but the absence of funds has been the principal obstacle in the way of increasing the accommodation, but that such increased accommodation is necessary is a matter of notoriety. It is really urgently necessary. I ventured to express that opinion to the Committee the last time I gave evidence. I reported that nothing could be worse; that women working for a number of hours, when their work is completed, should have the advantage of a quiet comfortable room to sit down in, and that their bedrooms should likewise have no more than perhaps three occupants in each, so that they may not be disturbed by other people. It is a matter of surprise to me that the staff is in as good health as it is.

3811. *By the Hon. J. Williamson.*—Is it not a surprise that they do not strike?—No doubt, among the women just now there is a very strong feeling. And there is another aspect of the case; comfortably housing people improves their moral status, and the *morale* of the house is improved very much, and as you require for nursing a higher standard of intelligence than you did 30 or 40 years ago, it becomes necessary that these people should have something approximating to home life, so that persons of superior intelligence may be induced to enter the service. At the present time I must say it is repellant.

3812. *By the Hon. the Chairman.*—How many of those nurses will be sleeping in those quarters at one time in that large crowded ward?—In the ward which you visited, down stairs, there are seventeen beds; in the upper floor there are 27 beds; one half of the ward is occupied by eleven day nurses, and the other half by sixteen night nurses; so that the whole of the floor is not occupied all the time.

3813. That is, eleven beds are resting for twelve hours?—Quite so.

3814. So, apparently, there are so many beds in the ward that are not always being rested; eleven are resting?—Yes.

3815. *By the Hon. J. Williamson.*—But the room itself is never resting?—No, the construction is faulty, and it communicates by means of a staircase. At the time those buildings were put up, the nursing staff was not so large as now; it was too crowded then; but the increase in the staff by five or six necessarily causes greater pressure.

3816. *By the Hon. the Chairman.*—Have you been able to trace any epidemic, or illness, or indisposition to this undue housing of the nurses together?—No; but I should say, judging from our own feelings, that sleeping in a closely-packed apartment could, in no case, be healthy or desirable.

3817. What is the general health of the nurses?—The general health of the nurses is very good indeed.

3818. You would recommend, in any dormitories to be provided for the nurses, that they should not exceed three or four?—At the outside.

3819. And what size would you suggest about, that would meet their view?—I should think a room 12 feet square, in any case, for three people.

3820. Would that be sufficient?—That would be the minimum.

3821. Would you think a room 12 feet square by 12 feet would afford sufficient space for the healthy housing of the nurses?—It would, but I question whether you want so much space as for the patients.

3822. What is the requirement for lodging-house by the Board of Health?—I think 700 feet.

3823. Do you think 700 feet of space, with proper ventilation, would do?—That should be the minimum.

3824. Has the committee made any estimate of what it would cost to provide this necessary accommodation?—No.

3825. Have you formed any idea yourself?—I should think an expenditure of £1200 or £1500 would do it.

3826. Would that be of brick?—Yes, that would be adding on to the present place, and to some of the existing buildings.

3827. *By the Hon. J. Williamson.*—You would not have those buildings as at present, always occupied night and day?—No. I should suggest, as regards the building under consideration, carrying a balcony along the front, so as to give means of access by French doors, and put partitions across, that would distribute the people somewhat, and then the walls could be carried up on the top of the out-patient department.

3828. A bedroom should be rested either for the day or night?—Undoubtedly.

3829. It should not have a relay of people sleeping night and day?—Such a state of things is very bad. The Committee wished me to make some inquiries as to the child removed from the hospital.

3830. *By the Hon. the Chairman.*—Under whose care was he?—Dr. Girdlestone's.

3831. And he was removed with the concurrence of the committee?—The committee knew nothing at all about the matter, till they had a report from the resident medical officer. I saw the mother of the child; she states that Dr. Girdlestone requested the father of the child to take it out, as it might catch something; but the child is now quite well. I then saw the medical man in charge of the case, and he assured

me that at no time was there any indication of septicaemia, or any septic poisoning; there was a little discharge from the flap of the stump, but the child, after a day or two of simple treatment, became all right.

3832. Is it in the power of a medical officer to remove a patient, without consulting you or the committee.—Undoubtedly. His judgment is paramount in the house in the disposal of patients.

3833. Does he not give some reasons?—No.

3834. What control have you over the entrance or exit of any patient?—Generally none. We could only intervene in the case of an old person, with no home to go to. I should say, in that case, he must wait until some provision is made for him.

3835. The opinion of the medical officer is paramount, and the committee or you have nothing to say?—We must acquiesce.

3836. *By the Hon. J. Williamson.*—If the parent wanted to take him away, you could not object?—The parents did not object in this case.

3837. *By the Hon. the Chairman.*—Has Dr. Girdlestone left on record any reason why he allowed this child to be removed?—The only one was that I mentioned the other day, that he thought it would be better for him to go out, as there were suspicions of septicaemia.

3838. Has he left it in writing?—In the case book in the ward.

3839. Did the resident medical officer report on that case?—After the child had gone, Dr. Lewellin reported to the committee the following Tuesday that Dr. Girdlestone had ordered the child to leave the hospital.

3840. Did he express any opinion as to the danger to the child if it remained in the hospital?—No.

3841. Did he express any opinion as to the action of Dr. Girdlestone?—No, I do not think he feels himself at liberty to do so; the honorary medical officer is paramount.

3842. *By the Hon. F. E. Beaver.*—The parents in this case desired to take it away?—The parents were quite willing. They have a very good home.

3843. *By the Hon. D. Melville.*—By your evidence last time I gathered that the entry was made by Mr. Girdlestone—that the child was developing septic symptoms?—Yes.

3844. And to save the child he deemed it advisable to have it removed?—Yes.

3845. *By the Hon. F. E. Beaver.*—Was it not to save the hospital?—No, to save the child.

3846. *By the Hon. D. Melville.*—Well, the hospital committee have the credit of being the first to move for a new site?—Decidedly.

3847. You wish that distinctly to go before the public. How long ago was that?—In 1882.

3848. You went to the Government?—Yes.

3849. What reason did the Government give?—At that time there was no site available.

3850. Did you indicate any site at that time?—Some member of the deputation suggested the Pig Market site. That has always been to the front, during the whole time.

3851. At that time it was not a pig market?—It had acquired that name.

3852. At any rate, the site was there—that was one—were there any others?—The University site had been mentioned by one of the witnesses in the enquiry that took place in 1882 on the sanitary state of the hospital, it was Dr. Brownless who urged that; but there was a great variety of opinion as to its fitness. The distinct action which the committee took with the Minister had reference to the Pig Market as a site.

3853. Then, if this Committee recommend a change of site, they have the entire concurrence of your committee?—Undoubtedly.

3854. You say you join the committee in such a recommendation—"to a man," I think you said?—Yes; the matter was under discussion a month since. The unanimous opinion round the board-room table was distinctly in that direction. I feel certain there was no difference of opinion.

3855. Can you gather from the committee why they want the change?—It is entirely influence brought to bear by the medical men.

3856. Then the committee and the medical men are at one?—The committee accept the dictum of the medical men, who say that the present site is not large enough, and that the hospital is badly constructed, and accepting that they say—"We concur with you as to the removal."

3857. Have the committee any sites in view now? I ask that, so that we could join with you in recommending to the Government?—No, not outside the market site and the University site. We asked permission to obtain the latter some six weeks ago. Those are the only two sites that have been distinctly mentioned as desirable, and the medical staff have urged those two, first the Pig Market, second the University, and it is very convenient to town, which is an important factor. Incidentally, but not officially, the site the other side of the river has been mentioned, but that was merely in private conversation. Sites further off may be available, but the possible good of the hospital being removed so far would be counter-balanced by the injury done through its removal so far from the residences of the medical men.

3858. Do you know the present Immigrant's Home?—Yes, in the Royal Park.

3859. Do you see any objection to that site?—No, not myself. Some members of the staff have expressed the opinion it is too far away.

3860. *By the Hon. J. Williamson.*—Was it ever suggested by any one to try and get the Flagstaff Gardens for a site?—No.

3861. That is about the best site in the city?—A very good site, and lofty.

3862. I suppose that is about seventeen acres, streets and all there?—That site has never been mentioned.

3863. Is that not central?—The suggestion is worthy of notice. I may say further, that in my opinion, if no new site could be obtained, it would be quite possible to reconstruct the hospital on modern principles by building pavilions about the grounds.

The Witness withdrew.

Adjourned to to-morrow, at Half-past Two o'clock.

THURSDAY, 4TH NOVEMBER, 1886.

Members present :

The Hon. Dr. BEANEY, in the Chair ;
 The Hon. S. Fraser, | The Hon. J. Williamson,
 D. Melville, | W. A. Zeal.

George James Butler examined.

G. J. Butler,
4th Nov. 1886.

3864. *By the Hon. W. A. Zeal.*—What is your occupation?—Sanitary engineer. I have had large experience in sanitary work.

3865. I believe you have reported upon the sanitary condition of the Melbourne Hospital?—Yes, a brief report, a few weeks ago.

3866. Was that from an examination of the premises and its surroundings?—Yes.

3867. Does that report, as written by you, and delivered to the Committee, embody your views?—Yes. May I remind the Committee that I ventured to address a letter to you; that letter refers to a report that I made to the house committee of the hospital. I think they should be taken together; my views are embodied in both—not in one alone.—[*See Appendix W.*]

3868. Then the report that you addressed to the hospital committee in the first instance, and the letter you addressed to the Committee a few days since, together embody generally your views upon the present condition of the Melbourne Hospital?—That is so. I do not think I could add anything to what has been written by me, except any explanation that the Committee may ask upon anything that is not quite clear.

3869. Did your report deal with ventilation?—Yes, it does to some extent.

3870. Are there any remarks upon ventilation, or any suggestion for improvements in ventilation which you wish to bring before the Committee?—I am not prepared, as I stated in my letter, to put before the Committee a detailed plan, but I say there that I am strongly of opinion that what they call natural ventilation would be inefficient.

3871. Then what you would recommend, would be a combined system of natural and artificial ventilation?—The question is, whether natural ventilation in a climate like that of Victoria would ever be efficient. I mean, if you attempt to ventilate a hospital by a fan, which I think is recommended, it would have, I am afraid, to be continually at work. It would not in England. I think that in England ventilation is much more easy. There is a greater difference between the inside and outside temperature than here.

3872. Do you think there is a general greater difference; that is taking the seasons?—Yes, I think so.

3873. Do not we get it very much warmer here than we get it in England, if we do not get it so cold?—I suppose so. I speak under correction as to climate; I have not been here long enough to say.

3874. Assuming it to be the case, that the natural difficulties are greater here, what plan would you suggest to make the ventilation of the Melbourne Hospital more efficient?—By forcing in air on the plenum system.

3875. You prefer the plenum rather than the vacuum system?—Yes. I mentioned in my letter to this Committee that there is a liability, in drawing air out of a room, when a door is opened, to have a draught; whereas, if the atmosphere of the room is slightly under pressure, the air, when the door is opened, really goes out instead of coming in.

3876. Have you thought of any plan for carrying out this—is there any particular system that you would favor rather than another?—No. There are scores of factories in Lancashire ventilated by fans, but not, that I am aware of, a single hospital. I think not—I do not know any hospital in England that is ventilated except by natural means, or assisted by warm air shafts. I do not think any machinery is used.

3877. Did you notice the two ventilating fans which have been fixed in the Melbourne Hospital?—No, they were placed almost directly after I was over the hospital; I have not seen them. I think they are Blackman's propellers.

3878. Yes?—I knew them in England; they worked very well.

3879. You had experience of them in England?—Yes.

3880. We had Mr. Edwards here, who has come out to represent the company here, and his plan to work these fans was, to have a number of small entrance ventilators, whereby the air comes into the ward by a number of apertures, and thus create a thorough draught. We would force the air into the chamber by this system, allowing it, as you indicate, to escape by natural means. Would you think that system an improvement on the present mode of ventilating the Melbourne Hospital?—At present there is no attempt at ventilation, as far as I can see. Anything, I think, would be an improvement upon the present mode of ventilation, but that embodies my idea. Of course, if you bring air in large quantities, you feel a draught at once; it must be diffused—it must come in in a sort of spray, through a number of very small openings.

3881. Have you considered the height a ward should be?—About 14 feet. I do not think it is advisable to have it too high, you get the foul air. The gas begins to cool if it is higher.

3882. What is your experience with reference to the exit of foul air—at what height from the floor?—I should have the exit just beneath the ceiling.

3883. You were saying that at a certain height the air cools; then, I presume, it would not go out. At what would you put the ventilators?—If you had the ward 15 feet high, you would have the ventilators about that height, just below the ceiling level.

3884. What supply of air would you give to a patient?—The ordinary supply, that is, if 1000 cubic feet is allowed for each patient, you change the atmosphere three times an hour, that is 3000 feet an hour.

3885. Do you think that that is sufficient?—I think so.

3886. It has been given in evidence here that the proposed allowance is 1500 feet for the medical patients, and 2000 for a surgical patient. In addition to that space you would give 3000 cubic feet of fresh air per hour?—I would give 3000 cubic feet of fresh air each patient per hour. That is the ordinary rule.

3887. There appears to be a valuable State paper presented to the Boston Parliament in Massachusetts, and Drs. Cowles and Woods report in conjunction upon it. Their system follows very closely upon what you indicate. They recommend 4000 cubic feet of air per hour should be the minimum in ordinary cases of sickness. Do you think 3000 is sufficient?—That depends partly upon the cubic space allowed to the patient.

3888. One thousand five hundred feet is the amount?—If there is 1500 feet and 4000 feet an hour, that is more than is necessary.

3889. You think that is ample?—Ample.

3890. They say fresh air should be brought in at a low level, and warmed. Now, how would your idea accord with that?—I say it should be brought in at the floor level for a hospital—that is the proper place, and provided it is brought in, as already spoken of, that is, in a perforated pipe with a very large number of very small perforations, you would not feel any draught. I think the floor level is the proper place to bring in pure fresh air, and the ceiling is the place for the out-let for foul air.

3891. They say, second, that the foul air should be taken out of the highest part of the ward?—Yes. I was thinking of the flat ceilings of the old-fashioned wards. Of course, in a new hospital, you would not have them flat; they would be arched.

3892. Fresh air should reach the patient without passing over the bed of any other. Do you think that is correct?—Without passing over the bed?

3893. Yes; that is, that the draught, as I understand, should be taken away from each patient?—Yes.

3894. And not go over the next patient?—Not let the air in at one corner and out at the other.

3895. You agree with that?—I do, undoubtedly.

3896. It says 4000 cubic feet of fresh air per head per hour should be the minimum in ordinary cases of sickness. You think that is ample?—I think so.

3897. Air should not move in the ward more than a foot and a half per second, except at the entry, where the rate should not exceed 5 feet per second, and at the outlets?—Generally, we say not exceeding 3 feet per second. I do not think the movement of air is perceptible if it does not exceed 3 feet.

3898. The exit should be 5 feet, or somewhat higher. The general current would be only a foot and a half. I suppose it would not matter much in the atmosphere above, so long as the patients are not in a draught?—Not at all.

3899. The wards should be freely flushed with fresh air frequently, when that can be done with safety?—Of course, that would be when the medical staff order it, I suppose. Very rarely the windows can be thrown open.

3900. I suppose that that indicates, that certain portions of the hospital should be at rest at certain times, altogether?—Yes, that is a very good thing in a hospital, and in new hospitals especially, to have a surgical ward and a medical ward always vacant.

3901. What cost would it be to give a ward that rest at certain times?—I cannot say.

3902. You have not considered that question?—I have not considered it.

3903. What size of those inlet and outlet ventilators would be necessary for each patient, do you think?—I have not considered that.

3904. I should say that, in this report, it says about 64 square inches of inlet and outlet should be provided per head as a minimum?—Some years ago there was a Hospital Commission in England to inquire into the matter, and, if I remember aright, they recommended only 48 inches; therefore, if it is 64, all the better.

3905. Each ward should have its own closets, lavatories, &c., built in small annexes, with a cross ventilated vestibule separating them from the wards, all pipes disconnected from the drains, closets, by intercepting traps; sink and waste pipes to pour contents over trapped gratings; soil pipes to be ventilated and placed outside the walls; each ward to have a movable bath, to be wheeled to each patient's bedside?—Yes, I think everything of that is in mine, except the movable bath. I suppose the writer of that is recommending the water-closet system. He says "soil-pipes."

3906. Yes. That is the general system at home, is it not?—Yes.

3907. It says, floors waxed and polished, surface rendered non-absorbent by impregnating them with solid paraffine—Dr. Langstaff's method?—Yes; it is usually oak at home. I daresay you have a hardwood here. That is the best plan, I think.

3908. Wards periodically emptied and kept unoccupied at least one month per annum?—Yes; that I recommend strongly.

3909. Then to be thoroughly cleansed and thoroughly flushed with air?—Yes.

3910. Do you think that, if those conditions were carried out, the Melbourne Hospital could be worked in such a way as to render it unobjectionable?—Unobjectionable?

3911. Yes—would its condition be unobjectionable from a sanitary point of view?—I simply keep to what I have written already, that is, that if you carry out those improvements (that is, if they can be carried out, which I see no reason they should not be), you will make it a very fair hospital—you will make it everything its friends can wish—except a modern hospital.

3912. But as compared with such hospitals as Guy's, Bethlehem, Bartholomew's and all those, how would it compare then, with all those improvements carried out?—Guy's death-rate, I believe, is a low rate, 5, I think; it is hardly in my recollection. I know St. Thomas's new hospital best; that has a higher death-rate; I do not exactly know what it is, but I remember its running up to 10, some years ago, and there was a great row about it. It would not compare favorably, in point of construction, with a hospital like St. Thomas's; it would compare very well with the older hospitals, I think.

3913. But that is what you would call a combination of the block and the pavilion systems, St. Thomas's, is it not?—It is called "pavilion."

3914. Wards run out at right angles to the main buildings?—Yes, connected with covered ways open at the sides.

3915. We have had a considerable amount of evidence as to the mortality in the hospital, and Dr. Allen, who is generally considered a reliable authority in these matters, gave it as his explanation of the high death-rate of the Melbourne Hospital, that formerly they were not so careful in taking inmate patients as they are now; they allowed the milder cases to be admitted with the worst cases, and the consequence was that, since they have been more careful in not diluting them with mild cases, the death-rate has been higher. Do you think that that is a reasonable theory?—Yes, I think it is.

3916. Bearing in mind that Dr. Allen has had very considerable experience, being lecturer on pathology in the Melbourne Hospital?—Yes.

3917. If the Melbourne Hospital death-rate is so high, and that is accounted a very objectionable feature in its mode of working, how would you account for the fact that, in Victoria, in many of the country hospitals, the death-rate is very much higher, where they have the surroundings of fresh air, and are not crowded with buildings and the objectionable feature of a crowded city?—I should think it very discredit-able to the management of the country hospital. Of course, I could not say why it was, unless I saw, not only the Melbourne Hospital, but the country hospital. It may be a very faulty construction of country hospital that you are referring to.

3918. The Portland Hospital has been instanced. That is a hospital surrounded by fields and the sea, and it has all other advantages; an enormous and unlimited supply of fresh air; would you not naturally expect that the death-rate of Portland Hospital should be considerably less than that of the Melbourne Hospital?—Yes, *primâ facie*, I should. It has the advantage of a fresh-air supply and country air.

3919. Then the Colac Hospital death-rate, during the year 1885, was only slightly below that of Melbourne, and Colac has got a good reputation on sanitary grounds, and the surroundings are all pleasant and cheerful, and it has any quantity of fresh air. Can you give any reason for that?—Not unless I knew something of the sanitary arrangements; for, even in England, the sanitary arrangements of villages, as a rule, are very much behind the sanitary arrangements in the towns.

3920. Do you think it is a fair argument to assume that a hospital is entirely unhealthy simply because its death-rate is high?—No, I do not think I should say so; but, at the same time, you cannot disregard a high death-rate. There is, unquestionably, some reason for it.

3921. Is not the death-rate mainly governed by the class of patients admitted into the hospital?—Yes, no doubt, but I know that in the hospitals they admit all sorts of people—people who are dying. I know in St. Thomas's they do.

3922. But the doctors have given evidence that the cases are more extreme here than they are at home, inasmuch as the Melbourne Hospital is a general hospital, and the hospitals at home are for special cases?—Why are they hospitals for special cases?

3923. Because they have hospitals for cancer, small-pox hospitals, and fever hospitals, and a number of other hospitals, which we have not here at all; all our cases are taken into the one hospital?—Yes, but you have not the poverty and half-starved condition of the poor.

3924. On the other hand, have not we repletion?—I do not know.

3925. Have not the working classes here, and every one, more of the means of getting better and rich food and more stimulus?—But I should hardly think that that would injure a man's constitution unless they are gluttons and drunkards, and I do not suppose that is the character of the working men of Victoria.

3926. No, it is not; but, if a man take a quantity of either liquid or solid, more than is good for him, would it not be likely to injure his health?—Yes, but that has to be proved.

3927. Following out your arguments about the high death-rate of the Melbourne Hospital—do you know the Austin Hospital?—No, I do not.

3928. That is a new hospital, built at Heidelberg. Do you think that the Austin Hospital should be an unhealthy one because it has a high death-rate, it being a new hospital, and supposed to be built in accordance with modern views?—I should not like to commit myself to an opinion unless I had really seen the hospitals.

3929. A statement has been made here that, because the Melbourne Hospital has had a death-rate during certain portions of the year of 15·8 per cent., and other English hospitals are but 10, it must be necessarily unhealthy. I want your opinion, as an expert in sanitary engineering, whether that should be a feature of special importance in determining the use or the abuse of the hospital?—I think it should be of special importance, as far as the management of the hospital is concerned. If you have a high death-rate, and you go over the hospital and find certain arrangements that, in my opinion, we will say, ought not to be allowed, I should put the two together, the bad sanitary arrangements and the large death-rate, and say, "the one accounts for the other," to some extent.

3930. Would you consider 25·96 a high death-rate?—I should say so.

3931. Bearing in mind that the Melbourne Hospital is only 15·80 per cent., you consider 25·96 a high death-rate?—I should think so.

3932. And that is the death-rate of the Austin Hospital, a new hospital, built in the country, and with all advantages?—I should say they had better pull it down.

3933. But this Austin Hospital being a hospital for incurables, is not that a reason for the high death-rate?—Yes, if it is for a special class of cases.

3934. Then, if it can be shown that at the Melbourne Hospital there is a large percentage of moribund cases, and a large percentage of cases not expected to recover, should not some allowance be made for that?—It should, and it is made, I believe, in all cases.

3935. I have pointed out to you that in London there are special hospitals for those cases—there is a Lock Hospital, a Cancer Hospital, a Fever Hospital, a Small-pox Hospital—those are all special cases, and it seems every one of those cases are being treated in the Melbourne Hospital. Is it fair to assume that the Melbourne Hospital is in a thoroughly insanitary condition, simply because we are subject to conditions that do not occur at home?—I do not know that any one assumes that it is in a thoroughly insanitary condition. No doubt some people may do so. There is a high death-rate, and that was a good reason for inquiry. There are arrangements that I say are bad arrangements; but I am not prepared to say that, in my opinion, the hospital is thoroughly insanitary from what I see of it. I say there are great improvements which may be made, and ought to be made.

3936. Have you read what Sir James Simson says upon the mortality from amputation in his paper?—No.

3937. In his paper upon "Mortality from Amputation," upon cases treated in the London hospitals, the following extremely high figures occur:—366 deaths per thousand in St. Bartholomew's, 473 deaths per thousand in the London Hospital, 382 deaths per thousand in Guy's Hospital, 388 deaths per thousand in St. George's Hospital, and the average of nine London hospitals gives 411 deaths per thousand; the Royal Infirmary, Edinburgh, 433 per thousand, and the Royal Infirmary, Glasgow, gave 391 deaths per thousand. Now, this has been a paper published under the authority of an eminent man like Sir James Simson, and

the facts are thoroughly well ventilated and established. Do you think with those facts before you, that the Melbourne makes an approach to such a state of things as that must indicate?—It does not appear so.

G. J. Butler,
continued,
4th Nov. 1886.

3938. Can you make any suggestions in reference to the general management of the hospital, from what you saw?—The management, as far as I saw, appears very good—the secretary and matron's.

3939. Was your attention called to the sleeping part of the arrangements?—No, it was not, but I know of it.

3940. It appeared to the Committee very objectionable the way those arrangements are altogether there?—I may just mention that, at St. Thomas's, there is a bedroom for each nurse throughout.

3941. Do you recommend that?—Certainly. Is it worth while my saying one thing—

3942. Yes, anything you like?—Have you my report there? I want to point out something in it.

3943. *By the Hon. the Chairman.*—Are you aware that some of the newest hospitals at home have been found in a very insanitary condition, more so than some of the old ones?—I believe it is so.

3944. You say that, although the St. Thomas's is a new building, its death-rate has been greater than that of some of the old hospitals?—What I said, or intended to say, was this: that I do not remember what is the last year's death-rate of St. Thomas's Hospital, but I remember a few years ago it went up to ten, and then it was thought a terrific high death-rate. I suppose it is somewhere between five and ten now. I suppose so, I am not certain.

3945. When the old St. Thomas's Hospital was purchased by the Railway Company, the patients were transferred to the Surrey Music Hall while the new hospital was being erected?—Yes, I believe so.

3946. In the Surrey Music Hall they enjoyed wonderfully good health, but shortly after the new hospital was opened it appears that the death-rate went up—do you remember what was the cause of that?—No, I do not.

3947. Are you aware that the new Radcliffe Infirmary at Oxford, built a short time ago, was declared so insanitary that Dr. de Chaumont, of the Sanitary Department, was sent down to investigate the case?—Yes.

3948. What was the cause, do you remember?—I think it was the drainage there.

3949. I think a similar thing occurred, did it not, in regard to St. Mary's in London?—I do not remember, but it has occurred in other public buildings, as we all know—the new Foreign Office.

3950. Do you know how the new Houses of Parliament in London are ventilated at the present time?—I have not seen the arrangement. I think the up-cast shaft is really a flue up the Victoria Tower. I think there is a heated shaft there, drawing off the foul air; I do not think they have mechanical ventilation; and a Commission is sitting at this moment upon the matter.

3951. This is the paragraph, it is published in the *British Medical Journal*, of the 11th of September:—"The Ventilation Committee of the House of Commons held their final sitting for this session on Thursday, September 22nd, and carefully inspected the works now in progress at Speaker's Green. We may remind our readers that, after hearing a considerable variety of evidence, and taking the opinions of several distinguished experts, the Committee unanimously decided to adopt the pneumatic process of Mr. Shone, which has worked with complete success at Eastbourne and elsewhere, and, which, whilst extracting and ejecting the drainage proper of the House, cuts off all communication between its system and that of the Metropolitan Main Sewer. Mr. Shone was present to explain his plans, and to assure those most immediately concerned that, in spite of the yawning chasm, gigantic cranes, and general confusion, which made chaos supreme in the once quiet court, his work will be effectually finished when the House meets in February, and all traces of it removed, save a small and not unornamental window, flush with the ground, on the Embankment end. In addition to this, the unnecessarily large size of the old sewer will be curtailed by a 12-inch iron pipe, coated with Dr. Angus Smith's materials, and, still more important, a stop has been put to the mischievous practice of heating apparatus into the sewers, and thus liberating sewer gas, which found its way into the House. The laundry is to be removed from its very inconvenient position, a better system of ventilation will be contrived for the various lobbies, and the water-closets in the basement, which are now far behind the progress of sanitation, are to be entirely removed, and placed where they cannot be, as at present, a source of general annoyance"?—I know several who have given evidence upon the matter. I know Shone and his system, and have been at Eastbourne, and seen it at work, but that refers simply to drainage, not ventilation. I do not know that he has any system of ventilation.

3952. *By the Hon. S. Fraser.*—Do you know the Melbourne Hospital well?—Not well.

3953. Have you been over it?—I have been over it twice I think, a good part of it—not a thorough inspection.

3954. I have not had time to read your report. Have you recommended any great change in the future management of the hospital?—Not in the management.

3955. Have you recommended any change in the construction or arrangements of the hospital?—I might refer to this report, because really the answer is in this report. The principal thing I recommend is in reference to the closets. It is a simple thing to alter that. What I mean is that, even if the Committee decided that the hospital is to be done away in three years, certain things should be done at once, in my opinion.

3956. Have you referred to the construction of the building itself?—I have put down some principal points that I think should be borne in mind if a new hospital is to be constructed; and bearing in mind this, and what the hospital is now, you will see what the faults are that I refer to.

3957. Do you think that there are any parts of the present building fairly suitable for hospital requirements?—I should think so; but I have mentioned that a very good view is to be obtained from the new wing of the Library, and from there it looks to me that the ground is crowded, and the buildings "mixed." No doubt a small hospital might be made there. If you recommend a certain portion of the buildings to be taken down, you might make a very fairly good small hospital.

3958. For how many beds?—One hundred and fifty to 200 I should think.

3959. Without much alteration to the present buildings?—I think there would be considerable alteration. You must get the closets away; they must not form part of the wards, as they practically do now.

3960. Do you think that that is a simple matter?—If there was a closet in this room and these were outside walls, you could put in a cross partition and have ventilation between, but you would sacrifice bed space. Or possibly in some wards closets might be built outside, but I am not sufficiently familiar with the plan of the building to say. You must have cross ventilation between the ward and the closets.

3961. Then I understand you to mean that the present building is not suitable, as a whole, for hospital purposes?—I think not; that is, I take this view of it—if Victoria was a very poor colony, and could not find money to put up a better hospital, I should say make the best of it; but I do not think that it is worthy of Victoria. You could improve it very much and make it a very fair small hospital.

3962. Do you consider the site of the present hospital a good one?—Yes, I think it is a good site. It is better than any site I remember in London. I do not know them all, but I think it is better than any I know except St. Thomas's, and even St. Thomas's is built on land that was partly reclaimed from the Thames. It is upon the Thames Embankment; it has the Thames on one side, and the Thames is really the lungs of London to some extent, so it gets fresh air; and it has a fair front on the other side, but I do not think has much more space than there is in the Lonsdale-street frontage.

3963. Would there be any difficulty with the patients if a new hospital is built a short distance from the heart of the city? Would there be a serious difficulty in taking them there?—In urgent cases, of course, the nearer the hospital is to the mass of the population the better.

3964. You have had large experience at home in your profession as a sanitary engineer?—Yes, I was sanitary surveyor to Shrewsbury, and also building surveyor for some years, besides being in private practice.

3965. How many beds per acre should be the maximum, do you think?—I think it is usually taken at fifty.

3966. *By the Hon. D. Melville.*—What kind of cases are introduced into the St. Thomas's Hospital?—General cases. As it has been pointed out, the bulk of, say cancer cases, are taken to the Cancer Hospital, but I believe they do now and then admit a case. Then there is the Consumptive Hospital at Brompton, and one at Ventnor, in the Isle of Wight. Of course very few consumptive cases are admitted to a general hospital; a general hospital is quite unsuited to them as a matter of fact, but I know at St. Thomas's they do take a case now and then, but they get rid of them as soon as they can. I suppose they receive such cases as you do here, except that you have not special hospitals for special diseases.

3967. You say, when the death-rate rose at St. Thomas's to 10, there was a great row about it—was there something of a scare about it?—Yes, there was. There is a paper, well known in the medical profession, called the *Lancet*. I think they got it, and a great fuss was made throughout the kingdom.

3968. Did that scare do any good ultimately?—Yes, it did; but the fact is, as the Chairman has pointed out, you may have good plans made for these places that look well on paper; but, if the plans are not carried out properly, you must not blame the system. You must blame the persons who are responsible for work which they did badly.

3969. Then that death-rate of 10 actually alarmed the people of London?—Yes.

3970. Then this hospital, with a death-rate of 16, would be rather a frightful affair?—Yes, it would be rather frightful.

3971. Then you are not one who is surprised at this scare upon a 16 death-rate?—I think it was a proper question to be gone thoroughly into. It is a high death-rate, no doubt. Still, I am not prepared to say why. I do not, perhaps, know the hospital well enough or long enough. I am not prepared to say that it is saturated with septic poison, or that sort of thing.

3972. Putting together what you have seen of London and your experience of our climate, you are rather inclined to think that it is a serious death-rate?—Yes, I do think so.

3973. What experience have you had in the colony?—I only came here in May. I do not know much of the country.

3974. You see enough in the Melbourne Hospital to justify this inquiry?—Undoubtedly.

3975. You say, if the people were very poor, and could not afford another hospital, there might be some justification for contenting ourselves with it?—Yes.

3976. But, if we could afford it, we should go for a better hospital?—Yes, certainly. Besides, looking at the plan (these small plans of Melbourne), it appears to me that the hospital accommodation is limited. Apart from any sanitary consideration, I think you want, or will very shortly want, more hospital accommodation as the city and suburbs increase.

3977. You see nothing to wed us to this site, looking at it from the Melbourne Public Library; I imagine, from your evidence, you think the whole affair too mixed?—As it stands now, I do.

3978. As to the ventilation, there is nothing in it all—there is no system at all in the Melbourne Hospital?—No; there are some open gratings through the walls, and, of course, the doors and windows have to be thrown open, and I believe sometimes your atmosphere is very stuffy and close. They light the fires in the grates sometimes then, and, of course, that causes some little draught; but, on the other hand, it heats the wards more.

3979. In modern times have you seen anything like those gratings and apertures, to be called ventilators—have you seen anything in your experience that would be a parallel to it?—No; of course, they are out of date altogether. It is one of the worst features of the hospital that there is at present—an inadequacy of ventilation.

3980. Would those currents through the gratings be rather dangerous to the patients?—It is a doctor's question; but I should think, of course, it is so, especially to consumptive cases.

3981. If this Committee recommended another hospital on modern principles, would you go heartily with them?—Yes, of course. It is a question whether it is desirable to retain any buildings on this site. I know nothing of the financial question. It would make a very serious difference to that, perhaps; but a very good small hospital might be kept there.

3982. *By the Hon. J. Williamson.*—In the meantime, you know that a new hospital cannot be built for three or four years?—No; that is what I want to call the attention of the Committee to. If it was settled this moment that the old hospital should be done away with, you could not build a new hospital, to be fit for the reception of patients, under three years; and, during that time, there are certain amendments and improvements that should be taken in hand at once. The closets should be attended to. My strong impression is, that a certain amount of drain air—air contaminated by contact with many super feet internal of excrement-coated pipe—a percentage of that air, in my opinion, finds its way into the closets, and out of the closets into the wards. That is my strong impression. There is my sketch somewhere from which I could point out in a moment why I think so.

3983. Have you made a report upon the new system of closets?—Yes; unfortunately these sanitary matters are only just arousing interest upon the part of the public; therefore (excuse my saying it) very

little is known of town sanitation. Of course, at present you have not any drain worth calling a sewer, I thoroughly agree with Dr. Youl in that respect. Now, if you have no public sewer, you cannot adopt the water-closet system for the closets.

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3984. As I understand it now-a-days, water-closets are prohibited?—I believe so here. The reason you adopted the "Liernur" plan was not on account of its being considered the best from a sanitary point of view, but simply because his plan is one of the few that reduces the bulk of fluid; that is, in Liernur's plan you use very little water for the closets; whereas, an ordinary water-closet, every time it is used, consumes perhaps two gallons of water. Now this stuff runs in a pipe through gravitation, and stops in that pipe for 24 hours; really it is a sewage reservoir for 24 hours; that is, an iron pipe. Then they open a valve, which sets the vacuum on and forces the stuff by the air down through that pipe into an iron tank. Now, if that iron-tank was connected to a water-closet system, it must be very much larger, and instead of having the night-soil carts there, perhaps once every other night (I do not know whether they come every night, or every other night) you would have to have perhaps half a dozen. What I say is, that in my opinion the water-closet system, though it has been much abused in England (for it has been an innocent cause of typhoid fever—in some places it was simply through faulty construction that the water-closets were put up in such a mode as to lead sewer gas into the house just as readily as lighting gas is led for lighting), but the water-closet system properly constructed is, in my opinion, the most economical and the most sanitary of any system I know of.

3985. I lived in London for some years, and you know those sewers are very objectionable. I could not stand with my nose over one of those gratings?—It is a sore question, and one of those that the City Council, or the new Metropolitan Board will have to go over very carefully. I have a report upon ventilation of sewers, written seven or eight years ago, and I went into every known mode of ventilating a sewer, and it is not settled satisfactorily yet; and the only thing is, that you are so used to bad stinks and smells in these bad channels, that people will have their noses educated perhaps for the open gratings.

3986. Do you not approve of the system of earth-closets now in vogue in the colony?—You will first have to decide whether the sewage is worth keeping. Will you irrigate the land with it, or put it into the sea?

3987. I understand there is one system by which one man will supply the earth and take it away?—If he does, it is about the sixteenth part of the sewage. People have an idea that night-soil embraces the whole sewage of the town, and it is only a very small portion indeed that the earth system deals with. It simply deals with night-soil, and you have drains to make for all the other stuff. Slops, piggeries, stables, cooking refuse, and all the other refuse—what are you going to do with that?

3988. Those are liquids running in pipes?—They are as dangerous. It has been decided over and over again that the sewage that you see running and lying about, in some of the suburbs, in some of the channels, is really more injurious to health than night-soil itself.

3989. You have not been long enough here?—To get used to it?

3990. To have made up your mind?—I have. I am afraid Melbourne will go all wrong, so long that it will become what London was, sewage-sodden. You have a virgin soil to begin with, and you are doing your best to make it filthy.

3991. I mean, you have not been long enough here to form an opinion as to what would be the best site for a hospital to be built upon?—No. I know nothing but what I have seen in the newspapers. I have mentioned in my report some generalities. I say, with reference to this question of site, that, of course, I should prefer one in an open situation, elevated, quiet, conveniently accessible, first, for the mass of the population that the hospital is intended to serve; and, secondly, for the medical staff. Then I go on to say, that it should be dried by underground drainage—of course I do not mean sewerage—which will keep down sub-soil of water below foundations. From my own experience, I have known the level of the water in a well affected by the rise and fall of the water in a river nearly two miles distant. I do not know whether it is affected so in Melbourne.

3992. *By the Hon. W. A. Zeal.*—No, not in Melbourne?—But how near is the sub-soil water if you dig a well?

3993. *By the Hon. D. Melville.*—It varies—in some places it is 200 feet below the surface?—Of course you must have a dry site. And then I have gone into a matter which every one knows about—

3994. *By the Hon. the Chairman.*—What is the system of ventilation at St. Thomas's Hospital?—Supposing that this room was one of the wards, there would be three stoves fixed at equal distances down the centre of the ward; those stoves have an open place to put the fire in, and there is a flue-pipe to each that goes through the ceilings and out of the roof. It is six stories high, four wards one over the other. Enclosing that is a foul air, or what you may term a hot air chamber; that is, the flue warms a certain amount of air. I suppose the smoke flue is perhaps twelve inches in diameter, and the ventilating flue, the foul air flue, perhaps a foot space round each flue pipe. Then at the level of the stove is an open grating, not, of course, to the flue-pipe or smoke-pipe, but to the foul-air shaft; then, just below the ceiling there are some more open gratings into the foul-air shaft; so that having a fire in the stove it heats the pipe, radiates, and you get the foul air lighter, and therefore to some extent a current of air flowing up.

3995. *By the Hon. S. Fraser.*—Is there a connection between the inner and the outer flues?—No, no connection between the smoke-flue and the foul-air shaft.

3996. It heats the surface merely?—That is all. It is really full of hot foul air, and the entrance is at the level of the stove, and also another entrance for foul air just below the ceiling. They have no fan or machinery—nothing of the sort. Of course, in England it is necessary to warm the place, and that is done simply by hot water pipes. I may say, that the last thing almost which I did before I left England was to ventilate, not a hospital, but a public reading-room, library, and museum. I carried out that in the same way. In the basement I had a stove and a flue-pipe up, and an air-shaft round it, and the cold air was brought in by what in England is known as vertical pipes; they deliver at five or six feet high, and the air was brought in over hot water pipes, so that in winter the air was warmed before it entered the rooms. It answered fairly well.

3997. *By the Hon. the Chairman.*—About 50 patients to the acre, you said?—I think that is the usual number.

3998. Then a new hospital could be built upon the present site, I suppose, that could carry 300 beds—there are nearly six acres there?—Of course, no one knows better than yourself the difference of opinion

amongst medical authorities upon these buildings—six or seven stories, one says, and one story high, and wooden hospitals, and all sorts of things have their advocates. Doctors differ upon the matter.

3999. Professor Allen said before us, that he would keep the hospital in a sanitary state for some years without losing another bed. We are now making up 280 beds, as well as I remember, accommodating nearly 300 people in the Melbourne Hospital; we used to accommodate 400 and sometimes 500, because we crowded some upon the floor. Professor Allen says he could keep the hospital sanitary for four or five years till a new hospital is built, without taking any of the beds away?—If I were unfortunately a patient lying upon a bed at this moment I should say—“Do away with the closets, although you give me less bed space.” I dare say Professor Allen means the same thing. Professor Allen could not have possibly meant you to retain the present arrangement of closets for even three years. Of course, if you do away with the closets in direct contact, as they are with the wards, you make the air very much purer, no doubt of it. And you may do with less bed space in that case. I would rather have the closets done away with, and divided thoroughly from the ward, and have less bed-space than the present arrangements. In that view of it you would not lose a bed. I should say it would be far better than it is now if you did not lose a bed. At the present time there are 1500 feet I think, now allowed.

4000. We are given 2000 cubic feet to the surgical and 1500 to the medical?—Then I agree with Professor Allen as far as I understand his evidence, as a temporary arrangement.

4001. If it could be made sanitary for four years, could it not be made sanitary for eight?—The Committee would hardly be justified, I think, in recommending the expenditure. It is a matter of cost, is it not? If you carry out permanent improvements it would cost the hospital a great deal more money, and they would be hardly justified in going to great expense for three or four years; that is what I meant. They would be justified in spending a certain amount of money on temporary arrangements, even if that hospital was to be done away with.

4002. *By the Hon. W. A. Zeal.*—As to the number of beds per acre, you were instancing St. Thomas's hospital as a well-managed and well-constructed hospital?—Yes, I believe it is well managed, and it was supposed to be one of the modern buildings, as you know.

4003. That hospital has 572 beds in it?—Yes, I think it has.

4004. The area of that hospital is 8 acres 2 roods 30 perches?—Yes.

4005. That gives 67 beds per acre, so that your estimate would be a safe one?—Yes.

4006. Guy's Hospital contains 7 acres, and there are 695 beds?—Yes, I know it is a tremendous place.

4007. So that, as I understand, if the hospital is conducted in a proper and sanitary way the number of beds per acre might exceed the limit which you put upon it?—Might exceed it?

4008. Yes?—No, I should not in the new hospital, no matter how well it is constructed.

4009. Then how would you reconcile the advisability of the authorities of St. Thomas's Hospital keeping 67 patients to the acre there?—Of course you cannot answer that question, unless you know the site that is decided upon for the new hospital. One great advantage in St. Thomas's is that there is always a current of fresh air upon the surface of the Thames.

4010. I understand that is, in your judgment, one of the best of the London hospitals?—Yes.

4011. Guy's is surrounded by hovels in a densely crowded locality, and has 100 patients to the acre?—It is simply a matter of opinion. If the authorities at Guy's were to build a new hospital, they would not have anything like so many patients to the acre as they have; it is an old hospital.

4012. Then the London has 786 beds?—Yes, but you know they have to deal with certain cases—circumstances govern cases, and they had very great difficulty in getting a site in London. St. George's in Hyde Park corner forms actually a part of the street.

4013. Is not Guy's the same way?—Yes.

4014. And St. Bartholomew's the same way?—Yes.

4015. And Charing Cross? Now supposing the Melbourne Hospital is closed and another site is adopted, would not it be one of the essentials of that hospital that it should be put in the neighbourhood of the large population, considering the London experience?—If you do away with the present site altogether, and have no hospital upon it, then of course a new hospital must be accessible, you cannot send it too far away.

4016. Supposing you were driven to that, and you had to close it, would it not be necessary to have casualty wards all about the metropolis, where those difficult cases could be brought in without loss of time?—I should think it would be, if you had the hospital far away from the centre of population.

4017. Have you ever seen the Flagstaff Gardens?—Yes.

4018. My friend Mr. Williamson was suggesting that site—what do you think of that?—I could not say; I have only seen the outside of them, I have not been in; there is a great difference between looking at them, going by, and inspecting them.

4019. But as to the general site first?—I could not, I have not inspected the ground; I have been outside the gardens, that is all.

4020. That contains an area of ten acres, and the surrounding streets make it very nearly seventeen acres; is that a desirable area?—For 500 beds?

4021. Yes?—Yes, as far as acreage goes. I could not give an opinion upon the site.

4022. Would not it be necessary, as one of the essentials of a hospital, that the drainage should be easy and perfect therefrom?—Yes, but still the difficulty of the drainage never arises, in even a third class town at home, because the authorities always provide a public sewer; this must be the case here—I suppose it is a foregone conclusion that there must be a Metropolitan Board, and I think therefore the drainage is rather too much of a bugbear. I think, before the hospital is ready for patients, drains probably would be provided. Then they must have the drains of sufficient depth to take the lowest floor of the buildings adjoining; that is the English law, and I suppose it is so here.

4023. Have you considered that our bay is a very peculiar one; it is land-locked, and the entrance is very narrow, and there is very little rise and fall of the tide. In fact, from Hawthorn, that is four miles up the river, to the Heads, there is comparatively no fall at all; is not that a difficulty?—No, no difficulty at all; it simply means that possibly as you cannot get rid of your sewage by gravitation, you must pump it.

4024. It is not a natural system?—No.

4025. In England the systems are natural, not artificial?—I should not like to say whether it is half or not, but I think it is half and half. Of course, where they can use gravitation they do.

4026. Do you know any city in England where the difficulties of exit for drainage are greater than they are here?—Yes.

4027. Where?—From what I remember, Portsmouth was a very bad place to sewer.

4028. But the rise and fall of the tide at Portsmouth are very considerable?—Yes.

4029. It is between twelve and fourteen feet?—You are speaking of getting rid of the sewage into the sea; I am aware that that affects the hospital, but it is not settled here yet; whether you are going to irrigate the land with it.

4030. That involves a very great question as to the cost of carrying the sewage?—Yes.

4031. You think then that there would be very little difficulty in getting away the sewage in a proper and efficient manner?—From the hospital?

4032. Yes, and the city as well?—That is a very big question for me to answer in the short time I have been here—I cannot answer it.

4033. If you put the sewage from the hospital into the streets, the one must naturally follow upon the other?—No doubt the Metropolitan Board, when it is formed, would not approve of a plan, unless it embraced a sewer in every street, unless it drained the lowest floors of the buildings upon the frontage, the hospital included; the plan would not be worth the paper it is upon unless it did that; and the question is, whether it will be put upon the land.

4034. All the solid manure is treated so already?—It will all go together, you will see, in the end; and simply it comes to this—can they get rid of it by gravitation when the tide is out, or whether they must pump it?

4035. We want to know what to make as a practical recommendation to the Government, and that implies many of the subjects of which you have spoken, and, in answering, I want you to consider that the Board of Health positively forbids water-closets?—I know they do.

4036. Then that suggestion cannot be adopted till the law is changed. Then, again, in Melbourne under the pan system, not the earth system, all the sewage is moved only once a week—the pans?—That is quite out of the question for a hospital. If you adopt what I have suggested on paper, you could carry out the present system at the hospital without the slightest nuisance or danger, and I believe that system may be made as healthy as the water-closet system—that is, until the night soil is allowed to enter the public sewers.

