

2584. Do you agree with Dr. DeLantour that the thing to be desired most is frequent change of air?—Yes.

2585. Is there any system of doing that here?—There is no system of ventilating so as to give change of air every hour or two.

2586. Did you notice for yourself the distance between the beds?—I noticed roughly that the beds were close together. There was no regular system of placing them.

2587. How close were they?—Some were no more than 2ft., and others were 3ft. That is one of the first things that strike a medical man when he goes into the Hospital—the beds are so crowded together.

2588. Generally speaking, should you say the Hospital is overcrowded?—Yes.

2589. Seriously or slightly overcrowded?—It is more than slightly overcrowded. I would suggest that every second bed be taken out of the wards.

2590. You think that would be necessary?—Yes, to give good results, considering the ventilating process they have.

2591. When the ventilation is bad you must be particular about the number of patients you introduce?—Yes, you must be very careful.

2592. Well, taking those two things together—the number of patients you found in the wards and the bad state of the air—is it a safe state of affairs, and can it be allowed to remain?—It should not be allowed to remain.

2593. Do you approve of the condition of the waterclosets and bath-rooms, and lavatories?—No, I do not.

2594. Do you agree with everybody we have so far heard, that they should be in separate lobbies, with cross-ventilation?—They should have ventilating lobbies leading into them.

2595. And is it proper that the steam of the baths should find its way into the wards?—No, that should not be.

2596. How would it affect the multiplication of germs?—The moist heat?

2597. Yes?—It would be a splendid field for them to flourish in.

2598. Generally speaking, what sort of chance of multiplying and thriving would these germs have in a surgical ward in the Dunedin Hospital?—A very good chance indeed.

2599. *The Chairman.*] Did you examine the sinks and traps?—I did.

2600. Did you observe the siphon bend in the pipe?—Yes.

2601. How much was it?—I could not say, I am sure. Perhaps it was about a foot.

2602. Was that from the sinks or from the basins?—It was in the horizontal pipe.

2603. How much air is sufficient for a pipe? Have you directed your attention to this matter?—Not particularly; there seemed to me to be no ventilation in the trap.

2604. *Mr. Solomon.*] What about the kitchens; are there kitchens attached to the wards?—No, there is no kitchen or scullery connected with any of the wards.

2605. Should that be the case?—It would be desirable to have a small kitchen connected with each of the wards.

2606. And to the nurses' room?—To the nurses' room too.

2607. We have heard a lot about the germ theory: do you agree that the presence of pathogenic germs is a source of septic poisoning?—Yes.

2608. And does their concentration or diffusion affect a ward in which they may happen to be?—The more concentrated they are the more danger is there, especially in a surgical ward.

2609. They are continually being evolved, are they not?—Yes; from soiled dressings and other means they are constantly being evolved.

2610. In the wards you have examined in which there are general surgical cases taken in hand which failed to the extent you find, and in which the condition of ventilation was such as you saw for yourself, would the germs be there in a state of concentration or diffusion?—I think they would be pretty well concentrated in an atmosphere such as I saw in No. 3 last night.

2611. Can you say whether, in your opinion or not, gynecological cases are specially liable to septic poisoning, and ophthalmic cases as well?—They are, certainly.

2612. Do you think a surgeon could operate in abdominal cases in the Dunedin Hospital, as it is at present, with confidence?—He would be uncertain as to the result of his case, and could not do it with confidence. He would have to be prepared to meet complications that would not be expected in a healthy state of affairs.

2613. By what would these complications be caused?—Probably by the unhealthy state of the wards—that is to say, if an operation was not carried out in proper style and with strict Listerism.

2614. Would it follow that, although there was a possibility of septic trouble from the insani-tary condition of the wards, that would arise in any given case?—I scarcely understand you.

2615. We will put it this way: There is a fear of septic poisoning arising?—Yes.

2616. And if strict Listerism was carried out, might that be avoided?—If Listerism in its entirety was carried out it might be avoided.

2617. There is also a certain danger of septic trouble?—Yes.

2618. And in the condition of the Dunedin Hospital just now that danger is intensified?—Yes.

2619. Is this consistent with the condition of the Hospital: that an operator should go on for months, and get perfectly good results, and at the end of that time get two or three cases go wrong, for which he would not know how to account?—That experience would be rather unusual.

2620. I mean to say as affairs are now?—It is possible, in the present condition of affairs; cases might go on all right, and then there would be an outbreak of septicaemia.

2621. Yes. Now, do you know Dr. Batchelor?—Yes.

2622. As a practitioner?—Yes.

2623. Is he careful?—Yes.