admitted into the institution that ought to be discharged within two or three weeks, but who were in for three or four months, because they were always put back by catching colds and getting some new disease from the same cause; and some cases had ended fatally that would, humanly speaking, in all probability not have ended fatally under other circumstances, and, therefore, they were quite justified in going in for a new hospital"?—Yes, I said that; and say the same now, subject to the explanation I have already made.

4366. While you say now that there are no sanitary defects which call for immediate remedy, you then knew of cases that would have turned out differently if things had been in a more satisfactory state. What explanation do you give of that?—I will give you an explanation. I can throw any amount of light on anything I do. My remarks at that meeting had reference only to the draughts: there is not another word about anything else. I will tell you what brought up this defect in the Hospital before the attention of the Trustees. Shortly after I became a member of the staff I found, as I told you already, that when the weather happened to be cold or boisterous, in cases of bronchitis or inflammation, that there was great danger of relapse.

4367. In bad weather?—There was great danger of relapse, owing to the draughts. I had been attending outside of the Hospital a working man who had a large family, and had been very ill with diphtheria. I attended him until he recovered. Having, as I have just said, a large family to provide for he was anxious on their account, and went to work before he was in a physical condition to do so. About ten days or a fortnight after I had ceased my attendance on him I was sent for again to his house, and there found him to be suffering from inflammation of the lungs. Knowing his circumstances—that his house was not a healthy one, and that he could not obtain sufficient nourishment at home—I urged him to go into the Hospital.

4368. That was a case of pneumonia?—Yes. I urged him to go into the Hospital, because I thought that with the attention and care he would get there he would be well in a few weeks.

4369. *The Chairman.*] You expected him to be rapidly cured?—Yes; as all my cases of pneumonia recovered quickly there. He took my advice, and walked from his house to the Hospital, showing that he was not very ill then. Next day I was not able to go to the Hospital—I had a large practice and sometimes could not get to the Hospital—but I went in a day afterwards, at about 9 o'clock in the morning. I remembered his case, and went upstairs to see him. As soon as I opened the door of the ward, there was the man evidently dying. He was my patient. I at once saw what had occurred. He had been put in the only vacant bed in the ward, and it was right at the door. The windows opposite were open, and as soon as anyone opened the door there was a draught. I felt it myself. He had been left for thirty-six hours exposed to that draught.

4370. The man was killed, was he not, by that draught? Is it any exaggeration to say so?—The man's death was accelerated by the draught.

4371. At any rate, we have one man who has been killed by the condition of the Hospital. And you say that his death was greatly accelerated by the condition of the Hospital?—It was accelerated by if not due to the draught.

4372. We have had doctors tell us that in order to secure a current of air throughout the wards it is absolutely necessary to keep these windows open. Is that true or not?—It is absolutely necessary to keep the ventilators of the windows open.

4373. Now in the winter time, if these windows are opened, is there not, and must there not be necessarily, a great danger from the draughts to the patients who are suffering from chest complaints?—There is a danger, but it can be greatly modified.

4374. May be modified?—Decidedly. They can be placed in the corners, where the draught is not felt.

4375. You did not appreciate the danger at that time?—Yes I did. This man had been placed there before I saw him, but I at once gave instructions, as the nurses know, that any cases under my care were in future to be put in safe corners, out of the draught.

4376. Is not this only another illustration in which the death of a patient has drawn attention—distinct notice—to the defects in the Hospital?—Not from the insanitary conditions, but from too much good fresh air. It is admitted on all hands that a certain number of cases may do well outside, but ill inside, a hospital; even in the best hospitals.

4377. Does Erichsen admit that?—Perhaps I should be able to convince Erichsen that it was so. I will put it in this way: A large number of the cases that go into the Dunedin Hospital are apt to go wrong from the causes already explained.

4378. Should such a state of affairs exist in the Dunedin Hospital by which a patient can be killed in thirty-six hours, his death being directly traceable to draught; when he was expected to recover in two weeks at the time he was sent in?—I do not admit that the Hospital killed that man, I say it was carelessness on the part of the officials—the warders, the house surgeon—in putting him where he was put. There should have been some one there to see that he should not have been exposed to the draughts.

4379. How could you avoid that?—By putting him in a corner away from the windows. I have had that done ever since, and I have never since had a casualty.

4380. Have some of your patients been kept in the Hospital for three months, from the same cause?—That is not true. I have had erysipelas, which I attributed to draughts.

4381. You have told us that you use the Hospital as a sanatorium. On the other hand, we have been told by ten doctors in succession, without hearing any expression of a contrary opinion, that the sanitary defects of the Hospital are a risk to the patients. Is that true?—That has not been proved. Some people make assertions, without any grounds.

4382. We have had ten doctors, without there being any expression of opinion to the contrary, who have told us that the defects in the Dunedin Hospital are such as to necessarily cause risk to the patients. I ask you again: is that true?—I dissent from that entirely, and I say that all my cases—there are plenty more if you choose—are a direct negative of that.