4037. *By the Hon. J. Williamson.*—Do you believe in the pavilion system, or a four or five story building for a hospital?—I simply state here in my report that the fact is, there are hospitals—take St. Thomas's, six stories high, I know it well. First, there is the basement, then the ground floor, in one part, that is really the administrative department—then there are four wards above that, I think, two surgical and two medical. I never heard any complaint by the medical staff, nor have I seen in the *Lancet*, or any of the papers, that there was any objection to the upper stories; they appear to be as healthy and well ventilated as the others. I know another at Shrewsbury, where I lived for twelve years as sanitary engineer; there we had four stories. It was called an Infirmary, but really it was a hospital for the reception of all sorts of cases, and we had no complaints from the upper wards; therefore, in the face of those facts, I would not say you cannot build a hospital six stories high (but it may be prejudice), still I prefer one not so high. The other theory is, to have a lot of small hospitals connected; the pavilion system is much the same; each ward should be a hospital complete in itself; but if you spread a large hospital over an immense area of ground, I do not know but what the administrative staff would have to be doubled or trebled, and the medical staff would want a horse and buggy to get round in the morning.

4038. Supposing you built a hospital three stories high, could not you have more patients to the acre upon that system, than if you had three wards upon the ground?—Yes.

4039. You could have more to the acre then?—Yes.

4040. So that you could utilise the space?—Of course, if you had a hospital two or three stories high, you must have artificial ventilation, that is my strong impression. I do not think you can trust to what is called natural ventilation. I do not think half enough attention is paid to ventilation in hospitals at home or anywhere else.

4041. It has been stated here, that artificial ventilation is necessary under any circumstances?—Yes, of that I am satisfied.

The Witness withdrew.

Robert Henry Shakespear, C.E., Thomas James Crouch, and Francis Moloney White examined.

4042. *By the Hon. W. A. Zeal.*—(to Mr. Shakespear.)—You are a civil engineer?—Yes.

4043. (To Mr. Crouch.)—You are an architect?—Yes.

4044. (To Mr. White.)—You are an architect?—Yes.

4045. The Committee wish to obtain from you an opinion as to the present condition of the Melbourne Hospital, from an engineering and sanitary point of view. Have you examined the hospital?

4046. Mr. Shakespear.—Yes, I have.

4047. With reference to the ventilation of the hospital—can you give the Committee any information in reference to your visit—[*A plan was produced and handed to the witness*]?—It seems to me that there are undoubtedly very serious constructive errors affecting the ventilation, inasmuch as, in the main building, the corridor system is in force, and the floors are ventilated by gratings through from one floor into another; consequently the ventilation of one ward may or may not be carried into another, and, although on that day on which I visited the hospital, when it was very fine weather and no wind blowing, there was no excessive draught; yet I can conceive that, in winter, a very different state of things might exist as, in fact, I was told. On that ground, I think, the ventilation is defective. Then again, the ventilation from the closets does not seem to have been provided for. The closets are very confined, and, although on that day on which I visited the hospital there was no smell from the closet, and everything appeared to be as satisfactorily managed as possible under the circumstances; yet, as I say, the weather was fine, and I should imagine on a close sultry day, there must be inevitably a smell from those closets occasionally carried into the wards.

4048. Would you go on now to the pavilions, having described the main building?—The buildings being so close to the back of the west wing of the main building, the ventilation between the two buildings must be inevitably very much affected.

4049. You think that is an objectionable feature?—I think that is an objectionable feature.

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4050. Could you speak of the ventilation of the pavilion portion of the hospital?—In those two pavilions I did not notice anything in regard to the ventilation that appeared to me to be objectionable, with the exception that the isolated wards, as they called them, seemed to me to be very close and confined, and the closet room very much confined.

4051. The system adopted in the Melbourne Hospital, we are told, is the natural system—there is no attempt at any artificial system of ventilation. Can you suggest any plan having advantages over another?—I do not think so with the existing buildings. I do not see how any system can be adopted for the main building without creating draughts and other evils.

4052. By an artificial system of ventilation could you make the buildings more perfect and more suitable?—I do not know of any applicable to the main buildings with the corridor system, as it is in force, to be satisfactory.

4053. Do you notice in the laundry and in the mortuary two Blackman's fans?—Yes.

4054. Which is an American patent, lately introduced here?—Yes.

4055. Do you think that some combination of that system would obtain better results in ventilation?—I think it might be applied in wards not of too great a size, such as the pavilion wards; but to attempt to apply it in the wards in the main building, where there is such an immense space all connected together, would, as I said before, create evils equal to those it is designed to supplant.

4056. Supposing you had 20 or 30 inlets in a ward, and as many exits, would there then be a draught?—I think so, where there is such a large space of ward all connected together, as there is in the main building.

4057. But supposing you could, by this system of artificial ventilation, draw out from places, nearly opposite patients, the vitiated air, do you think then there would be an objectionable draught in summer?—Yes, if there is a sufficient amount of suction power to draw the air for any distance round each patient, it would have an injurious effect, I think. If it merely draws out the vitiated atmosphere thrown out by each patient, that is another matter.

4058. What speed of air do you think would be sufficient in the ward?—It is difficult to say, because, if applied to that large main building, a very moderate speed at the one end would become a very serious matter at the other, perhaps.

4059. If this artificial system could be perfected and draw out the vitiated air, say from twenty different places, allowing the air to enter at twenty different places, the current of air in the chamber need not necessarily be a high one?—I have never seen the system applied in that form. I should not be a good authority on the matter.

4060. Do not you think that some system of that kind could be adopted which would be useful and cheap at the same time?—I do not think it is impossible, but it is a very difficult matter to avoid creating unnatural currents, especially round patients.

4061. What speed do you think would be an objectionable one for a current to travel in the ward?—It must depend upon the purpose of the ward to a great extent, for in some cases it would be necessary to keep the air very quiet indeed. In fever cases it might be driven at a more rapid rate.

4062. Some eminent medical authorities who report upon this matter, give it as their opinion, that a current of one foot and a half per second at the entry would be unobjectionable. Would your views concur with that?—I do not think that a foot and a half per second would be excessive by any means.

4063. And that the exit should not exceed five feet per second?—I do not see how the exit is to be five feet per second with only one and a half coming in.

4064. The difference between the number of inlets and exits might make the difference?—But if the inlet is a foot a half per second, the outlet must be proportionate to it.

4065. If you have 24 inlets and only half the outlets the exit speed would be double the outlet speed?—Yes.

4066. And that is the principle recommended, that the outlet should be half the size of the inlet—is that practicable?—Yes, there is no objection to that.

4067. With reference to the drainage of the hospital, have you examined the plan in force there?—Yes.

4068. What do you think of that?—I have not had means, as a matter of course, of actually looking into the details of the drainage upon the ground. As far as it appears upon the plan, it seems to me as if it had been added to from time to time, and is hardly as simple as it would have been if a system had been laid down in the first instance; but that is an inevitable result of additions.

4069. Is that the general plan, or the plan of removing fæces?—I speak now of the general plan of drainage.

4070. As regards the general site of the hospital, do you consider it a good or a bad site?—I have no reason to suppose it is a bad site. It is, of course, rather hemmed in by the Public Library on one side; the north wind is rather cut off on that side, cramping the free circulation; but, as far as the site itself is concerned, if it were not for that, I do not see it is a bad one.

4071. Comparing it with such hospitals as Guy's, Bethlehem, Bartholomew's, and Charing Cross, and other great Metropolitan hospitals, how would it stand that test?—Better than some I saw at home. I went to see several of them, but I really do not remember now even the names of them.

4072. Is there any one in London that has the same amount of breathing space as Melbourne has?—Yes, that one near Hyde Park.

4073. St. George's Hospital—that is comparatively a small one—but, taking all the other large ones, where they make up from 500 to 800 beds?—Guy's, if I remember rightly, is right in the thick of the houses.

4074. And Bartholomew's and Bethlehem?—Yes.

4075. This Melbourne Hospital site compares favorably with those; does it not?—Yes, I should think so, certainly.

4076. Have you considered this, supposing another site is recommended by the Committee, have you considered where a new hospital could be built?—No.

4077. From your long knowledge of Melbourne, are you prepared to recommend to the Committee any particular site?—No, I am not.

4078. The Pig Market has been suggested by some medical authorities; what do you think of that site?—Not having examined it critically with a view of answering the question here, I think that anything I might say might be misleading, and would be of very little value to the Committee.

4079. Do you think that, if the hospital was built at the Pig Market site, the drainage could be efficiently taken away through the North Melbourne Swamp by means at the disposal of the Hospital authorities?—I should be disposed to think not, and if there is no means of carrying it right away, there is no means of scour, and it would become very dangerous.

4080. Would not that involve asking the Government or city authorities to construct some means of drainage?—The drainage must be carried right away down to the new cut or the Saltwater River. There is no fall or scour in the neighbourhood of the swamp.

4081. Mr. Williamson suggests the Flagstaff Gardens; do you know that site?—Yes.

4082. Would that be a good site?—I think not.

4083. Why?—On account of the drainage question.

4084. But as to the site?—Independent of the drainage?

4085. Yes; take the question of site first?—As a site, I do not think it at all a bad position.

4086. You know the area—it is about ten acres?—I suppose it is.

4087. The surroundings of the streets make nearly seven acres more; would that be a suitable area of ground?—Yes, but it is rather steep upon the slopes; if I remember right, the site upon the top is contracted.

4088. Do you think the difficulties of drainage are great there?—I think that would come in to make it a serious matter for consideration.

4089. It is reported that Captain Evans, the present Inspector of Charities, recommended a site at the foot of the present Government domain, close to the Yarra; do you think that is a good site?—I should think not. I should think it is liable to miasmas and exhalations from the Yarra and the lagoons.

4090. Taking the whole of the city, can you recommend now generally to the Committee any particular site which should have a preference over the present site of the Melbourne Hospital?—I cannot. I never understood that I should be asked the question, and I have not critically examined with that object. One thing has struck me, that going over this hospital, there were some improvements, even if you keep it there, that might with advantage be introduced, such as lifts. There is an immense amount of thrown away labor and inconvenience in removing refuse and bringing up coals and so on, into the wards.

4091. Would your recommendations go so far as to suggest that the hospital should be perfected, to enable it to be carried on at its present site?—It would appear to me, as far as I can see, that with certain alterations, and farther endeavors to cut off the closets, so that they do not open by one door immediately into the wards, by the introduction of some improvements for the better and more easy management, I should have thought that the hospital was capable of being maintained where it is for a long time.

4092. Permanently retained, or temporarily retained?—I do not see why it should not be retained until the requirements exceed the present.

4093. For what period would that be?—When I went over the hospital, it was certainly by no means filled, and Mr. Williams gave me to understand it was not in an abnormal condition.

4094. Seeing that St. Bartholomew's Hospital was founded in the year 1102 and it has remained upon its present site to the present day, has it ever been charged upon that site as a drawback that it is closely surrounded by buildings?—I never heard it, and it is very closely surrounded indeed.

4095. Bethlehem was founded in 1547; has there been any objection to that?—Not to my knowledge. In regard to the question you asked about the pavilions, I did notice that the ventilation and general arrangements of the out-door patients portion is extremely bad. The closets are extremely defective and unsavory, and the room is very dark and it did not strike me as being creditable to a large institution, but that is the worst part I saw.

4096. Supposing all those defects to be remedied and a better system of closets be introduced—a perfect system of ventilation and lifts from floor to floor and other improvements that you could suggest, do you think the Melbourne Hospital could be so altered that it might be permanently used upon the present site?—I think so.

4097. *By the Hon. J. Williamson.*—Have you any idea what it would cost to put it into the sanitary condition that you would suggest?—No, I could not tell you exactly. I have never gone into it. The calculation would not be, by any means, a difficult one to make. Of course there would be alterations for additional rooms for nurses and so on.

4098. You saw the place where the nurses sleep?—Yes, it is too crowded no doubt. There should be a room for every two nurses or so if possible; but I have not made that calculation.

4099. *By the Hon. S. Fraser.*—Have you inspected the whole of the hospital buildings?—Yes, Mr. Williams showed me over everything.

4100. With a view of giving evidence?—Yes.

4101. What is your view with reference to the main building—what is generally considered the worst part?—It seems to me the worst constructive errors are to be found in the main building—the corridor system leading right through from one to the other; the system of ventilation through the floors, by iron gratings, seems to me to render that an objectionable building, but not impossible to be altered.

4102. Is that your principal objection to the construction of the old building?—Yes, that the wards are not sufficiently isolated.

4103. Could the building be so altered as to be capable of accommodating about the present number of beds—that is something like 300?—Yes.

4104. It could be done, you think, without very great expense?—Yes, without anything very extraordinary in the way of expense, I should think.

4105. Would that entail the tearing down of many or large portions of the old building?—No, I do not think so.

4106. Would there not still be a danger of the ventilation of the wards being one running into the other?—I think that can be obviated.

4107. *By the Hon. D. Melville.*—Where would you erect the nurses' quarters?—The additional quarters?

4108. Would you keep any of them down in the basement—they are in the basement now?—As far as the men's quarters are concerned, I did not notice anything objectionable in the basement floor. It was dry, free from any of that smell that you constantly do find in basement floors, but then the floor is not absolutely sunk in the ground. It is sloped away a great deal. The nurses' quarters did not seem to me to be below the surface. They have steps up off the parade into it. One great objection to the nurses'

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quarters is the crowding of the room, and sanitarily, it seems to me; their room opens direct into the dining-room.

4109. To go to the male nurses' portion, would you keep them in that basement—their sleeping quarters?—I may say that the rooms, when I went through, were very fresh, healthy, and free from any smell of any sort whatever.

4110. How many beds did you notice in one of them?—I noticed, I think, about six beds in one room—about eight or so in another; about four in another, and I should think I went through about four rooms.

4111. Is there not one room with twenty-seven girls?—Girls! but you ask me about men now.

4112. Did you not count in one place about twenty or forty?—Men—men employed about the place?

4113. We entered a place about eight or ten feet in height, and I counted, I think myself, about thirty stretchers?

4114. *Mr. Crouch.*—The western ward, where the dining-room is.

4115. *By the Hon. D. Melville.*—Do you think that is an intelligent or proper thing?

4116. *Mr. Shakespear.*—I do not think it is a good thing to have so many beds in one room for persons in a healthy condition.

4117. Even those male attendants?—No, certainly not.

4118. Where is your provision—what suggestion can you make for those attendants on that side?—I think that would be a matter which you will have to draw out a scheme for.

4119. You condemn that, at any rate?—I should certainly object to having any large number of men in a room.

4120. Then the female nurses—you also condemn that room, as being too crowded?—Certainly, and it is objectionable to have a room opening straight into the dining-room from a dormitory so crowded.

4121. And close to the closets, in one case you remember?—Yes; I do not think that the provision for the attendants is so good as it ought to be.

4122. Do you think now, that it is worth our while making any permanent provision on that site, seeing that you require the ventilation, the closers and attendants all altered. Would it not be better to go for another?—I think that must very much depend on the cost. It seems to me to be a question of money.

4123. Assuming that that is available?—I may answer the question in this way—if it were possible to select another site and erect a new hospital under an improved system of construction without the expenditure of too great a sum of money. I think it would be better to do so.

4124. Do you like those wooden ceilings?—No; I have mentioned that when I was going round with Mr. Williams. I thought that was decidedly defective, in my opinion.

4125. Do you think it desirable to continue the out-door patient establishment as it is now, or in any modified form, that would ever please the public of Victoria?—I said before, that I think the out-door patients' portion is not creditable to an institution like that in the colony.

4126. Give me a single feature that you think worth perpetuating there. The ceilings are bad; the closets are bad; the nurses' quarters are bad; the out-patients' place is bad. Does anything occur to you as being really worthy of the people of Melbourne and Victoria? You know we went together, and have our own impressions of the place?—[*No answer.*]

4127. *By the Hon W. A. Zeal (to Mr. Crouch).*—As to the site of the Melbourne Hospital—do you consider it a good site or a bad site?—I think it is good.

4128. Do you think the area is sufficient?—For that sized hospital.

4129. As to the natural drainage?—The only objection I see to that is, that the whole of the drainage passes through the city.

4130. You have been a very old resident in Melbourne. Supposing it was suggested by the Committee that the site of the hospital should be shifted. Can you indicate a site combining the advantages which the present site affords?—I do not know of any site that I should recommend. The Flagstaff Gardens has been mentioned, and I think that is the next most suitable. I may mention, that some few years ago, when the Homœopathic Hospital was projected, a site was set apart by Government for it in the neighbourhood of the Pig Market; that is, up where the horse bazaar now is, and it was objected to, and the committee never built there, because of the distance from the centre of population. It would not answer the purpose for which a hospital was designed, to be accessible to the poor of Melbourne.

4131. You think that is an essential for it?—I think it is essential for a hospital of that character. Of course, I think that the country air would be better for many cases; but for accidents, surgical cases, and acute cases, the more accessible the better. I think that the nearer you have the hospital to the residences of patients the better.

4132. How would the University site suit the residents?—That is a little way out, but it is not so bad as the Sydney Road.

4133. That might be available, you think, under certain conditions?—Under certain conditions.

4134. Then as to the site in the Royal Park, near the present Industrial School, on the north side of the Royal Park?—I think that is so far out, that there is the same objection as there was to the site first set apart for the Homœopathic Hospital.

4135. Have you ever heard it urged as an objection to the English metropolitan hospitals, that they were in the centre of a dense population?—No, it should be a recommendation.

4136. The accessibility of a hospital to the population is an advantage?—An advantage to those who make use of them.

4137. Then as regards the Melbourne Hospital, is not that an advantage in its case?—I think so.

4138. As to the ventilation of the building, did you examine the different wards?—Yes, I was through them the afternoon we met there. I think it is capable of very great improvement.

4139. Do you think such a system of artificial ventilation could be adopted as would make it thoroughly sanitary and efficient?—Yes; I may say, some years ago I suggested to the committee of the Melbourne Hospital a system of having a fire burning at a high level, so that the air might be drawn from the different wards by tubes and all the deteriorated air collecting from the wards burnt, and so rendered innocuous.

4140. Mr. Butler, one of the witnesses who has been examined, states that that is one of the plans, or at least a modification of it, adopted at St. Thomas's Hospital, one of the most recently erected in

London?—I have not heard of it being adopted, but it occurred to me from seeing it adopted in coal mines. I believe it would be a great improvement, and the amount of draught could be regulated by valves, so as not to be too much. Where the natural flow of the air is dependent upon the wind or otherwise in summer time when it is most wanted, it is, of course, most stagnant.

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4141. Was your attention drawn to the closets?—Yes, I went all over them.

4142. What have you to say of them?—They are very much better than I could have expected under the circumstances, but, no doubt, they are too close to the wards.

4143. What improvements would you suggest?—If possible, they should be removed a little further away, and a free draught created between the ward and the closet itself. Some of them are somewhat better than others in that respect. There is an opportunity for a little ventilation passing.

4144. Do you think that if a small annex was built at the corner of the pavilions leading to the closets, which might be built externally, and that the annex was ventilated by cross-ventilation?—That is what I was hinting at just now.

4145. In other words, if an annex was built at an angle of 45 degrees to the building, and a turret at the end of it where the closets might be placed, would that meet the difficulty?—I think it would.

4146. As to the system of removing the faecal matter from the closets, is that a good plan, or could you suggest any better plan?—I do not like that, but I am not just now in a position to suggest a better plan. The system adopted at the Homœopathic Hospital is not very perfect—that is, to let the discharges run down into the night-cart, which is removed the next day. Miller is, I think, the patentee, an American. He has a plan of ventilating shafts right off the closet pan itself. The draught from the seat is supposed to go down right into the cart and up into the shaft, but it is not perfect; in fact, I have not seen any perfect system yet.

4147. You heard what Mr. Shakespear said; is there any suggestion you can add?—I would like to add a few things. In the main I agree with Mr. Shakespear. One thing I noticed, the gratings in the floors of the corridors bring up the diseased germs, or miasma, from below into the other wards. There are openings from the corridors into the wards communicating one ward with the other, as the wards communicate with the corridors, taking all the poisoned gas from one place to another throughout the institution; in fact, I think those ought to be closed, and I think the ventilating tubes should go, not from the corridor into the ward, but to get a thorough draught, have it open to the air at one side and a tube through to the next ward, so that there should be no communication of air from one ward to another, or from a ward to the corridor, but have a through draught right from side to side. That is a recognised principle in hospital ventilation. The tubes are not very slightly, but it is better to secure sanitary arrangements than to study appearances. Then I would have the tubes I am speaking of with the furnace on the top of the roof in some place, and I would have all the walls plastered, or rather finished, with Keen's cement. I had to construct two ovariectomy wards at the Lying-in Hospital, and I finished them in this way, and the doctors there were very much pleased indeed with it. They had not seen anything of the kind before. It presents a very hard smooth surface, impervious to disease germs of any sort. At present at the hospital, the walls are, it is true, painted every two or three years, but they are full of ridges caused by the joints of the brickwork, on which all the germs would lodge, and the draughts from the windows would blow these down upon the patients below. I think that has been one of the greatest sources of trouble in the hospital.

4148. It has been stated by one of the medical witnesses, that the bricks are so porous that a candle would almost be blown out if it was placed inside the walls of the hospital. In fact, the air would blow through the bricks and blow the candle?—I think that is a stretch of imagination. I never heard of such a thing. But my recommendation would entirely get over that, even supposing it was as bad as that, because the Keen's cement would fill up all the crevices, and form a hard, impervious face.

4149. You saw the walls generally; did you see any such defects?—I saw no cause to lead one to suppose that such a thing would take place.

4150. Did you see any external exfoliation in any places?—I did on some, I think; but I could not point them out just now. The ceilings ought also to be plastered with Keen's cement. I finished the Lying-in Hospital wards and also the Homœopathic Hospital, in Keen's cement, both walls and ceilings. You asked about the out-patients' place. I emphatically condemn that. It ought to be abolished. It is a source of danger not only to the patients in the hospital, but to the community at large. It might with great advantage be split up into several dispensaries in various parts of the city, far better than having them concentrated there, as they have to wait for hours sometimes to take their turn. I think I spoke about the wooden ceilings. I do not know there is anything further. I noticed, too, some stairs from the ground floor down to the basement near the operating room. I think that is very objectionable, and should be closed up. There should be no communication from the cellar to the hospital proper. In fact, I fancied I noticed a very objectionable effluvia coming up from that part; whether my nasal faculties were right, I do not know.

4151. Would you state what you think of the mode of housing the nurses and wardsmen?—It is capable of great improvement, although I think, with Mr. Shakespear, that there was no objectionable smell in the basement, where the men are housed. On the other hand, the fact of their being down below the level of the ground, nearly the whole of the extent of the building, is objectionable in point of health. Of course, people may put up with it; but I do not think it is healthy.

4152. Do not you think it is objectionable for so many female nurses to be housed in one large dormitory?—Yes, that is, in a building connected with a hospital. The room is in want of ventilation, too.

4153. What do you suggest in reference to the female nurses?—I suggest additional accommodation.

4154. Would you suggest one or two nurses should sleep in a room?—I would not put more than two together.

4155. You would suggest separate dormitories for every two nurses?—Yes. I think it would lead to their having more self-respect; and I would finish their rooms with plaster, the same as the wards, though perhaps not so expensively. I think you put the question to Mr. Shakespear—Would it not be well, as there were so many objectionable features about the institution, to pull it all down, and build upon another site? I say so much money has been spent there that, with a reasonable expenditure, if you can improve it (which I think you can), it would be better to do so, than to sacrifice the thousands and thousands of pounds that have been spent there.

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4156. Roughly, what would you think a new hospital—giving the present accommodation of the Melbourne Hospital—would cost?—A new building?

4157. Yes, upon the most approved plans?—For how many beds?

4158. Say 300 beds?—I should think it would take between £30,000 and £40,000; it is a very rough guess.

4159. The present buildings show a cost of upwards of £55,000—do you think they have got moderately good value for their money?—I think they might have got very much better buildings for the money if it had all been built at the same time. Of course they have been built piecemeal, and some parts of them at much more expensive times than at present. I do not think it would be fair to compare the present cost of buildings with the cost of those buildings.

4160. Still you are satisfied it would cost something like £40,000 to provide a new hospital?—Yes. That is a rough guess, subject, of course, to correction.

4161. *By the Hon. S. Fraser.*—Would the alterations you have referred to be very expensive?—I think not. I think the suggestions I made could be carried out quite efficiently for £3000 or £4000.

4162. That would not necessitate the tearing down of much building?—Very little.

4163. *By the Hon. D. Melville.*—Do you know what the hospital costs to keep it in order at present—the building materials, plumbing, and repairs, per annum?—I have not heard.

4164. It is now costing us to tinker from £800 to £1200 a year; plumbing and repairs, £673; timber and materials, £325—an average cost probably of £1200 a year, speaking roughly; 1884, £1151 plumbing and repairs, and timber and materials, £437?—Probably, although it appears there as repairs, it was not actually repairs, but alterations. I think it very likely it has been alterations, and sometimes alterations cost a great deal more money than is represented in the value.

4165. Scientific men are landing the community in a cost for the last five years of, say, £1000 to £1,200 a year upon the average; your suggestion means £4000 to £5000?—You see where the doctors are continually changing their views and are forcing upon the committee to make alterations, those alterations as indicated will always be turning up. Of course the doctors, in one sense, are justified in trying everything they can to raise the curative power of the institution.

4166. Do not you think it a serious thing to us, with an old hospital, to face those annual charges?—I think if you had a brand-new hospital built to-day, you would find that, with the people at the head of it, there would be continually additions and alterations like that being made, and they would go under the head of repairs in the schedule of works.

4167. Do not you think that a great deal of this is from the simple temporary nature of those alterations, that the whole construction is bad, that you really want a new affair altogether?—I do not think you can argue from that account, that it is so. I should rather think that it is the alterations rather than the repairs that have been charged for there. I cannot imagine that mere repairs, even if the building were twice as old as it is, would cost the money.

4168. Every year there is the same thing in the balance-sheet. I will read them to you—"Plumbing and repairs £1151 in 1884, and timber £437." So you see you have over £1500 to begin with in 1884. In 1885, he gives the sum, plumbing and repairs, £644 2s. 10d.; timber and materials, £395. There again it is over a £1000. I do not know what it is if you were to go back to 1883?—Yes, perhaps it is very foolish of me to be very confident in my opinion; but still, if I had an opportunity of looking through the details of those figures, I might be able to point out that, instead of being repairs, as you take plumbing and repairs to be, I believe you will find it is alterations required by some variations in the buildings or improvements in the laundry, and they put perhaps all the new apparatus for washing as plumbers' work. They are continually altering there.

4169. I paid particular attention to this when Mr. Williams was here, in order to make you right upon that, and I asked him if the heading indicated the work. Now go to 1883. There you have plumbing done £800; timber and materials, £364, so that, put it as you like, you have actually with this old rattle-trap affair a constant outlay. In fact, there is a whole army, and he explained that it is wages almost wholly?—I believe they keep a man there continually, not for mere repairs, but for alterations. For instance, their laundry arrangements have undergone re-construction three or four times, and, I believe, it is all down as plumbers' work.

4170. And in 1882—you notice it increases as the years go on. Do you think you will ask the community to go on making these alterations, you are to be one apparently of the number—but you are only to finish off with Keen's cement; you suggest to us £4000 to £5000?—You have increased that, I said from £3000 to £4000, but that is connected with the main buildings. Now, I am not treating with the plumbers' work there. The laundry work, I believe, if it were tested, you would find put down as plumbers' work and repairs, whereas it is new construction in connection with the improvements to the laundry. That laundry has, to my knowledge been re-modelled three or four times over.

4171. Let us see, first, the servants' quarters are to be lifted up, to find a room for one or two. The closets are to be altered, that old ranshacked place for out-door patients, as hideous looking an affair as ever I stepped in—dirty and offensive closets are to be fixed up, a fresh coat of Keen's cement, and the ceilings are to be done away with. Are you to do all this for £3000 or £4000?—That would cover all I propose to do to the institution.

4172. Of course this goes to the public in that shape, if you require so much; you should manage all that; and, when you have done so, do you think you will have accomplished all that the public desire?—I am not prepared to say that I will have accomplished all that the public desire, because they are very exacting, and they want things that they would like carried out which are impossibilities, but I think that all that any reasonable people could expect or desire would be obtained by that expenditure.

4173. You, as a practical man, know that it is situated in something like a gold-mine; the evidence is, that the site of that hospital is worth £150,000—would you, as one of ourselves (I am not speaking to you professionally), would you recommend the Committee to continue their hospital there?—I should, I do not think you would very much improve that. By taking the Flagstaff Hill, which is the next best site, you have the advantage there, I think, of a larger area.

4174. Where do you think the poor people live now-a-days—in what part of Melbourne?—All round about the lanes of Melbourne.

4175. Where?—There is a great mass of population in Melbourne. Of course, the well-to-do people have moved out.

4176. Where do you think the biggest part of the poor people live?—In the City, Carlton, and Hotham.

4177. Would Royal Park be farther away?—Yes, from the south part of Melbourne.

4178. If you extend northwards?—If you went into the Royal Park, it is some distance from Carlton now.

4179. What about Hotham, Kensington, Flemington, Essendon, and all the north-east—do you mean to say that the hospital, as you go northwards, would be really more inconvenient for those people?—I believe it would. I believe, for the general mass of the people, it would not be so convenient as it is now for a hospital.

4180. *By the Hon. Simon Fraser.*—Would you see any objection, providing a suitable site be found, as, say the Flagstaff Gardens, for instance, to the sale of this site?—I am glad you have asked the question. I was just making a note in case it came up.

4181. Would you consider it advisable to sell this site, and use the proceeds for the building of a hospital on the best obtainable site with the funds from the land?—I have heard it stated, by one of the medical men connected with the institution, that the very soil was saturated with disease. If that is a fact—I do not admit it; from what I see I think it is not so—still, it was stated so to me—that they could not disturb a tree in the garden without the patients being affected; and, if so, I think it would be criminal to settle down a population there in small tenements because the land is valuable—that is the argument. They would have the old buildings pulled down, said by Dr. Youl to be saturated with diseases; they would sell the material to build dwellings in the suburbs. If the soil is saturated with disease, it would be scattering disease far and wide through the community.

4182. Suppose you and I and the Committee think it is not so, but it is advisable, in a financial point of view, to sell the site, and use the proceeds to build upon a site almost equally suitable—would you recommend that view?—I think it would be a very wise thing to do, if the selling of that site would put you in a better position—upon a better site.

4183. Supposing the site was not better, but was well enough for the requirements of the city—say Flagstaff Gardens—I suppose you admit that is pretty central?—Yes.

4184. Almost as good as at present?—Yes, not quite so good.

4185. If that site was obtainable, would it be a wise proceeding on the part of this Committee to recommend the sale of the present site to build a hospital on the Flagstaff Gardens site?—I think it would be a matter for serious consideration whether that was wise to do. I do not believe the site is unhealthy, though it has been stated to be so.

4186. *By the Hon. W. A. Zeal—(to Mr. White).*—You have been an architect of very considerable experience in Melbourne?—Yes.

4187. Have you examined the buildings forming the present Melbourne Hospital?—I have.

4188. You have also examined the site?—Yes.

4189. Will you commence by stating what you think of the site of the Melbourne Hospital?—I think it is as good a site as you could find. As the other witnesses remarked with regard to the Flagstaff Gardens, I think similarly, that as a site it is equally good.

4190. Do you consider it one of the essentials of a hospital that it should be in the neighbourhood of a dense population?—Decidedly.

4191. Where accidents can be speedily and effectually treated?—Decidedly.

4192. Do you think the present site of the Melbourne Hospital combines those advantages?—I do.

4193. Does it combine them in a marked degree, or otherwise?—I do not know what to say about that. As far as a marked degree goes, I consider it a very excellent site, and well adapted for the purpose.

4194. I mean this; suppose you put the hospital further away from the centre of population, would that site give the same advantages to the residents of the city as the present site?—I do not think it would.

4195. Then it has in that respect marked advantages as to locality?—Yes.

4196. I presume you know the neighbourhood of the London hospitals?—Yes.

4197. Have you ever heard it urged that the site they took—for instance, Guy's or Bethlehem, or Charing Cross—is so exceedingly valuable that those hospitals should be removed and the land sold?—No, never. I never heard a word against them as far as their site was concerned.

4198. Has it not been rather urged that the hospitals should be in the locality of dense populations?—Yes, as far as my information goes.

4199. Now as to the question of buildings—you have examined the whole of the buildings in the Melbourne Hospital?—Yes.

4200. Take the main building first—in what condition did you find the older part of the hospital?—There are defects about it, of course, being an old building, upwards of thirty years or so old, it has those defects, of course; but with regard to the ventilation that people make such a fuss about, I confess that I have been through those wards day after day and day after day, and never could discover anything the matter with them. Of course, in a closet you necessarily find some effluvia. It is impossible to be without it: but with regard to ventilation, instead of attempting to ventilate the whole of this mass of buildings, if each closet was taken by itself, and an artificial means employed, such as this Blackman's ventilation, if that were made use of there the air, supposing it were vitiated from those wards into this receptacle and carried off, I conceive that would be a means of affording an important advantage without incurring very great expense; but I contend it is utterly impossible to have a perfect system of ventilation in a building of this kind. We have seen it tried over and over and over again, not only here but at home, and it has never succeeded. The difficulties are so great that you have to contend with, that it is almost impossible; and as to ventilating wards, a medical man comes into the ward, and he says, "For goodness' sake, shut all those windows." Another comes immediately afterwards, and says, "Open the whole lot." There is such a difference of opinion about this ventilation that really you do not know what to do; but really, if there is any effluvia at all, it comes from the closets, because the rooms themselves, I conceive, to be perfectly ventilated. When you go in, or take any stranger in, as I have done, and ask if they perceive anything, "No, they do not perceive anything at all there." All that I can meet with is—"Oh, there are

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those germs settling upon this, that, and the other," but I confess I have never been able to discover any, and I do not know who has. Of course, it would be far better to have all the walls and ceilings, where possible, to cover them with Keen's cement; but those things cost an enormous sum of money—it is an immense building.

4201. *By the Hon. D. Melville.*—£4000, it has been estimated?—I dare say it would cost that to put the thing in perfect order. I do not believe that, if you cover a surface with paint, in the first instance, and varnish in the next, and you make this perfectly smooth—for instance, a door, nobody could contend for a moment that any germs could get hold of that door, simply because the surface is so smooth and so hard, like the walls of the hospital, that things of that kind cannot occur—at least, so it appears to me. They say there are those germs, but I have never been able to discover any.

4202. *By the Hon. the Chairman.*—In reference to the ventilation and expenditure upon those hospitals. I will read to you an extract from the Metropolitan Asylums' Board, which was established by the British Government in 1885. This is from their report. The report from the Asylums' Board for 1885 shows an increased expenditure, and deals with the subject as a whole. It shows, that although an enormous amount of money was spent, infectious diseases had increased and continued pretty much as heretofore. Indeed the entire policy of the Board appears to have been based on the lines of providing for an emergency with which the Board seemed unable to cope, when it arose instead of providing for average requirements, accompanied by elastic arrangements that could grasp all the necessities of an epidemic, when it occurred. In spite of all those precautions, infectious diseases have increased, although the stamping out of them in the metropolis was supposed to be one of the objects for which the Metropolitan Asylums' Board was created. Now you see that this discussion has extended in a marked degree to the metropolis of London, and that there they have attempted to cope with the difficulties, with the result indicated in this report. That seems to corroborate the view you have expressed, that we will always have difficulties wherever there are crowds of people housed together?—You must; where you put a number of people into a room, there must be a certain amount of vitiated atmosphere, and that vitiated atmosphere just hovers over the beds and lies dormant till you can draw it off; but supposing there is no air, it remains. But the question to me is really whether there is the amount of danger resulting from this that people make out. I conceive if it were so, those patients should be decimated, and all the people who live in it, what would become of them if it is so bad—if the atmosphere that is breathed by those people is so bad, surely the effect would be shown upon the inhabitants of that hospital. And with regard to the expenses—plumbing expenses and so forth, people have no conception of the amount of work that has to be done to a building of that description. They have no idea of the amount of plumbing and plumbers' work. The pipes—every stop tap is an evil in itself, and only lasts a certain time, and then the plumber is brought in. There is the laundry; in fact there is not a single part of the building you can go to, but you will find that plumbers are obliged to be there, and it must be so with all large institutions. It is so at home, and it must be so here. In fact, in every private building the plumbing is a great point. Things are always going wrong in plumbing.

4203. *By the Hon. the Chairman.*—There is always a constant outlay for maintenance, whether a building is new or old?—Yes.

4204. From your experience as an architect, what is a fair rate for maintenance?—I could not tell.

4205. Can you say so much per cent. upon the cost?—I could not give an opinion worth anything.

4206. It has been shown to us by returns that the Melbourne Hospital buildings cost £55,000, and my friend, Mr. Melville, has read from returns to show that the committee have spent, for plumbing and repairs—which embrace a very wide scheme—from £1000 to £1500 per annum. Would that be a very large outlay for buildings that cost £55,000?—No. You see so many things are being constantly altered and changed in the hospital. A committee man comes into the committee different from those that were there before, and immediately he makes suggestions—this should be altered, and that should be altered, and this done away with, and something else put in its place, and those things are all got, and it is very expensive; and there is not only the plumber, but carpenter and laborers, and it all goes under that head.

4207. You have heard the evidence of Mr. Shakespeare and Mr. Crouch; have you any suggestions to make upon matters not dealt with by those gentlemen?—No; I quite agree with them as to the want of air in some places—for instance, the nurses' quarters, the beds are crowded together. I think they might be diminished by half, and they might raise a story upon the nurses' quarters; windows might be opened in the opposite wall which was not done in the days of Dr. Youl, simply because, in those days, there were men nurses, and they were few; but now the system has been changed, and you get nothing but women. Those people are all crowded into one spot. Opening the windows there would, of course, be very beneficial indeed, and if they built another story on the top of that line of buildings, it would double the amount of accommodation.

4208. Then are the Committee to understand that, if the alterations suggested by Mr. Crouch, that is, plastering the walls with Keen's cement, and certain other sanitary precautions, if due care and a better system of ventilation be observed, and the closets be kept under efficient supervision, and additional quarters be given for the female nurses and wardsmen, that the Melbourne Hospital might be made in a condition suitable for the present requirements of Melbourne?—Certainly, I think so, but I do not agree at all with the idea that those walls are not perfectly impervious to any settlement of disease upon them.

4209. Do you speak from experience and continued observation?—I have been connected with the hospital for thirty years.

4210. *By the Hon. Simon Fraser.*—As an architect?—Yes; I saw the difficulties they had to contend with to get anything done. In regard now to the lifts; drawings were made and preparations made to get lifts, to connect all the wards together, to carry verandahs round so as to have communication outside the buildings to every ward in the place. Of course that cost money, and it could not be done, and they are always scheming to do something or other, but the money is always the difficulty they have to contend with. It is not want of inclination.

4211. *By the Hon. the Chairman.*—Have you been a constant visitor to the hospital for the last thirty years?—Yes.

4212. And architect of the building?—Yes.

4213. *By the Hon. J. Williamson.*—As to the cost of those repairs, does not it make a great difference this building being worked, as I would call it, under high pressure, that the wear and tear must be very much greater in a place like the Melbourne Hospital, which is like a steam-engine worked almost

beyond its capability, would not the repairs be greater, under those circumstances, than those of a simple private house—any ordinary house?—I do not know that it would in comparison.

4214. But with the cost?—But taking a large house, we will say, the expenses of the plumbing come to a certain sum of money, and the building is worth so much, I do not think that the expenses attendant on this building would exceed in any great measure those of a private dwelling house. Of course, you must bear in mind that an old building will necessarily require more improvements and more repairs than a new one—that nobody forgets.

4215. In plumbing?—Yes, in plumbing and everything else; it is a more matter of time; time wears out everything.

4216. Plumbing is very soon old in a place like the Melbourne Hospital; in a private house only a moderate number of people live. Some people have a house as big as the Melbourne Hospital?—No, no.

4217. Perhaps not here, but they have in some places, but not anything like so many people live in them; but they are not always having on the water, and bursting the pipes by constant use; do not pipes get worn out very quickly? Now, under those circumstances, is not the wear and tear of a place like the Melbourne Hospital more than in a case like a private house?—Supposing they were both new—it is not fair to take this building, because, naturally, many things in course of time wear out—but, supposing both were new, I do not think there would be any difference.

4218. Whether they are used to the same extent or not?—Yes, I am merely comparing the two. I say there is one building, and there is a building ten times as large; the money that has to be expended upon that will not be greater in proportion than upon the smaller building.

4219. *By the Hon. S. Fraser.*—Then you think the present hospital, with alterations and additions, such as have been suggested by Mr. Crouch and Mr. Shakespear, could be made suitable for say the present number of beds—we believe it to be about 300? Do you think that, with these alterations and additions and improvements, and, perhaps, not very expensive, the building could be made healthy?—I think so.

4220. Do you recommend any improvements or alterations in the structure of the building?—I would like to see the building pulled down, and a new building with all the new inventions put up in its place; everybody might agree to that.

4221. Then you do find fault with the construction of the building—that it is defective?—Of course, it is defective in parts; no question about it.

4222. Which part do you allude to?—The centre part. That is the great defect.

4223. Would you recommend the sale of this site, with the view of building a proper hospital upon the most modern principles at a convenient site, that should be found elsewhere?—Yes, if you could get the money to do it with, certainly.

4224. It is believed the present site would realize a large sum of money?—Yes.

4225. Would that be a wise proceeding?—Yes, I say, if you can get the money.

4226. From the sale of the site?—Yes, from the sale of the site. But you must not imagine that it is possible to put up a building with all the new improvements and everything—with the advancement that hospital study has made in the last few years—that you would put up a building of that kind for £50,000; it would be nearer £100,000 before they had done.

4227. That is, a new hospital?—Yes.

4228. Do you know the value of the present site?—Not the slightest. Of course, it is a large sum, being in the centre of the city.

4229. *By the Hon. D. Melville.*—You speak very unreservedly; you would like to see it pulled down, and a new hospital put up instead of it?—Yes.

4230. You do not quite go with Mr. Crouch, taking away the paint from the walls?—No; it is an unnecessary expense. I believe in doing it as I believe in doing a great many things; but I believe it to be unnecessary.

4231. Which would you prefer—going to all these alterations suggested, the abolition of the out-patients' ward, and the re-coating of the walls with Keen's cement, and doing away with the wooden ceilings, and new quarters for the servants—which would you say was the best and more economical, doing all those things, or building a new hospital?—A new hospital would be the more expensive.

4232. But which would be the better?—Of course this is an old building, and if you could at once in a night put up a new building, with everything that could be desired for a new hospital, no doubt it would be a very nice thing to do; but the difficulties and expenses attendant upon it appear to me to be insuperable.

4233. At the time you projected this hospital it was pretty well in the country?—I did not project it.

4234. You were architect for it?—Yes, the eastern wing was the first part.

4235. There was bush considerably round?—No, it was not so much in the bush as that.

4236. It has grown from the country—there were only a few thousand people in Melbourne in that time—suppose we were now to reckon that there are probably ten times the people within a mile or a mile and a half north that there were at the time you started, it would not be a very great hardship to put it north, would it?—That is for a medical man to answer.

4237. When you first projected this, or rather when you first started, there was not a word about those germs in those days, was there?—No.

4238. They did not believe in them then?—No.

4239. You do not much believe in them now?—No, I do not.

4240. You have never seen or heard anything of them?—No.

4241. If Professor Allen has undertaken to take a brick out of the wall, and a piece of the wooden ceiling, and count the germs there are about them—would you then believe in them?—Really, that is hardly a fair question; I must see them first.

4242. You heard Mr. Crouch telling you of the floating of the germs from those corridors from below?—But I do not believe in the germs at all. You assume, in the first instance, that those wards are all of them stinking, in point of fact—for Dr. Youl says that the place is saturated with those germs, and that the atmosphere is vitiated; but I join issue there at once.

4243. But here is the difficulty, that such a man as Pasteur tells you that there are bacilli and bacteria and microbes, and Professor Allen tells you that some of those microbes are murderous, and if you

Robert Henry
Shakespear, C.E.,
T. J. Crouch,
and
F. M. White,
continued.
4th Nov. 1886.

Robert Henry
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and
F. M. White,
continued.
4th Nov. 1886.

get them in the Melbourne Hospital, they will kill the people wholesale?—Yes, they say so, but they do not do it, though.

4244. Then what is killing all the people in the Melbourne Hospital—there is 16 per cent. of a death-rate, and this gentleman tells us that, in London, the people were perfectly alarmed at St. Thomas's when it was only 10 per cent.—how do you account for the death-rate?—I have not yet heard that the death-rate in the Melbourne Hospital was any greater than that in other hospitals; the evidence I heard was to the contrary effect.

4245. If you were told that, when the death-rate in St. Thomas's was 10 per cent., the people became alarmed, and had an investigation similar to this, what would you think if it was close upon 16 per cent.?—And did it remain so?

4246. It is now, I think, between 15 and 16 per cent.?—I am speaking of St. Thomas's?

4247. I am speaking of the present—it is 14, I am told?—You have the evidence about St. Thomas's diseases?

4248. Yes. If St. Thomas's alarmed the Londoners at 10, should not we be alarmed at 14 per cent.?—That depends entirely. There may be some epidemic or some disease that carries people off. We see our own friends every day, and hear of two or three going every day.

4249. It is said that one in every six that enters the Melbourne Hospital is carried into the dead-house—are you aware of that?—I am not aware of that; but, if it is so, it must entirely depend upon the cause of death; it is not the hospital that kills them.

4250. I am speaking of the fact that has over and over again been stated here, that one in every six is carried out dead?—

4251. *The Hon. the Chairman.*—No, 34 per cent. of the deaths are moribund cases, that is one in three; but in the total number, 2750 patients, there are only 386 deaths, that is not 14 per cent.

4252. *By the Hon. D. Melville.*—It has been stated in evidence over and over again, not by one doctor, but by several, that it is one in six. At any rate, it is sufficiently alarming that our death-rate should be so much higher than others. Under those circumstances, do you go with the committee of the Melbourne Hospital in recommending the Government to give them a fresh site?—Most decidedly, yes, I should give them a fresh site—why should not you?

4253. Mr. Williams has stated that the committee to a man recommend the Government to go to a fresh site?—Yes.

4254. And a new hospital—would you recommend that?—Yes, certainly, if you can get the money.

4255. Would you say you require it?—I would, because I would prefer a new coat to an old one.

4256. Then you say the Melbourne Hospital is an old coat?—Yes.

4257. And one to be discarded?—No, one in good working order still.

4258. If you still go on with this excessive death-rate, would you still work the old affair?—I know nothing about the death-rate, and it is hardly fair to ask me about it.

4259. Will you inquire from Mr. Williams about the death-rate, and, if it is so, state whether you go in with the committee for a complete change?—I tell you now; and if the money were forthcoming, and we could put up a building upon the Flagstaff Gardens, I would certainly go in for it.

4260. Or the Royal Park?—The Flagstaff Gardens, I think, are the best. Mr. Crouch reminds me that many cases go into the dead-house that come in in a moribund state—you cannot take those.

4261. May I remind you that all hospitals are alike. St. Thomas's takes moribund cases, and Geelong says those cases are worse than the Melbourne Hospital, so that it would be wiser to bear in mind that the Melbourne Hospital is no exception?—That is true.

4262. It has even been said that the committee of the Melbourne Hospital die faster than the nurses?—Those things are said. Dr. Youl, for instance, says many things—

4263. Those corridors—then, you remember them—you and I stood over the gratings, when the draught was rushing up into our faces; do you think that is good?—I do not believe it is bad, because I do not believe the hospital is the foul place that some people want to make it out, and I contend that the more you mix the air of a building, the purer it becomes.

