

have read the paper, and know pretty well about it. This paper was read at one meeting of the medical staff.

5996. *The Chairman.*] Were you a party to that report?—I was not a member of the medical staff.

5997. *Mr. Chapman.*] To what extent were you a party to it?—To say that I was entirely a party to it would be almost to misstate, but I assented to many of the main propositions contained in it, on this assumption—that nothing else could be done to improve the present building. As far as I know, I think that at the first meeting at which the report was read a short discussion took place, and at my suggestion it was printed. I think it was on my resolution. Then, at the second meeting, at which it was partly discussed, I was called away before it properly came on for discussion. Then, I think—I am not certain—that the next morning, or a morning or two afterwards, Dr. Roberts called on me and told me what had been generally agreed to; and I gave him a note telling him of the main points on which I assented to it. This is the note: “Dear Roberts,—I am in favour of increased floor-space per patient in general wards, of an alteration in number of beds, and sanitary arrangements in tower ward; also of removal of closets, bath-rooms, &c., out of general wards, and of improving the ventilation and warmth in wards, but do not bind myself to any detailed method.—M. COUGHTREY.”

5998. It was a qualified adhesion to the report?—That was purely on the assumption as to what could be done to improve the present building.

5999. You wrote to the Trustees too?—Yes; I wrote to the Trustees clearly defining my position in the matter.

6000. About this time?—Yes; about this time. I shall read what I wrote. [Letter read.]

6001. *The Chairman.*] Did you show that letter to the members of the staff?—No, I did not.

6002. *Mr. Chapman.*] What are the most pressing defects in the present building?—Meantime, I think the most pressing defect is the necessity for a thorough isolation of such cases as erysipelas cases.

6003. What would be your proposal?—My proposal is that there should be built —. Before answering that, do you mean supposing the present building is dealt with?

6004. Yes, under present conditions.—Supposing the present building is utilised?

6005. The present building and adjuncts—substantially the present conditions: what would be your proposal?—It is difficult for me to answer that, because I have such a strong conviction that if any public money is to be spent it should not be spent in adding wards to the present building unless you make the present building an administrative block pure and simple.

6006. Suppose you were to deal with the present building, where would you put such cases until such time as general new wards could be obtained?—I would strongly advocate the isolation of such cases in a cottage, or in some such cheap expedient.

6007. *The Chairman.*] You mean isolation of special infectious cases in a cheap, detached building?—In a cheap, detached building, as far away as you could get it in the present grounds, or out of the grounds if you can get it.

6008. *Mr. Chapman.*] Suppose you had to deal with this aspect of the case: that you had to use the present building as an administrative block, and add wards, would you still use any portion of this building for hospital purposes?—Well, I thought of dealing with that position afterwards. I think it had better come in serial order.

6009. Very well, what do you find to be the next defect or claim?—I think one of the next claims is a ward for eye cases, on account of the special light they require. By erysipelas cases I mean wards for both sexes.

6010. Then you want two cottages?—That means two cottages. The second defect is the subject of ventilation. The point is this with regard to ventilation, that it is intermittent ventilation. If carefully administered I do not think the ventilation is imperfect, but it is intermittent window-ventilation, and as such is liable to get out of order.

6011. It makes greater demands on good management than the system should?—Yes.

6012. With careful and intelligent management how does it work?—With careful and intelligent management the evil may be minimised and mitigated.

6013. And with such management may it be made to work so as to counteract the evil of too many beds in the wards? This subject connects with that of ventilation, and space in wards?—Yes, they do connect together.

6014. *Mr. Solomon.*] Do you mean to say that if the windows are attended to it counteracts to some degree the evil of overcrowding?—Proper management will mitigate these evils, and among these evils is that of overcrowding.

6015. *Mr. Chapman.*] Well, now, take the subject of ventilation a little further. It is imperfect, and much dependent on management?—That is practically the meaning I want to convey.

6016. Do you know if ventilation by windows is in use in other hospitals?—Yes.

6017. And in hospitals built upon the block plan, either it has to be resorted to or some mechanical system of pumping air out and in?—To call the system adopted in the tower wards a system of ventilation of the wards is hardly correct. It is a system of “Tobination.” In the upper wards the appliances for admitting air are not on Tobin’s system.

6018. Have you anything further to say about the ventilation?—Not beyond that if it is not managed well it is liable to be draughty; but, on the other hand, it is better to have draughts than to have foul air.

6019. Then, what do you find to be the conditions with reference to bed-space, cubic space, and crowding?—The bed-space, I think—I have calculated this on paper—ranges from about 79 to 85 square feet per bed. Now, I think myself that in modern hospitals the more floor-space you can get the better, as that bears upon the cubic capacity and upon the crowding of the patients.