

120. *The Chairman.*] Do you know what the proportion is?—I have not calculated it out, but I should say that for half the side that is lighted there is one-half of window to one of wall.

121. Then that would be a quarter of what is recommended by the authorities?—I think I should be correct in saying that.

122. *Mr. Chapman.*] What effect would that have on the appearance of the walls or otherwise?—It makes the wards dull. Light is an important matter from a hygienic point of view. The health of a person who is kept in the dark will deteriorate.

123. And as to the sun?—It is important to get as much sunshine as possible.

124. There are parts of the Dunedin Hospital in which the wards can only get the sun at particular parts of the day, are there not?—Yes.

125. For instance, the walls of the wards on the front side of the Hospital do not catch the sun until pretty late in the afternoon?—Quite so; that is a decided disadvantage. You want to get as much sunlight as possible.

126. Now, what do you say as to the position of the Hospital?—Do you mean the site?

127. Yes?—Of course that is a very difficult question. I really have not thought the matter sufficiently out, but I am inclined to think that for a good many reasons it is a very good site. I certainly would not give a positive opinion on the point, but would rather defer doing so until I have thought it out.

128. Taking the whole thing into consideration—the defects which you have pointed out, and which are of course in the meantime natural defects of construction—are you of opinion that those defects are of such a nature as can be avoided in the present building?—No, I do not think so; I think that they were quite unavoidable.

129. You think so in the present building?—It could undoubtedly be improved.

130. You do not quite follow me. In your opinion, can the present Hospital be so altered as to obviate all the defects that you have pointed out?—No.

131. If the whole of these defects—construction and otherwise—remain as at present, do you think that as they exist the Hospital is a fairly satisfactory asylum for sick patients?—Do you mean as it is?

132. Yes?—No; faulty construction is alone a very important point.

133. Do you mean to say then that the faults of construction to which you have directed attention are of themselves evils sufficient to make the Hospital an unsatisfactory asylum for sick patients?—Yes.

134. Have you any other remarks to make on the subject of faulty construction?—No; that is all.

135. We will now go to the second subdivision (*b*) of your complaint—imperfect ventilation. Will you tell us what you have to say on that point?—First of all, I say that a thorough system of ventilation is essential—indeed, is one of the most elementary essentials—to a good hospital.

136. Is the system of ventilation in the Dunedin Hospital a thorough system?—No.

137. Is it fairly satisfactory?—No; it is bad.

138. What is the most improved plan of ventilation for a hospital?—I believe what is known as cross-ventilation is the best, but I do not pretend to be an authority on ventilation.

139. You speak, I presume, from your reading of authorities on the subject, and not from your own experience?—Exactly.

140. Is there any such system of ventilation as cross-ventilation in the Dunedin Hospital?—There is certainly no system of cross-ventilation there. I really would not say much on this subject. The system of ventilation they have in our Hospital, by the windows, chimneys, and doors, is an accidental system, and is absolutely bad, and I defy anybody to give a good account of it. They seem to me to knock in a hole here or there, wherever they want a fresh ventilator.

141. The principal methods of giving ventilation in the wards is by the windows, and up the chimneys, are they not?—I think that the chimney is the most efficient means.

142. In the wards at present, do you mean?—And in the past.

143. Am I right in saying that the object of a proper system of ventilation in a ward is to secure a constant and steady current of air throughout the ward?—Yes.

144. And what is the object of good ventilation?—To avoid any draughts, and insure a sufficient supply of fresh air.

145. Does the system of ventilation adopted in the Dunedin Hospital insure that result?—Certainly not.

146. Do they have any draughts there?—There are constant draughts. The patients are complaining constantly about the draughts, and it is impossible to ventilate the wards properly without occasioning draughts.

147. You say that the patients here are constantly complaining.—Yes.

148. You say that they are constantly complaining of draughts, and that it is the present system of ventilating the wards in the Dunedin Hospital that creates those draughts?—Yes.

149. And you say further that there are constant draughts in the Hospital.—Yes.

150. I need hardly ask you whether this is a source of danger to the patients?—It is.

151. Do you know yourself of any instances in which patients in the hospital have suffered from the presence of these draughts?—Yes. In this very No. 7 ward that we have been speaking about, during the last two months every patient on the right-hand side of the door as you enter has suffered.

152. In how many beds?—The beds on the right-hand side here [indicating on plan]. Whenever I have gone into the ward I have found patients with their heads tied up, or complaining of toothache.

153. Do you think that they contracted these ailments in the Hospital in consequence of the faulty condition of the Hospital?—That is what they told me. They told me that their ailments