

be transferred, I take it, by a good ambulance all that distance to Wellington. They would have to be done somewhere. Even in a tent a man has to be attended to.

116. Those are cases you would get in camp?—Yes.

117. And I want to find out if the hospital is properly equipped to deal with them. I would like to ask who would operate on those dangerous cases when they arrive in this hospital—what surgeon?—That I cannot say.

118. *The Chairman.*] I suppose it would be in charge of what is called the Principal Medical Officer?—Yes.

119. *Dr. Martin.*] You understood that the medical profession had contributed largely towards the erection of the hospital?—Yes, that is so.

120. As far as you know, their opinion was not asked as to its construction, nor was their opinion asked in any way?—I could not say that. So far as I know, the plan which I referred to as being prior to that one was the outcome of the medical opinion of three or four men. As to whether they consulted the medical profession generally I do not know.

121. But the Board consisting of Mr. Campbell, Mr. Morton, and yourself did not consult them?—No; our duty was to report, and we put it in writing.

122. Do you think they ought to have been consulted?—Most certainly. Not by us, but before that.

123. Were the military Medical Officers consulted in regard to the new plan, such as the Principal Medical Officer of the New Zealand Forces and also the Wellington District?—I believe I am right in stating that Colonel Purdy, Director of Medical Services, told me he was quite satisfied with the new plans. I could not swear to it, but it is my belief he said that he was satisfied with them.

124. In regard to the light in the operating-room, is that a good light?—It is not a good light for an operating-room for major surgery.

125. Is it satisfactory?—I believe it will be quite satisfactory. There will be electric light provided in the hospital.

126. Do you consider it a satisfactory light for an operation on the abdomen or brain?—No.

127. Then in emergency cases a surgeon would be hampered by want of light?—He would have to make the best of it in emergency cases.

128. You consider the light there is not sufficient for performing major surgery?—No, certainly not; it is not designed with that intention.

129. Nor the surroundings either for major surgery?—The surroundings are all right.

130. With the sterilizer in the same room?—There is no objection to that. It is an objection of convenience in general hospitals.

131. You see no objection to that?—I do not. The question of steam is hardly a sanitary objection.

132. *Mr. Ferguson.*] What would have been the difference in construction to have made this room suitable for major operations? You have said the light is unsuitable: what would you have had to do to make it suitable?—Put in a bigger window; and there is a considerable difference of opinion in the medical profession as to whether skylights are necessary, but the majority are in favour of skylights.

133. Would it have added materially to the expense, or was there any other reason why it was not adopted?—It would not have added much towards the expense, but in my opinion and in the opinion of others it was desirable that no encouragement should be given to major operations being done at the camp. They should be done, if possible, at the Wellington Hospital.

134. Yes, I agree with that; but the emergency may be only once in a dozen years, and when that emergency does come, is it not reasonable to have all facilities to deal with the emergency?—Yes; but I think a competent surgeon could perform a major operation in that room, and his patient would come out all right. Many emergency operations have to be performed in ordinary bedrooms, and many surgeons are successful.

135. In regard to fitting up the building, I notice that some wards are plastered, but not the whole building. Would it not have been advisable to have gone to the additional expense of plastering throughout?—As far as I remember, the main reason for that was to get the hospital up and finished as quickly as possible. It was thought the plastering meant further delay on account of drying, and therefore the plastering was only put in certain places.

136. Still, the wards you have got are plastered, and they cannot be occupied till dry: is there any reason why the passages and the rest of the place should not be plastered? If you had to start again, with your present knowledge would you still put it in with V-boarded lining?—I think so, with good seasoned timber, when painted.

137. Is the painting included in the present contract?—I understood so.

138. You do not know what the finish is to be?—Painted in white enamel, I understood.

139. You mentioned that the passages were to be enclosed?—That particular one I mentioned leading to the administrative block.

140. And not the others?—The other passages represent merely covered ways.

141. *Dr. Martin.*] The hospital cost £2,800?—About that.

142. Do you think the operating-room and the whole of the hospital represents value to that?—It seems to me a very high estimate.

143. You think it is a rather a costly business?—I cannot understand where the cost comes in, because there is no "frill" about it; but I can say that the cost of hospital construction in the last few years has gone up extraordinarily. The cost per bed is becoming a very severe tax on hospital bodies. In this case every building is designed to be readily extended, and at the time that was designed the Matron-in-Chief advised that accommodation for three nurses was quite sufficient, with the orderlies to assist.

144. When designing the hospital you reckoned on a sick-list of one in a hundred?—Yes, about that.