4264. Then you think this scare was in some measure justified?—Certainly not; I think it is the most cruel thing that ever was perpetrated upon the community—there is nothing to warrant it, in my view.

4265. I thought you would give us that?—I give my opinion so strongly, because I know a great deal of the hospital, and have been so often in it, and I have seen it at all times, early and late, and therefore I speak with some knowledge of the fact; and it would be cruel in me to make out that it was a bad place, or always in an unsatisfactory state; and I have heard strangers coming over from Tasmania and Sydney and those places speak in the highest terms of the arrangements. One thing I would remark about the drainage; of course, they do all that they can—there is only a certain amount of fall, and they make use of it; but, with regard to the drainage of the closets, I conceive that, up to the present time, it is as perfect a system as we can have. We have only got six inches in point of fact after it passes down into the reservoirs through the tube; the only part exposed is those six inches for gases to arise from, and then it has to pass up through those tubes to get into the closets; but, as one gentleman said, he had gone into the closets, and could not perceive anything—now where would you find that? Take an earth-closet, which they talk of making use of, one of the greatest abominations that ever was introduced, the old principle, storing it up—why, if that were a danger connected with those closets that people pretend, what would become of the people with those earth-closets?

4266. *By the Hon. J. Williamson.*—Does not the earth deodorise it?—There is one person in a thousand who uses the earth at all to begin with, and if they did, it would not be effectual; you must have a smell from a matter of that kind, and until you devise a means of preventing that, you must make the best of it and do what you can; and I repeat that, if you ventilate these closets by artificial means, you will have accomplished all that is necessary, with the exception of those nurses' quarters and those other things that no doubt require improvement. Of course the committee would be only too glad to make them, but where is the money?

4267. *By the Hon. W. A. Zeal.*—It has been stated here, that the death-rate is very large in the Melbourne Hospital; do you know as a fact that, in the London hospitals, the diseases, such as cancer, consumption, fevers, and small-pox, have all their special hospitals?—Yes.

4268. If those cases were taken away from the Melbourne Hospital and treated in hospitals specially devoted to that purpose, would it not materially alter the death-rate?—I think it stands to reason that it would.

4269. In the year 1880 there were 573 deaths, of which the committee reported 95 were moribund, and there were 147 deaths in the same year from phthisis, that is, consumption. Is not that a very alarming proportion out of the number of cases treated?—It appears so.

4270. Would not that be one reason why the death-rate should be so abnormally high?—Yes, I think so.

4271. If the committee selected their cases, as Dr. Allen points out, and allowed mild cases to dilute the severe cases, would not the returns of the Melbourne Hospital be very much more satisfactory?—Yes, it would appear so.

4272. But would the hospital be doing its duty as it is now?—No, there would be an outcry immediately.

4273. Dr. Allen said that the Melbourne Hospital, to its honor, had never turned away a patient—is not that an honor to it?—Certainly.

4274. And if all the cases are selected for their severity, must not we naturally look for a much worse result than if the other cases were admitted?—Yes.

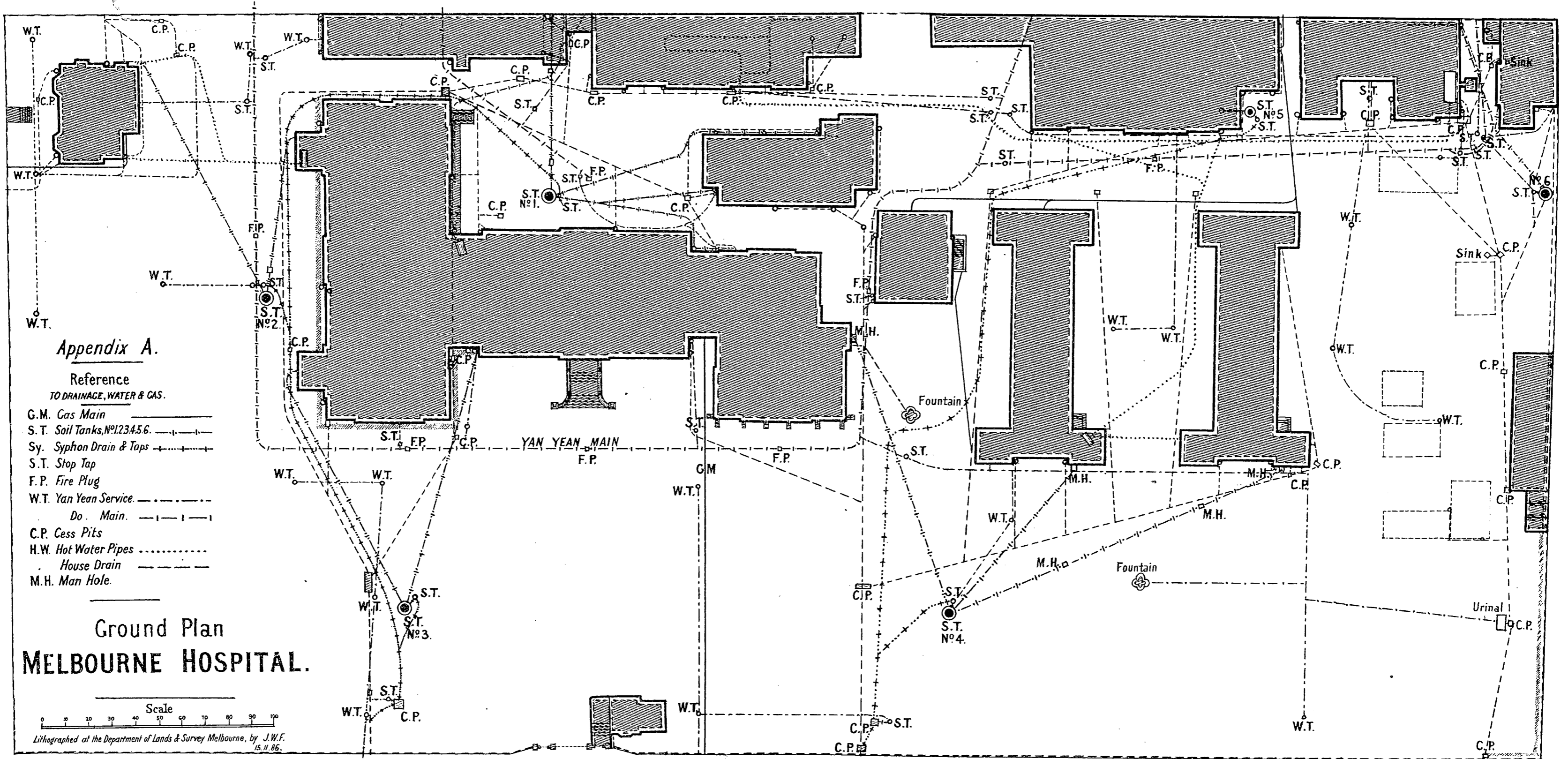
4275. There is nothing unusual for a high death-rate to appear for the Melbourne Hospital?—No, taking all those matters into consideration.

The Witnesses withdrew.

Adjourned.

Robert Henry
Shakespear, C.E.,
T. J. Crouch,
and
F. M. White,
continued,
4th Nov. 1886.

A P P E N D I C E S .



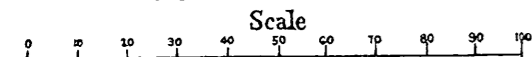
Appendix A.

Reference

TO DRAINAGE, WATER & GAS.

- G.M. Gas Main
- S.T. Soil Tanks, No. 1, 2, 3, 4, 5, 6
- Sy. Syphon Drain & Taps
- S.T. Stop Tap
- F.P. Fire Plug
- W.T. Yan Yean Service
- Do. Main.
- C.P. Cess Pits
- H.W. Hot Water Pipes
- House Drain
- M.H. Man Hole.

Ground Plan MELBOURNE HOSPITAL.



Lithographed at the Department of Lands & Survey Melbourne, by J.W.F. 15. 11. 85.

APPENDIX B.

MELBOURNE HOSPITAL.

RETURN showing date of the erection of the Hospital, and additions thereto from time to time, with total cost to date.

Period.	Building.		
		£	s. d.
1846	East wing	2,044	12 0
1854	Centre building	13,403	10 0
1857	West wing	11,851	16 3
1858	Mortuary and laundry	1,586	18 2
1859	Lodge for Porter	353	5 0
1861	Out-patients' department	2,478	18 9
1864	Machinery and approaches to building	788	4 11
1866	Dispensers' quarters, and out-buildings, and wall	513	3 0
1867	New mortuary and pavilions	10,095	0 9
1870	Alterations west wing, and building external closets	1,000	8 8
1871	Secretary's quarters	1,087	10 3
	Operation theatre	1,205	3 6
1875	New laundry	3,324	2 10
1876	New kitchen, bakery, and fittings	1,507	15 5
1877	New quarters, officers and domestic staff	1,086	5 11
1878	Nurses' quarters	538	19 6
1883 } 1884 }	Nurses' quarters, and isolation wards and commission	827	0 0
		1,386	2 10
1885	Alteration to building (new windows)		
		55,078	17 9

J. WILLIAMS,
Secretary.

APPENDIX C.

MELBOURNE HOSPITAL.

A COMPLETE RETURN of Admissions of Patients into the Institution, the number of Recoveries and Deaths for the under-mentioned periods :—

Period.	Total Number of Patients.	Number of Recoveries.	Number of Deaths from all causes.	Deaths from Phthisis.	Remarks.
1860	3,628	3,258	370	62	
1865	3,024	2,671	353	97	
1870	3,434	2,995	439	105	
1875	3,945	3,406	539	115	
1880	4,096	3,523	573	147	
1881	4,023	3,389	634	119	The number of Deaths from Phthisis is noted in order that the large mortality from that disease may be seen.
1882	3,490	2,944	546	111	
1883	3,683	3,130	553	119	
1884	3,334	2,777	557	133	
1885	3,780	3,150	630	127	
Jan. to Aug. 1886	2,750	2,364	386	74	

2nd September, 1886.

J. WILLIAMS,
Secretary.

APPENDIX D.

MELBOURNE HOSPITAL.

RETURN of Patients admitted to the Institution during the year 1880, and also during the present year to August.

Period.	Total Number of Patients.	Number of Recoveries.	Number of Deaths.	Remarks.
1880	4096	3523	573	95 moribund cases.
1886 Jan. to Aug.	2750	2364	386	132 „ „

22nd September, 1886.

J. WILLIAMS,
Secretary.

APPENDIX E.

MELBOURNE HOSPITAL.

RETURN of the number of Cases treated in the Hospital during four-and-a-half years ; and the number of cases of Erysipelas and Pyæmia admitted from outside, and of those developed in the Institution, during the same period, with the Deaths per thousand.

Year.	Total number of cases treated.	Total number of cases of Erysipelas treated.		Number of deaths per thousand of cases of Erysipelas developed in the Hospital.	Total number of cases of Pyæmia treated.		Number of deaths per thousand of cases of Pyæmia developed in the Hospital.
		Admitted with disease from outside.	Cases developed in the Hospital.		Admitted with disease from outside.	Cases developed in the Hospital.	
1882	3490	33	20	1.43	2	5	1.43
1883	3683	26	9	.54	5	4	.81
1884	3334	42	10	nil	8	2	.59
1885	3780	57	14	.26	5	6	1.58
1886 6 months }	2241	44	12	.09	5	2	.09

MEMO.—Number of deaths during four-and-a-half years, and the number of deaths within 48 hours of admission.

Year.	Total deaths.	Number of deaths within 48 hours |
1882	546	146
1883	553	138
1884	557	116
1885	630	155
1886 (6 months)	320	48

NOTE.—A copy of the above returns was sent to the Premier, Mr. Gillies. See letter 3/8/86 ; also the one *re* 18 ward.

3rd August, 1886.

J. WILLIAMS,
Secretary.

APPENDIX F.

MELBOURNE HOSPITAL.

RETURN showing the number of Nurses and *Employés* of the Hospital employed there during the past five years, and their state of health during that period, and whether any complaints have reached the Hospital authorities as to the spread of disease by the Nurses and *Employés* when visiting their homes.

1. THE number of officers, nurses, porters, and other attendants of all kinds who reside in the hospital 127
2. How many have contracted blood-poisoning in the hospital during the last three years ? ... nil.
3. How many have died either from erysipelas or other form of blood-poisoning during the last three years ? nil.

No complaint has at any time reached the authorities of the hospital as to the spread of disease by the nurses and *employés* when visiting their homes.

J. WILLIAMS,
Secretary.

APPENDIX G.

MELBOURNE HOSPITAL.

THE BALANCE-SHEETS OF INCOME AND EXPENDITURE during the past Five Years, and showing Sources of Revenue.

23rd September, 1886.

J. WILLIAMS, Secretary.

MAINTENANCE FUND.—Statement of Account for the Year ending 31st December, 1881.

	£	s.	d.	£	s.	d.		£	s.	d.	£	s.	d.
To Government Grant, 1881-2				14,500	0	0	By Balance from 1880				5,980	6	10
„ Subscriptions and Donations	4,491	0	0				„ Salaries and Wages	7,047	5	0			
„ Proceeds of Annual Ball	39	14	6				„ Bread	448	6	5			
„ Hospital Sunday Committee	2,315	13	7				„ Meat, Fish, and Poultry	1,580	18	6			
„ Receipts from Seamen	186	17	8				„ Groceries, Eggs, and Oilmen's Stores	2,082	6	7			
„ Other Receipts, Sale of Old Stores, &c.	145	8	8				„ Potatoes, Vegetables, and Fruit	416	18	10			
				7,178	16	2	„ Milk	1,158	9	2			
				21,678	16	2	„ Wines, Spirits, Beer, Lemonade, &c., and Ice	1,240	12	8			
							„ Drugs and Druggists' Sundries £1,634 19 3						
							„ Material for Surgical Dressings 534 15 7						
							„ Surgical Instruments and Appliances 337 11 1						
								2,507	5	11			
							„ Galvanist and Instruments	161	10	0			
							„ Funerals	152	13	6			
							„ Drapery and Bedding	700	7	5			
							„ Printing, Stationery, and Books	419	1	11			
							„ Advertising and Postage	151	10	1			
							„ Ironmongery, Brushware, Paint, and Oils	566	13	10			
							„ Fuel	607	1	7			
							„ Gas	533	18	11			
							„ Earthenware	158	12	7			
							„ Furniture	196	16	0			
							„ Plumbing and Repairs	602	2	2			
							„ Timber and Material... ..	269	13	0			
							„ Commission	157	9	1			
							„ Insurance	10	18	0			
							„ Sundries	272	4	11			
							„ Interest	580	12	11			
							„ Removal of Sewage	255	0	9			
Balance				6,580	0	5					22,278	9	9
				£28,258	16	7					£28,258	16	7

(Signed) J. G. FRANCIS, Honorary Treasurer.

(Signed) T. H. LEMPRIERE,
THOS. DICKSON,
J. M. CONNELL, } Auditors.

MELBOURNE HOSPITAL.

MAINTENANCE FUND.—Statement of Account for the Year ending 31st December, 1882.

	£	s.	d.	£	s.	d.		£	s.	d.	£	s.	d.
To Government Grant, 1882-3	...	...	...	15,000	0	0	By Balance from 1881	...	...	...	6,580	0	5
„ Subscriptions and Donations	3,877	1	3				„ Salaries and Wages	...	...	...	7,234	1	4
„ Proceeds of Annual Ball	82	7	5				„ Bread	...	...	...	429	6	8
„ Hospital Sunday Committee	2,332	10	3				„ Meat, Fish, and Poultry	...	...	...	1,875	15	11
„ Receipts from Seamen	240	1	4				„ Groceries, Eggs, and Oilmen's Stores	...	...	...	1,969	16	9
„ Sale of Old Stores, &c.	146	5	7				„ Potatoes, Vegetables, and Fruit	...	...	...	545	16	11
„ Out-Patients Fees	397	17	0				„ Milk	...	...	...	911	15	5
„ Other Receipts	194	17	5				„ Wine, Spirits, Beer, Lemonade, &c., and Ice	...	...	...	857	12	1
„ Refund of Balance of Disbursement Account	39	0	3				„ Drugs and Druggists' Sundries	...	...	...	1,681	0	1
				7,310	0	6	„ Material for Surgical Dressings	...	...	...	696	7	8
							„ Surgical Instruments and Appliances	...	...	...	297	19	10
				22,310	0	6	„ Galvanist and Instruments	...	...	...	151	4	6
							„ Funerals	...	...	...	211	2	1
							„ Drapery and Bedding	...	...	...	895	19	9
							„ Printing, Stationery, and Books	...	...	...	374	14	2
							„ Advertising and Postage	...	...	...	157	19	3
							„ Ironmongery, Brushware, Paints, and Oils	...	...	...	557	14	5
							„ Fuel	...	...	...	548	12	3
							„ Gas	...	...	...	594	4	11
							„ Earthenware	...	...	...	109	3	5
							„ Furniture	...	...	...	61	13	0
							„ Plumbing and Repairs	...	...	...	673	5	10
							„ Timber and Materials	...	...	...	325	14	0
							„ Commission	...	...	...	180	3	11
							„ Insurance	...	...	...	10	18	0
							„ Sundries	...	...	...	443	9	5
							„ Interest	...	...	...	130	16	8
							„ Removal of Sewage	...	...	...	336	11	0
							„ Unexpended Balance of Disbursement Account	...	...	...	39	0	3
Balance	...	...	...	6,571	19	5					22,301	19	6
				£28,881	19	11					£28,881	19	11

(Signed) J. G. FRANCIS,
Honorary Treasurer.

(Signed) T. H. LEMPRIERE, }
THOS. DICKSON, } Auditors.

BUILDING FUND.—Statement of Account for the Year ending 31st December, 1882.

	£	s.	d.	£	s.	d.	1882.	£	s.	d.
To Balance from 1881	22	0	0				By Balance	548	10	0
„ Subscriptions	526	10	0							
				548	10	0				
				£548	10	0				£548 10 0

(Signed) J. G. FRANCIS,
Honorary Treasurer.

(Signed) T. H. LEMPRIERE,
THOS. DICKSON, } Auditors.

ENDOWMENT FUND.—Statement of Account for the Year ending 31st December, 1882.

	£	s.	d.	£	s.	d.	1882.	£	s.	d.	£	s.	d.
To Balance from 1881	...	...	...	12,185	9	2	By Deposit at Interest in Bank New South Wales	12,285	0	0			
„ Bequests	590	0	0				„ do. do.	455	0	0			
„ Rent in the Estate of the late Mrs. Carroll	5	0	0								12,740	0	0
„ Hodskiss Trust	25	1	0				Balance	...	...	...	65	10	2
				620	1	0							
				£12,805	10	2					£12,805	10	2

(Signed) J. G. FRANCIS,
Honorary Treasurer.

(Signed) T. H. LEMPRIERE,
THOS. DICKSON, } Auditors.

MELBOURNE HOSPITAL.

MAINTENANCE FUND.—Statement of Account for the year ending 31st December, 1883.

	£	s.	d.	£	s.	d.	1883.	£	s.	d.	£	s.	d.
To Government Grant, 1883-4	...	...	...	15,000	0	0	By Balance from 1882	...	...	...	6,571	19	5
„ Subscriptions and Donations	4,224	13	0				„ Salaries and Wages	7,424	16	10			
„ Hospital Sunday Committee	2,245	11	10				„ Bread	419	9	9			
„ Interest	544	4	3				„ Meat, Fish, and Poultry	2,484	10	1			
„ Receipts from Seamen	167	0	4				„ Groceries, Eggs, and Oilmen's Stores	2,239	17	10			
„ Sale of Old Stores, &c.	150	0	2				„ Potatoes, Vegetables, and Fruit	436	12	1			
„ Out-Patients' Fees	422	5	0				„ Milk	943	1	7			
„ Other Receipts	756	0	6				„ Wine, Spirits, Beer, Lemonade, &c., and Ice	652	11	11			
„ Refund of Balance of Disbursement Account	66	7	10				„ Drugs, and Druggists' Sundries	1,643	14	6			
				8,576	2	11	„ Material for Surgical Dressings	786	11	2			
							„ Surgical Instruments and Appliances	295	17	8			
				23,576	2	11	„ Galvanist and Instruments	174	15	0			
							„ Funerals	176	16	8			
							„ Drapery and Bedding	640	1	3			
							„ Printing, Stationery, and Books	396	11	6			
							„ Advertising and Postage	217	13	9			
							„ Ironmongery, Brushware, Paint and Oils	548	14	11			
							„ Fuel	659	1	10			
							„ Gas	509	4	11			
							„ Earthenware	170	12	11			
							„ Furniture	114	13	7			
							„ Plumbing and Repairs	800	18	8			
							„ Timber and Material	364	11	9			
							„ Commission	204	13	9			
							„ Insurance	10	18	0			
							„ Sundries	305	1	5			
							„ Interest	475	4	0			
							„ Removal of Sewage	310	17	0			
							„ Unexpended Balance of Disbursement Account	66	7	10			
Balance				6,469	18	8					23,474	2	2
				£30,046	1	7					£30,046	1	7

(Signed) WM. KIDNEY,
Honorary Treasurer.

(Signed) THOS. DICKSON,
T. H. LEMPRIERE, } Auditors.

BUILDING FUND.—Statement of Account for the Year ending 31st December, 1883.

	£	s.	d.	£	s.	d.	1883.	£	s.	d.	£	s.	d.
To Balance from 1882	548	10	0				By Erection of Nurses' Quarters	514	18	10			
„ Subscriptions	745	3	6				„ Erection of Isolation Wards	285	5	6			
				1,293	13	6	„ Sundry Alterations to Building	48	12	0			
							Balance				848	16	4
											444	17	2
				£1,293	13	6					£1,293	13	6

(Signed) WM. KIDNEY,
Honorary Treasurer.

(Signed) THOS. DICKSON,
T. H. LEMPRIERE, } Auditors.

ENDOWMENT FUND.—Statement of Account for the Year ending 31st December, 1883.

	£	s.	d.	£	s.	d.	1883.	£	s.	d.			
To Balance from 1882	...	...	...	65	10	2	By Deposit at Interest in Bank of New South Wales	12,740	0	0
„ Bequests	210	11	6				Balance	281	1	8			
„ Rent in the Estate of the late Mrs. Carroll	5	0	0										
				215	11	6							
„ Amount on Deposit at Interest	...	...	...	12,740	0	0				
				£13,021	1	8					£13,021	1	8

(Signed) WM. KIDNEY,
Honorary Treasurer.

(Signed) THOS. DICKSON,
T. H. LEMPRIERE, } Auditors.

MELBOURNE HOSPITAL.

MAINTENANCE FUND.—Statement of Account for the Year ending 31st December, 1884.

	£	s.	d.	£	s.	d.		£	s.	d.	£	s.	d.
To Government Grant, 1884-5	...	...	...	14,500	0	0	By Balance from 1883	...	...	...	6,469	18	8
„ Subscriptions and Donations	4,213	2	9				„ Salaries and Wages	7,340	17	3			
„ Hospital Sunday Committee	2,650	14	9				„ Bread	382	18	8			
„ Interest, Endowment Fund	£794	8	0				„ Meat, Fish, and Poultry	2,670	16	9			
„ „ Hodskiss Trust	30	1	3				„ Groceries, Eggs, and Oilmen's Stores	2,132	9	0			
				824	9	3	„ Potatoes, Vegetables, and Fruit	386	4	7			
„ Receipts, Seamen				299	18	11	„ Milk	927	11	6			
„ Sale of Old Stores, &c.				169	17	0	„ Wine, Spirits, Beer, Lemonade, &c., and Ice	752	16	11			
„ Out-Patients' Fees				442	8	0	„ Drugs and Druggists' Sundries	1,420	2	9			
„ Other Receipts, including Pupils' Fees and £783 16s., recoup from Building Fund				1,173	14	9	„ Material for Surgical Dressings	724	15	1			
„ Refund of Balance of Disbursement Account				28	1	5	„ Surgical Instruments and Appliances	227	19	7			
							„ Galvanist and Machines	157	15	0			
							„ Funerals	131	17	2			
				9,802	6	10	„ Drapery and Bedding	381	6	0			
							„ Printing, Stationery, and Books	336	12	6			
				24,302	6	10	„ Advertising and Postage	159	1	0			
							„ Ironmongery, Brushware, Paint, and Oils	637	8	6			
							„ Fuel	679	11	5			
							„ Gas	543	9	9			
							„ Earthenware	134	16	0			
							„ Furniture	109	0	0			
							„ Plumbing and Repairs	1,151	5	4			
							„ Timber and Material...	437	11	8			
							„ Commission and Expenses of Collecting...	150	11	9			
							„ Insurance	11	9	5			
							„ Sundries	428	1	9			
							„ Interest	490	8	11			
							„ Removal of Sewage	342	5	0			
							„ Unexpended Balance of Disbursement Account	28	1	5			
Balance											23,277	4	8
											£29,747	3	4

(Signed) JAMES GARTON,
Honorary Treasurer.

(Signed) T. H. LEMPRIERE, }
THOS. DICKSON, } Auditors.

BUILDING FUND.—Statement of Account for the Year ending 31st December, 1884.

	£	s.	d.	£	s.	d.		£	s.	d.	£	s.	d.			
To Balance from 1883	444	17	2	By Architect's Commission	...	28	0	0	811	16	0		
„ Subscriptions	411	0	0	„ Sundry Repairs and Alterations to Building	...	783	16	0	44	1	2		
						855	17	2								
							Balance	...	...	...			
						£855	17	2						£855	17	2

(Signed) JAMES GARTON,
Honorary Treasurer.

(Signed) T. H. LEMPRIERE,
THOS. DICKSON, } Auditors.

ENDOWMENT FUND.—Statement of Account for the Year ending 31st December, 1884.

	£	s.	d.	£	s.	d.		£	s.	d.	£	s.	d.		
To Balance from 1883	281	1	8	By Interest paid to Maintenance Account	...	...	...	794	8	0		
„ Deposit in Bank of New South Wales	12,740	0	0	„ Fixed Deposit in Bank of New South Wales	...	21,440	0	0	24,440	0	0	
„ Bequests	11,457	13	9	„ „ Commercial Bank	...	3,000	0	0	4	5	5	
„ Rent in the estate of the late Mrs. Carroll	5	0	0									
						11,462	13	9	Balance	...	...	...	...
„ Interest	794	8	0									
						£25,278	3	5					£25,278	3	5

(Signed) JAMES GARTON,
Honorary Treasurer.

(Signed) T. H. LEMPRIERE,
THOS. DICKSON, } Auditors.

MELBOURNE HOSPITAL.

MAINTENANCE FUND.—Statement of Account for the Year ending 31st December, 1885.

	£	s.	d.	£	s.	d.		£	s.	d.	£	s.	d.
To Government Grant, 1885-6 ... ..	...	...	...	13,500	0	0	By Balance from 1884 ... ..	...	...	...	5,444	15	6
„ Subscriptions and Donations	4,331	1	2				„ Salaries and Wages	7,870	8	10			
„ Hospital Sunday Committee	2,809	16	11				„ Bread	333	15	6			
„ Interest Endowment Fund and Hodskiss Trust	1,385	18	9				„ Meat, Fish, and Poultry	2,858	9	9			
„ Receipts, Seamen	234	4	10				„ Groceries, Eggs, and Oilmen's Stores	1,785	7	7			
„ Out-Patients' Fees	484	5	0				„ Potatoes, Vegetables, and Fruit	505	3	2			
„ Sale of Old Stores, &c.	164	10	1				„ Milk	1,176	15	10			
„ Other Receipts, including Pupils' Fees, £152 5s.	570	9	5				„ Wine, Spirits, Beer, Lemonade, &c., and Ice	779	14	7			
„ Contractor's Deposit	20	0	0				„ Drugs and Druggists' Sundries	1,388	17	4			
„ Cheques Repaid	2	1	0				„ Material for Surgical Dressings	842	1	6			
				10,002	7	2	„ Surgical Instruments and Appliances	269	18	1			
							„ Galvanist and Machines	177	13	7			
				23,502	7	2	„ Funerals	173	11	8			
							„ Drapery and Bedding	925	18	4			
							„ Printing, Stationery, and Books	382	1	7			
							„ Advertising and Postage	122	10	8			
							„ Ironmongery, Brushware, Paint, and Oil	638	5	9			
							„ Fuel	693	6	3			
							„ Gas	514	4	7			
							„ Earthenware	154	3	4			
							„ Furniture	69	14	2			
							„ Plumbing and Repairs	644	2	10			
							„ Timber and Material... ..	395	6	7			
							„ Commission and Expenses of Collecting... ..	187	8	10			
							„ Insurance	11	9	5			
							„ Sundries	570	2	0			
							„ Interest	439	7	1			
							„ Removal of Sewage	334	19	10			
							„ Contractor's Deposit	20	0	0			
							„ Cheques Dishonored	2	1	0			
Balance				6,209	9	0					24,266	19	8
				£29,711	16	2					£29,711	16	2

(Signed) JAMES GARTON,
Honorary Treasurer.

(Signed) T. H. LEMPRIERE,
THOS. DICKSON,
JOHN MACMEIKIN, } Auditors.

BUILDING FUND.—Statement of Account for the Year ending 31st December, 1885.

				£	s.	d.	£	s.	d.					£	s.	d.
To Balance from 1884	...	...	...	44	1	2				By Sundry Repairs and Alterations to Building	...	...	...	1,386	2	10
„ Subscriptions	...	...	...	472	5	0										
							516	6	2							
Balance	...	...	...	...			869	16	8							
							£1,386	2	10					£1,386	2	10

(Signed) JAMES GARTON,
Honorary Treasurer.

(Signed) T. H. LEMPRIERE,
THOS. DICKSON,
JOHN MACMEIKIN, } Auditors.

ENDOWMENT FUND.—Statement of Account for the Year ending 31st December, 1885.

				£	s.	d.	£	s.	d.					£	s.	d.	£	s.	d.
To Balance from 1884	...	...	...	...			43	15	5	By Interest paid to Maintenance Account	...	...	...	1,385	18	9
„ Fixed Deposit in Bank of New South Wales	...	...	...	21,440	0	0	...			„ Fixed Deposit in Bank New South Wales	...	22,042	3	5		
„ „ „ Commercial Bank	...	...	...	3,000	0	0	...			„ „ „ Commercial Bank	...	3,000	0	0		
							24,440	0	0										
„ Bequests	...	...	...	...			868	5	11	„ Executor in the Linay Estate	...	...	...	25,042	3	5
„ Interest	...	...	...	...			1,385	18	9	„ Balance	...	...	...	162	10	0
							£26,738	0	1					147	7	11
							£26,738	0	1					26,738	0	1			

(Signed) JAMES GARTON,
Honorary Treasurer.

(Signed) T. H. LEMPRIERE,
THOS. DICKSON,
JOHN MACMEIKIN, } Auditors.

APPENDIX H.

MELBOURNE HOSPITAL.

REPORT showing the Dimensions of Wards and Ventilators, System of Drainage, &c.

Ward No.	Height between Floor and Ceiling.	No. of Beds in each Ward.	Cubic Space.	Measurement of Openings for Ventilators.	Superficial Area of Clear Space in Air Bricks for Ventilation.	Superficial Area of Windows Open for admission of Air.	—
	ft. in.		ft.	ft. in.			
1	11 9	13	19,992	18 0	9 0	76 0	
2 and 3	11 10	14	21,589	16 0	11 6	86 0	
4	14 0	16	25,218	9 6	4 9	74 6	
5	14 0	16	25,218	9 6	4 9	65 6	
6	12 0	11	16,816	7 9	4 0	60 0	
7	12 0	5	8,687	7 6	4 0	34 0	
8	14 6	14	28,571	5 0	4 6	144 0	
9 and 10	14 4	20	36,925	8 0	4 0	82 6	
11 and 12	14 4	37	55,656	15 0	7 6	150 0	
14 and 15	11 2	18	27,726	21 6	10 9	82 0	
16 and 17	11 2	29	44,808	29 6	14 9	143 0	
18	16 0	17	35,186	21 6	7 9	211 0	
19	16 0	17	35,186	23 0	8 6	211 0	
20	16 0	23	35,186	21 6	7 9	211 0	
21	16 0	23	35,186	23 0	8 6	211 0	
22	13 0	17	26,231	6 6	3 3	90 0	
Refractory	11 0	6	5,294				
		296					
1 { Tents	} ... {	Number of Beds, variable, say from 1 to 6 in each.	} 4,000 {	} ... {	} ... {	} ... {	} The doors of these apartments are constantly open.
2 { for							
3 { Isolation							

NOTE.—In addition to the above number of 296, Isolation Wards will increase the number of beds to 320.

28th September, 1886.

J. WILLIAMS, Secretary.

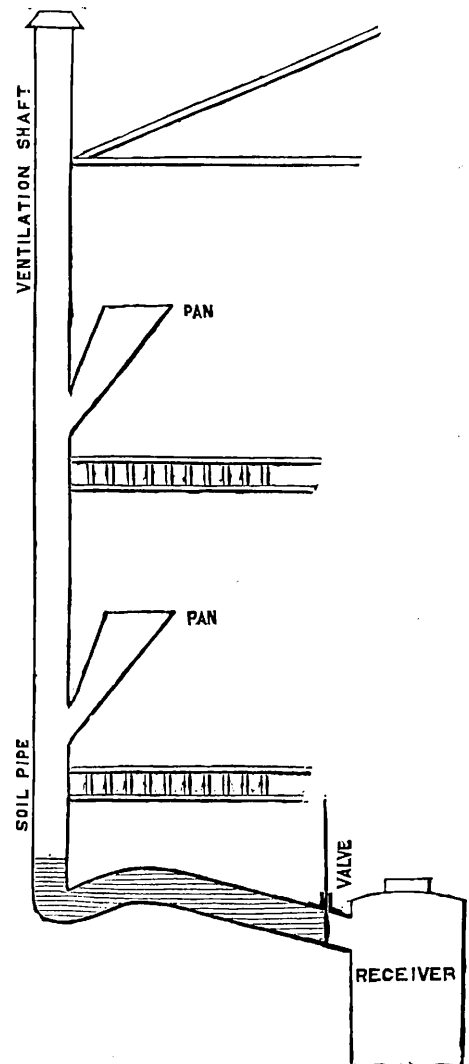
Drainage.—The baths, basins, and sinks are, with one or two exceptions, placed against the outside walls; all pipes are trapped and pass through the walls, connecting externally with glazed earthen pipe-drains, which are carried with a rapid fall of about one foot in five to the open channel in Lonsdale-street; no pipe passes under any portion of the building.

In the laundry, which has a paved floor, the soaking-tubs and washing-machines connect with earthen drain pipes, which are trapped and pass with the like fall to that stated above to the street channel; in the kitchen, which has also a paved floor, pipes are carried across and connect with trapped drains, the water making its exit to the same channel as in the case of the laundry.

Warming.—Excepting fires during the cold weather, there is no other mode for warming the wards.

Earth-closets are used in detached buildings, such as the out-patients' department, and closets for the staff of men employed in the hospital; these out-offices have urinals attached, which are supplied freely with water.

The CLOSET SERVICE of the hospital is on Captain Liernur's, or the pneumatic system, and consists of the pan, the soil-pipe, a valve, a receiver for the excreta, and the pipe for ventilation. The discharge passes down the vertical pipe over the trap, and by gravitation on to the valve which closes the connection with the receiver; this is constructed of boiler-plate, and is hermetically sealed. Every morning the air is evacuated from the receiver by means of an ejector acted upon by the steam boiler, the valve is lifted and the contents of the pipe rush into the vacuum; the valve is returned to its position immediately, thus preventing the escape of impure gas; for emptying the receiver, a tank on wheels is evacuated of air and connected with the receiver, the contents of which are transmitted to the vacuum and carted away. For the purpose of ventilating the closet-pans the soil-pipe is carried above the roof of the buildings, and, except in the case of the atmosphere being stagnant, the current of air is down the pan and up the shaft, the top of which is fitted with Emerson's ventilator, which assists to aspirate the air.



The laundry is fitted with soaking troughs, washing machines, and hydro extractor, which are driven by steam-power; during the process of washing steam is driven into the machines, the clothes are then rinsed in the extractor, and then sent by means of a lift to the drying room on the upper floor; this is heated to nearly 200 degrees; the articles are then stored for re-issue.

The space provided in the nurses' quarters is insufficient, and there is no provision for the privacy and comfort which is essential for a staff of women who are employed in duties of an important and arduous nature. The building has two floors, the lower provides 720, and the upper 822 cubic feet per bed; the lavatory, bath, and other accommodation is contracted, but the committee have given directions for improvement in this particular, which will be carried out forthwith.

The quarters for men are situated in the basement of the west wing; the space is limited, and there is an absence of necessary ventilation.

September 29th, 1886.

J. WILLIAMS.

Secretary.

APPENDIX I.

MELBOURNE HOSPITAL.

RETURN showing the average length of time Patients remain in the Hospital during the last five years, and the Cubic Feet of Space in each ward allowed to each Patient.

Period.	Average length of time Patients remain in the Hospital.	Cubic feet of space allowed to each Patient.	Remarks.
1881	Days. 26·13	} 1500 feet }	As regards Accident Wards 8, 18, and 19, a further reduction has recently been made in the number of beds, thus increasing the cubic space to 2000 feet.
1882	30·47		
1883	27·98		
1884	28·09		
1885	31·40		

22nd September, 1886.

J. WILLIAMS,

Secretary.

APPENDIX J.

MELBOURNE HOSPITAL.

RETURN showing—

- (1.) The number of Patients treated in No. 18 Ward during two-and-a-half years ending 30th June, 1886.
- (2.) The number of Deaths which have occurred from Blood Poisoning developed in that Ward during those two-and-a-half years.

—	Number of Patients treated in Ward 18 during two-and-a-half years, ending 30th June, 1886.	Number of Deaths from Blood Poisoning developed in Ward 18 during the same period.	—
1884	376		
January 7th ... ..	...	1	Fractured skull.
September 8th ... ..	...	1	Hernia.
October 20th ... ..	...	1	Gun-shot wound.
1885	361		
May 4th ... ..	...	1	Stricture—died after operation.
1886	240		
(6 months)			
March 8th ... ..	...	1	

2nd August, 1886.

J. WILLIAMS,

Secretary.

APPENDIX K.

MELBOURNE HOSPITAL.

RETURN on the motion of Mr. John Grice, submitted 7th September, 1886.

- (1.) Showing the percentage of death-rate in the Hospital for the last ten years, with the number of patients each year received into the Hospital, 1876 to 1885 inclusive—

Period.	Number of Cases treated.	Rate per cent. of Deaths.	Remarks.
1876	3723	15.57	
1877	3924	14.83	
1878	4191	13.91	
1879	4170	11.99	
1880	4096	13.98	
1881	4023	15.76	
1882	3490	15.64	
1883	3683	15.01	
1884	3334	16.7	
1885	3780	16.66	

J. WILLIAMS,
Secretary.

- (2.) That the medical superintendent's opinion be requested on the report of operations laid before the Committee at their last meeting, and on Mr. Fitzgerald's letter as published in the *Argus* on the same subject—

The list of operations is, I believe, a correct copy from the operation book, though no allowance has been made for the state of the patient at the time. There have also been a number of small operations performed in the wards, to get a record of which it would be necessary to go over all the case books; this would require a long time.

- (3.) That the medical superintendent be asked whether, in his opinion, ill effects arise from the position of the closets attached to any wards in which the closet opens into or ventilates into the ward—

I have not been able to trace definitely any ill effects, but it is a recognised fact that there is a danger in closets opening directly into wards, however perfect they may apparently be.

A. J. R. LEWELLIN,
Medical Superintendent.

7th August, 1886.

APPENDIX L.

RETURN on motion of Mr. Laurens.

Total number of cases treated during six months ending 30th June, 1886.

Cases treated.			Death-rate over all Cases.
Medical.	Surgical.	Total.	
1329	912	2241	14.28 per cent.

Number of Deaths.

Medical side 274, or 20.06 per cent.
Surgical side 46, or 5.04 per cent.

The above figures include moribund cases and deaths from violence.

Number of Cases of Typhoid Fever treated during the Year ending 30th June, 1886.

Admitted 251
Deaths 44, or 17.53 per cent.

August 10th, 1886.

J. WILLIAMS,
Secretary.

APPENDIX M.

MELBOURNE HOSPITAL.

RETURN, on the motion of Mr. Laurens, presented 7th September, 1886.

- (1.) If any of Mr. Fitzgerald's four patients have died, whose cases were prominently mentioned in the *Argus* of the 26th July in such sensational and alarming manner, as to give rise to the intensity of the recent hospital scare, by then stating that they had all developed septic symptoms after operation, on which ground the doctor had made up his mind, as then alleged, not to further operate in the institution?

Answer.—The names of the persons are—

1. Blake, William, discharged, relieved, 12th August, 1886; re-admitted 20th August, 1886, and fitted with a truss.
2. Lucas, Frances, discharged, relieved, 31st August, 1886.
3. McEwan, James, discharged, relieved, 30th August, 1886.
4. No record of a fourth case.

- (2.) Have any of these patients, as a matter of fact, contracted blood-poisoning in this hospital?

Answer.—In my opinion McEwan was the only patient who developed symptoms of septicaemia.

- (3.) Have any of the persons been discharged; if so, how many, and were they cured or relieved?

Answer.—The three patients have been discharged, relieved.

- (4.) If any remain in the institution, what is the present nature and state of the case?

Answer.—All were discharged, relieved.

- (5.) If, as a matter of fact, Dr. Fitzgerald has, since the 26th July last, refused to carry out any operation; if so, what became of the case on which he refused to operate?

Answer.—Mr. Fitzgerald discharged four patients on whom he refused to operate, one on July 24th, one on July 26th, and two on July 27th; one of these has since been operated upon in the Alfred Hospital, I believe.

The only operation since by him (Mr. Fitzgerald), was on August 26th.

(Signed)

A. J. R. LEWELLIN,
Medical Superintendent.

APPENDIX N.

MELBOURNE HOSPITAL.

RETURN showing the Number of Cases of Erysipelas admitted from outside and developed in the Hospital, from 1st January, 1884, to 30th June, 1886.

Date of Report.	Erysipelas.	Erysipelas developed in the Hospital.																		
		Surgical Wards, Number.												Medical Wards, Number.						
		Admitted from outside.	1	2 & 3	5	6	7	8	18	19	22	Refractory.	4	9 & 10	11	12	15	16	17	20	21
1884. January to December	45	...	...	...	...	...	2 ¹	2 ²	1	1 ³	...	1 ⁸	1	...	...	...	...	...	2 ⁹	...
1885. January to December	57	...	2	1	...	...	1 ⁴	1	2	3 ⁵	...	...	1	...	...	1 ¹⁰	...	1	1 ¹¹	1 ¹²
1886. January to June 30	44	1	...	...	...	...	...	4 ⁶	2	...	1 ⁷	...	...	...	...	1	1	1	...	...

¹ One caught from a person from outside.

² One was extravas. urine.

³ Operation on tendons.

⁴ A doubtful case.

⁵ One had bed sores, no cause traceable.

⁶ One a suspicious case.

⁷ Probably developed in Refractory ward.

⁸ Facial.

⁹ One surgical.

¹⁰ Died from pneumonia.

¹¹ Cellulites.

¹² Had attacks outside.

SUMMARY of above Return.

	Cases admitted from Outside.	Surgical Cases.	Medical Cases.
1884	45	6	4
1885	57	10	5
1886 (six months) ...	44	8	3

APPENDIX O.

MELBOURNE HOSPITAL.

RETURN showing the Number of Cases of Pyæmia admitted from outside and developed in the Hospital during two and a half years—say from 1st January, 1884, to 30th June, 1886.

Date of Report.	Pyæmia. Admitted from outside.	Pyæmia developed in Surgical Wards.										Pyæmia developed in Medical Wards.							
		1	2&3	5	6	7	8	18	19	22	4	9 & 10	11	12	15	16	17	20	21
1884. January to December	6	...	...	...	...	...	...	3 ¹	...	...	...	...	...	...	...	...	...	...	...
1885. January to December	5	2 ²	...	...	...	...	1	1 ³	...	...	...	...	...	...	...	...	...	...	...
1886. January to June ...	4	...	...	...	...	...	...	2	...	...	...	...	...	1 ⁴	...	...	...	...	...

¹ One a gun-shot wound.² One stricture of urethra.³ After operation for stricture.⁴ Apparently.

SUMMARY of above Return.

	Cases Admitted from Outside.	Surgical Cases.	Medical Cases.
1884	6	3	Nil
1885	5	4	Nil
1886 (six months) ...	4	2	1

APPENDIX P.

MELBOURNE HOSPITAL.

RETURN showing the number of Medical and Surgical cases treated during the year ending December, 1885, with the number of Deaths on the Medical and Surgical sides respectively.

Medical cases treated	2192	Surgical cases treated	1588
Deaths	512	Deaths	118
Rate per cent. of deaths	23·35	Rate per cent. of deaths	7·43
Moribund cases	122	Moribund cases	33
Deaths from phthisis	140		
	262		
Rate per cent. of deaths, moribund cases...	11·49	Rate per cent. of deaths, moribund cases	2·07
Rate per cent. exclusive of moribund cases and phthisis	11·86	Rate per cent. exclusive of moribund cases	5·36

APPENDIX Q.

MELBOURNE HOSPITAL.

RETURN, on motion of Mr. Laurens, showing the percentage of the general Death-rate for six months ending 30th June, 1886, and percentage of deaths occurring within 72 hours of admission.

Total Number of Cases during the above period.	Percentage of the General Death-rate.	Number of Deaths occurring within 72 hours of Admission.	Percentage of Deaths occurring within 72 hours of Admission.
2241	14·28 per cent.	Medical ... 85 Surgical ... 16 Total ... 101	4·5 per cent.

August 24th, 1886.

J. WILLIAMS,
Secretary.

APPENDIX R.

MELBOURNE AND ALFRED HOSPITALS.

RETURN showing Respective Death-rate of the Melbourne and Alfred Hospitals during the Half-year ending 30th June, 1886, as shown by the Returns forwarded to the Premier and placed on the Table of the Legislative Assembly.

	Total Number of Cases treated during the above-mentioned Period.	Percentage of the General Death-rate.	Number of Deaths occurring within 72 hours of Admission.	Percentage of Deaths occurring within 72 hours of Admission.	Percentage of the General Death-rate, less those occurring within 72 hours of Admission.
Alfred Hospital ...	790	13·8	23	2·91	10·89
Melbourne Hospital...	2241	14·28	101	4·50	9·78

NOTE.—The deaths occurring within 72 hours of admission are subtracted from the general death-rate in the last column, as it must be assumed that such case could not have recovered, no matter how or where treated.

APPENDIX S.

MELBOURNE HOSPITAL.

STATEMENT showing the Number of Beds in each Ward, and the Cubic and Superficial Space, previous to the removal of 70 Beds in 1882.

No. of Ward.	No. of Beds.	Cubic Space in each Ward.	Cubic Space per Bed.	Superficial Space per Bed.	Beds taken out.	Beds remaining.
1	23	19,992	Cubic Feet. 869	Square Feet. 72	10	13
2 and 3	16	21,589	1,349	103	2	14
4	22	25,218	1,144	91	6	16
5	24	25,218	1,050	75	8	16
6	16	16,816	1,011	140	5	11
7	9	8,687	966	75	4	5
8	26	28,571	1,098	135	8	18
9 and 10	20	36,925	1,846	158	—	20
11 and 12	40	55,656	1,391	115	3	37
13	—	—	—	—	—	—
14 and 15	20	27,726	1,386	124	2	18
16 and 17	36	44,808	1,244	103	7	29
18	25	35,186	1,406	87	2	23
19	25	35,186	1,406	87	2	23
20	25	35,186	1,406	87	2	23
21	25	35,186	1,406	87	2	23
22	24	26,231	1,092	109	7	17
23	6	5,280	—	—	—	—
23A	7	4,290	—	—	—	—
					70	

J. WILLIAMS,
Secretary.

October, 1886.

