were due to the draughts. I do not know anything about the draughts myself, and cannot say anything about them. I would like to explain here what I meant when I said that the ventilation was exceedingly bad. When one window is open you get a draught one way, and another window being opened will alter it entirely. It depends on conditions that may change any minute.

154. You have told us your personal experience of having seen these patients. Have you noticed draughts in the neighbourhood of these beds?—Yes. I felt a most terrific draught when standing alongside of one of these beds on one occasion.

155. Do you think the draught was enough to make it unsafe for patients to remain in these beds?—Undoubtedly. What might produce a stiff neck or sore throat in one patient might cause a pleurisy in another, which might prove fatal.

156. So that, speaking generally, I can safely say, I presume, from your inquiries that you consider that these draughts in these and other wards are a source of active danger?—They are a source of active danger.

157. Does the name Dr. Colquhoun mentions suggest to your recollection anything in connection with one of these draughts?—Yes. I have seen on more than one occasion when examining a patient's chest his hair affected by the draughts that were blowing about.

158. That was in winter, I suppose?—Yes.

159. The patient that you were then examining had the chest uncovered?—Yes.

160. Do you think that was a safe condition of things, in the circumstances?—I do not think it was. In connection with this matter, I may mention that when we go our rounds in the morning we find that the wards get very stuffy through the windows having been kept closed at night. If the windows are opened it is soon cleared off, but at this time of year the wards are specially stuffy.

161. Is it desirable or safe that in wards in which all sorts of cases are collected there should be stagnant air?—No.

162. The danger there is?—In surgical wards such a condition of the atmosphere is very dangerous.

163. The danger arises from the collection of germs, does it not?—Yes.

164. Can it be avoided in the wards of this Hospital as they are at present constituted?—No. As you enter the ward, on the right-hand side, the ventilation is effected from the windows at the end. As you enter from the left there are no windows, and the air there may be specially stagnant. This possibly may be rather theoretical.

165. Have you visited these wards yourself, in the early morning for instance?—I have.

166. First of all, supposing these wards were properly ventilated, or were ventilated by a fairly satisfactory system, should the Hospital at any time have any bad smells?—There ought not to be any very bad smells in such a hospital. You may sometimes get a little of what is known as the "hospital smell," but never anything approaching what you can find in the Dunedin Hospital.

167. Now tell us your personal experience in regard to the smells you have experienced in the wards of a morning?—The worst instance I can recollect—any particular instance—that I shall refer to is a very striking one, in one of the downstairs wards, No. 2. I had occasion to visit a patient very early, before 6 o'clock in the morning, and before the windows were opened. The smell was excessively offensive, and I absolutely retched after leaving the ward. I can give details of this case; I can remember it distinctly. It was a man named Stoneham, who died subsequently of cancer.

168. Is that an undue experience or very extraordinary experience in our Hospital?—No; I think it very common, and on any winter morning you can find the condition that I have described.

169. Would such a condition as that be a safe condition for patients to live in?—It would be an exceedingly dangerous condition.

170. Could it be avoided by a proper system of ventilation?—Do you mean in these wards?

171. I mean by proper ventilation in the Hospital generally?—I will reply that in a properly ventilated hospital such a thing could not exist.

172. In this connection, I would ask you is there not a medical school attached to the Hospital?—There is.

173. This school is in connection with the University, is it not?—Yes.

174. In your opinion, is it more or less necessary that there should be a perfect system of ventilation in the Hospital under these circumstances?—It is more necessary and important. I believe from what I have read that in hospitals where there are medical schools extra precautions should be taken, as the risk is greater.

175. That is to say that extra hygienic conditions should exist?—I notice that some of the authorities say that, if a medical school exists, more extra space should be given; that is, cubic and floor-space.

176. *The Chairman.*] Nothing beyond extra space? What about the air in the wards being pure?—Yes; certainly, it ought to be. I had better make a statement here. In consequence of the extra dangers, which arise from many sources, from the existence of a medical school, I think, considering a medical school to be of the utmost importance, that the hospital it is connected with should be as nearly a perfect hospital as possible.

177. Why?—Because I consider that if it is not a perfect hospital one of two dangers must ensue. The medical man or doctor who is teaching the medical school is obliged to keep himself thoroughly up to date, and his practice has to be thoroughly up to date. Now, if the Hospital is defective, one of these dangers necessarily follows: Either he performs operations or instructs in methods of treatment of patients in which they run an extra risk, which is of course unjustifiable, or, on the other hand, it happens that his students are imperfectly educated; because the medical