the Dunedin Hospital it is 5ft. 6in. Is that a proper state of affairs?—I think the distance in the Hospital is too little, and I have always thought that the beds were too close together.

2036. I suppose the present state of affairs is unfavourable?—Yes, in those wards; unless the number of beds were lessened, and that would interfere with economical nursing.

2037. So that we are driven to what Dr. Batchelor says—that the size of the ward is too small for economical management?—Yes.

2038. And the same remarks apply to the square bed-space and the cubic air-space?—They do, but of course if you fix the bed-space, the lineal space per bed, the superficial space, and cubic space practically go with it.

2039. Quite so.—One carries the other with it.

2040. Is it more or less necessary where the ventilation is defective to be particular about your patients not being crowded?—If the ventilation is defective, they should have more cubic space and more superficial space.

2041. In the Dunedin Hospital, is it important that the patients should not be too close together?—Certainly I think so.

2042. Now, on the question of ventilation, we have been told that ventilation in the Dunedin Hospital is quite adventitious, that there is no proper system. Is that so?—There is no definite system of ventilation. In some wards there are openings in the walls, and in the upstairs wards there are tubes passing through the roof, but there is nothing that we can call a proper system of ventilation in the Hospital attempted at all.

2043. Is that proper?—No.

2044. Do you agree that cross-ventilation is a proper system?—I agree that it is the healthiest.

2045. We have been told by several people that the principal method of ventilating these wards is by means of chimneys and windows. Is that so?—Yes, that is so, except for those openings in the walls.

2046. In other words, you have to open the windows to ventilate the wards: that is what it means, in plain English?—You really cannot ventilate them at all in the true sense of the word "ventilation." By opening the windows and doors you get a draught of air, but it is not ventilation.

2047. Have you ever noticed the wards smelling stuffy?—Yes, frequently.

2048. Supposing you do not open the windows, can you ventilate the wards?—Well, of course I am not much about the place when the windows are closed, but I have been there late in the evening, say, at 7 or 7.30. When the windows are closed the wards are stuffy, and the inference I draw is that when the windows are closed the atmosphere is vitiated.

2049. Is it practicable in our climate in winter time to keep the windows open to ventilate?—Not with safety to the patients.

2050. What is the result?—It almost blows the patients out of the beds.

2051. In fact, what happens is this: if you open the windows you have what is called pyæmia, and if you shut them up you get what is called septicæmia?—That is about it.

2052. Now, are the draughts of a trifling or a serious nature when the windows are open?—Well, I have never been there in the capacity of a patient, and therefore I do not know exactly what the sensations of the patients are; but I do know that my patients frequently complain very bitterly at times about the draughts.

2053. In your cases, for instance, is there any danger to the patients from draughts?—Yes; there are very considerable risks of inflammation after operation on the eye, from exposure to cold draughts, and in such a case as eyeretis one is apt to have a relapse from exposure to cold.

2054. *The Chairman.*] You have had cases of relapse and of injury arising from draughts?—Yes, I have had such cases—in fact, Mr. Solomon, in his opening address, said he had seen a red blanket-tent in one of the wards. That was for the purpose of protecting one of my patients from the draught. The man had sympathetic eyeretis, and was therefore protected in the corner.

2055. *Mr. Solomon.*] Do you mean to say it was necessary to protect a patient in a ward of the Hospital by putting a red-blanket screen around him?—I often have to do that, when treating them in a general ward, to protect them both from light and draught.

2056. Under the circumstances you saw the patient on that occasion, do you think the conditions were favourable for his recovery?—No, because he had no cubic-space, and absolutely no ventilation; but it was done because he was deriving injury from the cold winds in the ward.

2057. Without the screen he was deriving injury from the cold winds, and with the screen he was deriving injury from the want of air?—Certainly, it was not improving his condition—that is, the want of ventilation.

2058. Dr. Batchelor has told us that in his cases it is impossible for a man to say positively what causes peritonitis or emetritis in his patients, and that one can only judge gradually from a succession of cases. Does that apply to you?—I think it applies to any surgical case. I think we cannot speak definitely of septic infection unless the septic is examined by a laboratory bacteriologist, and is identified afterwards as a microbe and proved microscopically. It is impossible to have a certainty about anything of the sort.

2059. You can only form an opinion from a succession of events?—Yes.

2060. What has your actual experience in the Hospital taught you as to the danger of septic poisoning?—I have had cases in the Dunedin Hospital which have gone wrong from septic conditions arising, in which I have not been able to trace the source of septic infection to anything outside the Hospital.

2061. Now, you pointed out to me three actual cases that occurred to you in one week, or in three successive days, did you not?—Yes, I remember those cases. I am afraid I cannot give very full details about them, because I did not expect to be examined about them.