

2012. What do you fear?—Well, since there has been erysipelas in the house I have been very much afraid of septic infection.

2013. Yes. While on that subject of erysipelas we will thresh it out. Do you agree that erysipelas is a septic disease?—Yes.

2014. Do you agree with Erichsen that the frequency of erysipelas arising in an hospital is a symptom of neglect of its sanitary condition?—I should say on the face of it that it was so, but I am not an authority on matters of that kind.

2015. And should erysipelas arise in an hospital—I do not mean to be brought in, but that it should arise—if an hospital is in a proper sanitary condition?—It certainly ought not to do so.

2016. If an hospital is not in a proper sanitary condition, is it surprising that erysipelas should arise?—No, it is not.

2017. Have you found it arising in the Dunedin Hospital?—I have known of its existence there, but I cannot at this moment recollect a patient of my own that had it. I have frequently had to postpone operations in consequence of erysipelas in the house; on several occasions I have had to do that.

2018. Can you tell us whether it has been more or less frequent recently or formerly?—I do not think we have had an epidemic in the house like this last one before. I do not recollect it. I should say there have been more cases lately.

2019. *The Chairman.*] Can you define the time of that epidemic?—I think it was about the time of the case of Mrs. S——; within the last two months there has been more cases of erysipelas in the Hospital than formerly, but I do not see the cases in the wards as other members of the staff do. That is my impression with reference to the state of affairs.

2020. *Mr. Solomon.*] Now, I gather from what you say, that in a hospital the circumstances are specially favourable to the presence of septic organisms in the atmosphere?—Yes, they are.

2021. In a healthy hospital they should be specially unfavourable?—Yes; the conditions should be such as to minimise the risk of septic organisms being present.

2022. Do you know of any disease, in your experience as a medical man, which would not be intensified by these septic conditions in an hospital?—I do not mean to say to an enormous extent?—I think that existence in bad hygienic surroundings would depress the health of the most robust individual, and any person already suffering from disease would naturally have his condition more depressed by it.

2023. It would affect the power of resistance to the attacks of disease?—Yes.

2024. Now, what do you think of this: You have told us that the Hospital is specially apt to encourage the presence of septic organisms in the air. Is it possible or impossible that the walls, ceilings, and floors should become impregnated with these germs during the course of years?—I think there is no doubt about that taking place. I may say the Trustees have taken down the plaster and used parian cement in some of the wards—I do not know how many; it is in the surgical wards,—for the purpose of minimising the risk of septic absorption; but I do not think the ceilings have been treated in that way, and the floor in one ward is rough and almost certainly has absorbed an enormous quantity of germs since the Hospital was built.

2025. Can you say if the risk to patients arising from the special circumstances of the Dunedin Hospital are increased or decreased year by year?—I think the risk to all surgical cases increases as the Hospital gets older.

2026. Would that apply ordinarily or specially to a case where the ventilation is defective?—It would apply with more than usual force where the ventilation was bad.

2027. *The Chairman.*] In any case you hold that the danger would increase year by year, but with greater rapidity under the circumstances of the Dunedin Hospital?—Yes.

2028. *Mr. Solomon.*] Now, according to authorities, what is the ordinary lifetime of a hospital?—It is a question I have not looked up, but, speaking from memory, I think the authorities say that about twelve or fourteen years is the proper lifetime of a hospital. Some authorities recommend that no hospital should be built as a solid structure at all, but should be just a temporary erection for a few years and then be swept away.

2029. Our Hospital has been in existence twenty-four years last Tuesday. Under the circumstances you have known to exist for the last seven years, should you expect to find evils intensified after that length of time?—I should expect to find that the wards were not as safe for operating in after an additional seven years' life. That is, wards with absorbent walls and rough floors.

2030. Then, do you agree that these rough floors and absorbent walls are defects in the structural condition?—Yes, they are.

2031. Another thing Dr. Batchelor complains of is the insufficient space per bed. What do you say as to the crowding of the Hospital? Do you think the beds are too close, or not too close, or what?—I think when I came here—speaking from impression merely—the beds must have been closer than they are now, because I was very much struck with the crowding of the beds when I came here first. I believe that since the report you hold in your hand went in, one bed has been taken out of the male surgical wards, reducing the number to sixteen instead of seventeen. On recollection, I believe there are now sixteen beds upstairs and fifteen downstairs.

2032. I will speak of the space per bed, not the square space. Do the risks of infection bear any ratio to the distance patients are from one another?—Undoubtedly. I think I am right in saying that the intensity of contagion is lessened inversely as the cube of the distance.

2033. As the cube, or the square?—I think it is the cube, but I may be wrong, as I am speaking only from memory.

2034. So at any rate it bears a direct proportion?—Yes.

2035. I find by the authorities that they are agreed that in ordinary surgical cases the bed-space should be 7ft. 6in. per bed, and in surgical cases that it should be from 8ft. to 9ft.; while in