APPENDIX T.

MELBOURNE HOSPITAL.

STATEMENT showing the present number of Beds in the Surgical Wards, with proposed reductions towards securing a space of 2000 cubic feet for each patient.

Ward No.	Present Number of Beds.	Number of Cubic Feet to each Bed.	Number of Beds to be removed to secure Cubic Space of 2000 feet.	Remarks.
1	13	1537	4	In the year 1882 a reduction of 70 beds was made for the purpose of securing 1500 cube feet through the institution to each bed. These reductions (20) were carried out in the month of July, 1886.
5	16	1576	...	
6	11	1528	...	
7	5	1737	...	
8	18	1599	4	
18	23	1529	6	
19	23	1529	6	
22	17	1543	...	
			20	

31st July, 1886.

J. WILLIAMS,
Secretary.

APPENDIX U.

MELBOURNE HOSPITAL.

STATEMENT showing distribution of Staff.

Number of Nurses employed.		Number of Assistant Nurses.	Laundry-women, Pantry, and Parlor-maids.	Porters, &c.			Baker, Cook, Kitchen, and Scullery-men.
Day.	Night.			Where Employed.			
					Day.	Night.	
19	15	30	10	Hall and Gate	5	3	7
				Dispensary	2	...	
				Operation	1	...	
				Casualty	2	1	
				Dead House	1	...	
				Messengers	2	...	
				Carriers	8	...	
				Firemen	2	1	
				Carpenter	1	...	
				Gardeners	2	...	
				Groom	1	...	
				Bedmaker	1	...	
					28	5	
19	15	30	10		33	7	

Total 114

September, 1886.

J. WILLIAMS,
Secretary.

APPENDIX V.

MELBOURNE HOSPITAL.

EXTRACT FROM REPORT OF THE MEDICAL SUPERINTENDENT.

During the month of August there have been sixteen operations; of these, seven have been discharged cured or relieved, and none have died.

Of patients operated upon in previous months, eighteen have been cured or relieved, and one has died after incision for empyema.

During the month of September there have been nineteen (19) patients operated upon, of these ten (10) have been discharged cured or relieved, and none have died. Of patients operated upon in previous months four (4) have been discharged cured or relieved, and none have died.

5th October, 1886.

(True copy)

J. WILLIAMS,
Secretary.

APPENDIX W.

[*Excerpt from the "Age" newspaper of Wednesday, 25th August, 1886.*]

THE MELBOURNE HOSPITAL.

The committee of management of the Melbourne Hospital held their usual fortnightly meeting at the institution yesterday afternoon, when there were present:—Messrs. Marks (vice-president, in the chair), T. Rowe, B. Rappiport, J. Falconer, C. T. Plunkett, J. S. Butters, J. B. Gregory, A. G. Hogdson, J. Laurens, G. Godfrey, and J. Grice.

AN ENGINEER'S REPORT.

Mr. G. J. Butler, C. E., forwarded the following communication:—

12 Palermo-street, South Yarra, 23rd August, 1886.

To the Committee of Management of the Melbourne Hospital.

Gentlemen,—Availing myself of your permission, conveyed to me by letter of the 14th inst., from the secretary, I have inspected the hospital as to its sanitary condition, and beg to submit for your consideration the following report:—

NIGHTSOIL.—This is dealt with by an adaptation of Liernur's pneumatic system, with the working of which I suppose the committee to be familiar. When the valve, which shuts off the air exhausted receiving tank from the drain pipe, vertical soil pipe, and closets, is opened, as it is once, at least, in twenty-four hours for the purpose of removing the excreta, the air rushes down at A [*see sketch on margin*], and drives the excreta, &c., lying in the syphon at B, at bottom of the soil pipe, and elsewhere to the receiving-tank. The valve is then closed, and with vacuum destroyed the pipes become filled with impure air in direct contact with many feet superficial of iron pipe coated with excrementitious matter, having an easy unobstructed exit from the inside of the pipe to the inside of the closets, and so into the wards, for although the vertical soil pipe is supposed to be a ventilator and a sufficient safeguard, it can readily be proved, in my opinion, that under certain atmospheric conditions this ventilator, so called, must be totally ineffectual—a delusion and a snare. I may also point out that the main drain pipe, as laid, is nearly horizontal, having a slight fall from the hospital. Now, as the power of a vacuum inside such a pipe only partly filled with water, and excreta would be to some extent inoperative, the current of air, passing over instead of driving the excreta before it, the question may fairly be asked—Is this drain pipe ever thoroughly emptied? Unless a vacuum is constantly maintained in the drain pipe, I do not hesitate to say that the existing closet arrangements are dangerous, connected as these closets are directly with what is practically an unventilated drain, and untrapped whenever the valve is opened. I am also inclined to think that every time the closet in the upper ward is flushed an escape of sewage gas into the lower one takes place; absence of smell would not disprove this, as it is a well recognised fact that gas dangerous to health is frequently inodorous. The correctness of my opinion may be easily tested, and the defects discovered as easily remedied. Most of the closets might, from a sanitary point of view, as well be placed openly in the centre of the wards, as in their present position, and I would strongly advise the committee, even if bed space has to be sacrificed, to run up an air-tight partition with self-closing door across the wards, and form a lobby with openings to the external air on each side, so as to obtain cross ventilation between the wards and closets.

WASTE PIPES.—Several of these are trapped at the bottom, and as the inside of these pipes is usually foul, a column of impure air is displaced whenever water is poured down them, and as a rule ascends into the room above. The trap should be fixed close to the bath or sink, and the pipe discharge into the open air over a properly made channel. I venture to make this recommendation, as the whole of the sewage, except excremental matter, is conveyed to the Swanston-street public sewer, which I am informed is constructed without means for ventilation and regardless of sanitary principles, and perhaps better described, at any rate in dry weather, as a longitudinal cesspool than by any other name, the authorities no doubt intending this sewer eventually to be used for carrying off storm water only.

RAINWATER PIPES.—I notice that some of these are intended to act as drain ventilators. This is not a good practice, and such pipes should be frequently inspected. What can be more dangerous than a defective pipe-joint near an open window?

Cesspits in drains or any similar contrivance for causing sewage to stagnate should be abolished.

DR. BURNETT.—It may not be out of place here to quote from a paper read by Dr. Burnett at a meeting of the Sanitary Institute. He says:—"Sewer gas has been proved to be a prolific cause of erysipelas, and to cause much pyæmia in hospitals. . . . Pyæmia occurred in the surgical ward of a large hospital three years ago. This ward was built upon the pavilion principle, and separate from the other hospital buildings. Some 30 patients were affected in a few weeks, and so violent was the outbreak, that the surgeons declined to operate. At that time the sewers were unventilated, and all soil pipes were in direct communication with the sewer. No sooner, however, were these defects remedied than pyæmia disappeared. No other cases of pyæmia occurred for six months, when all of a sudden the disease again appeared in a virulent form. As it continued, the ventilating shafts from the soil pipes were examined carefully, and it was discovered they were stopped up. Some workmen had been engaged on the roof, and, as they objected to the smell, they had closed the ventilators with pieces of rags. This is a proof of the necessity of a regular inspection of all ventilating shafts, open soil pipes, &c. Of course the ventilators were at once put into working order. Since then, during two whole years, the disease has almost disappeared from the hospital."

Ventilation proper, that is the getting rid of foul air, and the admission of pure fresh air in sufficient quantity, without perceptible draught, is more easy in theory than practice. No attempt has yet been made at the Melbourne Hospital in this direction. It would be tedious to go fully into this question, but I feel bound to say that I am satisfied that natural ventilation under the circumstances is quite unreliable and insufficient. As I hear that Blackman's propeller is to be used to supply air to the morgue, I hope the committee will extend its use to, say, one of the wards, as the experiment, if carried out properly, would be very likely to prove a great success.

WATER SUPPLY—Yan Yean water is supplied on the high-pressure constant system. Unlikely the Government or the officials do not appear to think it necessary to supply the water in a condition fit for drinking. It is delivered unfiltered; consequently domestic filtration is in vogue. I would merely caution the committee never to use a filter—no matter how admirable it may be in other respects—which does not allow of the filtering material being examined, cleansed, or renewed as often as necessary.

WARD WALLS.—Interior surface of the walls is paint on brickwork, washable but rough. Since Professor Pettenkofer's experiments, it has been thought by many that stopping up the pores of house walls by painting them resembles in its effects the continual wearing of a mackintosh—the insensible ventilation through the walls is obstructed, and artificial ventilation certainly rendered more necessary. I am strongly of the opinion, when the walls in a hospital ward become "saturated with septic poison"; as I read lately, that fumigation is useless; that "germs" rather like it, as some persons do opium; and that fire is the only effectual remedy. This might be applied by aid of a simple apparatus connected with a tube in the nearest gas burner.

I have intended to have made some remarks as to the necessity or otherwise of moving the hospital to another side, and drawing your attention to the sanitary requirements of a new hospital, but I forebear, as doubtless the committee has had on these points advice *ad nauseam*. I will merely state that although the Melbourne Hospital cannot be brought up to a high modern sanitary standard, it can be greatly improved.

In conclusion, I beg to acknowledge the courtesy shown to me by your secretary, and the valuable information as to plans, drainage, &c., Mr. Williams so readily afforded me.

I have the honour, &c.,

GEO. JAS. BUTLER, C.E.

THE MELBOURNE HOSPITAL.

12 Palermo-street, S. Yarra, 22nd October, 1886.

To the Honorable Jas. Beaney, M.L.C., Chairman, and the Committee appointed to inquire into the condition of Melbourne Hospital.

GENTLEMEN,

A few weeks ago I presented to the committee of management of Melbourne Hospital a brief report upon the sanitary condition of that institution; I take, therefore, some interest in the question, and having had a considerable experience in the inspection of public institutions in England, as a sanitary engineer, I beg to make the following remarks in the hope that they may be of service to your Committee in the present inquiry.

My Report of August 23rd, 1886.—Liernur's system has not been carried out in any part of Great Britain, but I have had the advantage of being a member of two associations at whose meetings, Liernur, or his agent, attended and explained his scheme; the tone of the discussion which followed was distinctly unfavorable to his proposal system. I have said in my report that the "existing closet arrangements are dangerous." The question of danger or no danger depends almost entirely as to whether the ventilating pipe surmounted by an aspirating cowl at *A*—[see accompanying sketch]—has within it a constant never-failing, strong, upward current. The efficient working of this cowl depends upon the action of the wind which creates, or is understood to do so, a partial vacuum and suction inside the pipe; but this can hardly be, when practically there is no wind when the movement of the air does not exceed two miles an hour. I do not know if there is any self-recording instrument at the Observatory which shows the variation or maximum and minimum force of the wind at any given time; the average would prove nothing. It was the maximum force that blew down the Tay bridge, and it is the minimum that would prove the inefficient working of the ventilating pipe, which, valuable as it may be as an accessory, was never meant to accomplish impossibilities. A simple test would be, to pour down the pipe some petroleum, or oil of peppermint and hot water, and, if my opinion is correct, the smell would soon be perceptible inside the closet. The "arrangements are dangerous" under the following conditions—When the syphon pipe at *B* is unsealed (it is once at least in 24 hours) a rat might then run along the inside of the drain pipe to the inside of

closets—when the syphon pipe is re-sealed and the drain pipe filled with air of atmospheric pressure, 14 lbs. 6 per square inch, the closets are used and the drain becomes partially filled with sewage matter, so as to allow the confined air only half its original space, there would be an additional pressure inside the pipe of another atmosphere, or such a force as is equal to a column of water 34 feet high; that is, if it were possible to confine the compressed air a sufficient time to accumulate this force; but as the dip of the syphon is only 2 or 3 inches, practically, each time the closet is used, there must be an escape of impure air through the trap into the soil-pipe, and, at any rate, a percentage of this impure air finds an easy way into the closets and wards. There is also constantly a length of foul soil-pipe open to the closet. I have examined scores of these pipes in England, and invariably find them coated inside with filth.

If each soil pipe be altered per my sketch from "as it is" to "as it should be," the danger and risk I have endeavoured to point out will no longer exist. The alteration would entail the use of very little, if any more, water than under the present system, as upon the two occasions I inspected these closets they were remarkably clean, and as Liernur's system *per se* does not cleanse the closet basins, I knew at once that the nurses must do so, and that the closets are really now "hand flushed water-closets."

Ventilation.—This all-important question does not, as a rule, receive the attention to which it is justly entitled; less medicine and more pure air would probably be the opinion, if asked, of most intelligent hospital patients. Over-crowding a hospital is nothing less than a crime; but strictly the word "over-crowding" is merely a relative term, and should be considered in conjunction with ventilation or the want of it. A large ward unventilated, containing few beds, may be over-crowded, as the atmosphere becomes impure; whilst a smaller ward, ventilated, having the same number of beds, might not be over-crowded. Of course I have prepared no detailed plan of ventilation, and can merely refer to such general principles, as, in my opinion, should be adopted, and which I am satisfied can be worked out satisfactorily.

Natural ventilation in a climate like that of Victoria must, I think, prove a failure. Specific gravity of the air inside and outside the hospital, not allowing a sufficient margin for gravitation, and ventilation depending on difference of temperature, is most inefficient in hot weather when ventilation is most required. It might be effected, as in some English hospitals, by heat agency, with a flue and foul air up-cast shaft, but I recommend ventilation by mechanical means—as a fan or air propeller. The purest source would be from the top of a tower, say 100 feet high. This would probably not be above the dust; but if obtained at or near the street level, the air would contain particles of soot, pulverised road metal, horse dung, &c., therefore must be filtered, drawn into the air chamber through asbestos cloth, charcoal, or cotton wool. There should be means for cooling, warming, or moistening the air, and supplied to all parts of the hospital by a propeller on the *plenum* system; the *vacuum* allows draughts whenever a ward door is opened. *Inlets* to the wards should be at floor level through numerous minute perforations, arranged as air diffusers, and *outlets* at ceiling level so placed as to prevent perceptible currents of air. Ventilation should never resemble a thunderstorm, but rather a Scotch mist. The air in each ward should be entirely under control as to its temperature, moisture, and purity. The purity might be ascertained by Professor Wolpert's clear lime water test, which shows approximately correct the percentage of carbonic acid present, which chemists say should not exceed 0.06 per cent. in volume, as more than that warns us of a diminution of oxygen, and the presence of organic impurities.

New Hospital.—With reference to this question, I venture to draw your attention to a few essential matters. In selecting a site, I should prefer one of open situation, elevated, quiet, and conveniently accessible—(1) for the mass of population the hospital is intended to serve; and (2) for the medical staff. The site should be dried by underground drainage. I do not mean sewerage, which will keep down subsoil water below the foundations. I have known the level of the water in a well affected by the rise and fall of a river nearly two miles distant. For a permanent hospital, I think the pavilion plan the best, each pavilion to be complete in itself, of say two or more stories in height above the basement, isolated vertically and horizontally, so that it would be impossible to pass from one ward to another without going into an open corridor. In a modern hospital I once inspected the shafts of the elevators unfortunately formed a communication from the lower to the upper wards. This should be avoided. The closets should be built in an annex, with ventilated lobby, and all waste pipes and soil pipes ventilated, and air disconnected from the drains. The *ground air* should be excluded by a layer of cement concrete under the whole of the buildings, and also a good horizontal damp course throughout; hollow walls, two-inch cavity, are rather fashionable in England just now. They are said to be warmer in winter and cooler in summer than when built solid. The interior surface of the ward walls might be finished with parian cement; or if of silicate cement, they could sometimes be coated with petroleum, and burnt off.

Sewerage.—I believe you have already in evidence that there does not exist in Melbourne, or its suburbs, a sewer worthy of the name, and certainly to run hospital sewage into the covered drains the civic authorities have already made or allowed, would be very dangerous to health, much more so, though perhaps less unsightly, than to run it into open channels. The Metropolitan Boards of Works may possibly have solved the problem "what to do with the sewage," by having laid down a properly constructed sewer in the street or road adjoining the hospital before the new building could be completed and fit for the reception of patients. However this may be, the system of drainage and scavenging should be such as would ensure the prompt removal of night-soil and all matters, &c., liable to putrefaction. Authorities upon hospital construction state:—That the floor space for each patient should be 90 to 120 feet; width of wards, 24 feet; height, 14 feet; number of beds in each ward, 30 to 40.

St. Thomas's Hospital.—I have a personal knowledge of this modern, and, as it is usually called, model institution, and, therefore, append the following particulars:—St. Thomas's is built on the Surrey side of the Thames, opposite the Houses of Parliament. It has accommodation for 573 patients; the 8½ acres of ground on which it stands cost £90,000, the foundations £48,000, the structure £294,000—total £432,000, or a little over £750 a bed, without fittings, furniture, &c. The pavilion plan has been adopted, each pavilion is six stories in height, some of these have three, others, four wards, one over the other; each ward contains 28 beds. The wards are 120 feet long, 29 feet wide, and 15 feet high. Super space to each bed 126 feet, cubic contents each bed 1856 cubic feet, and lineal wall space 8 feet. Water-closets are used throughout the building. It is warmed by stoves and hot-water pipes, whilst heated shafts withdraw vitiated air. There are two wards set apart for the admission of paying patients; an "Infectious Block;" and, in connection with the hospital, there are the Medical School and the Nightingale Home for the training of nurses.

Conclusion.—Perhaps I may venture to say that I consider the site of the present Melbourne Hospital is an excellent one, superior to any I am acquainted with in London, except St. Thomas's. Few persons—and only those who ignore the fact that hospitals six stories in height have been proved by experience to be satisfactory, there being no material difference in the sanitary condition of the upper or lower wards—will deny that a new large hospital can be built upon the present site, in accord with the strict principles of hygiene; but is not such an aggregation of so large a number of sick and suffering people upon a comparatively small area of ground, whilst a choice of other sites is available, both undesirable and unnecessary? A useful view of the hospital may be obtained from the new wing of the Public Library; the impression that view left on my mind is, that the buildings appear too much crowded and mixed. Apart from its old-fashioned construction, the hospital is suffering chiefly from its drainage arrangements, which urgently require attention, and the want of good ventilation; great improvements I am satisfied may be effected, and the hospital be made a fairly healthy one, but I think hardly then worthy of wealthy Victoria. Much better in every way it would be to build a new hospital, on a new site, which should be, when completed, a model, not merely to the colonies, but to the whole world.

I have the honor to be, gentlemen,

Your obedient servant,

GEO. JAS. BUTLER, C.E.

APPENDIX.

Dr. Angus Smith's fair standard of pure air is nitrogen, 79·00; oxygen, 20·96; carbonic acid ·04 per cent. Supply 3000 cubic feet per head per hour. Velocity not exceed 3 feet per second.—G. J. B.

N.B.—The foregoing was drawn up and nearly completed before I knew that I should have an opportunity of giving evidence to the Legislative Council Committee.—G. J. B.

MELBOURNE HOSPITAL.

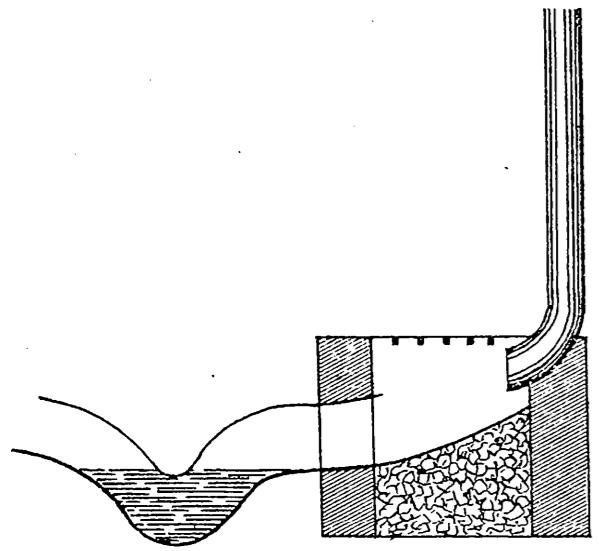
Sketch of CLOSET SOIL PIPE & C.

Sept 1886.

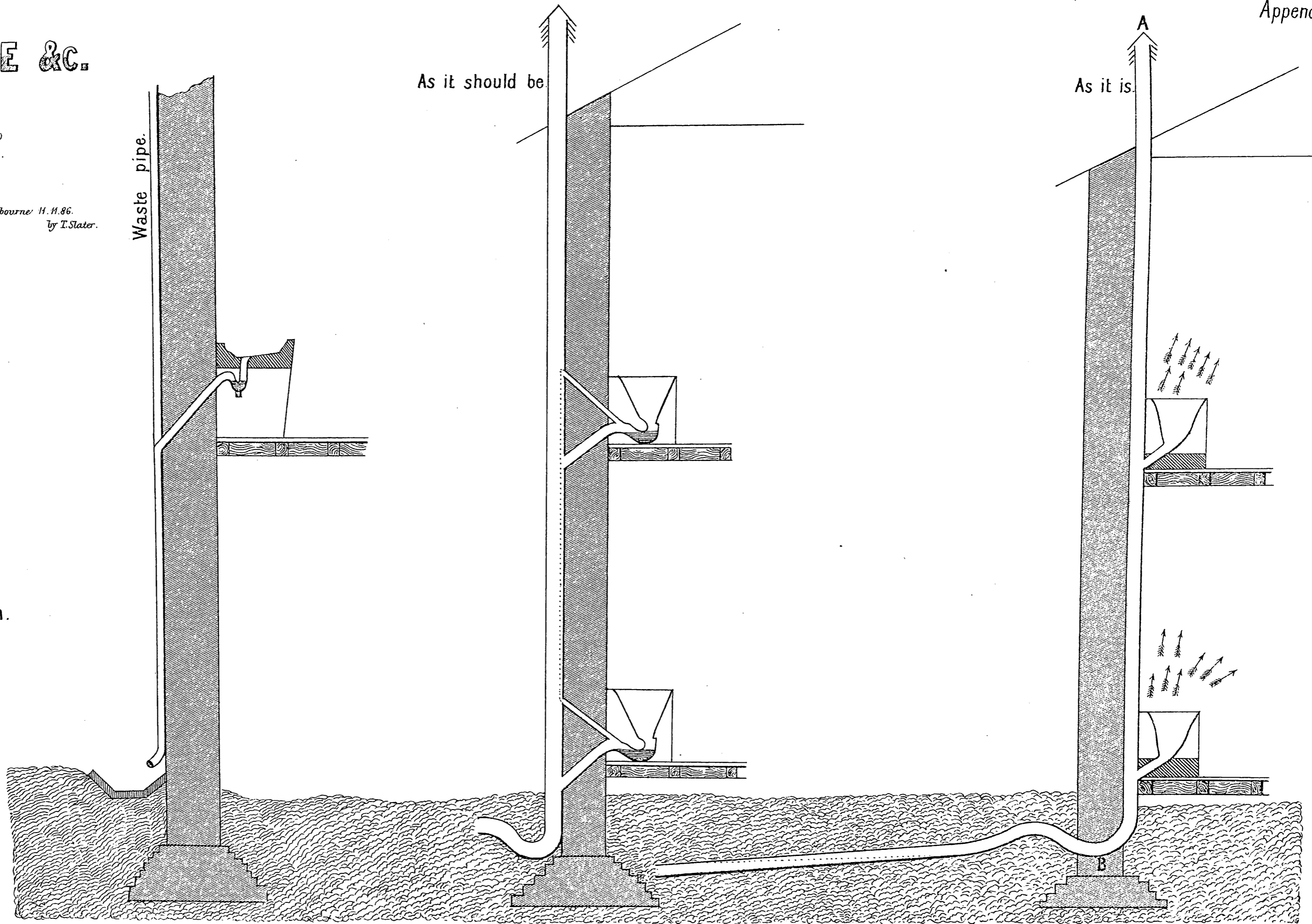
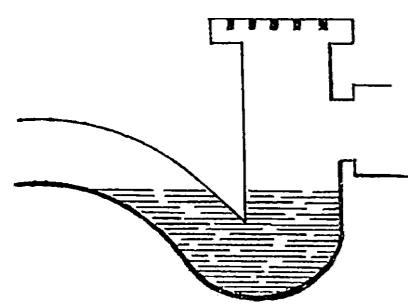
Geo. Jas. Butler C. E.

*Lithographed at the Department of Lands and Survey Melbourne H. H. 86.
by T. Slater.*

Appendix X.



Modes of
air disconnection.



L. 94

APPENDIX Y.

MELBOURNE HOSPITAL.

RETURN of deaths from Erysipelas in the Melbourne Hospital during the five months ending 21st August 1882, furnished in accordance with a resolution of the Legislative Assembly, dated 22nd August 1882, on the motion of Mr. Laurens.

Number of persons (if any) who have died from Erysipelas in the Melbourne Hospital during the five months ending 21st August, 1882 *Nil.*

(Sgd.)

HUBERT L. MILLER, M.D.

Medical Superintendent.

MELBOURNE HOSPITAL.

RETURN showing the number of In- and Out-Patients admitted for Surgical treatment in the Melbourne Hospital for the seven months ending 21st October, 1882; also the number of such persons who have died from Erysipelas during those seven months.

Period.	Number of In-Patients admitted for Surgical treatment.	Number of Out-Patients admitted for Surgical treatment.	Number of such persons who have died from Erysipelas.
From 22nd March to 21st October 1882 ...	678	1638	<i>Nil.</i>

ALFRED HOSPITAL.

RETURN *re* Deaths, &c., in the Alfred Hospital, showing—

- | | |
|---|------|
| (1.) The percentage of the general death-rate for the year ending 30th June, 1886 ... | 13·3 |
| (2.) The percentage of the general death-rate for the half-year ending 30/6/86 | 14·0 |
| (3.) The number of persons who died within seventy-two hours of admission for the year 30/6/86 | 38 |
| And half-year 30/6/86 | 23 |

(Sgd.)

JOHN J. ANDERSON,

Sec. and Supt.

25/8/86.

APPENDIX.

The percentage of deaths in the six months' period ending 30/6/86, was considerably augmented by the severe typhoid fever epidemic which prevailed during these months.

The average death-rate included all cases which were found "dead" on arrival. The managers are of opinion these cases should *not* be included as deaths in the hospital. Excluding these, the percentage would stand thus—

Half-year ending 30/6/86, in place of 14·0, it would be 13·8.

I have, &c.,

(Sgd.)

JOHN J. ANDERSON,

Sec. and Supt.

APPENDIX Z.

To the Chairman of the Select Committee of the Legislative Council.

RE MELBOURNE HOSPITAL ENQUIRY.

SIR,

In compliance with your request I furnish herewith my estimate of the cost of works for thoroughly ventilating the Melbourne Hospital by the Blackman Air Propeller on the plenum system of infecting purified and heated air, or of any required temperature.

I have given a detailed estimate for the central block, which is the oldest and most complained of, and I feel convinced the plan suggested would, if carried out, keep the wards perfectly fresh, and constantly aired out, and at the same time be entirely under control, and suitable in all weathers.

I propose to work the fan by a silent Otto gas-engine, which when the fans are not worked could be utilized for pumping water into an elevated tank, to be provided to work any elevators or lifts to be hereafter introduced, and a number of propellers of the rotary type could be worked for any other ward; the water instead of running to waste, be used over and over again for the same purpose, thereby economising water and power.

My estimate for the four wards, west front and pavilions would be, as per plan submitted and estimate herewith.

My plan also contemplates the erection of a brick or timber turret for the supply of pure air taken at the top which would be from a point sufficiently elevated above the ground, and away from any impure sources to ensure the air being perfectly fresh and untainted.

I should like to be entrusted with the work of ventilating the old part of the building, and I can thereby remedy all the evils complained of, and make the hospital perfectly fresh and sanitary at a moderate cost, as per my estimate.

The work would be expeditiously and carefully carried out.

I would either execute the whole work, as per my estimate, or supply all iron air ducts, valves, engines and propellers for the purpose, and superintend the work such as carpenters' cutting openings and fittings, thereby giving you the advantage of a saving in cost, and the hospital committee would perhaps be more satisfied by having their own men on the work, they being used to the requirements and ways within the hospital.

I am, Sir,

Yours truly,

THOS. EDWARDS,

1, Queen-street, Melbourne.

23rd November, 1886.

MELBOURNE HOSPITAL VENTILATORS.

Women's Ward, 20 beds, cubic contents, 33,558 feet.	
Men's " 18 "	26,367 "
Total, 38	Total, 59,925

Air space for each bed, 1577 cubic feet.

One 48-inch air propeller, moving at 260 revolutions per minute would force into wards and flues, after allowance for friction in air ducts, bends, and outlets for each bed, 4000 cubic feet per hour.

This may be increased to 10,000 if required, simply by increasing the speed of the propeller.

By fixing the propeller at end of corridor as shown, the tubes and air-ways may be duplicated to the other wards adjoining.

One 48-inch propeller would be sufficient for four wards.

One small propeller fixed over closets and bath-rooms, to exhaust from and force away vitiated air from building. This would be worked by cotton rope and silent pulleys, with a striking lever and line to turn in or out of gear at pleasure. The fan is *noiseless*, and moves more air than any known machine by about 200 per cent. for the power employed, and ducts are all arranged for the necessary quantity of air in their various sizes.

MACHINERY.

No. 1 Otto silent gas engine	... ..	£189 0 0
If with pumping gear for water, add as per the additional price.	See gas engine list.	
Setting and connecting with gas service 12 feet from main	... ..	30 14 0
Water tank and base	... ..	6 16 0
Counter shaft pulleys and lubricators and levers for throwing in amount of gear	... ..	45 15 0
One Blackman fan, 48 inch and fittings	... ..	45 0 0
One " " 24 inch "	... ..	22 10 0
Closets for exhausting rope and silent pulleys	... ..	13 5 0
		<u>£353 0 0</u>

TRADES.

No. 8, Cobden Chambers, Queen-street, Melbourne,
Nov. 23, 1886.

Estimate for ventilating Catherine Hayes wards, Nos. 10 and 12, and supplying Blackman fans, engine, and sundry work required for the Melbourne Hospital Committee.

Galvanized iron air ducts, constructed all to form reticulating channels fixed in angles of ceilings as cornice, soldered and riveted together, and moulded as sketch	£135	10	0
No. 40. Inlet valves and gratings fitted and screwed to wall between beds, with throttle valves and regulating lever and brass dials	97	10	0
No. 30. Air gratings and valves in floors, and connecting with air flue	45	0	0
Two upright air ducts angle of wards	10	0	0
Six hundred and fifty lineal feet 1½-inch steam galvanized iron pipes and bends, fixed in air tubes with steam trap and valves and stop tap connected with steam pipes from boiler 10 feet from service pipe. This may be used from any hot water or steam boiler the most convenient	72	0	0
	<u>£360</u>	<u>0</u>	<u>0</u>

TRADES—CARPENTRY.

I estimate this to cost as follows:—

Construct one turret as exit flue, two air shafts fixed in centre of wards, framed with 2-inch pine framing, 2ft. 6in. high from floor, and openings as air valves where required. This would form no obstruction to light, and would have a good appearance. Two frames for fans and fixing, cutting away for air ducts, and sundry work as follows, and attendance on trades	£120	0	0
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ESTIMATE FOR MALE AND FEMALE WARDS.

Catherine Hayes—West front.

SUMMARY.

As follows:—

Engines and machinery	£353	0	0
Air ways, ducts, and steam pipes for heating A.	360	0	0
Carpentry B.	120	0	0
	<u>£833</u>	<u>0</u>	<u>0</u>
For duplicating the air ways and ducts to adjoining wards in west front (using same machinery, &c.) A.	£360	0	0
B.	120	0	0
	35	10	0
	<u>£515</u>	<u>10</u>	<u>0</u>
	<u>£1348</u>	<u>10</u>	<u>0</u>
The two pavilions would cost about	£1348	10	0
Total	<u>£2697</u>	<u>0</u>	<u>0</u>

THOS. EDWARDS, U.V.S.,

No. 1, Queen street, Melbourne,
Nov. 23rd, 1886.

INDEX AND ABSTRACT OF EVIDENCE TAKEN BY THE SELECT COMMITTEE TO INQUIRE INTO THE CONDITION OF THE MELBOURNE HOSPITAL.

- AUTHORITY, SENIORITY, PAY, ETC.**—209 to 222. No pay in the Melbourne Hospital for surgeons, quite honorary, 263. Same fees for students, that is all; it does not pay shoe leather, 264. Doctors do not like nurses changed, 472. Nurses occasionally sick, mostly assistant nurses, 532. Medical Superintendent should have supreme authority of the medical and surgical parts of hospital, 1561. Duties cannot be divided, 1562. Officer to oversee all hospitals and charitable institutions wanted, 1674-75. Medical Superintendent should have supreme control, 1877. Sanitary officer independent of medical staff a good idea, 1878. Present Superintendent a good officer, 1879-80-81. Honorary medical officers send in many patients, 2091-95. A sanitary officer always on the spot with full power desirable, 2430-31, 2674. Out patients attended by junior honorary staff, 3221 to 3219. *See ap. U.*
- ACCOUNTS.**—Mode of keeping, 3123.
- AVERAGE STAY OF PATIENTS.**—In Melbourne Hospital average stay 28 days, 1249-1392. London hospitals, 33 to 35 days, 1250. Average stay includes deaths, 1328-30. Average stay on surgical side in St. Bartholomew's, women, 29 days; men, 28 days, 2461-62. In 1854, stay of patients was 16 days in ward 18, 2471-72-73. *See Returns and Mortality. See ap. I.*
- ACCOMMODATION.**—Sometimes we have to rig a sort of tent bed and evolve steam there, 758-59-60. Ambulance system as in New York desirable, 2519. In New York, the moment an accident, telephone set going, and everything ready in 40 seconds, 2519. In few years suburbs will have hospitals of their own, 2519. No objection to basement floor, but some of the men wrote letters complaining of their accommodation generally, 2999-3001. Nurses' dormitories crowded, 3002. Accommodation not extended for want of funds, 3003, 3062, 3092. Accommodation for nurses very objectionable, 3343 to 3352, 4098, 4103, 4109, 4151.
- ATTENDANTS' HEALTH.**—Men's quarters under sick ward, 1208-12. Health of nurses last two years satisfactory, 1284. Servants' quarters require better ventilation, 2219. Health of attendants very good, 3000, 3056. No erysipelas, 3057. In six or seven years lost two nurses from typhoid, 3059. One of them since the scare, 3060. With one exception lately, attendants' health good, 3233. No erysipelas, 3224, 3461. No deaths of attendants in four and a half years from erysipelas and blood poisoning, 2663. There are 114 attendants, 3810 to 3828.
- BEDS, NO. OF.**—Westminster Hospital, 400, 4. Royal Infirmary, Edinburgh, 400 or 500 beds, 12. At St. Bartholomew's, 600, about, 118. In Melbourne Hospital the number of beds was sometimes 400 instead of 300, 581. If 400 beds are required in Melbourne Hospital, there must be 100 to spell; space required for 500 people besides quarters and other buildings, 902. Practice at home to allow beds to rest a certain time, 911. In building, 50 beds to the acre is a safe estimate, 912, 913. Beds made on floor Melbourne Hospital, 945, 948. New hospitals, 40 to 50 beds to the acre, 1000. Tallet's system, 25 to 35 beds to the acre, 1001. Hotel Dieu, Paris, 600 beds; Leeds Hospital, 30 per cent. of beds kept unoccupied, 1012. Ward with four rows of beds bad, 1044. Guy's Hospital, over 80 beds per acre, 1164-67. New hospital to have 400 beds; 100 spare beds, 1229-30. Beds made on floor Melbourne Hospital, not so now, 1239-40. Beds St. Thomas' Hospital, two rows, 1242-43. Melbourne Hospital in two rows, surgical wards; medical wards some have four rows, 1242-45. Beds occupied last year averaged 291 out of 300, 1256. Number of beds in each ward, 30; not more; and 1,500 to 2,000 cubic feet each bed, 1499-1504. Leeds Hospital, 328 beds on 4 acres, 1568. Mercer's Hospital, Dublin, 130 beds, 1809-10. Highest authorities say only 25 to 30 beds in a ward, 1840. Sydney Alfred Hospital, 40 beds to the acre, 1927. Glasgow Infirmary, 700 beds on about 3 acres, 2047-49, 2166-68. Melbourne Hospital could be made sufficient for 200 beds, 2159. St. Bartholomew's, 400 to 500 beds; enlarged since, 2858. Thought fifteen beds in a ward sufficient, 2512-13. Medical side even less, 2514. No difficulty in providing for 500 beds on the present site if new hospital built there, 2518. Royal Infirmary, Glasgow, over 600, 2583, 3178, 3293. University College Hospital, about 200 beds, 2726. Geelong Hospital, about 200 beds, 2753, 2792. Could make a hospital on present site (Melbourne Hospital) to contain from 500 to 1,000 beds, 2794, 2892 to 2909. Good plan to always have one medical ward and one surgical ward resting, 3900. At St. Thomas's Hospital bedroom for each nurse, 3940. Fifty beds per acre, 3965. St. Thomas's Hospital, 572 beds, 8 acres 2 roods 30 perches. Guy's Hospital, 7 acres, 695 beds. *See cubic space. See ap. H, S, T.*
- BLOOD POISONING.**—**PYÆMIA, SEPTICÆMIA, ETC.**—Hospital gangrene one of the worst of things, 37. Never had gangrene in Melbourne Hospital, but very nearly. There were 15 cases of pyæmia, septicæmia, and gangrene in a fortnight or three weeks. Hospital better now than three years ago, and although patients are in a better condition, the mortality has steadily increased, and expense per bed nearly double, 39. Do not think physical type of patients has anything to do with pyæmia, septicæmia, and gangrene. In great wars—American, Crimean, Franco-German, no pyæmia or gangrene—where they had people in tents, 43. A man in perfect health, 26 years, with cut eye, went to hospital; was in one night, got erysipelas, died; he did not drink, 44. Surgeon Woods away same time with a sore that cannot heal, 45. Another young man, McDonald, went out of hospital with pyæmia, and died at Richmond, 46. Man stabbed in knee joint, affected pyæmia and died, 47. Adjacent cases, legs amputated, large surfaces exposed, recoveries, many have been protected with

Lister's system, 48. A perfectly healthy man can digest a certain amount of poison; one man may die of it and not another, 49. The walls of the Melbourne Hospital are saturated with disease. If you put the hospital back to the state it was in three years ago and stop Lysterism, you will be astounded at what will happen; you will find the place decimated with disease, 52. The nurses have sore throats, and are constantly ill, 53. If they cut their fingers they take good care to protect them, 54. Knew a hospital in New York; they repainted the place for hospital gangrene without result; then they took the plaster off without effect; took the walls down and put in new bricks, the only thing that prevented it, 56. In Franco-German war, in one case they took possession of Prince's Palace, and found the mortality so great that they moved it into the grounds, with the result of stopping pyæmia. A barrack hospital sure to be contaminated sooner or later, as this hospital is. No man gets erysipelas in the bush, 69. Germs will lodge anywhere, 80, 89, 113. No hospital gangrene at St. Bartholomew's. I have seen cases of sloughing phagedæna brought in from outside, but hospital gangrene was of very rare occurrence; that is in my time, nearly 40 years ago, 135. Had seen cases of pyæmia at St. Bartholomew's, but it was not so well known 40 years ago as now, 136. Do not remember any cases of blood poisoning outside the hospital, but they do occur, 143, 144. More liable to occur in hospitals than where there is more atmospheric latitude, 145, 161. Inquiry should be made as to whether the spread of disease is caused by the imperfect washing and drying of woollen bedding, and not from the walls. It is possible, 198. No doubt that officers, nurses, and attendants, have suffered from blood poisoning and erysipelas. I know the students and the house surgeons occasionally suffer from it, 234 to 244. Cutting off external piles—slight operation—got blood poisoning and died, 272 to 277. The patients should have lived, 278. It would not have occurred outside, nor in the hospital, had it been as it should be, 279. It could have been in the bedding; he caught it in the operating-room, in my opinion, 280. There was a great discussion at the committee about three years ago about the walls of the hospital being saturated with erysipelas, but it appeared to me they always pooh-pooed the idea of the hospital being unhealthy, 296, 297. It takes a few days for erysipelas to develop, 319. It is constitutional with some people, 321. Very little erysipelas in Melbourne Hospital lately, 222, 345. Fumigation only lasts a few days in its effect, 346. A wooden hospital should not stand for more than six months, 349. Pyæmia may be spread if building not thoroughly washed, 574. Generally exposed to high temperature which destroys germs, 575. Germs in spore form difficult to destroy, 576. Then it should be pulled down and exposed to the sun. Erysipelas ward in the house; they had no contagious place outside; tents built since, 790. Erysipelas takes three or four days to develop, 819, 820, 821. Saturated walls illustrated, 822, 823. Refusals to go to the Melbourne Hospital on that account, 825. Man Grimes died of pyæmia, 827. Predisposed to erysipelas, 828. Pyæmia and erysipelas active in 1882, 829. One hundred and twenty servants, none of them troubled by blood poisoning or erysipelas, 830. Man with slight injuries contracted erysipelas and died, 844. Deaths from erysipelas or pyæmia do not occur in tents or huts, 844. Erysipelas frightfully prevalent, 1873 and 1874, 950. No regularity in visitation of erysipelas, 951, 952. Cases of operation died from septic diseases, 970. Walls and building saturated with erysipelas, 1132, 1133, 1134, 1139. Antiseptic system of Lysterism, 1146, 1149. Returns of blood-poisoning cases, 1253-55. Not known how germs enter the system, 1266-69. Unhealthy patients liable to erysipelas, 1270-71. No power of resistance, 1272. No cases of erysipelas amongst nurses, 1285. Erysipelas cases not turned away, 1292. Erysipelas and septic cases treated in tents, 1293-94. Erysipelas and pyæmia may be developed outside hospital, 1309. Cases of erysipelas brought in from outside, 1331-33. Sewer gas may give rise to blood poisoning, 1529, 1864. Walls not saturated with erysipelas, 1334. Hospital gangrene the worst form of hospitalism, 1565, 1816. Pyæmia, septicæmia, and erysipelas in Melbourne Hospital, 1814. Cases go wrong which should not, 1814. Erysipelas and septic cases bad, 1860. Hospitalism in the form of pyæmia in Glasgow Hospital, 2068. Never saw gangrene there or in Melbourne Hospital, 2069-70. Gangrene the worst form of hospitalism, 2071. Sewer gas will cause blood poisoning, 2115. Blood poisoning cases outside hospital, 2117-18. Drunkards apt to take blood poisoning at once, 2122-24. A rotten man might get infectious erysipelas from another patient, 2155. Patients form a good cultivating ground for microbes, hospitals also, 2241-43. Did not believe Pasteur's statement that old hospitals were in the proportion of 10,000 or 20,000 to 100, 2245. Everything in the world of benefit caused by microbes, as the growth of corn, &c, 2246. Microbes not the cause of death, 2247. Persons bring them to hospital, 2249. Not proved that they go from building to building, 2250. Microbes in the air and earth at great depths, 2251. Erysipelas and pyæmia self generated in nine cases out of ten; not due to hospital, 2284. Good book on germs and microbes by Pasteur, 2285. Did not understand why germs should attack patients more than visitors, nurses, or medical attendant, 2307, 2308. Out of 127 officers none has been attacked by erysipelas or blood poisoning, 2309. The man Grimes, a drunkard, generated pyæmia in his own body, 2340. Everything depends in surgical cases on constitution of patient, 2343. Germs prevented in fruit by sulphuric acid, 2348. Also on meat, 2348. Germs remain on walls without developing, 2349. Do not develop until they fall on abraded skin or open wound, 2349. Microbes may be a chemical product, 2350. Microbes cannot be communicated from wet material, 2351. Bandages disseminate germs on drying, 2352. Had grown billions of bacteria germs, 2365. Underground drains contaminated with them, 2368. Had not tested hospital walls for septic poison, 2398-99. Matter on bandages produce poisonous life, 2424. Germs would not stand half-an-hour's boiling, 2445. Microbes in factories and railway carriages, 2448. We drink millions of bacteria in a glass of water, 2449. Septic germs which do harm, 2449. Experiment on plaster from Melbourne Hospital to be made in presence of committee, and verified by them, 2452-53. Also in large building or factory, 2454. Did not see much hospitalism in St. Bartholomew's, 2463. Iodine a powerful antiseptic, 2464. No hospital could boast of being free from pyæmia, 2466. One case of gangrene 30 years ago, 2480-81; and about 20 years ago, caused by closets, 2482. Turning up earth could not disseminate disease, 2516-17. Attended cases of blood poisoning in all parts of town, 2525. Constitution of patient is everything. Punctured wounds are in healthy persons very dangerous, 2530-31. Germs in clothing destroyed by superheated steam between 200° and 300°, 2553. Walls of Melbourne Hospital not saturated with erysipelas, 2561. Three cases of amputation in ward 18 open to conditions of poisoning, but all recovered, 2531. Pyæmia in Alfred Hospital, 2531. Erysipelas very prevalent in 1881 and 1882 all through the district, 263. No complaints from medical or surgical staff as to the insanitary state of the hospital, 2679. Good deal of

septic disease at University College Hospital, 2729. Some of the newest hospitals in the old country have had epidemics of blood diseases, 2749. Traced to defective sanitary arrangements, 2750. Not the age of hospital, 2757. Have often had cases of blood poisoning outside the hospital, 2780, 2798, to 2806. Infectious diseases increase in the large metropolitan hospitals (London) in spite of almost unlimited expenditure, 3008. Melbourne Hospital with less advantages not any worse results, 3010. Report of resident surgeon on cases in hospital, the case of Bourke, and general condition of Melbourne Hospital at time of Dr. Youl's adverse comments, 3023, 3024, 3029, 3108. Child ordered to be removed because of development of septic symptoms, 3115. No nurse caught erysipelas, 3169. The ward Professor Lister had for his surgical patients was the basement ward of the hospital, and in almost every case he operated upon erysipelas made its appearance in some form or other, and it was through the prevalence of erysipelas that he was induced to look about for something to destroy, as he believed, the germs that caused the disease. He was very successful, and reduced mortality. It was found that the cause of excessive amount of erysipelas arose from layers of coffins discovered behind a wall six feet from the wall of the hospital, 3188. The coffins caused it, 3193. Great deal in germ theory, 3320, 3428, 3429. Fewer cases in the old wards than in the pavilions, 3494, 3496, 3500, 3501, 3507, 3510, 3512, 3517, 3525, 3527, 3533, 3534, 3534, 3535, 3542, 3547. Inspector Hare contracted Erysipelas after being shot by Kelly, though he was treated at Sir W. J. Clarke's mansion at Sunbury, 3547, 3548, 3612, 4181, 4237, etc. See ap. J, N, O.

CONSUMPTIVE PATIENTS, HOSPITAL WANTED FOR.—Hospital in country wanted for consumptives; dry, sheltered place, so that they could live in the open air and sun, 2131-35. No lock hospital, no cancer hospital in Melbourne, 2323, 3218, 3293. Special hospitals for particular diseases in England, 2642, 2787. It would be a great relief to the general hospital to put away consumptive and incurable cases, 2788. Hospital for consumptive cases, or a convalescent hospital, wanted, 3966.

