

2549. Do you consider its sanitary condition at present to be fairly satisfactory?—It is not satisfactory.

2550. Do you think the defects are slight or of a serious character?—Some of them are pretty serious.

2551. First of all, what do you say as to its structural condition—are you satisfied with it?—As regards wards, there is not a proper ward in the whole building—that is, as far as modern hospital structure goes now.

2552. What are the faults?—Well, the faults are principally in ventilation and light. The wards are only lit from one side, and the other side is a blank wall, so that perfect ventilation—that is, perfect cross-ventilation—cannot be procured.

2553. Where do you practice? I forgot to ask you that before?—In Invercargill.

2554. Are you connected with the Hospital there?—I used to be. There is no honorary staff there now.

2555. Is there any possibility of getting cross-ventilation in the wards of the Dunedin Hospital as they are built?—I do not see there is any chance of getting cross-ventilation in them.

2556. Is there any other system of ventilation, in your opinion, that is satisfactory?—Well, cross-ventilation is supposed to be the best you can get for hospital wards.

2557. What about the sunlight?—Where a ward is lighted only from one side you cannot get the sunlight all day, and it is, of course, best to get the light as much as possible all day. At present the sun shines in only at one side—over some of the patients and on the face of those on the opposite side.

2558. What do you say about the position of the patients in the Hospital?—No patient should be under a window.

2559. Are there patients here in that position?—Yes.

2560. *The Chairman.*] We have been told about cross-ventilation, but have never had it defined. Is the air admitted through the windows or does it pass through the ventilators on each side?—They are both practised, both ventilators and windows; and tubes are also used.

2561. And which do you think is preferable?—In most modern hospitals both are adopted. A natural current of air can be so regulated as not to cause draughts.

2562. *Mr. Solomon.*] Is there any system of cross-ventilation in the Dunedin Hospital?—I do not know one ward in which it is found.

2563. *The Chairman.*] You think that in the present state of the Hospital it would be impossible to obtain cross-ventilation?—Yes.

2564. *Mr. Solomon.*] The windows are the principal source?—Yes; and there is also the chimney.

2565. Do you think that in our climate in the winter those windows could be opened without causing draught?—Some days, when it is stormy and wet, you could not open them without causing draught.

2566. Did you visit the Hospital?—Yes.

2567. Did you notice the draughts?—I noticed in the front wards that the lower ventilators were open, and there was a cold draught coming in. That was what I expected.

2568. Do you think that the system of leaving windows open while the patient is suffering from chest complaint or phthisis is safe for the sufferers?—No, it is not safe.

2569. Did you notice any of those rooms in which the ventilators were not open?—Yes, No. 3, in which only one ventilator was open.

2570. What was the condition of the atmosphere?—The air was “stuffy” and close. The temperature at the coldest end was 61°, and at the fire it must have been 65°.

2571. *The Chairman.*] Was the window open?—No; only one ventilator. I do not know for certain that the temperature was 65°; I think it was about that.

2572. *Mr. Solomon.*] Was the condition of affairs in the ward healthy?—No.

2573. Ought that state of affairs to exist in a properly conducted Hospital?—It should not exist in a properly ventilated ward.

2574. Have you noticed the walls, floors, ceilings, and so on?—Yes; I noticed the floors particularly.

2575. Are they favourable or unfavourable to the reception of pathogenic germs?—They are very favourable to the reception of germs.

2576. Are the seams blocked up as authorities suggest they should be?—The seams are too wide; they should be as close as possible in the floor.

2577. And what about the walls?—They seemed to be whitewashed or sized—I could not say which.

2578. And the ceilings?—They were something the same. The authorities say care should be taken to prevent the probability of the germs being absorbed by the floors, ceilings, and so on.

2579. Does this Hospital reasonably comply with those authorities?—I do not think so.

2580. Now, your visit yesterday was for the purpose of inspection?—Really, it was.

2581. Can you tell me what is the minimum bed-space that, in your opinion, should be allowed to patients, say, in surgical cases?—In surgical cases there should be, I think, from 4ft. to 5ft. between each bed—say, 5ft.

2582. *The Chairman.*] We have always got it in the other way, including the bed?—That would be 7ft. 6in. I think there should be, at least, 5ft. between the beds, or from 100ft. to 120 square feet.

2583. *Mr. Solomon.*] And cubic air-space?—That will depend very much on the process of ventilating; but if you have proper sanitation, and a good sanitary system, perhaps about 1,800ft. or 2,000ft. If there is bad ventilation it does not matter if there was 3,000 cubic feet of space, it would be no use.