3514. We are only dealing with the past eighteen months, you understand. During that time how many operations have you performed in the Hospital?—I cannot say.

3515. If you will kindly look over this list [handed to witness] you will find, I think, that you have performed only one abdominal section?—I cannot say at a moment's notice. I should want time to pick them out.

3516. According to that list you have only performed one abdominal section during that time?—I think there are more: [after a pause] Yes, I opened a hydatid cyst in one case, and strangulated hernia in another; and I am certain other cases also.

3517. Would you call them abdominal operations?—Yes, because the abdomen was opened. It does not matter what the operation was for, as any opening of the abdomen is an abdominal section.

3518. In that list there is only one case of abdominal section?—That list is wrong then.

3519. At all events, in that case the patient died, after becoming delirious, from exhaustion?—That was a case of cancer in the intestines, and the woman was *in extremis* in any case.

3520. I understand that you do not agree with all the reforms urged by Dr. Batchelor?—Not with them all. Many of them are correct.

3521. May I ask, on what terms are you with Dr. Batchelor?—On good enough terms.

3522. For instance, do you speak to him?—Yes, when I am spoken to.

3523. Is it or is it not the fact that in this matter there are in the Hospital at the present time three gentlemen who have systematically opposed Dr. Batchelor on this question: Dr. Coughtrey, Dr. Jeffcoat, and yourself?—That is untrue.

Mr. Carew: In what matter?

Mr. Solomon: Hospital reform.

3524. *Mr. Solomon.*] I suppose that I shall not be going outside the mark when I say that the relationship between you and Dr. Batchelor is strained?—Well, so far as I am concerned, it is not in the slightest degree strained.

3525. Have not such remarks as "scoundrel" passed between you?—Many remarks have passed between us.

3526. Did not such remarks as "scoundrel" pass between you at a meeting of the hospital staff?—That is possible.

3527. Have you spoken together since then on friendly terms?—Yes.

3528. Do you approve of the system of ventilation now in the Hospital?—So far as it goes it is fairly good, but it may be improved.

3529. Is it in accordance with the principles of modern sanitation?—It is certainly not up to present ideas.

3530. Is it fairly up to them?—Yes, it is fairly good.

3531. Did you hear what Dr. Truby King said when he was in the witness-box?—No.

3532. But you say that the ventilation is fairly up to modern requirements?—Yes.

3533. Is it a requirement of modern ventilation that there should be a continuous current of pure air through the wards in which the patients are placed?—Yes.

3534. Is there any system here of securing such a current of air?—There is a system.

3535. How is it secured?—By means of openings and ventilators over the windows, and over in the blind wall on the opposite side of the ward.

3536. What is the size of the ventilators in the blind wall?—I do not know.

9537. Do you not think it necessary to know that, in order to give an opinion?—No. It simply strikes me that the condition of the atmosphere as I go into the wards is fairly good.

3538. Supposing that the windows are closed, is there the requisite current of air?—No.

3539. Do you think it possible to keep these windows open in the winter time for the purpose of ventilation?—It could be made perfectly possible to do so.

3540. Could it be done at the present time?—No.

3541. You have just told us that if these windows are closed there is not room for the admission of a proper current of air, and yet you say that the ventilation is fairly up to modern requirements. Is that correct or not?—You are twisting the matter.

3542. If so, you have twisted it yourself. Is it or is it not a requirement of modern ventilation that there should be a continuous current of air throughout the wards?—It is.

3543. Is there any system of procuring a free draught from the windows if the windows are closed?—No.

3544. Is it possible in our climate during winter time to keep these windows open without danger to the patients?—Yes.

3545. Are they kept open day and night?—They can be kept open perfectly well.

3546. In the stormy weather that we have in the winter can they be kept open without any danger of draught?—They may be.

3547. Suppose that the windows were kept continually open, in your opinion would there then be sufficient ventilation?—I can only give you an idea of how it strikes my nose on entering the room.

3548. Do you, as a modern physician, mean to tell me that you consider it is sufficient knowledge of how ventilation is to say that you tell it as how it strikes your nose?—Well, I have not gone into the matter further than how it strikes one's nasal organs.

3549. What is the ventilation-space?—Fourteen hundred cubic feet per patient.

3550. Is that sufficient?—Quite sufficient.

3551. In surgical cases?—Yes.

3552. Then, you disagree with these authorities who say that 2,000 cubic feet is a minimum?—They vary from 1,500ft.

3553. Can you show me any authority who says that 1,400 cubic feet is sufficient in surgical cases?—I think Park says 1,500ft. is enough.