CLOSETS.—Water-closets not best thing for hospitals. Shutting up of soil not good, 19. Gas escapes through traps, 20. No matter however good closet may be, if there are typhoid patients there will be a certain amount of sticage. Closet element of danger, 21. Gas from London sewers escapes into houses. Where overflow from water-cisterns into sewer, great danger. Gas from sewer returns through discharge pipe; contaminates water. Prince of Wales caught his illness, and Lord Chesterfield killed through it, 24; also Prince Albert. All urine, fæculent matter, poultices, and everything connected with the sick should be carted away every day and burned, 24. Should altogether alter privy arrangements at once, 70, 74, 75, 76, 77, 86, 87. Closet system of hospital radically bad, 102 to 106. The most dangerous gas poisons are those that do not stink, 107, 108, 109. The system of closets in Melbourne Hospital dreadful, 205, 207, 223, 228, 254, 311. No place to put closets in old part Melbourne Hospital, 370. Closets St. Bartholomew's at ends of wards, 372. Bath-room containing closets opens directly into ward, 578. Closets above similar, 579. Ward 18 there is a bath, lavatory, water-closet, and laundry in confined space, 629. Noticed the odour in the wards at times, 633. If you have proper pans, and remove the fæculent matter every day there is no danger, 782. Plumbing connected with closets money wasted, 838. Pan system the least objectionable; little cost, 1193-96. Fumes from closets of Melbourne Hospital very bad, 1314-15. No decency in closets, 1317. Closets should be isolated, 1317. Closets in Melbourne Hospital perfectly clean, 1341. Closets open directly into wards, 1342. Smell from closets horrible, 1357. Not decent for two patients to be sitting on two pans together, 1361. State of closets brought under notice of committee, 1375. Water-closets the best system, 1431-32-33. Smells from closets very bad, 1530. Smells generated in gas pipes, 1531. Nothing but earth-closets of any use in this country, 1532. Water-closets always being altered, 1541-43. Earth-closets best, 1544. Closets might be greatly improved, 1594. Smell from closets could be remedied, 1657. Closet system not altered, strong smell, 1855-56-58. Ward 18 always altering, 1857. Closet system very imperfect, 1860. Closet system of pavilion wards bad, 1894-96. Earth-closets better than present system, 1950-51. Water-closets should be as clean and polished as a drawing-room, 2074. Earth-closets and water-closets equal, if perfectly clean, 274. Closets of Melbourne Hospital greatly improved, and cut off from wards, 2076-78. Closets of out-patients, bad smell, 2079. Earth-closet system would be better than present system, 2184. Scrupulous cleanliness required in closets, pantries, and baths, 2336. Closets bad, earth-closets best, 2363. Filling of night-cart from pit in the grounds, so that the air from cart is driven out, and gets blown into hospital, 2392-93-94-95. Fæces should be disinfected and deodorized, 2400-01, 2409. Fermentation of fæces prevented, 2410-11. Water-closets in 18 ward could be improved, 2475-77. American closets to each bedroom in hotels, 2558. No smell, the air being drawn downwards, 2479. Pan system difficult to work, 2492. London hospitals adopt water-closets, 2493-94. Closets of Melbourne Hospital should be moved away from building a few feet, 2496. Water-closets best, but difficult to get away, 2554-56, 2259. Carried away by hopper barges, 2560, 2671. Closet system could not be improved, 2710, &c. Earth-closets not better, 2713, &c. Geelong Hospital closets on the pan principle, 2776. The pan system and water-closet system about on a par if water-closets are well flushed, and there is good drainage, 2777, 2935. Suggestion, 3172. Closets not defective, 3173. Prefer well-flushed water-closets, 3252, 3257, 3364 to 3376, 3526, 3527, 3641. Closets not dangerous if they had hermetically sealed covers, 3655. The vacuum system should be adopted for closet ventilation, 3722, 3786, 3905, 3955, 3984, 3999, 4035, 4441, *et seq.*, 4265. See ap. H, W.

COST.—Expense per bed in Melbourne Hospital nearly doubled during last three years (39), 101. The cost gone up to £75 a bed, or something like that, instead of £30, 109, 111. Cost of plumbing and repairs from 1881 to 1885, 838. Much money spent, better kept in the bank, 842. Would make new hospital at less than £40,000 of wood, and in cottages; people could be well looked after at cost of 11s. 9d. per week, including everything, 905. Money could be subscribed, 906. Sell present site and endow new hospital with the income, 907. John Hopkins' Hospital cost £800 per bed, building alone, 1054. Cottage hospitals too costly in nursing and management, 1083-84. Cost of recent hospitals per bed, independent of land, 1219. Cost of new hospital great, and should be provided for by Parliament, both for building and endowment, 1468-70. No endowments at present, 1472. Could raise money on present site, 1475. Necessary money could not be raised altogether by voluntary subscription, 1477

False economy to keep a hospital like Melbourne Hospital, 1981. Cost about £800 a year to repair Melbourne Hospital, 3144 to 3160, &c., 2588, 2601. The argument of selling the Melbourne Hospital site because it is valuable applies in a ten-fold degree to the London hospitals, 2601. Hospital supported almost entirely with Government money. In England they have large endowments, 2615. Government grant from £13,500 to £14,500, 2616, 2620, 2626, 3753, 4122, 4157. New hospital for 300 beds would cost from £30,000 to £40,000, 4160. Alterations could be made in present hospital for £3000 or £4000, 4161 to 4171, 4201, 4206, 4206, 4213. A modern hospital would cost about £100,000. See ap. B, G. Cost of Ventilation, *See* ap. Z.

COMPLAINTS FROM PATIENTS AND OTHERS.—3001. Dr. Fitzgerald only complained about the sanitary condition of the hospital since 1882, when the Coroner made those statements, 3018, 3082. Attendants want rooms for two or three, 3087. Had several letters from ex-patients, returning thanks for treatment, 3167, 3519, 3520. No complaints from ex-patients, 3104. No complaints, 2632. No complaints from Dr. Youl regarding the insanitary condition of hospital, 2646, 3547, 3604-5.

CLEANLINESS, ORDER, ETC.—Beds in hospital always perfectly clean, 96. Want of beds and bedding, 201. No part of the place dirty, 228, 288, 289, 290, 291. Greatest possible care should be shown as to bedding, 361. Norwich Hospital insanitary state traceable to want of cleanliness, 364. No danger to patients from students leaving dead-house and going to operating-room, 429, 430. Bedding used too soon after being washed and dried, 573. Greatest cleanliness observed, constantly painting and scrubbing, 580. Never suggested cleansing wards with Neal's chemical lung, 677. Impossible to render Melbourne Hospital sanitary, 744, 745. Fumigation not necessary if cleanliness practised, 986. Blankets washed by steam, no disease attributable to that, 1197. Bedding should be exposed to sun and air, 1200. No contagion through blankets, 1202, 1203. Patients' clothing stored under sick ward not right, 1206. Effect of cleanliness at Norwich Hospital, 1214. Risk attendant on patients' clothes being washed by friends, 1277-78, 1335. Straw mattresses never used twice, burnt, and ticking used again after being boiled, 1323-26. Present process of washing blankets effective, 1337-40. Hospital a model of cleanliness, 1341. Country laundry would be much better, 1454. Beds having no rest a dangerous element, 1525. Sheets, &c., should be exposed to the air, 1628-31. Cleanliness as good as it can be under circumstances, 1752. Washing arrangement very fair, ought to have a place in the country, 1954-56. Scrupulous cleanliness should be observed everywhere, 2074. Washing should be done in country, so that full benefit of sun and air might be obtained, 2082. Scrupulous cleanliness wanted, 2148. Delighted with the cleanliness of closets, pantries, sculleries, and beds of Melbourne Hospital, 2177. Washing good enough, great force of water as good as hand-washing, 2197. No reason to remove laundry, 2443-44. Might be advantageous to have washing done in country, 2446. Laundry arrangements not perfect; forced drying not equal to open air bleaching, 2549-50. Farm in country wanted for laundry, 2552. When I was in Melbourne Hospital on visit it was clean and nice, a credit to the town, 2826 and 2931. Walls limewashed nearly every year, 3066. Not sufficient care exercised in admitting visitors; they ought to pass through disinfecting-room, 3240, 3242. Wards are renovated annually, 3492, 3748. Floors should be waxed, and made non-absorbent, 3907. Management at Melbourne Hospital good, 3938.

CUBIC FEET PER PATIENT.—OVERCROWDING, ETC.—Three years ago, in Melbourne Hospital patients had 750 cubic feet air and 75 superficial feet space; there ought to be 1,300 cubic feet, and 125 or 130 superficial feet space, 40. Melbourne Hospital not large enough; not possible to build one sufficiently large there, 68, 69. Always plenty spare beds at St. Bartholomew's, 132, 300, 301, 302, 303. Four rows of beds too many in ward, 553. One-third of cases in three wards, phthisical might be removed to consumptive hospital and so relieve overcrowding, 558. Room space 100 square feet necessary, 665. Cubic feet 2,000 required, 666. Cubic space at one time only 700 cubic feet, 668, 793, 798. Overcrowding, 830. Melbourne Hospital overcrowded, but not so much during the last four years, 944. Surgical ward patients have 2,000 cubic feet now, 953. More space than that harmful, 955. Medical wards not overcrowded now, 1049. Cubic space no good without free ingress and egress of air, 1085. Leeds Hospital, 1161-62. Medical wards most crowded, 1257. Surgical wards, 2,000 cubic feet each patient; other wards about 1,500 cubic feet, 1258. 1,500 cubic feet enough, 1259. Many wards at home have less than 1,500 for surgical wards, 1260. Overcrowding tends to retard recovery, 1286-87. Surgical and medical wards not overcrowded now, 1288-89. The great danger in hospitals is overcrowding, 1523. Melbourne Hospital frequently overcrowded, 1524. Great danger in overcrowding, 1849. Surgical wards not overcrowded now, 1851. Patients in Melbourne Hospital had 1,800 to 1,900 cubic feet, 1852-53. Good recoveries if hospital not overcrowded, 2085. Overcrowded by honorary medical officers sending in patients, 2096. Overcrowding greatest danger, 2113-14. Glasgow Infirmary had to stop surgical work through overcrowding, 2169-70. Patients to have 2,000 cubic feet in west wards, and 4,000 in central wards, 2186. East wing, 3,000 cubic feet per patient, 2187. Overcrowding has a bad effect, 2450. In 18 ward patients have 2,000 cubic feet at present, 2499, 2500, 2501. Overcrowding very dangerous, 2507-08. About 2,000 cubic feet per patient Geelong Hospital, 2763. 2,000 feet per patient ample, 3207. Overcrowding dangerous element in the causation of septic diseases, 3280. Have seen the wards overcrowded many a time, 3281. Not overcrowded now, 3282, 3338. 1,500 feet for each patient, 3503, 3504, 3540, 3541. See Beds—No. of, *See* ap. H, J, S, T.

DENSE POPULATIONS.—London one of healthiest cities in world—no diphtheria, 16.

DISSENT FROM DR. YOUL'S SWEEPING ASSERTION.—3011, 3023, 3033, 3037, 3045 to 3049, 3312, 3481, 3483, 3484. Dr. Youl never complained of the state of the hospital to the committee, and never suggested improvements, 2647, 2658, 3536-38, 3513-14.

DRAINAGE OF HOSPITALS.—Westminster into the common sewer, 14. General drainage Melbourne bad; sewers of main streets not ventilated; gas will go back to houses, 28. Closed drains bad, open drains safe, 29. The site on which the hospital stands is saturated with sewage, 70, 170, 171. Drainage at Alfred Hospital bad five years ago, 433. Drainage of Melbourne Hospital good, 639. Drainage of the Pig Market site would pass through Hotham to West Melbourne Swamp, 703, 704. Did not think fever and typhoid would increase by drainage from Pig Market site passing through population, 714. Medical Superintendent to look after drains and sewerage, 990 to 993. Lynar's system of drains,

994. Lynar's a bad system, 995. Drainage one of the great things, 1298-99. Trapping of pipes difficult business, 1532. Natural drainage of Melbourne Hospital good, 1537. Never heard complaints about drainage of Melbourne Hospital, 1592-93-95-97. Sewerage bad to require so much plumbing, 1661-62-63. Drainage very bad, 1865-71. Drainage system compares favorably with hospitals in London, 2084. No evidence of leakage or soakage through sewers, 2158. Suggested that sewerage be carried out to sea in a tube, 2558. Drainage is the base of everything, 2596. Drainage, &c., 3160. Drainage a good deal to do with the extra death-rate at Alfred Hospital on surgical side; fall too small for drainage to be carried away, 3265. All offensive matter drained into air-tight pit, 3354. Open drains in streets a source of contagion, 3355. Do not approve of the air-tight pits at all, 3358. When the pits are opened they spread contagion all round, 3361, 3381, 3593, 3641, 3642, 3644 to 3653, 3948, 3983, 3985 to 3990, 4022, 4067, 4080. Object to drainage Melbourne Hospital passing through the city, 4129. *See ap. W.*

DISINFECTANTS.—Disinfectants to some extent do away with danger of contagion and injury to health, but do not destroy germs, 635. Pure air the best disinfectant, 679. Disinfectants used freely in mortuary, 980. Fumigation all rubbish, done to amuse the public, 985. Jet of steam the most effective disinfectant, 1197-98. Exposure to sun and air valuable disinfectant, 1204. Pure air the best disinfectant, 1508, 2088. Clay the greatest disinfectant, 2143. Clay on wounds used in China and Abyssinia to prevent infection, 2144. The earth the best disinfectant, 2310-11-12. Refuse and fæces used at Ballarat in garden of hospital; no complaint, earth deodorizes it and makes it innocuous, 2314. Health authorities did not complain, 2315. Medical men did not complain, 2316. No ascertained bad results, 2317. Would not recommend the fæces to be used in a city, 2318. The great purifiers are air in motion and sunshine, 2332. Plenty of fresh air and sunshine the best disinfectant, 2353. Fresh air best of all disinfectants, 3245, 3617 to 3637. If hospital wards thoroughly flushed with fresh air at intervals it could be kept unobjectionable, 3910.

DESIGNING NEW HOSPITAL.—Men here might be better able to design than European professional, 2003. Good plan to send some one home, 2004. Experts in Australia to supervise design, 2005-06. Properly constructed hospitals last for generations, 2024. New hospital would take ten years before fit for medical or surgical use, 2050. A perfect hospital should have ample room in wards, no crowding, a perfect system of closets and drainage, with free ventilation, 2151. New hospital might have half-dozen cases of erysipelas brought in the first week, 2181-82. Hospitals have improved in construction during the last 30 years, 2234. Not advisable to build too quickly, 2261. No two wards should communicate, 2518, 3891. Could convert present hospital for about 200 patients, 3958.

FORM OF BUILDINGS, SUBDIVISION, ETC.—St. Bartholomew's formed four sides of a square with open space in centre, a large number of out-buildings, and a small college attached, with halls and passages, 126, 182, 183, 184, 185, 187, 188, 189. Wards standing alone best, village best, 69. Great mistake to build hospitals of durable material; London hospitals built of durable material, but the actinic rays of the sun are more powerful there than here, and the coldness of climate has something to do with healthiness or hospitals in England, 85, 156. Reversible wooden houses, that could be turned inside out, best form of hospital building, 202. Melbourne Hospital far inferior to Alfred Hospital, the latter being constructed on modern principles, 265. Hospitals should not be too tall, 269, 351, 360. The most perfect and best form, like Alfred Hospital, Sydney, 355. Aberdeen, Edinburgh, Glasgow, St. George's, London, Charing Cross, old St. Thomas, and others built on block system, 484. Jersey-street Hospital, Dublin, five stories, large wards, and lifts to take patients up and down, recreation ground on the roof, 764. Same in New York and Chicago, 764. Information on which Women's Hospital designed taken from Mouatt's Book on Hospitals, 812. Better to build a tentative Hospital at present, 813, 844. Casualty hospital and provident dispensary required, 908. Consumptive Hospital, Brompton, 968. Consumptive hospitals relieve general hospital, 968. St. Thomas' and St. Mary's Hospitals are mistakes—blunders, 996. St. Thomas' a costly failure, 998. John Hopkins Hospital, 1053. A perfect hospital, 1057. French authority classifies thus:—1st, the tent hospital, 2nd, hut, 3rd, block, isolated and open to the air, 1058. Berlin Hospital, one story high, for surgical wards, 1059. Two stories for medical ward, to economize foundations, 1110. Separation rooms wanted for noisy patients, 1122-23. Send some one home to get perfect plan, 1128, 1129. Pavilion hospitals, provident dispensaries, and casualty wards, 1169-81. Heights of wards, 12 to 14 feet, 1189-92. Laundry should be away from hospital, 1199. Country laundry desirable, 1201. The less number of stories the better, 1248. The pavilion system best, 1387. Not more than 600 or 700 beds together, 1395-96. Pavilion or isolated wards, 600 patients might be grouped together without danger, 1397-99. Not more than two-story building preferable, 1408. Cannot work a hospital satisfactorily if more than two stories high, 1410. Alfred Hospital, Sydney, best, 1411. Pavilions entirely cut off from each other, 1417. Heights of wards about 15 feet, 1422. Fifteen feet sufficient, 1423-26. Hospital of 600 beds would do for many years to come, 1436-38. Present pavilions of Melbourne Hospital good, 1540, 1687-8. Pavilions of two stories, entrance into lower ward at one end and entrance into upper ward at the other end, and covered by-way, original idea for complete isolation, 1691-93. Less number of patients per acre in Victoria, on account of the hot weather, 1693-97. About 50 beds to the acre, 1698-98A. Pavilion system in a number of open parallelograms giving the sun access, 1773-81. Cottage system the best, 1785. Form of building recommended the same as Alfred Hospital, Sydney, but smaller, 1827-28. Pavilion, two stories, recommended, 1828. Jervis-street Hospital, Dublin, and Hotel Dieu great failures, 1833-34. St. Thomas' Hospital principle wrong, 1836. Alfred Hospital, Sydney, two-story pavilion, beautifully arranged, with operating theatre, 1918. Most old hospitals two stories high, 2056. Approved of recreation ground on flat roof, 2058. Did not see the charm of pavilion system, 2152. Glasgow Infirmary, or block system, 2161-62. Surrounded by churchyards, 2163. Built close to roadway, 2173-74. Block system not so good as pavilion system, 2521-22. Medical school should be taken to hospital, 2522. Melbourne Hospital a piece of patchwork, 2586, 2622. Main building Geelong Hospital on block plan, but we have out-houses, 2758. Form and height of building not important, as long as they do hygienics according to modern thought, 2796. As long as you give 2000 feet of air to each patient, and adopt hygienic arrangements, I do not see any necessity for pulling down the Melbourne Hospital, 2812,

3053, 3054. New buildings as liable as old to become insanitary, 3200. Smooth walls best, 3201. Balconies suggested by Dr. Fitzgerald twelve years ago very desirable, but no funds, 3020, 3024, 3029, 3035. Dispensary should be apart from infirmary, 3086, 3092. The old block of buildings, Melbourne Hospital, ought to be reconstructed or done away with, 3254. Pavilion plan best; building might be three or four stories high, 3256. The higher you go the better for patients, 3260. Buildings of Alfred Hospital very good, 3266, 3311, 3329, 3527, 3542, 3547. Birmingham small-pox and fever hospitals built entirely of wood, excepting the chimneys, cost £6,000, 3rd 53. The roof of new wards would be arched, 3891, 4037, 4123. See ap. A, X.

FORMER STATE OF MELBOURNE HOSPITAL.—Closets opening on to wards; they were very offensive. Wards crowded. Upstairs in corridor there was erysipelas ward communicating with whole of upper part of the hospital. There was erysipelas in the place, too, and they put them all about the place—patients with erysipelas and gangrene beside patients with recent wounds. There were four rows of patients in some of the wards; not possible to ventilate four rows of beds. Fresh air more important than anything. Out-patients' place was full of all sorts of diseases mixing up together. Have seen dead-house with dozen people in it, half of them had *post-mortems*; all decomposing. Only ventilation into that was into Russell-street. Saw a surgeon washing a typhoid bowel into gutter which ran into Russell-street, down Lonsdale-street, along Swanston-street into Yarra, not ten years ago. If you make a smell in any part of the hospital, it goes all over it. There are gratings all over ceilings for express purpose, apparently, of allowing that and the wards to ventilate into each other. Fifteen people died of preventable diseases in a short time. Committee did not believe me, and staff supported them with one or two exceptions. They reduced the beds in the wards. The walls were made of open porous brick, and they painted them, and they increased the cubic space, and opened the windows and doors, and did a great deal to the hospital; and the result was the mortality still increased, and the expense nearly doubled; and then the staff turned round and said the hospital was not fit, 41. Jan., 1854, in a sad state, no attendants; 70 patients in tents, 2468; trees all round it, 2469; old surgical ward only built, 2470.

GENERAL CONDEMNATION.—Condemn the hospital altogether, cannot get fresh air there, no room to build new wards, 71, 84, 97, 98, 102, 103, 104, 105, 106, 107, 154. If you want a good hospital, the present building must be pulled down; another place with more space would be better, 191, 192, 205, 206, 313, 325. You cannot condemn it too much—that is the old parts—atrocious, 326 to 334. Melbourne Hospital a disgrace to Victoria, 385. Older part of Melbourne Hospital should be pulled down, 423. Complaints of insanitary state twenty years ago, 490. Have condemned the construction of Melbourne Hospital, including the new wards, 719. Cannot be modified or improved, 720. Edinburgh and Glasgow Hospitals pulled down and removed, 721. Possible to build a new hospital on site, but not desirable, 765. Not possible by any means to alter the west part of Melbourne Hospital so that it would be satisfactory, 909, 910. Insanitary condition six years ago, 950. Condemned the central block of Melbourne Hospital root and branch, 1018. Melbourne Hospital should be taken down and re-built, 1033. Melbourne Hospital wastefully built, 1076, 1077. Insanitary, 1119. Condition of things in hospital justified extreme statements, 1131. Melbourne Hospital in worst state, 1881-82 (1144). Old part of hospital very badly ventilated, 1312. Noise from wood in ceilings very bad, 1317-18. The whole system of Melbourne Hospital is poisoned, 1838. Melbourne Hospital a disgrace to the colony, 1893. Not a decent ward in the hospital, 1959. Statements not exaggerated to bring pressure on the Government, 1982. Structure too old, and it is dangerous to deal with accidents in the wards, 1985-91. Universal condemnation, 2236-37-38, 3976 &c., 4052.

HOT AIR DRYING—LAUNDRY, ETC.—Hot air not sufficient to kill germs. Only boiling will kill, 77, 200. System of drying with warm air not good. Fresh air and sunlight better, 626. Germs destroyed by hot air, 627. Hot air drying perfect, but not so good as open air drying, 1280-81-82-83. Drying should be done by sun and air, not the hot air system or steam, 2184-85. Complaint of the artificial drying—no exposure to air, 2198-99. Benefit to remove laundry and out-patients' place, and build wards on vacant ground, 2701. Hot air drying at high temperature no harm can be done, 2850. Hot air drying, laundry, &c.—Laundry ought to be out of town. Natural drying best, 3230. Danger in allowing patients to send their clothes to friends to be washed, 324, 3641, 3654.

HEALTH in London, attributable to soil on which city stands, drainage, and general cleanliness (17). Health at Alfred Hospital attributable to open drainage and the daily removal of all matter that generates foul air.

ISOLATION.—Cancer of the uterus most offensive. All forms of cancer pestilential, and should be in ward for themselves, and thoroughly disinfected before they leave, 3294.

MEDICAL COMFORTS.—The staff have no wines or spirits, 3155. In 1881, £1,240 spent in wines, spirits, beer, lemonade, ice, &c. All went to patients, 3156.

MORTALITY.—Mortality at Alfred Hospital, after surgical operations, may be greater than at Melbourne Hospital. Alfred Hospital not perfect (31). Surgery nothing to do with it. Must go to medical wards to see the effect. Mortality in Melbourne Hospital steadily increased during last three years (38), 88, 99. Average mortality Alfred Hospital, medical side, for 10 years, 10.4; average mortality Melbourne Hospital, medical side, for 10 years, over 15—100. Mortality at St. Bartholomew's medical and surgical, 5.12. The death-rate of Alfred Hospital a little less than the death-rate of Melbourne Hospital, and it ought to be, 245. Death-rate not increased lately, 255. It is high in comparison with other hospitals, 256. The death-rate of Melbourne Hospital is 16.12—257. Death-rate lowered by cleanliness, 366. Well-conducted hospital 5 per cent. of deaths, good, 386. Higher rate of mortality in Melbourne Hospital than in Aberdeen Hospital, which is 7 to 10 per cent., 533, 535. Cause of mortality phthisical cases in advanced stage of disease, 536. Death-rate in medical wards varies from 22 to 23½ per cent., 595. If moribund cases were deducted, death-rate might be reduced to 20 or 21 per cent., 596. Reduced to 14 or 15 per cent. taking mortality of medical and surgical cases, 597-598. 23 per cent. very high rate (601). Six months ending June, 1886, medical side 20 per cent., surgical side 5 per cent. For 1884 and 1885 it was 23 per cent., 602. One-fifth of the deaths were cases in an advanced stage, 610. Low death-rate on surgical side, 734. Medical side, 20, 22, and 23 per cent., 735. That

is an extraordinary mortality, 736. A new hospital would diminish death-rate, 739. Mortality depends on the number of beds allowed to rest. St. Bartholomew, 5.12 per cent., 710 beds, 400 resting. Edinburgh Infirmary, only 1.2 per cent., St. Thomas 12 per cent., nearly all occupied, 774. Mortality increased, 790, 791, 792. Berlin Hospital, 807. Percentage of deaths, St. Thomas' Hospital, 809. Large number of preventible deaths in Melbourne Hospital, 832, 833. Mortality 5 or 6 per cent. higher than European hospitals, 843. Lives sacrificed to insanitary condition, 843, 853 to 865. Alfred Hospital not to be compared with Melbourne Hospital in regard to mortality, 866. Medical side of Melbourne Hospital, mortality is 23 per cent.; as compared with Alfred Hospital, a difference of 7 or 8 per cent., 867. Mortality of Alfred Hospital, 871. Worst cases always sent to Alfred Hospital. People sent there for a home to die in, 876. Mortality greater at Portland, Colac, and Alexandra Hospitals than Melbourne Hospital, 879, 883. Mortality of Austin Hospital for Incurables is 25.96, 886. Not comparable with other hospitals, 887. Surgical death-rate 1885, 7.43; 1886, 5.04 (958). Medical death-rate for 1885, 23.35; (961). Phthisical cases swell death-rate 962, 963. Mortality at Hotel Dieu very great, 1005. Mortality Royal Infirmary, Edinburgh, death rate 8.2, good result, 1010. Western Infirmary, Glasgow, death-rate 7.4, 1011. Amputations performed in large hospitals, mortality three or four times greater than in country practice, 1011. Low death-rate, good 1023; one-third patients incurable, 1025. High mortality on medical side attributable to taking only the worst cases in, and crowding, 1043, 1044. Surgical mortality, 1046, 1047. Mortality in medical wards one in five persons, 1067-68. Death-rate increases with the number of sick brought together, 1073. Mortality New St. Thomas' Hospital, 1080. Paris abbatoirs used with better results than general hospitals, 1081. Mortality Melbourne Hospital, 1152 to 1154. Mild cases treated as out patients or go to the Alfred Hospital, 1155. Increase of death-rate due to removal of mild cases, 1155-60. Mortality of country hospitals too great, 1212. Mortality Portland, Colac, and Alexandra hospitals great, 1213. Death-rate of consumptive patients Melbourne Hospital one-fifth to one-fourth, 1251. Mortality in surgical cases favourable compared with other hospitals, 1252, 1253. Many medical and surgical cases admitted in a dying state, 1290-91. Mortality not through contagion of hospital, 1388-90. Cause of mortality patients being admitted in a dying state, 1391. Death-rate, St. Bartholomew's, 5 and 6 per cent. Death-rate, Melbourne Hospital, high because so many moribund cases admitted, 1444-45-46, 1467. Death-rate would be lower if mild cases could be taken in, 1447-48-49. Mortality not carried and increased through blankets, 1450-53. Moderate death-rate not a sign of good management necessarily, 1466. Highest mortality furnished by phthisis, 1511. Large proportion of cases enter in hopeless condition, 1513-17. Larger number of patients would lower death-rate, 1520-21. High death-rate not a fair test of sanitary condition, 1601-13. Not a sole test, 1614-25. 23 per cent. very high mortality, 1648-49. Causes of high mortality, consumptives brought in to die, the destitute brought in, and the smallness of the accommodation, 1650-51-53. Death-rate high, due to pressure on limited number of beds, 1655-56. Mortality Melbourne Hospital, medical side, 23½ per cent.; surgical side, 7½ per cent., 1727. Mortality from phthisis great, 1728-30-32, 1743-46-48. Death-rate varies some years, 1737-39. High death-rate owing to turning away mild cases, 1740-41. Severe epidemic of influenza another cause in 1885, 1742. Mortality in England from amputations, 1770-71. Mortality in Portland Hospital, 19.15; Melbourne Hospital, 15.80 (Hayter, 1885); Colac, 14.71; Alexandra, 13.64; Melbourne Hospital not high compared, 1786-90. Mortality deducting moribund cases on medical side 13.59 per cent., 1793-95. Death-rate on surgical side very high compared with private practice, 1842-1847. Surgical death-rate 7 per cent. reduced to 5 per cent. by changes in hospital; average medical, 23.35; surgical, 7.5 in 1885; reduced in 1886 to 20 per cent. and 5 per cent., 1882-83. Letting the mild cases go and phthisis account for excessive mortality, 1970-76-80. Many cases brought in to die, 2098. If mortality at Alfred Hospital greater than Melbourne Hospital sanitary arrangements wrong, 2102-04. Very fair test of a hospital is death-rate on surgical side, 2105. Statistics of little value except on a large scale, 2107. Medical death-rate always larger than surgical, 2110. Phthisis gives the highest death-rate, 2128-30. Large number no chance of recovery, 2131. Patients regarded as curable refused admission, if admitted would have modified death-rate, 2138-41. Glasgow Infirmary surrounded by church-yards—death-rate up to best in London, 2163-65. Dense population and chemical works close to it, 2171-72. Five or six would die of phthisis in the week; hot wind the cause, not the hospital, 2223-32. Applies only to patients in the last stage of consumption, 2233. Never knew hospital to kill phthisical patient, 2282-83. Returns very unreliable as a rule, 2292-93. General statement might be fair, 2296. Return, 1860, shows 20 per cent. were phthisic patients, 2299. A fair return, 2300. Moribund cases 16.58 should be eliminated from return of death-rate for 1880, 2303. For eight months of 1886 moribund cases 34.20 if eliminated death-rate reduced to 9.2 per cent., which is a favorable rate, 2204-05. Moribund cases eliminated leave death-rate at 11.67 per cent., which was not bad, 2306. Hospital most insanitary in 1881, 1882, yet death-rate lower than in 1884 and 1885, accounted for by admission of mild cases, which diluted the whole and gave better result, 2319-22. Returns should be taken with great caution, 2325. London returns from 7.2 to 12.7 per cent., 2326. Statistics show Melbourne Hospital is not a pest-house but doing good work, 2327. Returns are good, but would be better if the changes indicated as to ventilation, laundry and bedding were carried out, 2335. Hot winds have the same deadly effect on consumptives in private practice as in hospital, 2338. Many go to the hospital to get comfort for few remaining days; get it and die, 2339. Better results in death-rate if hospital put in thoroughly sanitary condition, 2407-08. Death-rate at St. Bartholomew's for amputations 10 to 15 per cent. Mortality in ward 18 between December and July 17 deaths out of 274 cases, 12 of these were unavoidable, 2474-75. Death-rate of Melbourne Hospital on both medical and surgical sides compare favorably with English hospitals, deducting the moribund cases, 2536-42-44. Mortality, 2594, 2732. Smallest death-rate and smallest expenditure Geelong Hospital, 2744, 2912 to 2929, 2960 to 2972. Mortality reduced by Professor Lister's experiments, 3188, 3189. Death-rate on surgical side best test of the condition of a hospital, 3262, 3264, 3542, 3637, 3915 to 3937, 3944, 3969, 4244, 4268. See returns. See ap. C, D, K, L, P, Q, R, V, Y.

NURSING IN MELBOURNE HOSPITAL.—Nursing as good as it can be on the medical side, 1753-54. Attention of nurses all that could be desired, and compares very favorably with any hospital, 2178-80. As regards nurses, we are not so good as English hospitals. We have not got the lady element; better educated at home, 2545-46.

OPERATIONS, PROPER MODE OF, LISTERISM, ETC.—By operating under the spray, and protecting wounds from germs, safety possible, 60. Before I (Youl) interfered with the hospital, Listerism not known or practised, 61. Surgical operations at Melbourne Hospital not so good as they might be, 157. Some cases, after operation, at the Alfred Hospital, went on very badly indeed; it was the fault of the drains that got all out of order, 170, 281. Had no knowledge of four deaths occurring in one day out of five operations, 769. Healing of wounds after operations in ward 18, 1261-64. Healing dependent on constitution of patient, 1265. Surgical cases should not be treated in same building with medical cases, 1275. Record of operations at Alfred Hospital very good, 1805. Compound fractures, injuries to knees and joints—all kinds of accidents in Melbourne Hospital, 1481. Result of operations, good test of sanitary state, 1884-5. Declined to perform operations in Melbourne Hospital, 1893. Would not tell a man to go into the Melbourne Hospital for operation, without telling him the danger, 1898-1900. Have had patients in ward whose wounds healed by first intuition, 1911. Private patients sometimes die after operations, 1912. Dependent on his physical condition greatly, 1913. Listerism, &c., 3096. Much of what had been complained of might have been avoided if doctors had adopted Lister's system more generally, 3099. Dr. Fulton, dresser to Professor Lister, when he began his experiments in the anti-septic treatment of wounds, now known as Listerism, commenced his experiments by mixing carbolic acid with putty and putting it on the end of the stump, 3185, 3188. Listerism recognised as proper system in profession now, 3194. Listerism entirely successful in hospital, 100 years old, at Copenhagen, 3199, 3268 to 3277. Bi-chloride of mercury most potent anti-septic, introduced by Kosh, of Berlin, 3279, 3547. Similar experience in Sydney. Main cause ascribed to slovenly surgery. No hospitalism need be feared if anti-septic system of surgical dressing is faithfully carried out, 3547.

OUT-DOOR PATIENTS.—Out-door patients should be treated at dispensaries, 2080-81, 2137, 2336. Out-patients removed, 2148, 2336. Out-door patients should be treated separately from hospital, 2526-27. Out-door patients an important part of the medical school, 2527. The tendency is to bring the cases more under one roof, 2528. Local dispensaries would be a gain, 2704, 3220, 4125.

PANIC—EFFECT OF FEAR OR FRIGHT ON PEOPLE.—Patients suffer from fear, but fear will not give disease, (65), 66, 67, 285. Fear has bad effect on patient, 342. Fear-stricken patients susceptible to disease, 545. People frightened to go into the building, 547. Scare in respect to hospital prejudicial to weak patients, 683. Scare created 1882 by three cases of erysipelas, 829. Deficiencies in the hospital, but no reason for a scare, 1363. Did not think the scare about hospital justified, 2213-14. Did not think there was anything in it, 2215. Scare the natural outcome of the state of affairs, 2369-70. Patient having fear of some terrible disease attacking him would lessen his chance of recovery, 2523. During cholera time, 1848 to 1849, many men and women died of fear—thought they had it, 2524. Falling off in contributions partly attributable to scare, 2630, 2633. The scare not justifiable, 2833. Very injurious to patients, 2834, 2841, 2867 to 2874. Panic, 3484, 3485, 3486, 3487, 3488, 3528, 3533, 3534, 3538, 3549. The Medical School being at the University the principal cause of the statements that had caused the scare, 3556, 3557, 3613, 2967, 4664.

PHYSICAL CONDITION OF THE HOSPITAL BUILDING.—Dr. Youl's dictum that the walls of Melbourne Hospital are saturated with contagion is not wrong. But the word "saturation" may mean one thing or another. The walls of our hospital are very bad indeed. In modern hospitals, they take great care to make the walls of hard cement, 154. (Some peculiar kind of hard paint). Every now and then a patient died, who, outside, as far as we could see, would have recovered. That a certain number recover or heal well is undeniable; but it does not prove at all that the hospital is in a perfectly healthy state, 161. Patients outside get well much quicker and better, and give very much less anxiety, 162. Capital fall for drainage at Melbourne Hospital, 175. Diseases not attributable to bedding, 363. Old wards not fit to keep patients in, 369. Form of wards cannot be improved, 373. Worst faults of construction in Melbourne Hospital that could be accumulated, 381. Compared with London hospitals, it is dreadful, 382. The new wing might be altered and utilized, 428. Double wards unsatisfactory, 524. Melbourne Hospital faulty in construction, 577. Ceiling shrunk and walls rough, 579. Late Chief Secretary was of opinion that Melbourne Hospital was not in a good sanitary condition, 624. Site a good one, but built around too closely now, 638. Hospitals get diseased, 727. Minute germs in hospital, nurses have suffered from them, 746-49-50. Refractory wards like dog-kennels, 762-63. Melbourne Hospital faulty in structure; situation unsuitable, 843. Country hospitals as badly constructed as Melbourne Hospital, 877. Preventable causes of disease are defective ventilation and want of sewerage, and want of cleanliness, 888-89. Melbourne Hospital not fit for phthisis, 965. Pavilions best wards in Melbourne Hospital but defective, 972-76. Operation-room well managed, 977. Mortuary not safe, 982-83-84. No isolation rooms, 1045. Pasteur's experiments on bacteria, 1101-6, 1124-25. Present pavilions of Melbourne Hospital could be made into modern pavilions without much cost, 1061. No system of ventilation would make up for structural defects, no precautions would make centre block decent, 1207. Western wing objectionable, 1208. Sanitary condition the same as two years ago with slight improvement, 1273. Contagious ward with special nurses, 1279. Ventilation of old part very bad, 1312. Some of surgical wards impossible to ventilate, 1313. So cold in winter for consumptives, 1344, 1356. Present building too small for requirements, 1366. Patients complain of cold, 1378-81. Provision for warming should be made, 1382-86. Present hospital not to be pulled down until new one built, 1538-39. It might be made sanitary within certain limits, 1545-49. Old part of building ought to be pulled down, 1559-60. Melbourne Hospital surrounded on three sides by buildings, 1569-70. Could not be made perfectly sanitary while new hospital being built, 1587. Could not erect a building on present site sufficient to accommodate Melbourne, 1588-90. Smell in two wards disagreeable, 1591. Present buildings could accommodate 250 beds, 1632-35, 1639. Consumption hospitals at home relieve the strain on general hospitals; destitute consumptives treated in workhouse hospital, 1654. Committee are building new dead-house and new post-mortem rooms, 1658-60. Expense of plumbing extraordinary, 1661. Melbourne Hospital not large enough, 1664. Another hospital wanted on a larger site, 1665. Melbourne Hospital should be demolished, 1666. Consumption hospital required, 1673; also convalescent home, 1673. Erection of new hospital at once wanted, 1682. Position of Melbourne Hospital surrounded by roads, but shut in on north by Public Library, 1706-07. Sanitary state of Hospital improved of late years,

1733-34. Saturation a figure of speech, 1749-51. Construction of wards compared very unfavorably with London hospitals, 1755. London hospitals have similar defects, 1756-59-62. Five or more consumption hospitals in London, 1765. A variety of special hospitals, 1767-68. Construction considered, Melbourne Hospital not been badly managed, 1791. Alfred Hospital insanitary for the last twelve years, 1798, 1803. Pavilion wards the best in hospital, 1824-25. Recommended pulling down central block four years ago, 1859. Pavilions too close, 1860. Hospital no better than it was four years ago, 1862-63. Might be made sanitary until new hospital built, 1875. 250 beds quite enough for present site, 1886. Declined to perform operation on account of state of Melbourne Hospital, 1893. Better to pull Melbourne Hospital down and build temporary houses, 1944. Dublin Lying-in Hospital had to be pulled down and re-built 1948-49. No faith in a hospital partly poisoned, 1948. Smell in No. 8 ward very objectionable, 1953. Most insanitary state of Melbourne Hospital in 1881 and 1882, 1967-68. Melbourne outgrown the hospital, 2017. If hospital built elsewhere, and one continued in present site, the whole of the buildings should be taken away and laundry removed to the country, 2033-35. Do not know what they are building dead-house for, 2036-37-39. Nothing but patching until pulled down, 2041. Out-patients should be done away with, and have dispensaries, 2080-81. If phthisical patients removed, out-patients removed to dispensaries, and laundry work done elsewhere, it would relieve the hospital greatly, 2137. Hospital could be rendered sanitary by reducing beds to 250, and attending to closets and drains, 2146-47, 2153-4. Did not believe there were germs in hospital building, 2155-57. Certain wards to be used only for giving more air, and only half the number of patients, 2185. No use pulling down old part, 2188. Remove laundry, or use for some other purpose, 2189, 2218, 2254. Statement that walls saturated with erysipelas and pyæmia a "figure of speech," never saw germs, 2200-03. Glazed surface on walls nothing for germs to get hold of, 2204. The bricks used in building the finest in the world, 2205-06-07-08. Mend up present hospital, 2235. A building none the worse for being old if it has rest, 2252. Small fireplace in ward 18 not sufficient, 2266. Melbourne Hospital favourably situated, 2266. Never found germs on walls of Melbourne Hospital, cannot see them, 2328-29. General health of servants a proof that Melbourne Hospital not poisoned, 2330. No hospital in London which has the natural advantages of Melbourne Hospital, 2333-34. Melbourne Hospital can be made and kept as sanitary as any other building, 2346. Insanitary condition due to germs of disease, 2348. Destruction of germs, 2348. Quite possible the walls of Melbourne Hospital saturated with pyæmia and erysipelas, 2357-58-60. Testing walls for erysipelas, 2361. Melbourne hospital good position, not so good a structure as it might be, 2371. Arrangements defective, 2376-78. Saturation of walls could be demonstrated without trouble, 2378, 2412-18. Lining boards may be dangerous receptacles for bacteria, 2379. Existence of bacteria in air could be demonstrated, 2381-83. And in closets, 2384. Could also give analysis of ordinary house, 2385-86-89. Condition of Melbourne Hospital terribly defective, 2320-91. Wards should be disinfected, 2401-02. By ordinary appliances Melbourne Hospital could be made thoroughly sanitary, 2403-04-05-06, 2425-26-27. Could be kept sanitary if doctors and nurses guided by rules, 2428-29. London and New York hospitals more cramped for space than Melbourne Hospital, 2432-34. Could be made perfectly sound with the area round it, 2425. Hospital can be made perfectly sanitary, 2451. Melbourne Hospital insanitary twenty years ago, not to be compared with present state, 2483-84. Melbourne Hospital very superior to St. Stephen's Hospital, Dublin, 2486; which was an old building, 2486. Rotunda Lying-in Hospital, Dublin, well managed by one person, 2486-87. New York Hospital seven stories high, cooking on the sixth story; wash-house on the top; fifth story a fernery for patients, 2488. Ophthalmic Hospital, Shrewsbury, all the underground part open to wind pipes exposed, 2492. Alfred Hospital in a very low position, water collects, 2511. Present site of hospital an admirable one, 2515. No better piece of ground for the purpose, 2515. Cleanliness of the Melbourne Hospital reflects the highest credit on the matron and superintendent and other officers, 2529. Walls not saturated, bricks good, no sign of decay outside, 2563-64. Any defects may be remedied, 2566. Americans would take down centre and build it all round and use steam lifts, 2577-78. They would go in for a lofty building, 2579. More convenience, lecture rooms and room for nurses wanted, 2580. The prejudice against the hospital is largely due to the medical students, 2609. The medical school should be quite separate from the University, 2610. No knowledge of saturation, 2635. University question important element in the whole of this matter, 2679. If the requirements of the students were met there would not be this great demand for pulling building down, 2681. No. 18 ward good, 2934. No reason to complain of the hygienics of the Melbourne hospital, they are very good indeed, 1975. No. 18 ward remarkably good; if you could do an operation of that ligature of the external iliac artery, a large femoral aneurism, and the whole thing healed up in that ward, that cannot be bad, 2994, 3012, 3014, 3023, 3024, 3029, 3082, 3089, 3092. Hospital walls certainly not saturated, 3323, 3433. A desire to get the hospital nearer to the University to aid the students was one of the objects that had induced the great outcry as to the present condition of the Melbourne hospital, 3434. If Dr. Allen could, as he said, keep the hospital in a sanitary state for three or four years, he ought to be able to do it for all time, 3463, 3503, 3504, 3527, 3547, 3548, 4148, &c., 4181, 4200, 4219 to 4223. Melbourne Hospital in good working order still, 4257, 4265.

PHYSICAL CONDITION OF HOSPITAL PATIENTS.—A good many patients when brought into the Melbourne Hospital have dilapidated and broken-up constitutions; on the other hand, there are many strong, hearty, hale working men that meet with accidents when in perfect health, and we have a fair share of them in Melbourne Hospital, 146. A man brought in in a faulty physical condition more likely to succumb after a severe operation than a man in good health, 148. Wounds heal slowly in Melbourne Hospital, 151. By far the majority of cases will not heal with the first intention, 152. All the worst cases go to the Melbourne Hospital, 172, 173, 174. Not more intemperate than in Scotland, 397, 400. Are properly fed, 402. Type of people who attend hospitals rotten from drink, 2118-21. Many drunkards amongst the patients, 2637. Large number moribund cases, 2638. Most of the fatal cases those of intemperate people, 3508, 3509. Can account for large wound healing on first intention, and small wound contracting profuse suppuration and pyæmia in same ward. Everything depends on constitution of patient in such cases, 3296 *et. seq.*

PROTEST AGAINST ROYAL PARK AND PIG MARKET SITE.—2597, 2607, 3381. Hotham Council object on sanitary ground, and because they will not sanction any encroachment on the Royal Park, 3470.

PRINCIPAL DISEASES TREATED.—Medical cases—typhoid fever, diseases of the respiratory organs, and diseases of the heart, diseases of the kidneys, liver, &c., 1510. Phthisical cases do badly in general hospital, 1522. Typhus and relapsing fever never seen here, 1577. Whooping-cough prevalent, 1578. Phthisis, rheumatism, 2125. Typhoid, measles, heart disease, 2126. Had typhoid cases, young people, 2271-72. In 1860, 30 per cent. of patients admitted were suffering from phthisis, 2298, 3208, 3549.

POST MORTEM EXAMINATIONS.—Some pupils go to *post mortem* examinations, 671. Not true that students rush from *post mortem* cases to operating room, 988-89. *Post mortems* held at desire of physician, but not if friends object, 1039, 1040. If no friends, bodies dissected at University, 1041. Suspicious case, body not touched without coroner's order, 1042. Students not allowed in surgical wards after entering dead-house that day, 1305-06. Students do not rush from the operating room into the wards, 1782-84.

RECOVERY IN HOSPITAL.—Convalescence much longer, 509. Acute stage prolonged, especially in pulmonary complaints, 510. Consumptive patients would do better in hospital with country air, 1274. Wards pretty much the same with regard to recovery, 1311. Patients sleeping in air-cleansed and sun-purified blankets would recover quicker, 1456-59. Melbourne Hospital bad place for treating consumptives, 1627. Recovery in surgical ward.—Cases retarded by disturbance of earth, 2143, 2145. Patients at some time of the year do not recover so quickly as at others, 2222. Changing from one ward to another often expedites a cure, 2489-90, 3527-8, 3540.

