of the year would you expect the greatest evils to arise from it—spring, summer, autumn, or winter? —Most likely in the winter.

34. Evils would arise from two causes, would they not? If the windows are closed there would be a want of ventilation; if they are opened the patients catch cold?—Certainly.

35. Do you think that the evils to be anticipated from this insanitary condition of affairs, along with this faulty system of ventilation which everybody is agreed about, are of a trifling character, or of such a serious character as to call for amendment?—I think that they are sufficiently important to call for amendment.

36. Without going into the question of a perfect hospital, for I understand that it would be very difficult indeed to obtain a perfect hospital, I would ask you, is such a state of affairs as we have been told exists in the Hospital at all consistent with a fair sanitary condition?—They are not consistent with a fair sanitary condition.

37. It has been shown to us by authorities that the beds in the Dunedin Hospital are altogether too close. Has that ever occurred to you?—Yes.

38. Do you agree that they are too close?—I think they are.

39. Is there a danger in that?—Yes.

40. An appreciable danger?—Yes.

41. Do you think that these defects in our Hospital are defects which should be remedied at once?—Yes; I think that they ought to be remedied. I will qualify that answer a little. This overcrowding struck me when first I saw the Hospital, but matters are a little better now. I rather think, but I am not certain, that there are not so many beds in the wards as there used to be.

42. The Chairman.] Are you still speaking of the time prior to 1887?—Yes, when I noticed it most.

43. I understand from that answer that it is the present state of things that you are speaking of?—The beds are still too close together. Of course, I am speaking of when I last saw the Hospital. I have not been through it since I left the Hospital, or was on the staff.

44. But you believe that the crowding still exists?—Yes, I believe that it does still exist.

45. Mr. Solomon.] I suppose we may take it that you agree with the figures on the subject of bed-space that have been quoted as from Wilson, Erichsen, and such men?—Decidedly.

46. The Chairman.] You have no reason to differ from those recognised authorities?—No. I may mention that when I have shown medical men from other parts of the colony over the Hospital it was a very common thing for them to say, "Dear me, how close your beds are together," or words to that effect. I always met that with the argument that we had a ward empty into which we moved patients.

47. Mr. Solomon.] Two wards are now kept empty, are they not?—Yes.

48. Where you have a limited amount of space, keeping wards empty necessarily means, does it not, keeping other wards fuller than they otherwise would be?—On occasions. I used to meet their remarks with that argument.

49. The beds in the ward have a fixed position, have they not?—Yes.

50. Suppose there are sixteen beds in a ward, and that fifteen of the beds are occupied, the patients would be no closer together, would they, than if only twelve beds were occupied?

51. I want to put a general question to you. We have heard from the authorities who have been quoted to us that certain bed-space is sufficient: is any material reduction of that bed-space, as allowed by Wilson, Horsley, and other authorities, a source of danger to the patients? You will observe that I say "material reduction"?—Yes; I should say so.

52. I suppose you agree with these authorities that in surgical wards greater bed-space is required than in medical wards?—I should agree with it if the authorities say so.

53. Assuming that the authorities on the subject say that 9ft. is the minimum bed-space that should be allowed for surgical cases, and that 13ft. 6in. is what is given in the Dunedin Hospital, would that, in your opinion, be a safe state of affairs?—Not if it is below the minimum allowed by authorities.

54. The minimum allowed by the authorities is 7ft. 6in. to 7ft. 8in. for all classes of cases, and 9ft. is the minimum allowed by them for surgical cases. In the Dunedin Hospital, we have been told, the bed-space is 5ft. 6in. Would that, in your opinion, be a safe state of affairs?—It would not.

55. To secure bed-space is important, is it not?—Yes.

56. Suppose that we find, according to the authorities, that 105ft. to 120ft. is the minimum floor-space in ordinary cases, and from 130ft. to 140ft. in surgical cases, while the amount available in the Dunedin Hospital is only 78ft., would you say that that was a safe state of affairs?—I should say that it was not.

57. Does your previous remark also apply to the question of cubic space?—It does.

58. I find that Ashurst, for ordinary medical cases, allows a cubic space of 1,500ft., and for surgical cases 2,000ft.; that Erichsen allows 1,500ft. for medical cases, and 2,000ft. for surgical cases; and that Wilson allows 1,200ft. for medical and 2,000ft. for surgical cases. As against that, the Dunedin Hospital, for surgical cases, has, according to the authorities, only 937 cubic feet. Is that a safe state of affairs?—No.

59. Confine your attention for a moment, please, to the question of overcrowding. Is such a considerable diminution of space as I have quoted to you calculated, do you think, to materially decrease a patient's chance of recovery?—I think it would decrease it to some extent. Of course, some would feel it more than others.

60. Would the evils of overcrowding be felt most in a hospital where the ventilation was satisfactory or in a hospital where it was unsatisfactory?—It would be felt most where the ventilation was unsatisfactory.

61. So that we may say that in the Dunedin Hospital the evils of overcrowding are aggravated by insufficient ventilation?—Yes.