

6. During what period?—I entered on my duties as house surgeon in August, 1878, and held that appointment, with the exception of an interval of a year when I was absent, until December, 1887.

7. I think you also occupy a position in connection with the University of Otago?—Yes; I am Lecturer on Pathology in the Otago University.

8. *The Chairman.*] I understood you to say that you are not on the staff this year?—I act as pathologist, but am not recognised as a member of the staff.

9. *Mr. Solomon.*] In your opinion, is the hygienic condition of the Dunedin Hospital satisfactory at the present time?—No, I do not think it is.

10. Have you come to that conclusion hurriedly or suddenly, or is it a conclusion that you have arrived at as the experience of some years?—It has been a gradually-acquired experience.

11. We have heard during the course of this inquiry a good deal about ventilation of the Dunedin Hospital: in your opinion, is the ventilation of the Hospital satisfactory?—No; it is not in accordance with what is set down as required by the authorities. I submit to authorities in this respect, because I have had no experience of the matter.

12. You are not a specialist on hygiene?—I am not.

13. It is not necessary for medical men to read up this subject?—I think they should, strictly speaking.

14. For instance, we have heard that the proper and generally approved plan of ventilating a hospital is by means of what is known as a system of cross-ventilation: do you agree with that?—I certainly agree with that.

15. I suppose you know that in this Hospital—it is a matter of common report and knowledge—the only system of ventilation of any magnitude is by means of the windows and open fireplaces?—Those are the principal sources of ventilation.

16. There are small ventilators, are there not?—Yes, there are ventilators let in in various parts of the walls and into the chimneys. In some of the wards there has been a shaft put in and connected with an archimedean screw. That has been done in the upper wards.

17. Is this system of ventilating hospital wards by means of holes in the walls, chimneys, and by open windows satisfactory to you?—It is not satisfactory.

18. Does that method of ventilation secure a constant current of air throughout the wards?—If the windows are open there is a constant current certainly, but you cannot rely on an equable current and a general diffusion of the air equally throughout the wards under the present system. If the wind blows from certain quarters certain windows on either side give more air into one part of the ward than into another, which gives rise to a draught.

19. Am I right in saying that in one part of the room there would be too much current and in another not enough current?—That is quite possible.

20. Under these circumstances, do the patients, in your opinion, get a fair chance of recovery?—Not so fair a chance as if the ventilation were as orthodox as it should be. I may explain, it has been my experience in the Hospital—that the patients have made complaints to me with regard to the condition of the atmosphere in the wards.

21. What has been your own opinion?—I have had to complain on going into the wards of an evening sometimes and to have a window open here and there, owing to the unpleasant odour and the stuffy nature of the air in the ward.

22. *The Chairman.*] Are you speaking of the time when you were house surgeon, prior to 1887?—Somewhere about that time. From time to time I had occasion to complain. It is not self-regulating.

23. *Mr. Solomon.*] Was the atmosphere, when you complained of it in that way, in such condition as ought to be found in a well-regulated hospital?—No, I should say decidedly not. On the other hand, while I have had patients complain to me of draughts, the wardsmen have explained that they could not keep this or that window open because so-and-so complained.

24. Is that reasonable?—It is reasonable to expect, under certain circumstances of wind and atmosphere, that there should be these complaints.

25. So that your objections to the ventilators are of a twofold character; in the first place, the air that goes in is not sufficient, and on the other a draught arises?—Yes.

26. Are these draughts, which necessarily arise from the windows having to be kept open, a source of danger to the patients?—To a certain extent they are.

27. In that the patients are liable to catch cold, I suppose?—Yes; they are liable to catch cold.

28. Do you know of any cases of that happening?—I cannot speak confidently about any case, though I dare say cases have occurred. But I can speak more emphatically about the complaints having been made.

29. Was it a matter of frequent occurrence?—The patients very often—indeed, it was a common occurrence—complained of catching cold, and they attributed the cause to the fact of the windows having been kept open.

30. You say that that was a common occurrence. In your opinion, was it surprising that such complaints should be made?—No, I do not think that it was surprising. The windows open, most of them, on the hinge, but the fittings are in many instances imperfect. On a cold day the wind comes in, and was a common source of complaint. I frequently saw the windows stuffed with blankets and towels.

31. Do you think that, with the most efficient arrangement for opening the windows and closing them as tightly as possible, ventilation by the means that are now in use can be made satisfactory?—It would be satisfactory in calm or mild weather.

32. But in the middle of winter?—With a cold wind it would be unsatisfactory.

33. Now, recognising that the existing system of ventilation is unsatisfactory, in what portion