RETURNS.—You can work returns any way (33). Dr. Robertson's ward, west side, mortality last year 23 per cent. That is from unsatisfactory state of hospital. Alfred Hospital have had great deal typhoid fever, and mortality is very great. If you compare it with Melbourne Hospital, medical side, you will find difference of 10 per cent. in mortality. St. Bartholomew's percentage, medical and surgical, 5.12. Very little faith in statistics, 308. Average death-rate English hospitals, 8 per cent., 390; Scotch hospitals, 9 per cent., 390; Melbourne Hospital, 16 per cent., 394; June, 1886, Alfred Hospital, 14 per cent., 441. Statistics not worth much except for a general view, 449. Cleverest man on earth would not depend on statistics. Each case should be given on its merits, 2531. If consumptive, cancer, and fever cases were taken out of the Melbourne General Hospital, the death-rate would be considerably reduced, 2643, 2652. Five per cent. not a large mortality on surgical side. They are very successful in Melbourne Hospital if they only lose 5 per cent., 2815 to 2820, 2848, 3043. Moribund cases show largest death-rate, 3209. Hospital credited with such cases, 3211 to 3217, 3419. Not fair to condemn a hospital entirely on the death-rate, 3422, 3431, 3438 to 3456, 3512, 3513, 3517, 3518, 3526-8, 3538, 3540-2. (*See Mortality*). See ap. C, D, E, F, M.

SUBSTITUTE HOSPITAL WHILE NEW ONE BEING BUILT.—Present hospital—passage between closets and wards. Remove sculleries. Exhaust-flues. Take out staircases to disconnect buildings, and use dry-pan system, 1221-27. Could make shift on present site with putting up tents, 1347-51. Hospital might be relieved by establishment of dispensaries for out-door patients, 1478. Two wings sufficient for casualty wards while hospital being built, 1583-86. Temporary accommodation by tents on present site, 1640-44. Several casualty wards wanted about Melbourne, 1720-24. Dispensaries would relieve hospital of out-patients, 2136.

SENDING PATIENTS TO MELBOURNE HOSPITAL FOR BETTER TREATMENT.—Have frequently sent patients to Melbourne Hospital for better care and treatment, 3235 to 3239.

SITES FOR HOSPITALS.—The site of Alfred Hospital bad, 171. Site of Melbourne Hospital admirable, 177. But it is cramped. It would be a great relief if a site could be got for out-patients' department and for servants to sleep in. Mr. Williams' house might be outside the grounds instead of inside. Then there should be a place for consumptive patients. Then you might get room for 350 beds, 182. You want ten acres for a site, 194. The laundry work should not be done in the hospital. The laundry ought to be out of town, 199, 335. The University site better, 337. Pig market site better still, 339. Pig market would be an admirable site for hospital, 681, 710, 712. South-west corner of Royal Park a good site, 684, 710. Should be central as far as possible, 709. Royal Park on railway line not suitable, 711. In case of cholera, no difficulty connected with drainage, 713. Pig market site more elevated and healthy than present one, 717. Site of Melbourne Hospital is a good one for 100 beds, 814. Melbourne Hospital too crowded with buildings, 817. Old Industrial School, with 20 acres of ground, 845 to 848. That site better than Pig market, 849, 851. Could not have cows there, 850. University site not big enough, and difficult to drain, 852. Site of Melbourne Hospital four and three-quarter acres, 890. Largest area for hospital in London about ten acres, 897. Guy's Hospital about 20 acres, 901. Plenty of space required, 914. Rent houses for casualty wards. Dr. Singleton's Provident Dispensary rented, 916. If Royal Park site chosen, no difficulty to be apprehended on account of distance, 919. Site of Alfred Hospital unsuitable and too flat, 934. Melbourne Hospital a good site, well drained, 935-38. Sites of modern hospitals, 999. Hotel Dieu, Paris, a fine structure, but a disgraceful hospital, 1002. Site five and a quarter acres, 1003. Site of Melbourne Hospital not large enough, 1006. A building outside Melbourne more healthy, but less convenient, 1009. Edinburgh Hospital cost £100 per bed for land alone, 1013. Royal Park for one hospital, Hawthorn for another, 1016. Sell site of Melbourne Hospital, and buy a new site with part of the money, 1034-35. Royal Park, good site, with two receiving wards in town, 1037, 1038. Melbourne Hospital, good site for a limited number of patients, 1074. Hospital of 400 beds at Royal Park, partly one, partly two, stories, 1091-93. Clear space round hospital very essential, 1094. Nearer place than old Experimental Farm wanted, 1111, 1112, 1113. Excellent site on the Flemington-road, 1115, 1117. Close to train necessary, 1116. Present site worth £180,000, 1118. Take two years to build new hospital, 1121. Separation rooms wanted, 1122. London Hospital worse off for space than Melbourne Hospital, 1163. Royal Park site good if accident ward on present site, 1321. Present site not large enough for a general hospital, 1322. Forty or 50 to the acre, 12 acres required to accommodate 600 patients, 1400-01. Large area better, 1402. Kitchen and other parts removed, and wards further apart, 1404. Present site of hospital a good one, but too small, 1434. Accident ward wanted on present site if new one

built elsewhere, 1435. Present is a good central site, but not large enough, 1534. Small hospital could be built on present site, one with 250 beds, 1574-75, 1672, 1699, 1805. Pig market the best site, 1581. Take two or three years to build a new hospital, 1636-37-38. Royal Park site rather distant, 1683-84. Medical men would strain a point to have the advantage of a new hospital, 1685. Medical men would not offer serious opposition to Royal Park site, 1694-95. Building somewhere not surrounded by other buildings, 1708-09. Pig market a good site, 1710-12. Removal a matter of money, 1713. Large reserve wanted, 1714. Royal Park next best to Pig market, 1715. University bad site, difficult to drain, 1716. Present site a good one for 250 beds, but there are better sites, 1872. Royal Park a good idea, 1874. On the Continent the best site in the town is always given up to the sick poor, 1875. New hospital should be in city, easy of access, 1876. Should be a Consumptive Hospital in country, and dispensary in Russell-street or Lonsdale-street for out-patients, 1888-92. Eight to 10 acres ample for Melbourne Hospital, 1932. Pig market site the best by a long way, 1933, 1934. Royal Park too far, 1933. The Benevolent Asylum site would be a splendid site; they want to sell it, 1934. Suit medical men and public, elevated ground, better than Royal Park site, 1935. Casualty Hospital also required in town, 1936. 1,200 or 1,400 square feet per patient the first thing to look to, 1937-38. Pig market first, Benevolent Asylum second, Royal Park third, best for new hospital, 1992-96. Experimental Farm too far, 1997, 2000. Benevolent Asylum site, 1998. University site good, 2001. If 20 acres could be had, a large hospital might be constructed, say 500 beds, 2008. Melbourne Hospital is not a bad site for 200 beds, 2012-15. Another hospital north of city wanted, 2018-19. For consumption, 2020. Melbourne Hospital a better site than Alfred Hospital, 2042-44. Present site a good one, 2072-73. Hospital in country for consumptives required, 2132-33. Surgical hospital wanted in centre of city, 2142. Hospital further north wanted, as far or further on other side as Alfred Hospital is, 2149-50. Present site a very valuable one for City Hospital, 2209. Recommended new hospital be built northwards, 2255-57-58. Central position undoubtedly essential, 2519. Better to build a hospital on present site, 2520. Area of present site sufficient, 2572-73. Hospital for consumptives and convalescents in country wanted, 2574-75. A joint colonial consumptive hospital, 2575. Near Murray River, 2576. Will not go from that spot (Melbourne Hospital), 2591. Could have a building there that would be a credit to the colony, 2591. Royal Park inconveniently far, 2592. Against the Pig market site, 2597. Central site essential, 2605. Bad drainage from the Pig market, 2607. Quite possible to build hospital on present site suitable for all requirements, 2613. Not desirable to move from centre, 2683, 2684. Property owners to some extent augment this desire to remove Melbourne Hospital, 2690 *et seq.* University College Hospital stood on far smaller site than Melbourne Hospital, 2727. Geelong Hospital site about same size as Melbourne Hospital site, 2754. Melbourne Hospital site most convenient and central, and if hygienic arrangements were good, see no reason why site should be changed, 2770. Site Melbourne Hospital good, 2829. Value of site not a consideration in London, 2885 to 2892. A larger site preferable, 3094. Very little ground around Glasgow Royal Infirmary, 3179. About 6 acres, Royal Infirmary, Glasgow, site, 3182. High lands, like Riddell's Creek, best for hospital for consumptive cases, 3219. Present site a good one for hospital, 3284 *et seq.* Royal Park not convenient, 3318. But new hospital in Royal Park, on modern principles, would be great improvement on Melbourne Hospital, 3319, 3334. I say unhesitatingly that I would move the Melbourne Hospital if you could get a better site and have it re-built on the most modern principles, 3362. Present hospital site good, 3379. Any site near cemetery would be a mistake, 3380, 3389 to 3395, 3542, 3548, 3552, 3557. Subscribers against removal of Melbourne Hospital, 3558. The value of present site, Melbourne Hospital, £150,000, 3561, &c. Next best site to that now occupied by the Melbourne Hospital at the foot of the Domain, 3579. A site on the Saltwater River might do, 3586, &c. Committee would like a change of site if a larger and better area of land could be obtained, 3808. The Hospital Committee moved for a new site in 1882, 3847 to 3859. Flagstaff gardens site suggested, 3860, 3963, 3991, 4070, &c., 4081 to 4096. Present site good, 4127, 4130. Keep present site, 4173, 4183. Present site best, 4189 to 4199, 4260.

TEMPERATURE REQUIRED.—No means of keeping patients at even temperature, 2270. With temperature at 90° cannot keep house at 68° or 70°, 2273-74. Done at enormous expense by placing ice, 2274. Could not construct hospital to keep at 68° to 72° on hot-wind days, 2276. Would be a great comfort to patients, 2279. Did not think it necessary at hospital, 2280. No means of warming wards, 2439-40. Warmth would add to comfort of patients, 2441-42.

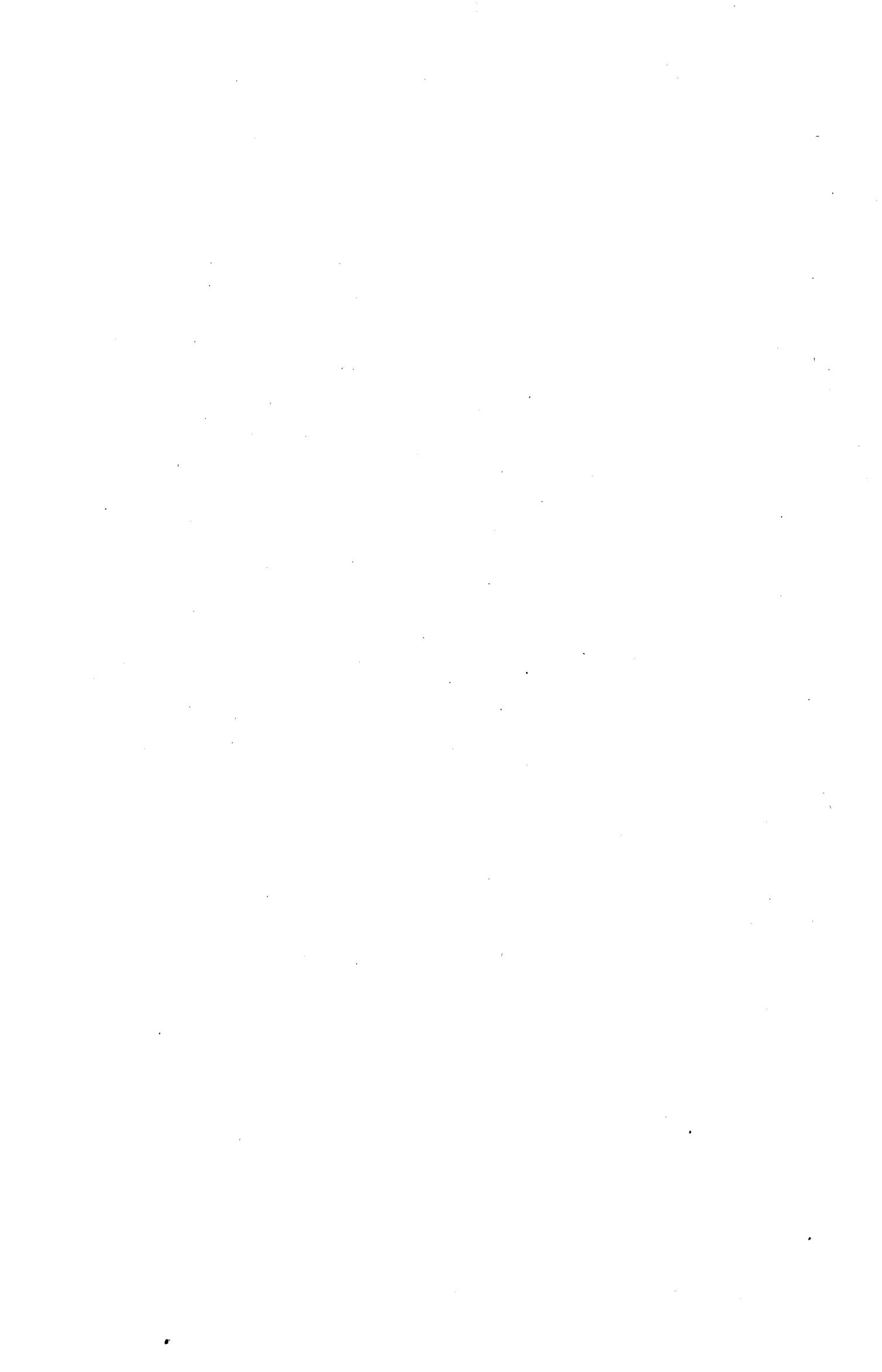
TREATMENT.—The assertion of Dr. Robertson that cures are slow in Melbourne Hospital not my experience, 3314-3417.

UNIVERSITY HOSPITALS must have 400 beds, London, 5; Westminster celebrated, 6.

VENTILATION, BAD AIR, ETC.—Ventilation of Melbourne Hospital depends on whether the wind blows; sometimes clothes blown off; sometimes patients are panting for breath. It is impossible on west side to ventilate it at all, 57. Very little sun on west side, 58, 59, 90, 91, 92, 93, 94, 95. You cannot get ventilation to Melbourne Hospital without expense it would be unwise to go to, 101, 109. The wards over the doorway get no sun at all, 164. Nos. 1 and 3, I think, have a southern aspect, and get no sun at all, 167, 168, 205, 249, 250, 251, 252, 253, 254. No sunshine in wards Melbourne Hospital, 374. Gratings through which foul air enters bad, 414-415. Each ward should ventilate to outer air, 416. Ventilation sufficiently free, 540. Ventilation by windows, 542. Gratings from one floor to another very objectionable, 548. Impossible to improve ventilation in wards 12, 16, and 17, 551. Ventilation by punkah or shafts, 563, 564. Chance of recovery rendered worse by not having pure air, 612. Many hospitals at home adopting artificial modes of ventilation, 620. Ventilation in old Sydney Hospital sufficient, 647. Adelaide Hospital not sufficient, 649. Same as here, 653. No ventilation if the air outside is the same temperature as that inside, 654. Punkahs of no use, 658. High wall occasions stagnation of air, 681. Ventilation by blow-holes does not admit sufficient air. Windows obliged to be kept open, 757. Sunlight in wards, 799, 806, 891 to 893. Operating-room, Melbourne Hospital, well ventilated, 977, 979. Confused ventilation in Melbourne Hospital, 1019. English ventilation, 1022. Many stories increase difficulties of ventilation, 1051, 1052, 1095, 1107. New York Hospital well ventilated, 1052. Cannot ventilate across a long distance, 1066. Open

windows bad, 1086-87. Down stories more easily ventilated than top ones, 1109. Ventilation at Royal Infirmary, Edinburgh, 1182-83, and at Berlin Hospital, 1184-85. Ventilation by hot-water coil, 1186-1187. Cross ventilated passage required between wards and closets, 1221-22. Ventilation and isolation of the closets necessary, 1299. Natural ventilation best, with warm air in winter, 1300. Steam coils and pipes wanted to warm the air in winter, 1301-03. In general hospital, ventilation and fresh air is the great thing, 1310. Ventilation Alfred Hospital, Sydney, natural system, 1418-19. Ventilation in wards 4, 14, and 15, bad—not natural ventilation, 1505, 1507. Very little sunshine on wards 4, 14, and 15, 1528. Case of illness caused by draughts, 1550-51. Too much draught, 1552. Chest cases aggravated over and over again by draughts, 1556. Public Library prevents ventilation, 1669-70. Want of space in London a disagreeable necessity, 1671. Half doors and windows as a means of ventilation very cruel, 1677-78-79. A means of keeping even temperature required, 1680. Means of ventilation and temperature bad, 1681. Ventilation by natural method in Melbourne Hospital imperfect, 1827. May have 3,000 cubic feet, but of no use unless there is constant change, 1837. Whole system of ventilation very bad, 1959. Exhalations should be taken from beds and expelled from building, 1960. Melbourne Hospital might be improved by artificial ventilation, 1962. Sunshine of immense importance, 1963-64-65. Fresh air, cleanliness, and simple food to be relied on, 2059-60. Best hospital may be rendered uninhabitable by neglect of system of ventilation 2064. Central part of Melbourne Hospital wants thorough re-ventilation, 2084. Pavilion wards well ventilated, 2087. Natural ventilation by doors, windows, and fire-places the best, 2111-12. There is plenty of ventilation; servants' quarters the worst ventilated, 2190. Blow-holes not very nice in winter; paste them up in winter and open in summer, 2263-65. No means of keeping an even temperature; perhaps not desirable, 2270. Natural ventilation the best, 2354. Artificial ventilation at the National Bank, 2355-56. An occupied close room becomes poisonous through carbonic acid gas being emanated; no septic poison; no blood poisoning, 2419-20-21-22. Would be other exhalations from diseased patients, 2423. System of ventilation at National Bank good; that is plenum system carried out the best way, 2436-37-38. Ventilation always a difficulty, 2478. Moving air is what surgeons and doctors want, 2478. Patients will shut the windows, 2478. In American hotels they ventilate from above, driving foul air out below, 2479. Wind better than the sun, 2497. North winds in summer depress patients; winter in dead calm bad, 2505. Eastern market well ventilated, 2519. What is done in San Francisco in ventilation could be done in Melbourne Hospital, 2566-68. Did not like blow-holes in Melbourne Hospital, 2569. Patients close them, 2570. Cornices and skirting-boards used in America as ventilators, 2571. Ventilation in old building difficult in winter without artificial means, 2581-82, 2705, 2720. Before Geelong Hospital was properly ventilated gangrenous symptoms very prevalent—such a thing scarcely known now, 2746 *et seq.* Unlimited air without draught would keep down or destroy all septicæmia or phagædemic ulcerations and keep the sewers perfectly healthy, 2781. Hygienics beats all the physic in the world, 2782, 3783. Since trees dug up for ventilation, cases not got on so well; gum trees round a hospital are great purifiers, 2789, 2808. It is sublime ignorance to suppose it is necessary to bore holes in the floor to get rid of the carbonic acid gas, 2813. Successful ventilation could be carried out in Melbourne Hospital at an expenditure that would not be enormous; then it would be a fair good hospital, 2823. Number of stories not material, 2846, 2856 to 2866, 2875 to 2884, 2940. I would draw the air out of the wards, 2954 to 2959, 2983 to 2968. Coroner never suggested any improvement in the ventilation, 2997, 3014. New hospital may become as insanitary as old one if not built on scientific principles with regard to ventilation, &c., 3198, 3245. Punkahs wanted, 3247. In favour of Tobin's system of ventilation, 3251, 3335 to 3342, 3397, 3457, 3526, 3641, 3656, 3665. The close wards in the old building can be ventilated properly, 3687. Would adopt the plenum system for the wards, and the vacuum system for the closets, 3722 to 3747, 3756 to 3785, 3792. Scores of factories in Lancashire ventilated by fans, but not a single hospital, 3876. Blackman's propellers in England, work well, 3878. Fourteen feet proper height for wards, 3880; 3,000 feet fresh air per patient, per hour, 3886. Fresh air should be introduced through the floor, and the foul air sent out through the ceiling. Fresh air should reach each patient without passing over the bed of another patient, 3892. Movement of air not perceptible if it does not move more than 3 feet per second, 3897, 3950, 3994, 4018, 4040, 4047, 4101, 4139, 4147, 4202, 4263. *See ap. H, W. See Cost Ventilation, ap. Z.*

WANT OF FUNDS.—Everything at Melbourne Hospital a question of money, 2567, 2628, 2682, 2697. No one offered to subscribe a pound to remove the Hospital, 2703, 3003, 4210.



1886.
—
VICTORIA.

REPORT

OF THE

SELECT COMMITTEE OF THE LEGISLATIVE COUNCIL

OF

ELECTIONS AND QUALIFICATIONS

ON THE

PETITIONS OF THOMAS DRUMMOND WANLISS

AND

JOHN NOBLE WILSON;

TOGETHER WITH THE

PROCEEDINGS OF COMMITTEE AND MINUTES OF EVIDENCE.

ORDERED BY THE COUNCIL TO BE PRINTED, 14TH DECEMBER, 1886.

By Authority:

JOHN FERRES, GOVERNMENT PRINTER, MELBOURNE.

EXTRACTED FROM THE MINUTES.

TUESDAY, 29TH JUNE, 1886.

THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President laid upon the Table the following Warrant appointing the Committee of Elections and Qualifications, viz. :—

VICTORIA.

Pursuant to the provisions of an Act of the Legislative Council of Victoria, passed in the nineteenth year of Her present Majesty's reign, intituled "*An Act to provide for the Election of Members to serve in the Legislative Council and Legislative Assembly of Victoria respectively*," I do hereby appoint—

The Honorable James Balfour,
The Honorable Thomas Forrest Cumming,
The Honorable Henry Cuthbert,
The Honorable Caleb Joshua Jenner,
The Honorable Frederick Thomas Sargood,
The Honorable James Williamson,
and

The Honorable William Austin Zeal

to be Members of a Committee to be called "The Committee of Elections and Qualifications."

Given under my hand this twenty-ninth day of June, One thousand eight hundred and eighty-six.

JAS. MACBAIN,
President of the Legislative Council.

TUESDAY, 6TH JULY, 1886.

THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President again laid upon the Table of the Council the Warrant appointing "The Committee of Elections and Qualifications."

TUESDAY, 13TH JULY, 1886.

THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President again laid upon the Table of the Council the Warrant appointing "The Committee of Elections and Qualifications."

TUESDAY, 20TH JULY, 1886.

THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President laid upon the Table of the Council the following Warrant appointing a Member of "The Committee of Elections and Qualifications" :—

VICTORIA.

Pursuant to the provisions of an Act of the Legislative Council of Victoria, passed in the nineteenth year of Her present Majesty's reign, intituled "*An Act to provide for the Election of Members to serve in the Legislative Council and Legislative Assembly of Victoria respectively*," I do hereby appoint—

The Honorable George Young

to be a Member of the Committee to be called "The Committee of Elections and Qualifications."

Given under my hand this twentieth day of July, One thousand eight hundred and eighty-six.

JAS. MACBAIN,
President of the Legislative Council.

TUESDAY, 27TH JULY, 1886.

THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President again laid upon the Table his Warrant appointing a Member of "The Committee of Elections and Qualifications."

TUESDAY, 10TH AUGUST, 1886.

THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President again laid upon the Table his Warrant appointing a Member of "The Committee of Elections and Qualifications."

TUESDAY, 19TH OCTOBER, 1886.

WELLINGTON PROVINCE ELECTION PETITION.—The President announced to the Council that there had been presented to him a Petition from Thomas Drummond Wanliss, against the return of the Honorable Henry Gore, a Member for Wellington Province, and which he then laid before the Council, and is as follows :—

To the Honorable Sir James MacBain, Knight, President of the Legislative Council of Victoria.

The humble Petition of Thomas Drummond Wanliss, of Ballarat, in the Colony of Victoria, gentleman,

RESPECTFULLY SHEWETH :

That, on the ninth day of September last past, an election was held for one Member to serve in the Legislative Council of the Colony of Victoria, to represent the Electoral Province of Wellington.

That your Petitioner was a candidate at the said election.

That Henry Gore, Esquire, was the only other candidate at the said election.

That, as the result of the said election, the returning officer announced that the said Henry Gore, Esquire, had received 2512 votes, and your Petitioner 2511 votes; and thereupon the said returning officer publicly declared that Henry Gore, Esquire, had received the majority of votes, and was duly elected as Member as aforesaid, and such returning officer made his return accordingly.

That, on the taking of the poll for the said election, divers votes for the said Henry Gore were improperly admitted and counted thereat, and divers votes for your Petitioner were improperly rejected, set aside, and not counted at all.

That, in the taking of the said poll for the said election, divers ballot-papers which were polled on behalf of your Petitioner were wrongfully declared informal, and were not counted in the computation of votes polled on behalf of your Petitioner, whereby the actual vote polled on behalf of your Petitioner was under-estimated, and so many votes omitted from the count in his behalf as would, if the count were now fairly made, result in giving the return for the said Electoral Province of Wellington to your Petitioner, setting aside the colorable majority on which the said Henry Gore has been wrongfully declared one of the Members elect for the said Electoral Province.

That divers votes were given at the said election by persons not of age, and therefore not entitled to vote in the said Electoral Province of Wellington at the time indicated, whereby the said Henry Gore obtained an apparent and colorable majority only; whereas in truth and in fact your Petitioner had a majority of the votes of the electors truly voted in the said Electoral Province of Wellington, at the said election, over the said Henry Gore, and was duly elected as a Member to serve in Parliament for the said Province, and ought to have been returned as such Member.

That, at the said election, divers electors were personated and votes colorably given at the poll for the said Henry Gore, some of the persons falsely represented as being present and voting being absent, and others dead; and that such votes should, for such reasons, be declared null and void, and struck from the said poll for the said Electoral District.

That divers votes, which your Petitioner is informed and believes were properly tendered and voted on behalf of your Petitioner in divers of the polling booths in the said election for the said Electoral Province of Wellington, were afterwards voted a second time for the said Henry Gore during the said election in other polling booths, in the same or other divisions of the said Electoral Province, and were wrongfully counted, to the detriment of your Petitioner.

That divers votes, which were duly tendered and voted on behalf of the said Henry Gore in divers of the polling booths for the said election for the said Province, were afterwards tendered and voted a second time on behalf of the said Henry Gore during the said election in other polling booths, in the same or other divisions of the said Electoral Province, and were wrongfully counted, to the detriment of your Petitioner.

That many persons who were registered as electors of the said Province in respect of freehold qualifications, or as lessees or occupiers of lands or tenements in the said Province, or as the holders of certain electoral rights, and who voted at the said election for the said Province, became disqualified as electors for the said Province before and at the time of the holding of the said election for the said Province by reason of the non-retention by them of a sufficient qualification.

That the votes of such persons, as in the last paragraph mentioned, were improperly admitted at the said election for the said Province.

That divers votes were given at the said election by persons who neither at the time of the said election and voting, nor at all, were possessed of a sufficient qualification, and who therefore were not entitled to vote in the said Electoral Province of Wellington at the time indicated, whereby the said Henry Gore obtained an apparent and colorable majority only; whereas in truth and in fact your Petitioner had a majority of the votes of the electors truly voted in the said Electoral Province of Wellington at the said election over the said Henry Gore, and was duly elected as a Member to serve in Parliament for the said Province, and ought to have been returned as such Member.

That the votes of such persons who so voted as in the last paragraph mentioned were improperly admitted at the said election for the said Province.

That, if the votes of all those persons so disqualified and unqualified as in the last four paragraphs mentioned, but who, nevertheless, voted at the said election for the said Province, were struck off the roll, it would be found that your Petitioner had obtained a greater number of votes at the said election than the said Henry Gore.

That errors in computation were made in divers polling booths, whereby votes properly tendered and duly received on behalf of your Petitioner were not properly counted, whereby the said Henry Gore was made to appear to have received a larger number of votes than your Petitioner, for whom in reality the larger number of votes was polled.

Your Petitioner therefore respectfully prays—

That you will communicate the matter of this Petition to the Legislative Council, in order that the same be referred to the Committee of Elections and Qualifications.

That all and every the ballot-papers used, not used, and set aside at the taking of the poll at such election for Ballarat West may be again respectively examined and tallied with the poll-books used thereat, and that the votes in such ballot-papers be again counted, and that those improperly admitted in such taking of the poll be now rejected and struck out, and that those erroneously rejected or set aside at such taking of the poll be now admitted and counted as good votes, and that the votes given colorably for the electors who were personated, or by voters who voted twice at the said election, or by voters who did not retain a sufficient qualification, or by voters who, neither at the time of the said election and voting, nor at all, were possessed of a sufficient qualification, or were otherwise wrongfully given, be struck out.

That the said Committee may determine and report to the said Legislative Council that the said Henry Gore was not duly elected, and ought not to have been returned at the said election; and that your Petitioner may be declared to have been duly elected at such election, and to be the person that ought to have been returned; and that the said return to said writ may be amended accordingly.

That your Petitioner may have such further or other relief as the circumstances of the case may require, or as to the said Committee may seem meet.

And your Petitioner will ever pray, &c., &c.

T. D. WANLISS.

Dated at Ballarat this twelfth day of October, 1886.

Witness—H. A. NEVERT, solicitor, Ballarat.

The Honorable J. Lorimer then moved, That the above Petition be referred to "The Committee of Elections and Qualifications" for consideration and report.
Question—put and resolved in the affirmative.

WEDNESDAY, 20TH OCTOBER, 1886.

WELLINGTON PROVINCE ELECTION PETITION.—The President announced to the Council that there had been presented to him a Petition from John Noble Wilson, against the return of the Honorable Henry Gore, as Member for Wellington Province, and which he then laid before the Council, and is as follows:—

To the Honorable Sir James MacBain, Knight, President of the Legislative Council of Victoria.

The humble Petition of John Noble Wilson, of Mair street, Ballarat, in the Colony of Victoria, estate agent, whose name is hereto subscribed,

RESPECTFULLY SHEWETH:

That, on the ninth day of September, last past, an election was held for one Member, to serve in the Legislative Council of the Colony of Victoria, to represent the Electoral Province of Wellington.

That your Petitioner was a registered elector of the said Province, and had a right to vote, and did vote at the said election.

That, at the said election, Henry Gore, Esquire, and Thomas Drummond Wanliss, Esquire, were the candidates, and, a poll having been taken, the returning officer announced that the said Henry Gore, Esquire, had received 2512 votes, and the said Thomas Drummond Wanliss, Esquire, 2511 votes; and thereupon the said returning officer publicly declared that the said Henry Gore, Esquire, had received the majority of votes, and was duly elected as Member as aforesaid, and such returning officer made his return accordingly.

That, on the taking of the poll for the said election, divers votes for the said Henry Gore were improperly admitted and counted thereat, and divers votes for the said Thomas Drummond Wanliss were improperly rejected, set aside, and not counted at all.

That, in the taking of the said poll for the said election, divers ballot-papers which were polled on behalf of the said Thomas Drummond Wanliss were wrongfully declared informal, and were not counted in the computation of votes polled on behalf of the said Thomas Drummond Wanliss, whereby the actual vote polled on behalf of the said Thomas Drummond Wanliss was under-estimated, and so many votes omitted from the count in his behalf as would, if the count were now fairly made, result in giving the return for the said Electoral Province of Wellington to the said Thomas Drummond Wanliss, setting aside the colorable majority on which the said Henry Gore has been wrongfully declared one of the Members elect for the said Electoral Province.

That divers votes were given at the said election by persons not of age, and therefore not entitled to vote in the said Electoral Province of Wellington at the time indicated, whereby the said Henry Gore obtained an apparent and colorable majority only; whereas in truth and in fact the said Thomas Drummond Wanliss had a majority of the votes of the electors truly voted in the said Electoral Province of Wellington, at the said election over the said Henry Gore, and was duly elected as a Member to serve in Parliament for the said Province, and ought to have been returned as such Member.

That, at the said election, divers electors were personated and votes colorably given at the poll for the said Henry Gore, some of the persons falsely represented as being present and voting being absent, and others dead; and that such votes should, for such reasons, be declared null and void, and struck from the said poll for the said Electoral District.

That divers votes, which your Petitioner is informed and believes were properly tendered and voted on behalf of the said Thomas Drummond Wanliss in divers of the polling booths at the said election for the said Electoral Province of Wellington, were afterwards voted a second time for the said Henry Gore during the said election in other polling booths, in the same or other divisions of the said Electoral Province, and were wrongfully counted, to the detriment of the said Thomas Drummond Wanliss.

That divers votes, which were duly tendered and voted on behalf of the said Henry Gore in divers of the polling booths for the said election for the said Province, were afterwards tendered and voted a second time on behalf of the said Henry Gore during the said election in other polling booths, in the same or other divisions of the said Electoral Province, and were wrongfully counted, to the detriment of the said Thomas Drummond Wanliss.

That many persons who were registered as electors of the said Province in respect of freehold qualifications, or as lessees or occupiers of lands or tenements in the said Province, or as the holders of certain electoral rights, and who voted at the said election for the said Province, became disqualified as electors for the said Province before and at the time of the holding of the said election for the said Province by reason of the non-retention by them of a sufficient qualification.

That the votes of such persons, as in the last paragraph mentioned, were improperly admitted at the said election for the said Province.

That divers votes were given at the said election by persons who neither at the time of the said election and voting, nor at all, were possessed of a sufficient qualification, and who therefore were not entitled to vote in the said Electoral Province of Wellington at the time indicated, whereby the said Henry Gore obtained an apparent and colorable majority only; whereas in truth and in fact the said Thomas Drummond Wanliss had a majority of the votes of the electors truly voted in the said Electoral Province of Wellington at the said election over the said Henry Gore, and was duly elected as a Member to serve in Parliament for the said Province, and ought to have been returned as such Member.

That the votes of such persons who so voted, as in the last paragraph mentioned, were improperly admitted at the said election for the said Province.

That, if the votes of all those persons so disqualified and unqualified as in the last four paragraphs mentioned, but who, nevertheless, voted at the said election for the said Province, were struck off the roll, it would be found that the said Thomas Drummond Wanliss had obtained a greater number of votes at the said election than the said Henry Gore.

That errors in computation were made in divers polling booths, whereby votes properly tendered and duly received on behalf of the said Thomas Drummond Wanliss were not properly counted, whereby the said Henry Gore was made to appear to have received a larger number of votes than the said Thomas Drummond Wanliss, for whom in reality the larger number of votes were polled.

Your Petitioner therefore respectfully prays—

That you will communicate the matter of this Petition to the Legislative Council, in order that the same be referred to the Committee of Elections and Qualifications.

That all and every the ballot-papers used, not used, and set aside at the taking of the poll at such election for the said Electoral Province of Wellington may be again respectively examined and tallied with the poll-books used thereat, and that the votes in such ballot-papers be again counted, and those improperly admitted in such taking of the poll be now rejected and struck out, and that those erroneously rejected or set aside at such taking of the poll be now admitted and counted as good votes, and that the votes given colorably for the electors who were personated, or by voters who voted twice at the said election, or by voters who did not retain a sufficient qualification, or by voters who, neither at the time of the said election and voting, nor at all, were possessed of a sufficient qualification, or were otherwise wrongfully given, be struck out.

That the said Committee may determine and report to the said Legislative Council that the said Henry Gore was not duly elected, and ought not to have been returned at the said election; and that the said Thomas Drummond Wanliss may be declared to have been duly elected at such election, and to be the person that ought to have been returned; and that the said return to said writ may be amended accordingly.

That your Petitioner may have such further or other relief as the circumstances of the case may require, or as to the said Committee may seem meet.

And your Petitioner will ever pray, &c., &c.

J. NOBLE WILSON.

Dated at Ballarat this nineteenth day of October, 1886.

Witness—H. A. NEVERT, solicitor, Ballarat.

The Honorable J. Lorimer then moved, That the above Petition be referred to "The Committee of Elections and Qualifications" for consideration and report.
Question—put and resolved in the affirmative.

TUESDAY, 26TH OCTOBER, 1886.

THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The following Members of "The Committee of Elections and Qualifications" were sworn at the Table of the Council by and before the Clerk thereof, viz. :—The Honorables J. Balfour, H. Cuthbert, J. Williamson, Geo. Young, and W. A. Zeal.
The President appointed Wednesday, 3rd November next, at 11 o'clock a.m., as the time, and the East Lobby as the place, of the first meeting, of "The Committee of Elections and Qualifications."

WEDNESDAY, 10TH NOVEMBER, 1886.

THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The Honorable T. F. Cumming, a Member of the Committee of Elections and Qualifications, was sworn at the Table of the Council by and before the Clerk thereof.

THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President announced that he had received from the Honorable H. Cuthbert a letter addressed to him resigning his appointment as Member of this Committee.

THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President laid upon the Table the following Warrant appointing a Member of “The Committee of Elections and Qualifications”:

VICTORIA.

Pursuant to the provisions of an Act of the Legislative Council of Victoria, passed in the nineteenth year of Her present Majesty's reign, intituled “*An Act to provide for the election of Members to serve in the Legislative Council and Legislative Assembly of Victoria respectively,*”

I do hereby appoint—

The Honorable James Lorimer
to be a Member of a Committee called “The Committee of Elections and Qualifications.”
Given under my hand this tenth day of November, One thousand eight hundred and eighty-six.

JAS. MACBAIN,
President of the Legislative Council.

THURSDAY, 11TH NOVEMBER, 1886.

THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President again laid upon the Table his Warrant appointing a Member of “The Committee of Elections and Qualifications.”

TUESDAY, 16TH NOVEMBER, 1886.

THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The President again laid upon the Table his Warrant appointing a Member of “The Committee of Elections and Qualifications.”

WEDNESDAY, 17TH NOVEMBER, 1886.

THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The Honorable J. Lorimer, a Member of “The Committee of Elections and Qualifications,” was sworn at the Table of the Council by and before the Clerk thereof.

TUESDAY, 23RD NOVEMBER, 1886.

THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The Honorable F. T. Sargood, a Member of “The Committee of Elections and Qualifications,” was sworn at the Table of the Council by and before the Clerk thereof.

TUESDAY, 14TH DECEMBER, 1886.

THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS.—The Honorable J. Balfour, chairman, brought up a Report from this Committee.
Report read, and ordered to lie on the Table, and, together with the Proceedings of the Committee and Minutes of Evidence, to be printed.

R E P O R T.

THE COMMITTEE OF ELECTIONS AND QUALIFICATIONS have the honor to report to the Legislative Council in the matters of the Petitions of Thomas Drummond Wanliss and John Noble Wilson, against the return of the Honorable Henry Gore to serve for the Wellington Province as follows :—

In the matter of the Petition of T. D. Wanliss :

In consequence of an informality in the Petition, to which objection was taken on behalf of the sitting Member, your Committee decided not to proceed with the Petition.

Your Committee find that the Petition was neither frivolous or vexatious, and that the opposition to the Petition was neither frivolous or vexatious.

That the sum of One hundred pounds, lodged to the credit of The Honorable the President at the Colonial Bank of Australasia, be returned to the Petitioner.

In the matter of the Petition of J. N. Wilson :

Your Committee have to report that they have not had sufficient time to conclude their enquiry.

The Counsel for the Petitioner requested your Committee to take the necessary steps to have the enquiry resumed in the next session of Parliament, to which the Counsel for the sitting Member objected.

The Committee recommend that, if application be made to the Honorable the President therefor, the sum of One hundred pounds, lodged in this case, be returned to the Petitioner.

South Library,
14th December, 1886.

PROCEEDINGS OF THE COMMITTEE.

WEDNESDAY, 10TH NOVEMBER, 1886.

Members present :

The Hon. J. Balfour,
G. Young,

The Hon. J. Williamson,
W. A. Zeal.

The Warrant appointing the Committee, and also the Warrant appointing a Member of the Committee were severally read by the Clerk.

The entry in the Minutes of the Proceedings of Members of the Committee being sworn, and of the appointment by The President of the Council of the time and place for first meeting of the Committee were also read by the Clerk.

On the motion of the Honorable J. Williamson, the Honorable J. Balfour was appointed Chairman of the Committee.

Preliminary resolutions were agreed to as under :—

1. That Counsel will not be allowed to go into matters not referred to in their opening statement without a special application to the Committee for permission to do so.
2. That if costs be demanded by either party under 19 Vict. No. 12, the question must be raised immediately after the decision on that particular case, unless the Committee shall otherwise decide.
3. That no person shall be examined as a witness who shall have been in the room during any of the proceedings, with the exception of the parties and their agents, without the special leave of the Committee.
4. That the Committee will only allow one Counsel to address them on opening the case, and one Counsel on the summing up.
5. That if any point of law should arise requiring argument, the Committee reserve to themselves the power of only hearing one Counsel on each side.
6. That if the leading Counsel are not prepared to sum up the case on either side when the evidence is terminated, the Committee will not protract the proceedings for the convenience of Counsel who may be absent.
7. That with respect to objected votes, the Committee expect Counsel to exhaust one class of objections before proceeding to another.

Names of Counsel and Agents laid before Committee.

Mr. Geo. Bell, the Shorthand Writer, sworn.

Parties called in.

Mr. McIntyre, Counsel for the sitting Member, objected to the Committee proceeding, because all the Members thereof had not taken the oath.

Strangers ordered to withdraw.

Committee deliberated.

Resolved—That the Committee proceed to hear the case.

Parties called in and informed of this resolution.

The Petition of T. D. Wanliss was read by the Clerk as follows :—

To the Honorable Sir James MacBain, Knight, President of the Legislative Council of Victoria.

The humble Petition of Thomas Drummond Wanliss, of Ballarat, in the Colony of Victoria, gentleman,

RESPECTFULLY SHEWETH :

That, on the ninth day of September last past, an election was held for one Member to serve in the Legislative Council of the Colony of Victoria, to represent the Electoral Province of Wellington.

That your Petitioner was a candidate at the said election.

That Henry Gore, Esquire, was the only other candidate at the said election.

That, as the result of the said election, the returning officer announced that the said Henry Gore, Esquire, had received 2512 votes, and your Petitioner 2511 votes; and thereupon the said returning officer publicly declared that Henry Gore, Esquire, had received the majority of votes, and was duly elected as Member as aforesaid, and such returning officer made his return accordingly.

That, on the taking of the poll for the said election, divers votes for the said Henry Gore were improperly admitted and counted thereat, and divers votes for your Petitioner were improperly rejected, set aside, and not counted at all.

That, in the taking of the said poll for the said election, divers ballot-papers which were polled on behalf of your Petitioner were wrongfully declared informal, and were not counted in the computation of votes polled on behalf of your Petitioner, whereby the actual vote polled on behalf of your Petitioner was under-estimated, and so many votes omitted from the count in his behalf as would, if the count were now fairly made, result in giving the return for the said Electoral Province of Wellington to your Petitioner, setting aside the colorable majority on which the said Henry Gore has been wrongfully declared one of the Members elect for the said Electoral Province.

That divers votes were given at the said election by persons not of age, and therefore not entitled to vote in the said Electoral Province of Wellington at the time indicated, whereby the said Henry Gore obtained an apparent and colorable majority only; whereas in truth and in fact your Petitioner had a majority of the votes of the electors truly voted in the said Electoral Province of Wellington, at the said election, over the said Henry Gore, and was duly elected as a Member to serve in Parliament for the said Province, and ought to have been returned as such Member.

That, at the said election, divers electors were personated and votes colorably given at the poll for the said Henry Gore, some of the persons falsely represented as being present and voting being absent, and others dead; and that such votes should, for such reasons, be declared null and void, and struck from the said poll for the said Electoral District.

That divers votes, which your Petitioner is informed and believes were properly tendered and voted on behalf of your Petitioner in divers of the polling booths in the said election for the said Electoral Province of Wellington, were afterwards voted a second time for the said Henry Gore during the said election in other polling booths, in the same or other divisions of the said Electoral Province, and were wrongfully counted, to the detriment of your Petitioner.

That divers votes, which were duly tendered and voted on behalf of the said Henry Gore in divers of the polling booths for the said election for the said Province, were afterwards tendered and voted a second time on behalf of the said Henry Gore during the said election in other polling booths, in the same or other divisions of the said Electoral Province, and were wrongfully counted, to the detriment of your Petitioner.

That many persons who were registered as electors of the said Province, in respect of freehold qualifications, or as lessees or occupiers of land or tenements in the said Province, or as the holders of certain electoral rights, and who voted at the said election for the said Province, became disqualified as electors for the said Province before and at the time of the holding of the said election for the said Province by reason of the non-retention by them of a sufficient qualification.

That the votes of such persons, as in the last paragraph mentioned, were improperly admitted at the said election for the said Province.

That divers votes were given at the said election by persons who neither at the time of the said election and voting, nor at all, were possessed of a sufficient qualification, and who therefore were not entitled to vote in the said Electoral Province of Wellington at the time indicated, whereby the said Henry Gore obtained an apparent and colorable majority only; whereas in truth and in fact your Petitioner had a majority of the votes of the electors truly voted in the said Electoral Province of Wellington at the said election over the said Henry Gore, and was duly elected as a Member to serve in Parliament for the said Province, and ought to have been returned as such Member.

That the votes of such persons who so voted, as in the last paragraph mentioned, were improperly admitted at the said election for the said Province.

That, if the votes of all those persons so disqualified and unqualified as in the last four paragraphs mentioned, but who, nevertheless, voted at the said election for the said Province, were struck off the roll, it would be found that your Petitioner had obtained a greater number of votes at the said election than the said Henry Gore.

That errors in computation were made in divers polling booths, whereby votes properly tendered and duly received on behalf of your Petitioner were not properly counted, whereby the said Henry Gore was made to appear to have received a larger number of votes than your Petitioner, for whom in reality the larger number of votes was polled.

Your Petitioner therefore respectfully prays—

That you will communicate the matter of this Petition to the Legislative Council, in order that the same be referred to the Committee of Elections and Qualifications.

That all and every the ballot-papers used, not used, and set aside at the taking of the poll at such election for Ballarat West may be again respectively examined and tallied with the poll-books used thereat, and that the votes in such ballot-papers be again counted, and that those improperly admitted in such taking of the poll be now rejected and struck out, and that those erroneously rejected or set aside at such taking of the poll be now admitted and counted as good votes, and that the votes given colorably for the electors who were personated, or by voters who voted twice at the said election, or by voters who did not retain a sufficient qualification, or by voters who, neither at the time of the said election and voting, nor at all, were possessed of a sufficient qualification, or were otherwise wrongfully given, be struck out.

That the said Committee may determine and report to the said Legislative Council that the said Henry Gore was not duly elected, and ought not to have been returned, at the said election; and that your Petitioner may be declared to have been duly elected at such election, and to be the person that ought to have been returned; and that the said return to said writ may be amended accordingly.

That your Petitioner may have such further or other relief as the circumstances of the case may require, or as to the said Committee may seem meet.

And your Petitioner will ever pray, &c., &c.

T. D. WANLISS.

Dated at Ballarat this twelfth day of October, 1886.

Witness—H. A. NEVETT, solicitor, Ballarat.

Mr. McIntyre objected that the Petition was bad, because in the Prayer it referred to an election for Ballarat West, when there had been no such election.

Mr. C. A. Smyth, Counsel for the Petitioner, applied for permission to amend the Petition by striking out "Ballarat West" and inserting "Wellington Province."

Mr. McIntyre was heard in opposition to such request.

Mr. C. A. Smyth was heard in reply.

Strangers ordered to withdraw.

Committee deliberated.

Resolved—That the Committee decide against the request of the Petitioner's Counsel to amend the Petition of T. D. Wanliss.

Parties called in and informed of the above resolution.

Mr. C. A. Smyth proposed to proceed with the Petition, omitting the paragraph above referred to.

Mr. McIntyre contended that the Petition was bad and must go by the board, and applied to have the Petition declared frivolous and vexatious.

The Chairman said the Committee had decided that the Petition was not frivolous or vexatious.
 Strangers ordered to withdraw.
 Committee deliberated.
Resolved—That the Committee will not proceed with the Petition of T. D. Wanliss.
 Parties called in and informed of the above resolution.

