bearing on the question of hospitals, and I find that the number of square feet per bed to the acreage, calculated to the ratio of 100 beds, the extent of the site being five acres, is 1,815. In Manchester, with 1,400 beds, nine acres in extent, you get 280 square feet; in St. Marylebone Workhouse Hospital, 744 beds, 5¾ acres in extent, 336 square feet; St. Thomas's Hospital, 8½ acres, 537 beds, 660 square feet; Herbert Hospital, 650 beds, 17½ acres, you get 1,162 square feet. The tendency in all the later modern hospitals is to increase the number of feet per bed.

5967. What should you say?—I should say that 1,500 square feet per bed is the proportion to which they are coming in the cities.

5968. *Mr. Chapman.*] That has a bearing on the general question of the suitableness of site of a hospital in a town of such size as this?—Yes.

5969. Then as to the site in other respects?—The site seems to have improved on what it was formerly. It has improved in respect of the street drainage.

6970. And is it not an unhealthy part of Dunedin?—It is not what I would call an unhealthy part of Dunedin, but it is not what I would call an ideal sanitary site.

5971. But is it objectionable?—I do not think so. An ideal sanitary site, from the modern point of view, would be on the top of the highest mountain or in the middle of the sea, but that is not compatible with the requirements of common-sense as to the use of a hospital; but at the same time I think we ought to consider this Hospital with regard to the Medical School; and its propinquity to the Medical School I look on as of serious import to that school and of value to the community. I do not regard the Medical School, *per se*, as doing any harm to the Hospital itself.

5972. I suppose where you have a medical school the surgeons and physicians are likely to be more up to the mark than in other places?—Quite so. I do not think the Medical School, *per se*, is injurious to the Hospital. I think you might take that from such places as St. Bartholomew's for one, and from other places. At the Leeds Royal Infirmary there is a *post-mortem* room under the basement of the hospital. That hospital has been affected prejudicially by the medical school.

5973. But under proper regulations that need not be?—It need not be.

5974. Now, as to the Hospital itself—its structure and defects. I wish you shortly to state your views?—Well, the block is purely a building built for another purpose, and converted into a Hospital.

5975. *The Chairman.*] You mean that the building is not suitable?—Not for a modern hospital.

5976. *Mr. Chapman.*] Is it to any extent suitable?—It is, as a building of expediency, suitable—as a temporary expedient.

5977. Having that, what are its defects and advantages?—One defect in modern hospital sanitation is the block system, but at the same time that feature is presented in a large number of hospitals in existence elsewhere.

5978. What are the most recently-built hospitals in London?—St. Thomas's, I think.

5979. That is twenty years old?—Yes. I do not know a recently-built hospital of any magnitude.

5980. Do you call that the block system or the pavilion system?—It is supposed to be on the pavilion system; but, in my opinion, it is neither fish, flesh, nor fowl. It is intended to be on the pavilion system, but it is vitiated owing to its being connected by so many corridors.

5981. Have they in London any ideal hospital on the pavilion system?—Not on what I would call the continental plan of the pavilion system, in which the wards are not in any way connected with one another by corridors.

5982. *The Chairman.*] When were you last in London?—I was in London last in 1875. I saw St. Thomas's in 1874 and 1875.

5983. *Mr. Chapman.*] As far as the large hospitals are concerned, that is the most recent?—That I know.

5984. So that they have not in London, at any rate, pulled down their old hospitals to build on the pavilion system?—No.

5985. That is a general defect in the structure?—A general defect.

5986. What are the defects, now, in detail?—Well, I agree very much with what has already been said. Take the floors: there is no doubt that they are of soft wood, possessing cracks, and rough. That is a defect that is common in many hospitals that I have seen.

5987. That is one item that everybody seems to be agreed upon, or very nearly so. And the walls are of rough brick, whitewashed, and in some places faced with cement?—Yes.

5988. *The Chairman.*] Do you happen to know the nature of the whitewash used?—I do not know.

5989. If size was used, do you think it a good thing?—I do not think so. I remember asking Mr. Burns if that was so, if any disinfectant was used at all, but I do not recollect the answer that he gave me.

5990. *Mr. Chapman.*] Apart from that, the walls are in a rough state or nearly so, and they are whitewashed?—The roughness of the walls is an objection.

5991. And the whitewashing, is that useful?—No doubt modern hospitals should have smooth walls—sanitary walls they are called; and I would even go so far as to say that I would have the walls thoroughly saturated with turpentine paint, which gives off a large amount of ozone.

5992. Still, as the matter now is, would you expect very much harm to arise?—No; I do not think that one could say that much harm would come from it.

5993. *The Chairman.*] Even if size is used?—If size is used it would be an objectionable feature; if pure lime is used it would not.

5994. Suppose there was no lime, but whiting?—There must be some form of size used; and then that is modified if any disinfectant is used along with it.

5995. *Mr. Chapman.*] Did you read that report, about which we have heard something, drawn up by Dr. Lindo Ferguson, and approved of by some gentlemen, and apparently not by others?—I