4662. I have repeatedly called your attention to the statements of the staff, and I ask you do you disagree from that statement?—I do not consider it urgent, as there are some other things which come in.

4663. Do you disagree from the statement after hearing the opinion of the staff?—I still say no.

4664. Do you agree that it is essential to the well-being of the patients?—It depends on the word "essential."

4665. Is it essential, or is it not?—It is highly advisable.

4666. And yet you say that although it is highly advisable, when I ask you where would you put it, you say down about the gynecological ward?—Yes, because there are other things that should be brought about before it.

4667. Now, do you seriously intend to say that, as a modern physician, you do not recognise that a proper system of ventilation, which will secure pure air for the patients, is not highly advisable?—These people have a system which will secure pure air. Dr. Stenhouse says the same thing.

4668. Did you not hear Dr. Roberts, who was house surgeon at one time, say that he had had to complain of the stuffiness?—He has not been house surgeon for four or five years.

4669. He said that was the case when he was there?—Of course, in any system of ventilation much depends on the amount of supervision to which it is subjected. If you have a system of propulsion, and your engineer goes to sleep, it will not go on properly.

4670. Do you find any draughts in the Hospital?—I have noticed them, particularly in one ward—the tower.

4671. Is there an open fire there?—Yes; there is a fire in the corner.

4672. Hear what these gentlemen say again: "The second grave result of an open fire is the amount of draught it produces. In addition to drawing down vitiated air, it is the centre of a system of cold air coming from beneath the doors and from the windows, and, as these currents are heavier than the other air in the room, they sweep along the floor and chill the patients' legs and feet." Do you agree with that?—No, for the particular reason that I was standing opposite the open fireplace in No. 8 with Dr. Ogston, and he said, "What is the use of making this a means of ventilation?" There was no draught up the chimney at all. I may say that Dr. Ogston is a specialist in this subject. I do not consider that with these large openings in the fireplaces there can be any draught. The main upward draught was very slight.

4673. *The Chairman.*] If a fire does not draw it must smoke. Was it smoking?—No.

4674. Then the smoke must have been ascending?—Yes, but very slowly, as the draught was so slight. We tested it, and could therefore see the amount of air that was ascending.

4675. *Mr. Solomon.*] There is only one thing I wish to ask you in this report. With regard to the closets, you say you cannot see there is anything to complain about?—Not much to complain about. They are walled off. The lavatories and baths are more obnoxious.

4676. The staff say, "We are strongly of opinion that no system of double doors will render a ward safe which has a closet opening directly off it"?—I suppose that means that the double doors are only a system of ventilation. There is comparatively good ventilation.

4677. They also say: "We consider (and our views are those of the best authorities on sanitation) that all closets should be outside the wards, and that communication should be by a lobby which has free cross-ventilation." Do you agree with that?—That is a better system than that which prevails.

4678. But the staff say the wards are not safe. Do you agree with that?—No, I do not.

4679. Well, I would like to see the authority you do agree with. I do not see that you agree with anyone?—I am simply giving expressien to my opinions. It would seem as if the wards were not safe, with a mortality of 10 per cent., but it has been explained how that mortality has arisen.

4680. How?—By people being brought in in a moribund state.

4681. Where is the record of that?—Dr. Copland produced it.

4682. What did he produce?—A statement showing the number of people who died the day or so after their admission to the Hospital.

4683. Were those moribund cases?—Entirely so.

4684. *The Chairman.*] You said you objected to the cross-ventilation of the passages leading into the closets. Just now you said it did not matter, as the closets were thoroughly well ventilated by cross-ventilation.—Well, I would not say cross-ventilation; there is a shaft which gives upward ventilation.

4685. Is that not apt to give chill to the patients?—The cold air would rather pass over the top of the patient.

4686. *Mr. Solomon.*] Supposing you had to make alterations in the Hospital, in what order would you place a proper system of ventilation. You take first of all isolation wards, then convalescent wards, then you would alter the lavatories and the baths, and give increased accommodation. Where would you place ventilation?—Along with increased accommodation: the two must necessarily go side by side, as they are part and parcel of the same thing.

4687. I find that in modern books on surgery all writers draw special attention to the fact that great care should be taken in the construction and ventilation of hospitals. Do you agree with that?—Yes.

4688. Now, I find that in Dunedin Hospital, in the first place, its construction is objected to by everybody; it is connected with a central hall, which gives universality of atmosphere throughout the Hospital; its ventilation is wholly insufficient; and its walls, floors, and ceilings are made so as to specially encourage the absorption of germs. Is that so?—Yes.

4689. It is also said that the Hospital contains more people than it should, and that it has done so for the past twenty-five years, and that its cubic space is insufficient. Now, notwithstanding all