PETITION of J. N. Wilson read by the Clerk as follows :—

To the Honorable Sir James MacBain, Knight, President of the Legislative Council of Victoria.

The humble Petition of John Noble Wilson, of Mair street, Ballarat, in the Colony of Victoria, estate agent, whose name is hereto subscribed,

RESPECTFULLY SHEWETH :

That, on the ninth day of September last past, an election was held for one Member to serve in the Legislative Council of the Colony of Victoria, to represent the Electoral Province of Wellington.

That your Petitioner was a registered elector of the said Province, and had a right to vote, and did vote at the said election.

That, at the said election, Henry Gore, Esquire, and Thomas Drummond Wanliss, Esquire, were the candidates, and, a poll having been taken, the returning officer announced that the said Henry Gore, Esquire, had received 2512 votes, and the said Thomas Drummond Wanliss, Esquire, 2511 votes; and thereupon the said returning officer publicly declared that the said Henry Gore, Esquire, had received the majority of votes, and was duly elected as Member as aforesaid, and such returning officer made his return accordingly.

That, on the taking of the poll for the said election, divers votes for the said Henry Gore were improperly admitted and counted thereat, and divers votes for the said Thomas Drummond Wanliss were improperly rejected, set aside, and not counted at all.

That, in the taking of the said poll for the said election, divers ballot-papers which were polled on behalf of the said Thomas Drummond Wanliss were wrongfully declared informal, and were not counted in the computation of votes polled on behalf of the said Thomas Drummond Wanliss, whereby the actual vote polled on behalf of the said Thomas Drummond Wanliss was under-estimated, and so many votes omitted from the count in his behalf as would, if the count were now fairly made, result in giving the return for the said Electoral Province of Wellington to the said Thomas Drummond Wanliss, setting aside the colorable majority on which the said Henry Gore has been wrongfully declared one of the Members elect for the said Electoral Province.

That divers votes were given at the said election by persons not of age, and therefore not entitled to vote in the said Electoral Province of Wellington at the time indicated, whereby the said Henry Gore obtained an apparent and colorable majority only; whereas in truth and in fact the said Thomas Drummond Wanliss had a majority of the votes of the electors truly voted in the said Electoral Province of Wellington, at the said election, over the said Henry Gore, and was duly elected as a Member to serve in Parliament for the said Province, and ought to have been returned as such Member.

That, at the said election, divers electors were personated and votes colorably given at the poll for the said Henry Gore, some of the persons falsely represented as being present and voting being absent, and others dead; and that such votes should, for such reasons, be declared null and void, and struck from the said poll for the said Electoral District.

That divers votes, which your Petitioner is informed and believes were properly tendered and voted on behalf of the said Thomas Drummond Wanliss in divers of the polling booths at the said election for the said Electoral Province of Wellington, were afterwards voted a second time for the said Henry Gore during the said election in other polling booths, in the same or other divisions of the said Electoral Province, and were wrongfully counted, to the detriment of the said Thomas Drummond Wanliss.

That divers votes, which were duly tendered and voted on behalf of the said Henry Gore in divers of the polling booths for the said election for the said Province, were afterwards tendered and voted a second time on behalf of the said Henry Gore during the said election in other polling booths, in the same or other divisions of the said Electoral Province, and were wrongfully counted, to the detriment of the said Thomas Drummond Wanliss.

That many persons who were registered as electors of the said Province in respect of freehold qualifications, or as lessees or occupiers of lands or tenements in the said Province, or as the holders of certain electoral rights, and who voted at the said election for the said Province, became disqualified as electors for the said Province before and at the time of the holding of the said election for the said Province by reason of the non-retention by them of a sufficient qualification.

That the votes of such persons, as in the last paragraph mentioned, were improperly admitted at the said election for the said Province.

That divers votes were given at the said election by persons who neither at the time of the said election and voting, nor at all, were possessed of a sufficient qualification, and who therefore were not entitled to vote in the said Electoral Province of Wellington at the time indicated, whereby the said Henry Gore obtained an apparent and colorable majority only; whereas in truth and in fact the said Thomas Drummond Wanliss had a majority of the votes of the electors truly voted in the said Electoral Province of Wellington at the said election over the said Henry Gore, and was duly elected as a Member to serve in Parliament for the said Province, and ought to have been returned as such Member.

That the votes of such persons who so voted, as in the last paragraph mentioned, were improperly admitted at the said election for the said Province.

That, if the votes of all those persons so disqualified and unqualified as in the last four paragraphs mentioned, but who, nevertheless, voted at the said election for the said Province, were struck off the roll, it would be found that the said Thomas Drummond Wanliss had obtained a greater number of votes at the said election than the said Henry Gore.

That errors in computation were made in divers polling booths, whereby votes properly tendered and duly received on behalf of the said Thomas Drummond Wanliss were not properly counted, whereby the said Henry Gore was made to appear to have received a larger number of votes than the said Thomas Drummond Wanliss, for whom in reality the larger number of votes was polled.

Your Petitioner therefore respectfully prays—

That you will communicate the matter of this Petition to the Legislative Council, in order that the same be referred to the Committee of Elections and Qualifications.

That all and every the ballot-papers used, not used, and set aside at the taking of the poll at such election for the said Electoral Province of Wellington may be again respectively examined and tallied with the poll-books used thereat, and that the votes in such ballot-papers be again counted, and that those improperly admitted in such taking of the poll be now rejected and struck out, and that those erroneously rejected or set aside at such taking of the poll be now admitted and counted as good votes, and that the votes given colorably for the electors who were personated, or by voters who voted twice at the said election, or by voters who did not retain a sufficient qualification, or by voters who, neither at the time of said election and voting, nor at all were possessed of a sufficient qualification, or were otherwise wrongfully given, be struck out.

That the said Committee may determine and report to the said Legislative Council that the said Henry Gore was not duly elected, and ought not to have been returned at the said election; and that the said Thomas Drummond Wanliss may be declared to have been duly elected at such election, and to be the person that ought to have been returned; and that the said return to said writ may be amended accordingly.

That your Petitioner may have such further or other relief as the circumstances of the case may require, or as to the said Committee may seem meet.

And your Petitioner will ever pray, &c., &c.

J. NOBLE WILSON.

Dated at Ballarat this Nineteenth day of October, 1886.

Witness—H. A. NEVERT, solicitor, Ballarat.

Mr. McIntyre, on behalf of the sitting member, objected to this Petition being considered, because it had not been presented to the President of the Council within thirty days of the return of the Writ.

Resolved—That the Petition was presented within proper time.

Resolved—That the petitioner and sitting member do, on Wednesday, 17th November instant, lodge with the Clerk of the Council, lists of names of the voters to be objected to by them respectively.

The Committee adjourned until Tuesday, 16th November instant, at Four o'clock.

TUESDAY, 16TH NOVEMBER, 1886.

Members present:

The Hon. W. A. Zeal,	The Hon. J. Williamson.
T. F. Cumming,	

A quorum of Members not being present at the expiration of half-an-hour after the time appointed for the meeting, the Members present adjourned until Thursday next, 18th instant, at Two o'clock.

The Council, on Wednesday, 17th November, adjourned until Tuesday, 23rd November.

TUESDAY, 23RD NOVEMBER, 1886.

Members present:

The Hon. J. BALFOUR, in the CHAIR;

The Hon. J. Williamson,	The Hon. W. A. Zeal.
G. Young,	

Mr. Wade, shorthand writer, was sworn.

Preliminary resolutions agreed to 10th November instant read by the Clerk.

Lists of objections handed in by parties laid by the Clerk before the Committee.

The Honorable J. Lorimer took his seat.

Mr. McIntyre, on behalf of the sitting Member, objected to the list lodged by Petitioner, as not being sufficient, inasmuch as it was vague and did not comply with requirements of Committees in England.

Mr. C. A. Smyth heard in reply.

Room cleared.

Committee deliberated.

Resolved—That the head of the List No. 1 of voters objected to is sufficient.

Parties called in and informed of this resolution.

Mr. McIntyre then objected to Lists Nos. 1 and 7, because to determine the question raised by these lists the Committee must go behind the electoral roll.

Mr. C. A. Smyth contended that this objection was not a preliminary one.

The Committee decided that the proper time to take such an objection will be when it is proposed to proceed with the names included in such lists.

Mr. C. A. Smyth then proceeded to open the case for the Petitioner, and referred to the several Lists Nos 1 to 7.

John Barker, Clerk of the Legislative Council, called, sworn, and examined by Mr. Finlayson.

Produced Writ of Election for Wellington Province,

William Scott called, sworn, and examined by Mr. Finlayson.
 Produced A.—Advertisement for Election for Wellington Province.
 B.—Advertisement of Nomination of Candidates for Wellington Province.
 C.—Advertisement of Result of Election for Wellington Province.

Three newspapers also put in.

J. Ferres called, sworn, and examined by Mr. Finlayson.

Produced original Rolls for Ballaarat city.

David Christy called, sworn, and examined by Mr. Finlayson.

Produced Rolls of Electors for Ballaarat west, marked D, E, F.

Identified Rolls produced by J. Ferres, marked G.

Produced printed Roll, marked H.

George Perry called, sworn, and examined by Mr. Finlayson.

Identified exhibit marked E.

J. N. Wilson called, sworn, and examined by Mr. Finlayson.

Cross-examined by Mr. McIntyre.

Counsel for Petitioner then proceeded with the case of voters objected to, included in list No. 1.

CASE OF JOHN FITZSIMMONS, 689.

Mr. McIntyre was heard to object, because the Committee had no power to go behind the Electoral Roll.

Mr. McIntyre had not finished his address, when

The Committee adjourned until to-morrow at Two o'clock to the South Library.

WEDNESDAY, 24TH NOVEMBER, 1886.

Members present:

The Hon. J. BALFOUR, in the Chair;

The Hon. F. T. Sargood,
 W. A. Zeal,
 G. Young,

The Hon. J. Lorimer,
 J. Williamson.

Mr. McIntyre was heard in continuation of his address.

Mr. C. A. Smyth was heard in support of his application, but had not concluded when
 The Committee adjourned until Tuesday next, at Two o'clock.

TUESDAY, 30TH NOVEMBER, 1886.

Members present:

The Hon. J. BALFOUR, in the Chair;

The Hon. F. T. Sargood,
 W. A. Zeal,
 T. F. Cumming,

The Hon. G. Young,
 J. Williamson,
 J. Lorimer.

Mr. C. A. Smyth was further heard.

Mr. McIntyre was heard in reply.

Room cleared.

Committee deliberated.

It was moved, That the Committee have power to enquire if the voter retains a sufficient qualification of the nature set opposite his name on the Electoral Roll.

Question put.

Committee divided.

Ayes, 4.

The Hon. J. Lorimer,
 G. Young,
 F. T. Sargood,
 T. F. Cumming.

Noes, 2.

The Hon. W. A. Zeal,
 J. Williamson.

Parties called in and informed of the above resolution.

Mr. McIntyre applied to the Committee that he have leave to lodge a further list of voters objected to by the sitting Member.

Mr. C. A. Smyth was heard in opposition to this application.

Mr. McIntyre was heard in reply.

Room cleared.

Committee deliberated.

It was moved, That the Committee having already arrived at a decision as to the time when the lists of objections should be lodged, feel they cannot accede to the request of the Counsel for the sitting Member.

Question put.

Committee divided.

Ayes, 5.

The Hon. J. Lorimer,
 G. Young,
 T. F. Cumming,
 F. T. Sargood,
 W. A. Zeal.

No, 1.

The Hon. J. Williamson.

Parties called in and informed of the above resolution.

The Committee adjourned until to-morrow at Two o'clock.

WEDNESDAY, 1ST DECEMBER, 1886.

Members present :

The Hon. J. BALFOUR, in the Chair ;

The Hon. F. T. Sargood,
W. A. Zeal,
J. Lorimer.The Hon. J. Williamson,
T. F. Cumming.

Mr. McIntyre called attention to the report of the proceedings of 10th November last, as to the objection he had taken to the constitution of the Committee, the whole of the Members not having taken the oath before the first meeting of the Committee.

The Committee requested the shorthand writer to refer to his notes.

Mr. McIntyre then requested the Committee to give an expression of their meaning of their resolution set out as No. 28 on the Minutes of Evidence.

Mr. C. A. Smyth was heard to open the case of John Fitzsimmons.

John Barker, Clerk of the Legislative Council, called and examined by Mr. C. A. Smyth.

Produced the Electoral Roll used at the election on 9th September last at Booth No. 2, City of Ballaarat, D to H, marked as Exhibit I.

James Vallins called, sworn, and examined by Mr. Finlayson.

Cross-examined by Mr. McIntyre.

Mr. McIntyre contended that, as the voter objected to had no qualification when the last Roll for Ballaarat City was revised, he could not be said not to have retained a sufficient qualification.

The Committee decided that the question should be raised when the case was finished.

Re-examined by Mr. Finlayson.

William Bones called, sworn, and examined by Mr. Finlayson.

Produced notice to quit signed by J. Fitzsimmons, dated 27th August, 1885. Marked as Exhibit J.

Mr. C. A. Smyth applied to have ballot-paper 689 produced.

Mr. McIntyre was heard in opposition.

John Fitzsimmons called, but refused to be sworn, because he had not had tendered to him a sufficient sum for his expenses.

Room cleared.

Committee deliberated.

J. Fitzsimmons having expressed his willingness to give evidence,

Parties called in, and J. Fitzsimmons sworn and examined by Mr. C. A. Smyth.

J. Barker, Clerk of the Legislative Council, called, and examined by Mr. C. A. Smyth.

Produced ballot-paper 689, Booth No. 2, Ballaarat City, marked as Exhibit K—Vote given for Henry Gore.

Mr. McIntyre again objected to the Committee going behind the Roll to strike this vote off.

Mr. Smyth *contra*.

Room cleared.

Committee deliberated.

Committee adjourned until to-morrow at Two o'clock.

TUESDAY, 7TH DECEMBER, 1886.

Members present :

The Hon. J. BALFOUR, in the Chair ;

The Hon. W. A. Zeal,
F. T. Sargood,
T. F. Cumming,The Hon. J. Williamson,
J. Lorimer.

Room cleared.

Committee deliberated.

Parties called in, and informed by the Chairman that a point had arisen in consideration with the case, and the Committee were desirous to have all the members present, and, with that object postpone coming to a decision ; but the Committee are willing to postpone the other cases in List No. 1, and proceed with those in No. 2.

The counsel for the Petitioner was not ready to go on with the cases mentioned in List No. 2.

The Committee then decided to take the second case in List No. 1.

JOHN SHIELS' CASE CALLED ON.

James Vallins called, and examined by Mr. C. A. Smyth.

Cross-examined by Mr. McIntyre.

John Shiels called, sworn, and examined by Mr. C. A. Smyth.

Cross-examined by Mr. McIntyre.

J. Barker called. Produced Electoral Roll used at Polling Booth No. 4, Dana-street, N to S. Exhibit L.

Mr. C. A. Smyth applied to have John Shiels' ballot paper produced.

The Chairman informed him that the Committee had decided not to call for any ballot paper until they had decided the vote to be bad.

Mr. C. A. Smyth then applied to the Committee to declare the vote bad.

Mr. McIntyre was heard in opposition to that application.

Committee adjourned until to-morrow at Two o'clock.

WEDNESDAY, 8TH DECEMBER, 1886.

Members present :

The Hon. J. BALFOUR, in the Chair ;		
The Hon. G. Young, T. F. Cumming, J. Lorimer,	|	The Hon. F. T. Sargood, J. Williamson.

Mr. McIntyre applied to be further heard in opposition to the application of Mr. C. A. Smyth.
Room cleared.
Committee deliberated.
The Committee resolved that no reply can be given further.
Parties called in and informed of the above resolution.

CASE OF JAMES WRIGHT WHITING.

J. Barker called. Produced Roll No. 5 Booth, Dana-street, Ballarat city, Division T to Z. Exhibit marked M.

James Vallins called, and examined by Mr. C. A. Smyth.
Mr. McIntyre again objected to evidence being given so as to go behind the roll.
J. Vallins cross-examined by Mr. McIntyre.
Edward Newenham called, sworn, and examined by Mr. C. A. Smyth.
Cross-examined by Mr. McIntyre.
The Honorable W. A. Zeal took his seat.
J. W. Whiting, called, sworn, and examined by Mr. C. A. Smyth.
Cross-examined by Mr. McIntyre.
Re-examined by Mr. C. A. Smyth.
James Cunningham, called, sworn, and examined by Mr. C. A. Smyth.
Cross-examined by Mr. McIntyre.
Mr. C. A. Smyth was heard to sum up case.
Mr. McIntyre *contra*.
Mr. C. A. Smyth was about to reply, when Mr. McIntyre objected to his being allowed to do so.
Room cleared.
Committee deliberated.
The Committee decided that Mr. C. A. Smyth was entitled to a reply.
Parties called in and informed of the above decision.
Mr. C. A. Smyth was heard in reply.

The Committee adjourned until Tuesday next at Two o'clock.

TUESDAY, 14TH DECEMBER, 1886.

Members present :

The Hon. J. BALFOUR, in the Chair ;		
The Hon. F. T. Sargood, W. A. Zeal, T. F. Cumming,	|	The Hon. J. Williamson, J. Lorimer.

Room cleared.

Committee deliberated, and agreed to the following, viz.:—"After further consideration, the Committee have decided to rescind the resolution of the 30th of November last, viz.:—"That they have power to enquire if the voter retains a sufficient qualification of the nature set opposite his name on the Electoral Roll," and now resolve that they have no power to enquire into the retention of a sufficient qualification by a voter whose name appears on the ratepayers' roll, and who is not legally incapacitated from voting."

Parties called in and informed of the above resolution.

Mr. C. A. Smyth, on behalf the Petitioner, applied to the Committee to take the necessary steps to proceed with the enquiry in the next Session of Parliament.

Mr. McIntyre, on behalf of the sitting Member, objected to the Committee taking any such step.

Room cleared.

Committee proceeded to consider the following Draft Report:—

The Committee of Elections and Qualifications have the honor to report to the Legislative Council in the matters of the Petitions of Thomas Drummond Wanliss and John Noble Wilson against the return of the Honorable Henry Gore to serve for the Wellington Province, as follows:—

In the matter of the Petition of T. D. Wanliss.

In consequence of an informality in the Petition, to which objection was taken on behalf of the sitting Member, your Committee decided not to proceed with the Petition.

Your Committee find that the Petition was neither frivolous or vexatious.

And that the opposition to the Petition was neither frivolous or vexatious.

That the sum of £100 lodged to the credit of the Honorable the President at the Colonial Bank of Australasia be returned to the Petitioner.

In the matter of the Petition of J. N. Wilson.

Your Committee have to report that they have not had sufficient time to conclude their enquiry.

The Committee recommend that, if application be made to the Honorable the President therefor, the sum of £100 lodged in this case be returned to the Petitioner.

The following was proposed to be inserted before the last paragraph, viz. :—

“The Counsel for the Petitioner requested your Committee to take the necessary steps to have the enquiry resumed in the next session of Parliament, to which the Counsel for the sitting Member objected.”

Question—That the same be there inserted—put.
Committee divided.

Ayes, 3.

The Hon. F. T. Sargood,
J. Lorimer,
T. F. Cumming.

Noes, 2.

The Hon. W. A. Zeal,
J. Williamson.

Report as so amended agreed to.

Chairman to report to the Council.

MINUTES OF EVIDENCE

TAKEN BEFORE THE SELECT COMMITTEE OF THE LEGISLATIVE
COUNCIL ON ELECTIONS AND QUALIFICATIONS.

WELLINGTON PROVINCE ELECTION PETITIONS.

WEDNESDAY, 10TH NOVEMBER, 1886.

Members present:

The Hon. JAS. BALFOUR, in the Chair;	
The Hon. J. Williamson	The Hon. W. A. Zeal.
Geo. Young	

1. The counsel and parties were called in, and informed by the Chairman that the Committee had agreed to the following resolutions, viz.:—

- (1) That counsel will not be allowed to go into matters not referred to in their opening statement without a special application to the Committee for permission to do so.
- (2) That if costs be demanded by either party under 19 Vict. No. 12, the question must be raised immediately after the decision on that particular case, unless the Committee shall otherwise decide.
- (3) That no person shall be examined as a witness who shall have been in the room during any of the proceedings, with the exception of the parties and their agents, without the special leave of the Committee.
- (4) That the Committee will only allow one counsel to address them on opening the case and one counsel on the summing up.
- (5) That, if any point of law should arise requiring argument, the Committee reserve to themselves the power of only hearing one counsel on each side.
- (6) That if the leading counsel are not prepared to sum up the case on either side when the evidence is terminated, the Committee will not protract the proceedings for the convenience of counsel who may be absent.
- (7) That with respect to objected votes the Committee expect counsel to exhaust one class of objections before proceeding to another.

2. *Mr. McIntyre* and *Mr. Elkington* appeared as counsel for the sitting member.

3. *Mr. Budd* appeared as agent.

4. *Mr. C. A. Smyth* and *Mr. Finlayson* appeared as counsel for the petitioners.

5. *Mr. Nevett* appeared as agent.

6. *Mr. McIntyre* objected to the constitution of the Committee, in that the seven members were not all sworn in at one and the same time, and cited the 19 Vic. No. 12, secs. 58, 60, 62, and the schedule prescribing the form of the oath. He further objected that the whole number of the members were not present at this, the first meeting, and referred to *Clerk on Election Committees*, p. 313.

7. *Mr. Smyth* stated that the point raised did not affect the position of his clients, and replied briefly to the arguments of *Mr. McIntyre*.

The Committee-room was cleared.

The Committee deliberated.

8. After a short time, the counsel and parties were again called in and informed by the Chairman that the Committee had decided that, in their opinion, the Committee had been properly sworn in as "The Elections and Qualifications Committee."

9. *The Petition of Thomas Drummond Wanliss, Esq., against the return of Henry Gore, Esq., was read.*

10. *Mr. McIntyre* took a preliminary objection to the petition that, in the second paragraph of the prayer, the election was described as "such election for Ballarat West," whereas there is no such constituency for this House as Ballarat West.

11. *Mr. Smyth* stated, in answer, that notice had been given to the other side that he would apply to have these words struck out, as having been accidentally and erroneously put in; that the words were not necessary; and that notice had been served on the Clerk of the House that application would be made to substitute the words "The Electoral Province of Wellington" for the words "Ballarat West"; and he made application to amend the petition accordingly, supporting his application by quotations from *Clerk on Election Committees*, pp. 277 and 326-327; from sec. 64 of the Act 19 Vict. No. 12; the 13th edition of *Rogers on the Law of Elections*, p. 330; and the Londonderry case, the Cheltenham case, and the Dublin case, 1 & 2 O'M. & H.; explaining further that the leaving in the petition of the words "Ballarat West" was a personal oversight of his own.

12. *Mr. McIntyre* was heard to oppose the application to amend, on the grounds that the notice was not signed by the agent for the petitioner, that the amendment had not been referred to the Committee by the Council, and therefore could not be incorporated into the petition by the Committee, and that the power of amendment exercised at present in England is a statutory power, not existent here, and that the notice was not addressed either to the Committee or to the House; and referred to *Warren on Elections*, pp. 320-321, and to the Nottingham case, at p. 340, of the same work.

13. *Mr. Smyth* was heard in reply.

The Committee-room was cleared.

The Committee deliberated.

14. After some time the counsel and parties were again called in, and informed by the Chairman that the decision of the Committee was against the request of the petitioner's counsel for leave to amend the petition of T. D. Wanliss.

15. *Mr. Smyth* stated that he would now proceed with the petition, which, leaving out the paragraph asked to be amended, was sufficient for his purposes.

16. *The Hon. the Chairman*.—Do I understand you, that you accept the petition as it stands?

17. *Mr. Smyth*.—Yes, it is sufficient as it stands.

18. *Mr. McIntyre*.—Then I submit that the petition is bad, there being no such province as "Ballarat West," and no election held for it. The petition must be dismissed; nothing can cure this now that the proposal to amend has been disallowed, and my friend now is bound down to the *ipsissima verba* of the petition. I ask that the petition may be dismissed as frivolous and vexatious.

19. *Mr. Smyth* was heard in reply to contend that the petition was quite sufficient on the face of it, striking out the paragraph which the Committee had refused to amend, and that the petitioner could proceed with the remaining portion of the petition, the only return in existence being the return to the writ for an election for the province of Wellington, there being no return for any election for "Ballarat West."

20. *The Hon. the Chairman* intimated that the Committee had decided that the application to amend the petition was neither frivolous nor vexatious.

21. *Mr. McIntyre*.—It is the petition itself that we referred to.

22. *The Hon. the Chairman*.—We have decided that the petition was not frivolous nor vexatious.

The Committee-room was cleared.

The Committee deliberated.

23. After some time, the counsel and parties were again called in, and informed by the Chairman that the Committee had agreed to the following resolution, viz.:—That the Committee have decided not to proceed with the petition of T. D. Wanliss.

24. *Mr. McIntyre*.—That is, the petition is dismissed.

25. *The Hon. the Chairman*.—We do not proceed with it.

26. *The Petition of John Noble Wilson against the return of Henry Gore, Esq., was read.*

27. *Mr. McIntyre* objected that the petition was not lodged in time, that is to say, within thirty days after the next meeting of the Council, the date of the election being on the 9th of September, that of the return the 11th, and the date of the petition being the 19th of October. He quoted 19 Vict. No. 12 sec. 68, and was heard to contend that the meaning of the petition was that, if the election took place while Parliament was in session, thirty days only were allowed for the presentation of a petition against the return; whereas, if a prorogation took place after the election, forty days would be allowed, during which the interval allowed by the prorogation would not be reckoned.

28. *The Hon. the Chairman* intimated that the Committee were of opinion that forty days were allowed, and therefore the objection could not be sustained; and that the Committee had fixed this day week, the 17th instant, as the day on which the lists of voters to be objected to must be lodged.

29. *Mr. McIntyre* submitted, that the first step to be taken was for the other side to establish their case, and drew the attention of the Committee to the case of *Jones v. Fincham*, Ballarat West election, 1883 to sustain this contention.

30. *Mr. Smyth* objected, that the Committee having given their decision, *Mr. McIntyre* could not be heard to argue upon it.

31. *Mr. McIntyre* was further heard to quote from the report referred to.

32. *The Hon. the Chairman* pointed out that, in that case, the matter in question was a list of witnesses; but that, in this case, the Committee had given its decision regarding a list of voters to be objected to by each side, and that lists must be handed by both sides in on the same day.

Ordered—That this Committee be adjourned to Tuesday next, at Four o'clock.

WELLINGTON PROVINCE.

PETITION

Of John Noble Wilson against the sitting Member, the Honorable Henry Gore.

TUESDAY, 23RD NOVEMBER, 1886.

Members present:

The Hon. J. BALFOUR, in the Chair;

The Hon. W. A. Zeal,

J. Williamson,

The Hon. G. Young,

J. Lorimer.

The Shorthand Writer was sworn.

33. *Messrs. C. A. Smyth and Finlayson* appeared as counsel for the petitioner.

34. *Mr. H. Nevett* appeared as agent for the petitioner.

35. *Messrs. McIntyre and Elkington* appeared as counsel for the sitting member.

36. *Mr. Budd* appeared as agent for the sitting member.

37. The counsel and parties were called in.

38. The clerk read the following resolutions which had been agreed on by the Committee :—

- (1) That counsel will not be allowed to go into matters not referred to in their opening statement without a special application to the Committee for permission to do so.
- (2) That, if costs be demanded by either party under 19 Vict. No. 12, the question must be raised immediately after the decision on that particular case, unless the Committee shall otherwise decide.
- (3) That no person shall be examined as a witness who shall have been in the room during any of the proceedings, with the exception of the parties and their agents, without the special leave of the Committee.
- (4) That the Committee will only allow one counsel to address them on opening the case and one counsel on the summing up.
- (5) That, if any point of law should arise requiring argument, the Committee reserve to themselves the power of only hearing one counsel on each side.
- (6) That, if the leading counsel are not prepared to sum up the case on either side when the evidence is terminated, the Committee will not protract the proceedings for the convenience of counsel who may be absent.
- (7) That, with respect to objected votes, the Committee expect counsel to exhaust one class of objections before proceeding to another.

39. *Mr. McIntyre* was heard to raise the preliminary objections, that the alleged ground of non-retention of sufficient qualification by certain voters did not specify in terms the head of objection as required by the practice of Election Petition Committees, and addressed the Committee on the point.

40. *Mr. Smyth* was heard to reply to the objection.

41. The counsel and parties were requested to withdraw.

The Committee deliberated.

42. The counsel and parties were again called in.

43. *The Chairman* stated, that the Committee were of opinion that the head of objection to the voters in No. 1 list was sufficient.

44. *Mr. McIntyre* was heard to raise a further objection, that, in order to determine on the list, the Committee must open the register, and go behind the roll.

45. *Mr. Smyth* was heard to submit that such objection could not be taken until he tendered evidence on some particular vote.

46. *The Chairman* stated, that the Committee concurred in the view expressed by *Mr. Smyth*, that it would be time enough to raise the question of going behind the roll when the Committee took up any one voter.

47. *Mr. Smyth* was heard to address the Committee on behalf of the petitioner, who prayed that *Mr. Gore*, the present sitting member, be declared not elected, and the seat given to *Mr. Thomas Drummond Wanliss*.

John Barker sworn and examined.

48. *By Mr. Finlayson*.—You are Clerk of the Legislative Council?—Yes.

49. Do you produce the writ and the return of the election of the Electoral Province of Wellington?—The writ was issued on the 17th day of August last, and the return forwarded. I do hereby certify the return.

John Barker,
10th Nov. 1886.

William Scott sworn and examined.

50. *By Mr. Finlayson*.—You are the Returning Officer for the Electoral Province of Wellington?—
I am.

51. After the receipt of the writ, you caused an advertisement to be inserted in the paper?—Yes.

52. Have you got that?—I have—[*handing in the same, which was marked as Exhibit A*].

53. Dated the 17th day of August?—Yes.

54. In what paper was it inserted?—In the *Ballarat Star* and the *Ballarat Courier*.

55. Papers circulating in the electoral province?—Yes.

56. Did you receive the nominations?—Yes.

57. Who were nominated?—*Mr. Gore* and *Mr. Wanliss*.

58. Did you cause an advertisement to be inserted in the papers of the nomination?—I did—
[*handing in the same, marked B*].

59. Dated the 27th of August, 1886?—Yes.

60. In the same papers?—Yes.

61. The election took place on what day?—The 9th of September.

62. Who was elected?—I have the advertisement.

63. Who was returned?—*Henry Gore*.

64. Did you cause the advertisement to be inserted in the papers of the return, and the number of votes of each candidate?—Yes, I produce that—[*Exhibit C*].

65. The number for *Gore* was 2512, and for *Wanliss* 2511?—Yes.

66. That was inserted in papers circulating in the district?—Yes.

67. Who was your deputy returning officer?—*Mr. Henry Josephs* was my substitute.—[*Copies of the printed papers were also handed in.*]

The Witness withdrew.

John Ferres sworn and examined.

68. *By Mr. Finlayson*.—You are the Government Printer?—Yes.

69. Did you receive from the electoral registrars of the Province of Wellington the rolls of rate-paying electors?—I received them through the Chief Secretary.

70. Are those they?—They are.

John Ferres,
10th Nov. 1886.

John Ferris,
continued,
10th Nov. 1886.

71. Signed by the registrars?—They reached me through the Chief Secretary's Office, not direct through the registrar—[*handing in the same, subsequently marked as Exhibit G*].

72. Those are they?—Yes.

73. *Mr. McIntyre*.—That is no proof those are the ones.

74. *By Mr. Finlayson*.—Will you open them?—[*The witness did so.*]

75. Will you take out the ones for Ballarat City?—[*The witness did so.*]

Cross-examined by *Mr. McIntyre*.

76. You received those from the Chief Secretary's Office?—Yes.

The Witness withdrew.

David Christy sworn and examined.

David Christy,
10th Nov. 1886.

77. *By Mr. Finlayson*.—What are you?—Electoral Registrar for the Wellington Province.

78. Will you look at that roll?—Yes.

79. That is certified by you?—Yes.

80. And forwarded by you to the Government Printer?—Yes.

81. Did you receive the roll from the clerk of the municipal district of Ballarat West?—Yes.

82. You certified that first one as what?—Wellington Province, Ballarat City Division.

83. Do you receive from the clerk of the municipal district of the City of Ballarat the roll of ratepaying electors?—Yes.

84. Do you produce that?—[*The witness produced the same*].—There are three—[*and were marked as Exhibits, D, E, F*].

85. And from that you compiled the roll that you certified?—Yes, this is the roll returned to the Government Printer in September of this year.

86. We want the last year's roll down to July, 1886?—No, this is the present one. Those three are the old ones—[*handing in the same*].

Cross-examined by *Mr. McIntyre*.

87. Are those the rolls the returning officer had?—Yes.

88. Is that the original roll the returning officer had, or a copy?—This is a copy.

89. Which was the copy used at the election?—This one—[*pointing to the same*].

90. *Mr. McIntyre*.—I submit the other ought to be put in, because the question in dispute is the roll as used at the election, because the other touches the question of going behind the register. Those are compared; several alterations are made there and names struck out from the general municipal roll. The object of putting in that, is to show the values of the different properties belonging to those ratepayers. This is the roll that was actually used at the election, and I submit my friend is not entitled to put in anything else.

91. *Mr. Finlayson*.—My friend is laboring under a slight misapprehension. The Act requires the clerk shall forward a list from the clerk of the municipal district, and he has to forward that to the Government Printer, and this is the copy.

92. *Mr. McIntyre*.—The copy used at the election is the one the Committee has to deal with.

93. *Mr. Finlayson*.—I have no objection to put in both.

94. *By Mr. Finlayson*.—Is this the copy used at the election?—Yes.

95. *Mr. Finlayson*.—I will put that in too. They are both the same.

The Witness withdrew.

George Perry sworn and examined.

George Perry,
10th Nov. 1886.

96. *By Mr. Finlayson*.—You are clerk of the municipality of the City of Ballarat?—Yes.

97. Did you certify as provided by the Reform Act the copy of the municipal roll and forward it to the registrar?—Yes.

98. Is this what you certified to?—[*The witness examined the rolls*]. Yes, those are they—[*Exhibits D, E, and F*].

Cross-examined by *Mr. McIntyre*.

99. Are those the copies that were used at the election?—I did not conduct the election.

The Witness withdrew.

John Noble Wilson sworn and examined.

100. *By Mr. Finlayson*.—You are the petitioner in this case?—I am.

101. Are you the John Noble Wilson on the roll of Ballarat, city division of the Wellington Province number 2329?—Yes; Mair-street, agent.

102. Did you vote at the election?—Yes.

103. Are you entitled to vote?—Yes.

104. That is your signature to the petition?—I signed the petition.

Cross-examined by *Mr. McIntyre*.

105. Did you move in this matter on your own accord?—Yes.

106. Nobody suggested it to you?—No.

107. Was it suggested to you?—Yes.

108. By whom?—I cannot say.

109. You are asked to say it; you are on your oath, and you are asked to state. It will not do the gentleman any harm, but I should like to know for the information of the Committee?—I think it was through the legal advisers that a second petition was thought to be necessary. That is the one I lodged—this one.

110. Who asked you?—The solicitor to the case.

John N. Wilson,
10th Nov. 1886.

111. Are you conducting this yourself?—Yes.
 112. Out of your own pocket?—Yes.
 113. Nobody is assisting you?—If necessary, I conduct the entire thing at my own cost.

John N. Wilson,
continued,
 10th Nov. 1886.

The Witness withdrew.

THE CASE OF JOHN FITZSIMMONS.

114. *Mr. Smyth* was heard to open the case of objection in regard to this voter.

115. *Mr. McIntyre* was heard to address the Committee on the postponed point in regard to opening the roll—going behind the register.

Adjourned to to-morrow at Two o'clock.

WEDNESDAY 24TH NOVEMBER, 1886.

Members present:

The Hon. J. BALFOUR, in the Chair;

The Hon. J. Lorimer,
 Colonel Sargood,
 G. Young,

The Hon. J. Williamson,
 W. A. Zeal.

116. The counsel and parties were called in.

117. *Mr. McIntyre* was heard to continue his address to contend that the Committee had no power to revise the roll of electors, its jurisdiction in such matters being limited to provisions in certain Acts now repealed.

118. *The Chairman* intimated to *Mr. McIntyre* that the Committee wished to know what construction he placed on those words in the Act which provided that the Committee might inquire into the retention of qualification by a voter.

119. *Mr. McIntyre* replied that, as those words applied to certain sections of an Act of Parliament which had been repealed, that power was gone.

120. *Mr. Smyth* was heard in reply to argue, that the Committee had to do only with the three Acts numbered respectively, 12, 279, and 702, and that sec. 66 expressly and in words conferred upon the Committee power to inquire into the correctness of the roll, so far as the retention of qualification was concerned.

Ordered—That this Committee be adjourned to Tuesday next, at Two o'clock.

TUESDAY, 30TH NOVEMBER, 1886.

Members present:

The Hon. J. BALFOUR, in the Chair;

The Hon. Geo. Young,
 Col. Sargood,
 W. A. Zeal,

The Hon. J. Williamson,
 T. F. Cumming,
 J. Lorimer.

121. The counsel and parties were called in.

122. *Mr. Smyth* was further heard to address the Committee on the point raised by *Mr. McIntyre*.

123. *Mr. McIntyre* was heard to address the Committee in reply to *Mr. Smyth*. He again submitted that the points could not be inquired into, because it would impugn the correctness of the roll.

124. The counsel and parties were requested to withdraw.

The Committee deliberated.

125. The counsel and parties were again called in.

126. *The Chairman* announced that, with regard to the objection raised on the first petition, the Committee decided that they had power to inquire if the voter retained a sufficient qualification of the nature set opposite his name on the electoral roll.

127. *Mr. McIntyre* asked for leave to amend the list he had put in on behalf of the sitting member, because he had acted on the belief that the Committee would not inquire into the question of the correctness of the rolls. He asked permission to add lists similar to lists Nos. 1 and 2, lodged by the petitioner, which objected to voters on account of non-retention of sufficient qualification, of infancy, and of non-qualification. He asked that he might be granted a fortnight for the purpose.

128. *Mr. Smyth* was heard to strongly oppose the application made by *Mr. McIntyre* as being contrary to all precedent. He protested against the continued delay caused by the raising of mere technical objections.

129. *Mr. McIntyre* was heard in reply.

130. The counsel and parties were requested to withdraw.

The Committee deliberated.

131. The counsel and parties were again called in.

132. *The Chairman* announced that the Committee had arrived at the following resolution, viz.:—
 “That the Committee, having already arrived at a decision as to the time when the lists of objections should be lodged, feel they cannot accede to the request made on behalf of the sitting member.”

The Committee adjourned till to-morrow, at Two o'clock.

WEDNESDAY, 1ST DECEMBER, 1886.

Members present :

The Hon. J. BALFOUR, in the Chair ;	
The Hon. T. F. Cumming, J. Lorimer, Col. Sargood,	| The Hon. J. Williamson, W. A. Zeal.

133. The counsel and parties were called in.

134. *The Chairman* intimated that some misapprehension seemed to have existed in regard to an application for extension of time for preparing further lists of votes objected to on the part of the sitting member. If any such application had been made, it would have been granted.

135. *Mr. McIntyre* asked whether the Committee had come to any decision as to whether they are going behind the roll or not.

136. *Mr. Smyth* submitted that such questions should not be raised until the evidence had been taken.

137. *Mr. Smyth* stated that the first case was that of John Fitzsimmons, number 689 upon the roll, in Ballarat, City division, non-retention of sufficient qualification, and was proceeding to state the nature of the case when—

138. *Mr. McIntyre* objected that the roll ought to be produced.

139. [*The Clerk of the Council produced the roll put in by Mr. Christie.*]

140. *Mr. McIntyre* submitted that the only roll that could be referred to was that used at the election.

141. *Mr. Smyth* said that, at the proper time that would be done, and was heard to state the nature of the case of John Fitzsimmons.

142. *Mr. McIntyre* objected.

143. *Mr. Smyth* was heard to continue his address.

John Barker, Esq., Clerk of the Legislative Council, examined by *Mr. Finlayson*.

144. You are Clerk to the Legislative Council?—I am.

145. Do you produce the sealed packet containing the rolls used at the election for the Province of Wellington?—I produce a packet—[*producing the same*]—and a second packet, returning officer's declarations, appointment, nomination papers, deputy returning officer—[*producing the same*]. [*The Witness retired, and, after a short time, returned, and produced two packages.*] I have a parcel here endorsed "Wellington Province Election, September 9th, 1886. Books, rolls, &c."

146. From the parcel will you produce the electoral roll for the city of Ballarat division?—The Ballarat City division M to S?

147. No; I wish D to H, I think it is No. 2 booth?—Ballarat, No. 2, initial letters from D to H, signed "Charles Wale Sherard, Deputy Returning Officer; Albert Francis, Poll Clerk; Walter Williams, Charles B. Holden, Scrutineers." This parcel is sealed up.

148. *Mr. McIntyre*.—I submit that, before the Ballarat papers are opened—

149. *Mr. Smyth*.—These are not the ballot-papers.

150. *The Witness*.—It is endorsed "Rolls, books, and papers."

151. *By Mr. Finlayson*.—Will you look at 689 on that roll?—Yes.

152. What do you find against that number?—The name is struck out—"Fitzsimmons, John, Sturt-street, dealer, occupier, Central ward, Sturt-street, yearly value of property £42."

153. It is struck out as having voted?—It is struck out.

The Witness withdrew.

James Vallins called and sworn.—Examined by *Mr. Finlayson*.

154. You are valuer for the city of Ballarat?—Yes.

155. And you compiled the valuation rolls for the city?—Yes, I make the valuation.

156. Do you know a person of the name of John Fitzsimmons?—I do.

157. He is registered upon the roll as the occupier of a tenement in Sturt-street—do you know that tenement?—I do.

158. Valued at £42?—Yes.

159. Do you know whether he is still the occupier?—He is not.

160. Can you say when he left?—I cannot give the date.

161. About what date?—It was prior to June last year, that is, this year.

162. About how long, do you know?—I cannot say—some time ago.

163. Some time prior to June of this year?—Yes.

164. Do you know who succeeded him in the occupation of those premises?—A lady. I forget the name; the first one—it is in the book.

165. Will you look at your book and see—refresh your memory?—There are two books and two blocks.

166. *Mr. McIntyre* objected that this evidence should be preceded by the production of John Fitzsimmons, and that now a point arose which he addressed the Committee upon at the opening of the sitting.

167. *Mr. Smyth* objected that it was for him to conduct his case, and he declined to produce any other witness than the present at the present time.

168. *Mr. McIntyre* pressed his objection, because the witness was the city valuer, and could only talk of the qualification in respect of which the voter was put upon the roll; and if he were wrongly put upon the roll, the proper time to object was at the revision court.

169. *The Hon. the Chairman*.—The Committee think it right that *Mr. Smyth* should conduct his case in his own way, but they will hear you, *Mr. McIntyre*, before they come to a decision.

J. Barker, Esq.,
1st Dec. 1886.

James Vallins,
1st Dec. 1886.

170. *By Mr. Finlayson [to the Witness].*—Can you now say who was the occupier after Mr. Fitzsimmons left?—A Mrs. Booth was there for a short time, I find.
171. When?—On the 9th, or about the 9th, of March.
172. Of this year?—Yes.
173. Then Mr. Fitzsimmons had left prior to that?—Prior to that.
174. Who succeeded Mrs. Booth?—Mrs. Cruikshank.
175. Do you know who was in occupation in the month of September of this year?—Mrs. Cruikshank.
176. Who is in occupation now?—Mrs. Cruikshank.
177. Was the place vacant for any time?—It was for a short time between Mrs. Booth and Mrs. Cruikshank.
178. Do you know who is on the roll now?—Yes.
179. Who?—Mrs. Cruikshank.
180. *Mr. McIntyre* objected that this was not evidence.
181. *The Hon. the Chairman.*—No, I do not think it is.
182. *By Mr. Finlayson [to the Witness].*—Do you know Mr. Fitzsimmons personally?—Yes, well.
183. Do you know where he resides now?—In Melbourne, somewhere.
184. He has left Ballarat?—Left Ballarat.
185. Do you know how long?—Over twelve months, anyway.
186. As valuer, are you aware whether he has any other property liable to be rated?—Mr. Fitzsimmons?
187. Yes?—None in the City of Ballarat.

Cross-examined by *Mr. McIntyre.*

188. You say he has left over twelve months?—Yes.
189. Then the Committee arrive at the difficulty at once, that he did not possess the qualification at the time of the roll being made up.
190. *Mr. Finlayson.*—Yes. The roll runs from June to June.
191. *Mr. McIntyre.*—The revision court was in February.
192. *Mr. Smyth.*—If you wish to admit that he had no qualification at the time the roll was made, well and good.
193. *Mr. McIntyre.*—The revision court takes place in February when the rolls are made up and completed, therefore if the Committee proceed further in this case, they arrive at the difficulty that I mooted at the outset, that is, whether they are going behind the roll or not; because if a man possessed no qualification at the time he was placed upon the roll, then the proper place to take the objection was at the revision court.
194. *The Hon. the Chairman.*—As I understand, the Committee is not asked just now to decide anything about the roll, they are asked as I understand to—
195. *Mr. McIntyre.*—To reject this evidence.
196. *The Hon. the Chairman.*—Because he had not certain qualifications at the time he voted.
197. *Mr. Smyth.*—That is all.
198. *The Hon. the Chairman.*—But if we are asked otherwise, we will take that into consideration. I do not see that we are asked that now.
199. *Mr. McIntyre.*—No, but the position I take up is this: If the person had no qualification at the time he was put upon the roll at the time of the revision court, then he could not possibly retain sufficient qualification, and I understand the resolution of the Committee to point to those cases and those cases alone where, assuming the roll to be correct, and passing the fire of the revision court, and that the man therefore *prima facie* had the qualification at that time, he has lost it by some act since, and in this case I have elicited from Mr. Vallins, that this man actually left the district before the time of the revision and ceased to be qualified to be put upon the roll, that is at the time of the revision court, and that is the point; and if Mr. Vallins had done his duty as required by the Act, he would have objected to him at that time, and not come down here now.
200. *Mr. Smyth* asked that the Committee would hear the evidence before they came to any decision, and stated that he was not asking the Committee to go behind the roll, but (in the words of section 66, assuming the correctness of the roll), did the voter retain his qualification; and asked to be allowed to complete the evidence, and then, if any objection were to be taken, at the close of the evidence would be the proper time to take it.
201. *The Hon. the Chairman.*—The general feeling is, that you had better let this case be finished, Mr. McIntyre, before we go into this matter.
202. *Mr. McIntyre [to the Witness].*—You say, that he left over twelve months?—Yes.
203. Are you agent for Mr. Wanliss?—Yes.
204. You were secretary for him?—Yes.
205. And you are city valuer also?—Yes.
206. Do you think that those positions are consistent?—Certainly.
207. You do?—Yes.
208. Being a partisan and a Government servant at the same time?—I am not a Government servant, and I was not valuer at the time I was Mr. Wanliss's secretary. I am not engaged all the year.
209. *Mr. Finlayson.*—You say Mr. Fitzsimmons has left for twelve months?—Yes.
210. When did you make your valuation?—On the 9th of February. I was a little out in the evidence I gave—on the 9th of March, 1885.
211. *Mr. McIntyre.*—This is entirely new matter, not arising out of my cross-examination. He is entering into what took place before the revision court, and I have not asked him anything about that.
212. *The Hon. the Chairman.*—You cannot go into new matter, quite clearly.
213. *Mr. Finlayson.*—I want to clear up this difficulty about the twelve months. My learned friend asked that question, and, even if it were new matter, I ask permission of the Committee to ask the question when he made his roll.
214. *The Hon. the Chairman.*—There can be no objection to that, I think.

