

4633. His reason is, that there are insufficient means for getting pure air into the wards.—If such were the case, and fifteen patients were constantly kept in them, I should say that each ward would soon become a “black hole of Calcutta,” and that every patient would be affected with septicæmia or pyæmia in a week.

*The Chairman:* He says that supposing the windows were closed the inlets amount to 2,429ft.—enough for one patient—and that the outlets are not sufficient for one patient.

4634. *Mr. Solomon.*] Now, Dr. Jeffcoat, remember we are dealing with the Hospital as it is, and not with it as it might be. The question we have before us is: Is it a safe healthy Hospital as it is? Dr. DeLautour, or Dr. DeRenzi, tells us it certainly is not safe to put more than eight persons into any of these wards as they are now, and Dr. King said nine. Do you agree with that?—In view of the statement that Dr. King has already made—that there is not sufficient air for one—I should think that neither of his statements was worth anything.

4635. *The Chairman.*] He said that the outlets provided would not be sufficient for one patient; but, in addition, that the air escaped by the doors and windows and other irregular apertures.—That does not alter the fact that only sufficient air enters for one patient; and then he says they are fit for nine; both statements cannot be right.

4636. *Mr. Solomon.*] Dr. King said that theoretically it was not proper to put one patient in?—Yes.

4637. But he said that the very outside to put in were nine?—Is that theoretically, because practically it is good to put in fifteen.

4638. Yes; and the house surgeon says, too, that with ten or fifteen in a ward the air is somewhat stuffy. Well, you have said what is a proper system of ventilation?—Yes.

4639. Is there in the Dunedin Hospital at the present time any systematic means of ventilating at all?—Systematic means?

4640. *The Chairman.*] You mean, has ventilation been provided in any of the manners usually adopted in hospitals?—It has only been done by a system of window-valves and air-tubes.

4641. It is done by air-valves, you say?—Yes.

4642. Do you consider that is satisfactory?—I do not.

4643. *Mr. Solomon.*] Now, if that is so, and you were suggesting alterations to the Hospital, would you not consider that first?—No, I do not think so.

4644. Where would you place it?—It would be somewhere near a gynecological ward.

4645. So that a proper system of ventilation in the Hospital is a luxury?—Well, one knows perfectly well how good the results are in the present circumstances.

4646. You have said the system of ventilation is unsatisfactory?—I did not say that ventilation was a luxury.

4647. Well, you said it came somewhere near a gynecological ward?—Yes.

4648. *The Chairman.*] I understand you to say it is not very urgent?—That is so. I never looked on it as so urgent as other things are.

4649. *Mr. Solomon.*] Do you mean to say that a ward in the Hospital, which your own standard of knowledge says should contain at the outside eight patients, and in which there are bathrooms that ought not to be there—but, by-the-by, do you agree with the statement of the staff that the baths should not be allowed to remain where they are now?—I do not agree particularly with it.

4650. Do you emphatically disagree from it?—No. It is no particular matter for emphasis in either one way or the other.

4651. You generally emphatically differ?—Only when I have reason for emphatically differing.

4652. This is the voting of the staff: For—Dr. Batchelor, Dr. Coughtrey, Dr. Maunsell, Dr. Gordon Macdonald, Dr. John Macdonald, Dr. Stenhouse, Dr. Lindo Ferguson, Dr. Roberts. These gentlemen say the beds are necessarily placed too close together. Do you agree with them?—Yes; simply because you have sometimes to put septic cases in some of the beds. But there is no use in my agreeing with it, as most of the gentlemen have signified their disagreement with it.

4653. Do not trouble yourself about that. You say that the ventilation is not urgent at all?—I do not see how it can be.

4644. Here is what the staff say: “That it is therefore essential for the well-being of the patients that there should be a system of ventilation adopted which would bring nearly 80,000 cubic feet of air into the wards per hour”—I believe a system has been adopted since that was passed, at any rate in some of the lower wards. I think it is Tobin’s system.

4655. Listen to this: The staff say that, in their opinion, “it is essential to the health and well-being of the patients that a proper system of ventilation should be introduced.” What do you say to that?—I want to know when that was said, and what has been done since.

4656. Nothing?—I understood that that was in a report that was made many years ago.

4657. The report is dated the 27th May, 1889. Now, these gentlemen say that it is essential for the well-being of the patients that this change should be made. Do you still adhere to the statement that there is no necessity for alteration?—I cannot possibly agree with them; I perfectly recognize it would be highly advisable to have a better system.

4658. But you say that there is no urgency for alteration?—There are lots of other things that come in first.

4659. Is there any urgency, I ask you again, for this alteration?—There is urgency, possibly, for providing a system of treating each surgical case in a tent.

4660. Answer my question?—I cannot give you an answer “yes” or “no.”

4661. Just now, when Sir James Hector asked you, you said “No.” Why cannot you answer me?—I appeal to Sir James. What I want you to tell me is where the relevancy of the urgency comes in.