James Vallins,
continued,
1st Dec. 1886.

215. *By Mr. Finlayson [to the Witness].*—When did you make your valuation?—On the 9th of March, 1885. Mr. Fitzsimmons was in occupation.
216. On the 9th of March, 1885?—I was in error. In looking at the book, I got the wrong book, and the evidence I gave referred to another date, the next date, the 11th of March, 1886, when a lady was in possession after Mr. Fitzsimmons left.
217. At the time you made the valuation, the 9th March, 1885, Mr. Fitzsimmons was then in possession?—He was then in possession, and it was that from which the roll was made up.
218. *By Mr. McIntyre.*—When did the revision court take place?—I do not know.
219. Was it not afterwards?—After this?
220. *The Hon. the Chairman.*—After March, 1885?
221. *Mr. McIntyre.*—Yes, after 9th March, 1885, when Mr. Vallins made his valuation.
222. *The Witness.*—It took place between the two valuations.
223. *Mr. McIntyre.*—I did not ask you that.

The Witness withdrew.

William Bones called and sworn.—Examined by *Mr. Finlayson.*

William Bones,
1st Dec. 1886.

224. What are you?—I am auctioneer, house, land, and general agent.
225. Do you know Mr. John Fitzsimmons?—I do.
226. He occupied a house in Sturt-street, Ballarat?—He did.
227. Do you know who the owner of the house was?—At the time I was agent?
228. At the time Mr. Fitzsimmons occupied?—Yes.
229. Who?—George Snowball.
230. Did you act as agent for Mr. Snowball?—I did.
231. Did you collect the rent?—I collected the rent.
232. Did you collect rent from Mr. Fitzsimmons?—I did.
233. Up to what period?—Up to the 3rd day of September, 1885.
234. Did Mr. Fitzsimmons then leave the premises?—He did.
235. He gave you a notice determining the tenancy?—He did.
236. Is that it?—Yes—[*producing a paper*].
237. What is the date of that?—He gives notice upon the 27th day of August, 1885, stating that he will leave the premises.
238. Read it?—“August 27th, 1885—Mr. Bones, I hereby give notice that I will give up possession of the shop I rent in Sturt-street on the,” I think he says, “the 3rd day of September.—J. Fitzsimmons.”
239. Will you put that in, and let it be marked—[*the witness handed in the same, and it was marked as exhibit J*].
240. Did he then leave the premises?—He then left the premises.
241. Do you know where he went?—I think he left Ballarat.
242. So far as you know, he left Ballarat?—So far as I know; I have not seen him in the place afterwards.
243. Did you continue to act as agent for the premises?—Yes.
244. Who then occupied them after that?—Mrs. C. Booth was the next tenant.
245. From what time?—She went in on September 9th, 1885, and paid one week's rent ending September 21st.
246. 1885?—1885.
247. Did she then leave?—She remains in the place until June 11th, 1886.
248. Were the premises occupied after that?—Yes.
249. Whom by?—Mrs. Cruikshank.
250. When did she take them?—Took them on February the 3rd, 1886.
251. Has she continued in possession down to the present time?—She is in occupation now.
252. Then I understand you, Mr. Bones, from the 3rd of September, 1885, down to the present time, Mr. Fitzsimmons has not been in occupation of the premises?—Yes; has not been in occupation.
253. *By the Committee.*—Do you know Mr. Fitzsimmons?—I have known Mr. Fitzsimmons for 25 years.
254. And do you know whether he has any property in Ballarat now?—I am not aware that he has any property.
255. You do not know whether he has or has not?—I am inclined to think he has no property. I will not swear he has not property, but I am inclined to think he has no property.
256. Does he occupy any other property in Ballarat?—Not that I am aware of.
257. *Mr. McIntyre.*—How does he know it is the same man?
258. *By the Committee.*—This Mr. Fitzsimmons occupied what property in Ballarat?—I think I can give you that from the headings of the book—[*referring to a book*].—This property was situated Sturt-street, purchased at that time by George Snowball, the number of the residence is not on.
259. And you do not know that he has any other property, or any other leasehold property?—I do not believe he has any other property in Ballarat whatever.
260. I ask, if you know?—I will not swear; I do not believe he has any property, being personally acquainted with him. I would not like to swear a thing and make a mistake.

The Witness withdrew.

261. *Mr. Smyth* asked that the Committee would now open the ballot-papers, and see how Mr. Fitzsimmons voted.
262. *Mr. McIntyre* objected that it must first be proved Mr. Fitzsimmons had voted.
263. *Mr. Smyth* was heard in reply.
264. *Mr. McIntyre* pointed out that Mr. Fitzsimmons was present, and was in the witnesses' chair, and might at once be asked the question.

265. *The Chairman* stated that, if Mr. Fitzsimmons was to be called to give evidence, he must now retire if further discussion was to be conducted.

Mr. Fitzsimmons left the room.

266. *Mr. McIntyre* objected that, as Mr. Fitzsimmons had been called, he ought to be examined; but that, as he had been present during the discussion, he could not be examined.

267. *The Chairman* intimated that it was desirable for Mr. Smyth to call Mr. Fitzsimmons and examine him; but that, in making this intimation, the Committee were not laying down the rule that no other evidence should be taken but the man's own statement, and it was not to be taken as a precedent to decide this point.

John Fitzsimmons called.

268. The oath was tendered to the witness.

269. *The Witness*.—I wish to appeal to you. I have been called here from my business for several days, and the solicitor on the other side has kindly offered me 15s. a day for a consideration; it does not pay me for the loss of my time. J. Fitzsimmons
1st Dec. 1886.

270. *Mr. Smyth*.—Mr. Fitzsimmons, there is a scale of witnesses, and you are offered the highest scale—"Tradesman 7s. 6d. to 15s."

Examined by *The Chairman*.

271. What are you?—A master dairyman.

272. Do you live in Melbourne?—I live at Windsor.

273. It seems to be the highest scale?—It does not pay me, gentlemen.

274. *Mr. Smyth*.—You know the agent cannot offer you more than the Act allows, because it would be improper for him to do it. We should be at once charged with bribery and corruption.

275. *Mr. McIntyre*.—He need not give evidence, of course, unless his expenses are paid.

276. *Mr. Smyth*.—I do not think that lies in Mr. McIntyre's mouth.

277. *By the Chairman [to the Witness]*.—You will have to give your evidence?—Gentleman, I am very sorry I am here. When I was first called by the Honorable Court—

278. You must sit down in the chair, and be sworn, and give your evidence.—[*The Witness sat down and said*]—I decline to give my evidence until I get a fair consideration.

279. *By Mr. Smyth*.—Do you know you are liable to be committed?—I cannot help it; I decline to give my evidence till I get a fair consideration.

280. *By the Chairman*.—Do you decline to give your evidence?—Until I get a fair consideration.

281. *The Chairman*.—Then you shall be reported to the Council.

282. *Mr. Smyth*.—You had better consider your position.

283. *By the Chairman*.—Do you refuse to be sworn?—Until I get a consideration.

284. Do you refuse to be sworn?—I do, till I get what I consider a fair consideration.

285. *By Mr. Smyth*.—And you will admit you were offered 15s. a day?—I do.

286. *By the Chairman*.—I am afraid you are putting yourself in a very awkward position?—I cannot help that; I am very sorry for it.

287. *Mr. Smyth*.—As the case has taken this turn, I ask permission to call Mr. Vallins and Mr. Bones to say that they know this gentleman.

The Committee-room was cleared.

The Committee deliberated.

288. After some time, the counsel and parties were again called in.

289. *John Fitzsimmons* again called.

290. *The Chairman*.—I understand that you wish to apologise for your having refused to give evidence?—Yes.

291. The Committee is willing to accept your apology, and to hear your evidence, when you are sworn.

The Witness was sworn.

Examined by *Mr. Smyth*.

292. What is your name?—John Fitzsimmons.

293. What are you?—Dairyman.

294. Where are you living?—Windsor.

295. Did any one advise you to refuse giving your evidence here to-day?—None.

296. No one at all?—None.

297. Used you to live in Sturt-street, Ballarat?—Yes.

298. When did you leave it?—I think about thirteen months back.

299. And you have been living in Windsor ever since?—Yes.

300. You voted at the last election?—Yes, and the election prior.

301. I do not ask you for whom, of course. You were the occupying tenant of that house in Sturt-street?—Yes.

302. You have no interest in it now?—No.

303. "John Fitzsimmons, Sturt-street, dealer, occupier, Sturt-street, Ballarat." You are the same man?—I am.

304. And you voted?—Yes.

305. And you have no longer any interest in the place?—No.

305a. Nor in any other property, I suppose, in Ballarat?—Yes, I have.

306. None rated?—No.

Cross-examined by *Mr. McIntyre*.

307. Did you vote at the general election?—Yes.
 308. For the Upper House?—For the Assembly.
 309. And the one afterwards?—Yes.
 310. Have you any other property in Ballarat?—None rated.
 311. None rated?—No.
 312. But have you any property?—Yes.
 313. What is it—freehold?—Yes.
 314. What amount of value?—I think—
 315. I mean what it will be rated at?—I could not say.
 316. What is the capital value, about?—I think it cost about £45.

Further examined by *Mr. Smyth*.

317. That is freehold?—Yes.
 318. When I asked you, if you voted at the last election, I forget to ask—I meant to ask, was it for the Council?—Yes.
 319. *By the Committee*.—What is that freehold of yours worth—you say £45?—It is a piece of ground that my son-in-law wrote down to me that he has bought for me lately.
 320. *By Mr. Smyth*.—When?—He did not say when; he said he had bought—
 321. When did he send this word to you?—About five weeks ago.

The Witness withdrew.

322. *Mr. Smyth* asked that the ballot papers might now be produced, and referred the Committee to section 124 of *The Electoral Act* 1865, No. 279.

John Barker, Esq., Clerk of the Council, further examined.

323. *The Witness*.—I produce parcel endorsed—“Used ballot papers Wellington Province Election, taken at Ballarat, Booth No. 2, D to H, Charles Wale Sherrard, Deputy Returning Officer; Albert Francis, Poll Clerk; Walter Williams and Richard B. B. Holden, Scrutineers.”

324. *By Mr. Smyth*.—Now will you be good enough to find 689?—[*The Witness opened the parcel*]
 —689, I have it.

325. John Fitzsimmons?—No. 689 at the back.

326. Whom did he vote for?—[*No answer*].

327. *By Mr. McIntyre*.—Is it signed with the initials of the returning officer?—Yes; his initials W. S.

328. How do you know that?—It is initialed W. S.—that is all I can say—as returning officer.

329. *By Mr. Smyth*.—How did he vote?—The vote was for Henry Gore. Mr. Wanliss's name is struck out.

330. *Mr. Smyth*.—I ask the Committee the last crucial question in this.

331. *Mr. McIntyre*.—First of all, I wish to see the ballot-paper.

332. *Mr. Finlayson* objected.

333. *Mr. McIntyre*.—Certainly I am entitled to see it.

334. *Mr. Finlayson*.—Why?

335. *Mr. McIntyre*.—Because it might be informal.—[*The ballot-paper was handed to the learned counsel.*]

336. *Mr. McIntyre* submitted that this was the proper time for him to object that the Committee had not resolved that they would go behind the roll, and asked that the Committee would now decide whether they intended to carry their investigations one point further than their resolution passed at their last meeting; inasmuch, as it had been proved in evidence that Mr. Fitzsimmons had no qualification at the time of the revision court.

337. *The Chairman*.—When was the revision court?

338. *Mr. McIntyre*.—February, 1886.

339. *Mr. Finlayson*.—I am not aware that the revision court was in February, 1886.

340. *Mr. McIntyre*.—Yes, it is statutory.

341. *Mr. Finlayson*.—There is no evidence of it.

342. *Mr. McIntyre*.—I can easily prove it, if necessary.

343. *Mr. McIntyre* was heard to further press the Committee for a decision on the point raised by him.

344. *Mr. Smyth* was heard in reply.

345. *The Chairman* intimated that the Committee would deliberate.

The Committee-room was cleared.

Ordered—That this Committee be adjourned till to-morrow, at Two o'clock.

TUESDAY, 7TH DECEMBER, 1886.

Members present :

The Hon. J. BALFOUR, in the Chair;	
The Hon. T. F. Cumming, J. Lorimer, Col. Sargood,	The Hon. J. Williamson, W. A. Zeal.

346. The counsel and parties were called in.

347. *The Hon. the Chairman* intimated that a point had arisen in connection with the case now under consideration, in order to decide which, it was desirable to have the attendance of all the members, and that, therefore, the Committee suggested passing over the whole of the first list for the present, so as not to keep the witnesses and counsel waiting, and commencing with the list No. 2, viz., personated votes, if counsel were ready to go on with the case, otherwise it would be necessary to postpone all further proceedings.

348. *Mr. Smyth* said that he desired to call attention to an absolute mistake upon a matter of fact in a statement made at the last sitting by the learned counsel on the other side in regard to the date of the revision court, and asked that the report might be amended.

349. *Mr. McIntyre* objected that the shorthand writer's note was a faithful report of what he said.

350. *The Hon. the Chairman*.—This statement may have been made by Mr. McIntyre and taken down, but it does not say that, that is the fact.

351. *Mr. Smyth* again urged that the mistake in fact should be corrected, and was proceeding to read that portion of the notes which contained it, when—

352. *Mr. McIntyre* objected.

353. *Mr. Smyth*.—I hope the Committee will not misunderstand the position I am in—Has the Committee read the question you were about to debate when we left the room?—I have not been heard upon it.

354. *The Hon. the Chairman*.—I think, Mr. Smyth, the simplest way would be, without your reading anything or saying anything—will you give us the number you want us to look at; that does not argue anything.

355. *Mr. Smyth*.—Questions from 218 to 222.

356. *The Hon. the Chairman* inquired whether counsel were ready to take up No. 2 list—the personated votes.

357. *Mr. Smyth* replied in the negative, and stated that he had come prepared to meet the whole of the cases in No. 1 list, and had all the witnesses present who were required in those cases, and submitted that the Committee could not proceed with the second list.

358. *Mr. McIntyre*, in reply, submitted that one principle governed the whole of the cases in list No. 1, and that it would be waste of time to go on with the second case without testing that principle upon the first case.

359. *The Hon. the Chairman* suggested that Mr. Smyth could open the case upon the second list, even if he could not to-day call any evidence upon such cases.

360. *Mr. Smyth* stated that the opening of the case would only take a few minutes, and again asked the Committee to take the second case in the first list.

361. *Mr. McIntyre* objected that this course would involve a repetition of the arguments and would waste time.

362. *The Hon. the Chairman*.—The Committee is willing to take the evidence in No. 2 upon the No. 1 list, inasmuch as it may save some witnesses' time.

363. *Mr. McIntyre*.—Then I should take the preliminary objection that the evidence cannot be entered into, till you decide that point.

364. *The Hon. the Chairman* intimated that the Committee were of opinion that the point could be decided hereafter, quite as well as at present.

365. *Mr. McIntyre* again objected to the repetition of the argument.

366. *Mr. Smyth* stated that he would submit no arguments till he came to list No. 7, that he had never been heard upon the question yet, and he protested against not being heard upon the question of whether the Committee could go behind the roll.

367. *The Hon. the Chairman*.—The Committee have decided to take evidence upon case No. 2 upon No. 1 list.

368. *Mr. Smyth* stated that this was the case of Mr. Shiels, and was heard to open the case.

James Vallins again called.—Examined by *Mr. Smyth*.

369. You have been sworn; you are the valuer, I believe, for the City of Ballarat division?—Yes.

James Vallins,
7th Dec, 1886.

370. Do you know the premises that were occupied by Mr. Shiels, Manager of the City of Melbourne Bank, at Ballarat?—Yes, I do.

371. Where were they situated?—In Lydiard-street.

372. Do you know Mr. John Shiels?—I have seen him, and that is all.

373. Will you produce your valuation book for the year 1885-6?—Yes, I have it.

374. What is the number?—3120.

375. What do you find?

376. *Mr. McIntyre* objected that the valuation book was not evidence, as the Committee were dealing with the roll, and could not go behind it, to find out how the voter was put upon the roll.

377. *Mr. Smyth* was heard in reply.

378. *By Mr. Smyth [to the Witness]*.—Did you make the valuation for that property for the year 1885-6?—Yes.

379. *Mr. McIntyre* again objected that the Committee had not decided upon the principle involved in these cases, and that the valuation book was not evidence.

380. *Mr. Smyth*, in reply, pointed out that by the statute, section 64, the Committee were not bound by technicalities or legal solemnities.

James Vallins,
continued,
7th Dec. 1886.

381. *By Mr. Smyth [to the Witness].*—Where is his place?—Lydiard-street.
 382. What was he valued upon the roll for?—Bank premises.
 383. Yes; how much—as what—occupier?—He is the occupier.
 384. How is he described?—John Shiel, bank manager, occupying tenant, brick bank and dwelling, £256, owned by the Joint Stock Bank of Victoria, limited, seven inhabitants.
 385. *By Mr. McIntyre.*—How is the name spelt?—S-h-i-e-l.
 386. Is that the name—it is a different name altogether.
 387. *Mr. Smyth.*—John Shiels.
 388. *By Mr. McIntyre [to the Witness].*—How is it spelt?
 389. *Mr. Smyth* objected.
 390. *The Hon. the Chairman* intimated to Mr. McIntyre that the witness was at present in Mr. Smyth's hands.
 391. *By Mr. Smyth [to the Witness].*—Can you tell me who is on the roll for the present year?—The last valuation made in 1886–7. Andrew Williamson, bank manager. All the rest as before.
 392. When was the last one made?—Prior to June, 1886.
 393. *Mr. McIntyre.*—Made on the 9th of June.
 394. *Mr. Smyth.*—Made prior to June, 1886. [*To the Witness*].—Give me the exact date?—16th February, Andrew Williamson.
 395. The last one?—Yes.
 396. When was the valuation made for which Mr. Shiels was on the roll?—26th of February, 1885.
 397. Then he remained upon the roll from the 26th of February, 1885, till the 16th of February, 1886, when Mr. Williamson succeeded?—[*No answer.*]
 398. Do you know when the revision court is held under the Act—do you know the Local Government Act?—Yes. It is part of my duty to attend the revision court.
 399. I see by the Act that such revision shall take place between the 14th day and the 20th day of July?—It is in July of every year.
 400. Do you know whether Mr. Shiels has any rateable property in Ballarat?—No.
 401. He has not?—No, not upon the books, any way.

Cross-examined by Mr. McIntyre.

402. What is the name upon that book of yours—the valuation book?—Which book?
 403. The book you just read from—John Shiel?—It is “Shiel, John, bank manager.”
 404. How do you spell it?—S-h-i-e-l.
 405. *Mr. McIntyre.*—Then I submit it is not the same person. The vote objected to is the vote of “John Shiels.” The vote upon which my friend has elicited evidence is “Shiel,” which is a material alteration. The petitioner is bound by the list he hands in.
 406. *By the Hon. the Chairman [to Mr. McIntyre.]*—Are you cross-examining?
 407. *Mr. McIntyre.*—I am cross-examining Mr. Vallins, and I have elicited from him——
 408. *Mr. Smyth* objected.
 409. *Mr. McIntyre* again stated his objection to the spelling of the name.
 410. *The Hon. the Chairman.*—We think the cross-examination had better go on, and then we can hear arguments.
 411. *By the Committee [to the Witness].*—You said that Mr. Shiels was put on the ratepayers' roll in February, 1885?—He might have been on before.
 412. But you give your evidence now?—Yes, he was placed upon the books for the year 1885–6 at the date I mention.
 413. What did you say was the qualification?—A brick bank.
 414. Owned by him?—Joint stock.
 415. There is no such bank that I know of?—The Joint Stock Bank of Victoria, Limited.
 416. There is no such bank in Ballarat?—There is such premises, whether there is such a bank or not.
 417. You know it is the City of Melbourne Bank?—Not at that time—was it Sir?
 418. Yes, a long time ago?—That is two years ago.
 419. *By Mr. Smyth.*—Is it the City of Melbourne Bank now?—I understand it is.

The Witness withdrew.

420. *Mr. Smyth* called Mr. Shiels.
 421. *Mr. McIntyre* asked for a decision upon the question of the list being inaccurate.
 422. *Mr. Smyth* objected to the objection being heard at this stage.
 423. *The Hon. the Chairman* intimated that the Committee were of opinion that the evidence should be finished.

John Shiels sworn.—Examined by *Mr. Smyth.*

424. How do you spell your name?—S-h-i-e-l-s.
 425. At present you are the manager, I believe, in Melbourne of the City of Melbourne Bank?—No.
 426. Acting?—No.
 427. What are you?—I am manager of the Ballarat Branch of the City of Melbourne Bank.
 428. Since when?—I have been so since the amalgamation. I have been so for the last four years.
 429. Where were you living——by the way, did you vote at the last election for the Council in September last?—I did.
 430. Out of what premises?—Ballarat premises.
 431. What Ballarat premises?—The City of Melbourne Bank.
 432. Was that called the Joint Stock Bank before?—Originally it was.
 433. Is there another place called the Joint Stock Bank, which is now the City of Melbourne, or is there only the one?—Only the one.
 434. In Lydiard-street?—In Lydiard-street.

John Shiels,
7th Dec. 1886.

435. Is there any other John Shiel of the City of Melbourne Bank in Lydiard-street, Ballarat, but yourself?—I never heard of one.

John Shiels,
continued,
7th Dec. 1886.

436. You have been there for some years?—Yes.

437. Do not you know there is not?—I have not heard of anybody.

438. Do not you know there is not?—I do not know anything of it. I have not heard of any other person of the same name.

439. In April of 1886, where were you living?—I was living between Ballarat and Melbourne.

440. Do you mean in the trains?—No.

441. Where—Geelong?—No. I lived part of the week in Melbourne, and part of the week in Ballarat.

442. Were you the acting general manager of the Melbourne branch at that time?—I was, and also I was manager of the Ballarat branch.

443. I believe that report is a report signed by yourself, "John Shiels, acting general manager at Melbourne"?—That is right, and it was part of my duty.

444. Dated from Melbourne?—Yes.

445. Had you any family living in the Lydiard-street house?—No.

446. At any time?—When I was there myself.

447. Your sister?—Yes, I had.

448. What members of your family had you living with you?—My sister.

449. Up to what time did you and your sister continue to live in the house at Ballarat?—Up to May of 1885.

450. And where did you and your sister then come to?—My sister lived permanently in Melbourne, and I resided between Melbourne and Ballarat.

451. Where did you live in Melbourne?—Brighton.

452. Did you take a house in Brighton?—I took a house at Brighton. I lived a portion of my time in my house at Brighton, and a portion of my time at Ballarat.

453. Where did you sleep when you were in Melbourne?—At the Brighton house when I was in Melbourne, and Craig's Hotel, at Ballarat.

454. Did you rent that house?—Yes.

455. And when you went to Ballarat, you slept at Craig's Hotel?—Yes.

456. Who was acting as manager—When first did you take the house in Brighton?—May, 1885.

457. Have you got it still?—I have.

458. And do you sleep there still?—When in Melbourne, I do.

459. Have you any members of your family there?—I have.

460. Who?—My sister.

461. The same sister that lived at Ballarat?—Yes.

462. And servants?—Yes.

463. And since May 1885 you live at Brighton when you are at Melbourne, and when at Ballarat you go to Craig's?—Yes.

464. Since May 1885 who occupies the bank premises, Lydiard-street?—Mr. Andrew Williamson.

465. What is his position?—He is *locum tenens* for me.

466. *Mr. McIntyre* objected to *Mr. Smyth* treating the witness as hostile.

467. *By Mr. Smyth*.—What is his position?—He is doing duty as manager there.

468. Is that the same duty that you used to perform before May, 1885?—Yes, with my supervision.

469. You were acting general manager?—No; I am still manager of the Ballarat branch, and have been all along.

470. But not living there?—No.

471. Has Mr. Williamson a family living in the house?—I believe so.

472. Do not you know it—have you seen them?—Yes.

473. What is your hesitation in saying that you know it?—

474. *Mr. McIntyre* objected that *Mr. Smyth* ought to ask the Committee for leave, if he desired to treat the witness as a hostile one.

475. *By Mr. Smyth [to the Witness]*.—And Mr. Williamson's family were living in the house at the time of the election in September last?—Yes.

476. And you were at Brighton, you said?—Partly at Brighton, and partly at Ballarat.

477. Are you rated for any other property in Ballarat?—No.

478. And were not in September last?—Not that I am aware of.

479. What is the meaning of that?—It means "No," I suppose.

480. It means "No," you suppose! Mr. Shiels, remember you are upon your oath?—I have no property in Ballarat.

Cross-examined by *Mr. McIntyre*.

481. I understand that you visit Ballarat for the banking business?—I do.

482. How often?—Nearly once a week. I spent, during the whole eighteen months that I have been away, I spent nearly every Saturday and Sunday in Ballarat—very often from Friday night to Monday morning.

483. You are still actually the manager of the Ballarat branch?—Yes, I am.

484. And you were at the time of the election?—Yes.

485. What position does Mr. Williamson hold there?—He is acting as *locum tenens* for me.

486. And he is residing upon the premises?—Yes.

487. What is your position here in Melbourne?—At the present moment?

488. Yes?—I have no position in Melbourne. I am manager of Ballarat.

489. You are merely temporarily in Melbourne?—I am merely here—

490. You are manager of the Ballarat branch?—Yes.

491. And do you know the amount that the bank is rated at?—No, I do not.

492. It appears upon the roll it is rated at £256. Where are you residing now?—I should be residing at Ballarat, if I had not been here as a witness.

John Shiels,
continued,
7th Dec. 1886.

493. And were you in possession of the bank premises at the time of the election—were you a joint occupier?—As manager, yes.
494. Who was the co-occupier?—Mr. Williamson.
495. What part of the premises did he occupy?—He occupied the residence portion.
496. Part of it?—
497. *Mr. Smyth.*—He occupied the residence portion.
498. *By Mr. McIntyre.*—And do you occupy the banking portion?—I always occupied that when I went up on business, which was once a week, or as nearly as possible that.
499. *By the Committee.*—Have not you got a wine cellar there?—Yes.
500. Had not you had it there all the time?—Yes, I have had it there all the time, and I have got a lot of property there still.

Further examined by *Mr. Smyth.*

501. You told me that, on the 9th of last September, Mr. Williamson and his family were in the house, and you were at Brighton. What do you mean by saying you were occupying the bank premises at that time?—As manager of the bank.
502. You slept at Craig's at that time?—Yes.
503. And except when you went to sleep at Craig's—you never slept at the bank, in fact, since May, 1885?—No, never slept at the bank.
504. This wine-cellar, what is that?—Simply that I have got a lot of my property down in a wine cellar.
505. That you did not take away yet?—
506. *By Mr. McIntyre.*—Have you other property there?—I do not know that I have.

The Witness withdrew.

507. *Mr. Smyth* asked that the clerk would produce the roll No. 1932.

John Barker, Esq., Clerk of the Legislative Council, again called.—Further examined by *Mr. Smyth.*

508. *The Witness.*—I have a roll here, but not, I think, the one that was used in the booth.
509. That would include the letter S. It is marked "No. 5, Polling Booth"?—I have the list used at No. 2 booth. I can get the other.—[*The witness retired, and after a short time returned, producing a roll.*]—This is "N to S."
510. Yes: No. 1932?—And on the parcel endorsed "Rolls, Books, and Papers, Wellington Province Election, 9/9/86, poll taken at Ballarat, City Division, Booth No. 4, Initial letters, N to S; C. N. Toppie, Deputy Returning Officer; Rodd, Poll Clerk; George Swan and Francis Graham, Scrutineers."—[*The witness opened the parcel and produced a roll.*]—Booth No. 4, Dana-street, Deputy Returning Officer, N to S.
511. Look at 1932?—1932.
512. What do you find?—"Shiels, John, Lydiard-street, Bank Manager, Occupier, Lydiard-street, 256"—the figures 1932, and Shiels struck out.
513. Now I ask you to turn up the ballot-paper for us.
514. *The Hon. the Chairman.*—The Committee have decided not to open any more ballot-papers till the vote is proved bad. It seems to be the practice in England, although it is not so clearly laid down out here. It seems best to follow it.
515. *Mr. Smyth.*—I think it is best.
516. *Mr. McIntyre.*—That is the point I took before. It preserves the secrecy of the ballot.

The Witness withdrew.

517. *Mr. Smyth* submitted that he had proved Mr. Shiels' vote to be bad, and that the mere misspelling of his name in the valuation book did not affect the case, and was proceeding to protest against his being held a consenting party to the Committee going behind the roll, inasmuch as he had not been heard upon the question, to which he would address himself when the Committee came to consider list No. 7.

518. *Mr. McIntyre* objected to Mr. Smyth's addressing the Committee on any subject but Shiel's case.

519. *Mr. Smyth* was heard to continue his address upon Shiels' case.

520. *Mr. McIntyre* was heard in reply.

521. *Mr. Smyth* rose to address the Committee.

522. *Mr. McIntyre* objected that Mr. Smyth was not entitled to reply, because he (Mr. McIntyre) had called no witnesses.

523. *Mr. Smyth* submitted that he was entitled to reply to Mr. McIntyre's arguments.

524. *Mr. McIntyre* replied that he was not submitting a legal argument, but was merely summing up the facts.

525. *The Chairman.*—I think the feeling of the Committee is, to allow Mr. Smyth to reply, without deciding the question as to his right to do so.

526. *Mr. Smyth* was heard to address the Committee accordingly.

Adjourned to to-morrow, at Two o'clock.

J. Barker, Esq.,
7th Dec. 1886.

WEDNESDAY, 8TH DECEMBER, 1886.

Members present:

The Hon. JAMES BALFOUR, in the Chair;

The Hon. G. Young, Col. Sargood, James Lorimer,		The Hon. T. F. Cumming, J. Williamson, W. A. Zeal.
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527. The counsel and parties were called in.

528. *The Hon. the Chairman* intimated that the Committee had decided to ask counsel to go on with the next case.

529. *Mr. McIntyre* asked that the Committee would reserve to him the right to reply to *Mr. Smyth's* arguments.

530. *Mr. Smyth* submitted that *Mr. McIntyre* had no such right.

531. *The Chairman* intimated that the Committee would hear *Mr. McIntyre's* reasons for asking permission to reply.

532. *Mr. McIntyre* was heard to address the Committee in support of his application.

533. *Mr. Smyth* was heard to oppose the application. The Committee room was cleared. The Committee deliberated.

534. After a short time, the counsel and parties were again called in, and informed by the Chairman that the Committee were of opinion that no further reply could be given.

535. *Mr. Smyth* was heard to state the case of James Whiting, No. 2286 on the roll, and again protested against the Committee giving any decision upon the question, whether the Committee would go behind the roll.

536. *Mr. McIntyre* objected.

537. *The Hon. the Chairman* intimated that he had not, as *Mr. Smyth* seemed to think, given any intimation that the question upon which the Committee had been deliberating was as to whether the Committee would go behind the roll.

John Barker, Esq., Clerk of the Legislative Council, again called.—Examined by *Mr. Smyth*.

538. I want the roll for Ballarat City Division, No. 5 Polling Booth, letter W—[*the witness produced* J. Barker, Esq.,
8th Dec. 1886. *a parcel.*] “Poll taken at Dana-street State School, Ballarat, Booth No. 5, initial letter T to Z.

539. Now, 2286, James Wright Whiting?—“Roll No. 5 Booth, Dana-street, T to Z. Deputy-Returning Officer, endorsed, 2286, Whiting, James Wright, Mair-street, gentleman, owner, Mair-street, £14.” The figures “2286” and “Whiting” erased.

The Witness withdrew.

James Vallins again called.—Further examined by *Mr. Smyth*.

540. You have been sworn. Do you produce—you made a valuation for Mr. Whiting, City of Ballarat?—Yes. James Vallins,
8th Dec. 1886.

541. Roll of 1885-6; now would you look at the name James Wright Whiting, Mair-street.

542. *Mr. McIntyre* objected to the evidence, on the ground that this was going behind the roll.

543. *The Witness* produced and referred to a book.

544. *Mr. Smyth*.—Did you make the valuation?—Yes, I did.

545. How much—read out the name?—“Whiting, James Wright, gentleman, wood house, £14.

546. Where—what street?—Mair-street.

547. City of Ballarat?—City of Ballarat.

548. When did you make the valuation?—[*The witness referred to another book*]—On the 19th March, 1885.

549. And he was placed upon the roll in reference to that property?—Yes.

550. Was he occupying at that time?—He was.

550a. You know him, I suppose?—Yes.

551. Who is in the premises now?—A person named Cunningham—James Cunningham.

552. Since when?—

553. *Mr. McIntyre*.—What is he reading for now?—

554. *The Witness*.—The valuation-book.

555. *Mr. McIntyre*.—What took place after the roll?—

556. *By Mr. Smyth*.—Did you make that book yourself?—Yes.

557. Is that the valuation-book for the next roll?—That is the valuation for the next roll.

558. *Mr. McIntyre* objected that the valuation for the next roll had nothing to do with what took place at the election.

559. *The Hon. the Chairman*.—I think he cannot refer to the book officially. Of course, if he chooses to refer to it to refresh his memory, he may.

560. *By Mr. Smyth*.—When did the new person Cunningham come into the place?—I do not know. I know when I first found him there.

561. When was that?—16th March, 1886.

562. You found Cunningham in occupation?—Yes.

563. Who is rated now for the premises?—

564. *Mr. McIntyre* objected.

565. *By Mr. Smyth*.—When was Mr. Cunningham rated?—At the time I speak of.

566. March, 1886?—Yes, and has been there ever since.

567. Then in September last, at the time of the election, who was then rated?—Cunningham was in occupation.

568. And rated?—Yes.

569. *By Mr. McIntyre*.—Was he upon the roll?—

James Vallins,
continued,
8th Dec. 1886.

570. *Mr. Smyth.*—That is the new roll.—[*To the Witness*]—Do you know if Mr. Whiting is rated for any other property in Ballarat?—For when?
 571. For the roll that has gone by?—No.
 572. He is not rated for any other property. Is he to be rated upon the new roll for any other property?—Yes.
 573. Do you know what it is, is it Crown lands?—I believe it is, but I do not know.
 574. Where is it?—In a place called Wood-street, upon our books.
 575. What is it rated at?—The place he occupies himself is rated at £8, and he has another place alongside rated at £7.
 576. You do not know whether those are Crown lands or not?—I do not know.
 577. Is that for the new roll?—Yes.
 578. You can tell me when he was rated for it?—I can.
 579. Well, then, do tell me, please?—On the 17th April, 1886.
 580. For both?—For both.
 581. Was there any other property in the City of Ballarat that he was rated for, except what you have told us?—No.
 582. Those two-places in Wood-street?—Yes.
 583. And in September, at the election, Mr. Cunningham was rated for Mair-street?—He was.
 584. And from March previously?—[*No answer.*]

Cross-examined by *Mr. McIntyre.*

585. Mr. Cunningham was rated for Mair-street; was his name upon the roll at that time?—Not upon the printed roll, upon the manuscript roll.
 586. In what roll does it appear?—In the next roll that was printed.
 587. The next roll?—Yes.
 588. The only person in respect to that property upon the roll was Mr. James Whiting?—That is right.
 589. And you say that Mr. Whiting is rated for two properties in Wood-street?—Yes.
 590. One rated at £8 and the other at £7?—That is right.
 591. Is he rated as owner in that case?—In both cases. “Occupier and owner” in one case, and “owner” of the other.
 592. Was he owner of the property in Mair street?—He was the owner at the time he was in occupation, yes.
 593. He was not rated as “occupier,” but as “owner”?—“Occupier and owner.”
 594. There are not two qualifications. He is on the roll as “owner,” is he not?—Yes.

The Witness withdrew.

Edward Newenham sworn.—Examined by *Mr. Smyth.*

595. You are an officer in the Titles Office in Melbourne?—Yes.
 596. Do you produce a transfer from James Wright Whiting to James Cunningham of property in Mair-street, in the city of Ballarat, from the Titles Office?—[*The Witness produced certain papers*]—Whiting to Cunningham—[*handing a paper to the learned counsel*].
 597. Dated the 13th day of January, 1886; this has been registered?—Yes.
 598. And you produce the certificate?—Yes; I produce also the original certificate of title to Mr. Cunningham—the same property.
 599. *By Mr. McIntyre.*—It is not the original, I suppose?—
 600. *Mr. Smyth.*—Yes, it is a duplicate original kept in the office.
 601. *By Mr. Smyth.*—You produce the certificate of title to Mr. Cunningham, dated 13th January, 1886.

Cross-examined by *Mr. McIntyre.*

602. Do you know in what part of Mair-street this is situated?—No, I do not.

The Witness withdrew.

James Wright Whiting sworn.—Examined by *Mr. Smyth.*

603. What are you?—Some people terms me gentleman.
 604. Then we will all term you that?—I am not particular.
 605. We are quite content. You were the owner of a property in Mair-street, city of Ballarat?—Yes, I was.
 606. I believe you transferred that to Mr. Cunningham—[*handing a paper to the witness*]—Yes, that is it.
 607. It was a Crown allotment, 22, section 42, of city of Ballarat. I believe that was the only property you had in Mair-street?—That was all the property I had in Mair-street.
 608. I believe you were on the roll for that property and voted at the last election in September?—I voted, but whether for that property, I cannot say.
 609. You were on the roll and voted at the election for the Council in September last?—Yes.
 610. I do not ask you for whom, you know?—No.
 611. I suppose you knew that you had sold it at that time?—Yes, I knew I had sold it.
 612. And I suppose, if you had thought it was for that place, you would not have voted?—I would not.
 613. *Mr. McIntyre* objected.
 614. *By Mr. Smyth.*—We are told that you had two properties in Wood-street, in Ballarat?—Yes.
 615. They are on Crown lands?—Yes, they are.
 616. You have never got your freehold?—No, not yet.
 617. I believe you are endeavouring to get it?—I am.
 618. And those are the only two properties in Ballarat you have that you are rated for?—That is all.

E. Newenham,
8th Dec. 1886.

J. W. Whiting,
8th Dec. 1886.

Cross-examined by *Mr. McIntyre*.

J. W. Whiting,
continued,
8th Dec. 1886.

619. Though they are on Crown lands, you own the houses that are on them?—I let the houses.
 620. And have you been rated in respect to them?—I have been rated for them over two years.
 621. Have you paid the rates upon them for over two years?—Yes.
 622. And where are they situated?—In Wood-street.
 623. Where is that?—Just opposite MacArthur-street.
 624. In Ballarat?—Yes.
 625. In Ballarat East?—Ballarat City—Ballarat North they call it.
 626. And are you an owner in Creswick Shire also?—Yes.
 627. Is that in the Wellington Province?—Yes.
 628. What is the nature of your property in Creswick Shire?—I have 146 acres of land.
 629. Are you rated in respect to that?—No, I do not pay the rates; but I am entitled to a vote for it.
 630. You are upon the roll?—Yes, it is upon the roll now.
 631. How long have you been upon the roll in respect to that?—
 632. *Mr. Smyth* objected.
 633. *Mr. McIntyre*.—Are you on the roll with respect to this property in Creswick Shire?—Yes.
 634. Did you vote at the last election in respect of this?—No.
 635. And you only voted in respect to the property in Ballarat?—In Ballarat.
 636. Are you the owner of the land at Creswick?—In Dean, yes.
 637. How long have you been the owner?—About 23 or 24 years, I think.
 638. *The Committee*.—Those Crown lots in Ballarat, upon which you have an erection—have you applied for the ownership of those?—Yes.
 639. Under what Act—the Land Act?—I applied to buy it. I have a letter in the House to pay the money now.
 640. Do you apply under a clause in the Land Act.—[*No answer.*]
 641. *By Mr. Smyth*.—A letter from whom?—The Government.
 642. *By the Committee*.—What are you—a lessee, or selector, or what?—I bought the property.
 643. But how did you acquire this—under what title? Was it a residence area, or selection, or what?—I will tell you how I got it. I do not know the number it is under, but I pay 7s. 6d. a year for the land.
 644. *By Mr. Smyth*.—For the Wood-street property?—Yes, and 5s. go towards buying the property.
 645. *Mr. McIntyre* objected.
 646. *By Mr. Smyth*.—Do you hold it under a miner's right?—No.
 647. Have you a miner's right?—No.
 648. How did you get it?—I bought it at auction.
 649. For how much?—£115.
 650. From whom?—With buildings on it.
 651. From whom?—Freeman, auctioneer.
 652. You paid £115 for the buildings upon it?—Yes.
 653. And you pay 7s. 6d. a year to whom?—To the Government—the Lands Office.
 654. For what?—It is upon Crown lands.
 655. It is a residence area on Crown lands?—It is on Crown lands.
 656. But you see you have not got a miner's right?—No.
 657. And then have you any licence?—No.
 658. You have neither a miner's right nor licence?—This, what I pay, I suppose, is the same as the licence.
 659. Have you got any licence from Government at all?—No.
 660. No document of any kind at all?—Yes, I have a document.
 661. What is it?—I do not know any more than I tell you.
 662. Then you have paid this 7s. 6d. a year, how many years?—I bought the property two years ago, last November, I believe.
 663. And did you pay one 7s. 6d. or two seven-and-sixpences?—I paid two seven-and-sixpences—
 I mean—
 664. *Mr. McIntyre* objected.
 665. *Mr. Smyth*.—What were you going to say?
 666. *Mr. McIntyre* objected.
 667. *Mr. Smyth*.—If you think the explanation is of any value to yourself, give it.
 668. *Mr. McIntyre* objected.
 669. *By Mr. Smyth*.—Have you any licence or any document at all to show title to this land?—Yes.
 670. What is it?—I do not know what it is; only what I get from the Land Office.
 671. What did you get from the Land Office—is it only a receipt for the 7s. 6d.?—Yes, it is upon a parchment.
 672. Where is it?—I have it at home, I did not bring it here.
 673. You are trying to get from the Government the freehold?—Yes.
 674. You have not got it yet?—I have not paid the money.
 675. *By the Committee*.—What is the area of your land at Dean?—One hundred and forty-six acres.
 676. Whereabout is it?—Dean.
 677. Is it near the township?—Yes, near Anderson's Mill, the depôt.

The Witness withdrew.

James Cunningham sworn.—Examined by *Mr. Smyth*.

- J. Cunningham,
3th Dec. 1836. I do.
678. Do you remember buying a property from Mr. Whiting in Mair-street in Ballarat?—Yes,
679. That is a copy of your certificate, the 15th January, 1886, there is the transfer—[*handing a paper to the witness*—is that the same property?—Yes, that is the same one.
680. When did you go into occupation; you see the date of the transfer is the 3rd January, 1886; when did you go into occupation?—The following week.
681. Have you been there still?—Ever since.

Cross-examined by *Mr. McIntyre*.

682. Did you vote at the last election in Wellington Province in respect of that property?—I did not.
683. You were upon the roll?—No.

The Witness withdrew.

684. *Mr. Smyth* stated that this was the case in respect of James Wright Whiting, and was heard to address the Committee thereupon.
685. *Mr. McIntyre* was heard to contend that the vote was good.
686. *Mr. Smyth* rose to reply.
687. *Mr. McIntyre* objected.

The Committee-room was cleared.

The Committee deliberated.

688. After a short time, the counsel and parties were again called in, and informed by the Chairman that the Committee had decided that Mr. Symth had the right to reply; and the Committee would be obliged if the learned counsel on both sides would be brief, so that there might be no unnecessary delay.
689. *Mr. Smyth* was heard in reply, and called attention to the fact that, in paragraphs 338 and 340, Mr. McIntyre had mistakenly stated the date of the revision court, alleging that the true date was July.
690. *Mr. McIntyre* concurred in the correction.

The Committee-room was cleared.

The Committee deliberated.

691. After some time, the counsel and parties were again called in, and informed by the Chairman that the Committee had decided to adjourn to Tuesday next, at Two o'clock.

Ordered—That this Committee be adjourned to Tuesday next, at Two o'clock.

TUESDAY, 14TH DECEMBER, 1886.

Members present:

The Hon. J. BALFOUR, in the Chair,	
The Hon. T. F. Cumming, J. Lorimer, Colonel Sargood,	| The Hon. J. Williamson, W. A. Zeal.

692. The counsel and parties were called in and informed by the Chairman that the Committee had passed the following resolution, viz.:—"After further consideration the Committee have decided to rescind the resolution of the 30th of November last, namely, that they have power to inquire if the voter retains a sufficient qualification of the nature set opposite his name upon the electoral roll, and now resolve that the Committee have no power to enquire into the retention of a sufficient qualification by a voter whose name appears on the ratepayers' roll, and who is not legally incapacitated from voting." That being the case, of course it goes without saying that this first list of voters we need not further enquire into.

693. *Mr. Smyth*.—In consideration that the Committee passed a resolution on the first day, that the petitioner was to exhaust one list before he went into another list; our witnesses upon the first list have been waiting here day by day ever since the first sitting. Of course we are not prepared now to go into the second list, and therefore we cannot go into that to-day. It is possible we might have some of them to-morrow; but it is also possible we might not, because we should have to serve summonses, as there are something like thirty-five cases on the first list; and the House, I understand, is to be prorogued on Thursday next, that is the day after to-morrow; and, certainly, as it has not been through any fault of the petitioner that there has been any delay in the proceedings at all, I must ask the Chairman of the Committee to ask the House to take such steps to keep alive the proceedings as the House thinks proper to do.

694. *The Hon. the Chairman*.—I suppose, Mr. Smyth, you have in your hand the Report of the proceedings in Mr. Harbison's case. Apparently the petition was re-presented.

695. *Mr. Smyth*.—In that case there was a petition presented simply setting out the first petition, and also setting out a statement that the Committee had not dealt with it, and asking that the matter of the petition be referred to a committee, and that was done.

696. *The Hon. the Chairman*.—I presume it will be for you to read the petition when Parliament meets again. That was done in Harbison's case.

697. *Mr. Smyth.*—That would be a course that would be open to us, but any resolution that would be passed by the House I presume would be binding ; for the House, as you may say, is omnipotent. We must leave the matter in your hands. I have just been speaking to my agent Mr. Neveitt. Of those four persons in the second list, one is in Talbot, and one in Creswick, and two in Ballarat City division. There will be about 25 witnesses to get down in those cases, and it will be impossible to get them all down in time.

698. *The Hon. the Chairman.*—I think it will rest with you to take the best course you think advisable to keep the proceedings alive till next session, or to revise them. We shall have to present a Progress Report, but, of course, no blame will attach to you. Of course our Report will necessarily say that we have not been able to come to any decision upon the petition.

699. *Mr. Smyth.*—Adding that it is no fault of the petitioners?

700. *The Hon. the Chairman.*—That it is not frivolous or vexatious, are the words of the Statute.

701. *Mr. McIntyre.*—Of course we are not called upon to argue the matter, but I hold a contrary view to my learned friend as to what is going to happen. Do I understand that the Committee will make any recommendation to the House as to their opinion upon the question of sitting again?

702. *The Hon. the Chairman.*—I cannot tell what the Committee may do ; but it is evident that during this session we cannot take any more evidence, as Mr. Smyth says he cannot go on to-morrow with the next list, and the day after to-morrow will probably be the last day of the session.

703. *Mr. McIntyre.*—We shall be averse to the Committee making any recommendation without our discussing it.

704. *The Hon. the Chairman.*—That will rest with ourselves.

The Committee-room was cleared.

The Committee deliberated.

Ordered—That this Committee be adjourned.

VICTORIA.



VOTES
AND
PROCEEDINGS
OF THE
LEGISLATIVE
COUNCIL.

SESSION

1886.

