

2745. And that the more concentrated the germs are the greater the chance of infection is?—Yes.

2746. Now in the present condition in the Dunedin Hospital, with the system of ventilation that is in vogue there, with the fact that these absorbent walls have been standing there from twenty-four to twenty-five years, would you expect to find these organisms concentrated or diffused in the atmosphere there?—I should think that they would be found in the plaster on the walls, and probably in the ceilings.

2747. In what condition would you expect to find the air of the wards?—If the wards were at all crowded the air would be bad.

2748. Are the wards crowded?—Yes, there are too many patients in each ward.

2749. Have you formed any conclusion as to the amount of square space which each patient should have?—Some of the Hospitals at Home—Leeds Infirmary, for instance—have 3,000ft.

2750. What is the cubic space per patient?—I think that in surgical wards, that is, where burns and similar wounds are treated, it is well to have 3,000ft. cubic feet for each patient.

2751. And what is the superficial space which each patient should occupy?—From 100ft. to 120ft.

2752. What space do you think there should be between the beds? Have you thought about that?—3ft. or 4ft.

2753. I find that most of the authorities say that, including the bed itself, which is 2ft. 6in., the space between the beds should range from 8ft. to 10ft. Will you please look at the passage in "Buck" which I call your attention to? Now, in the Dunedin Hospital, we find that instead of there being from 2,000 to 3,000 cubic feet of air-space, the most that we can possibly get is 1,300ft. Is that at all sufficient under ordinary circumstances?—Certainly not, for a surgical ward. I see that "Buck" gives 8ft. per bed for ordinary cases and 10ft. per bed for surgical cases.

2754. We find that in the Dunedin Hospital there is only a bed-space of 5½ft., and that instead of from 100ft. to 130ft. of superficial space there is very considerably less. Ought they to be more or less particular about not crowding the beds, when the ventilation is so imperfect as these conditions show it to be?—They should certainly be most particular.

2755. Do you think that any of the surgeons can operate in the Dunedin Hospital at the present time with confidence?—During the past seven weeks I do not think there have been any operations at all.

2756. That might be since Dr. Batchelor has raised a scare among you all?—Not at all; It has been owing to the occurrence of erysipelas and a number of septic cases in the Hospital.

2757. We will talk about yourself then, and we have been told that you are the ablest surgeon here. For the last month or so, or for any time during the past eighteen months, have you operated with confidence in the Dunedin Hospital?—Well, any operations that I have performed have been done with the greatest precaution, always with regard to antiseptic treatment.

2758. Have you realised that there was additional danger of septic poison from the surroundings of the Hospital?—There is always a certain amount of danger if you have imperfect ventilation in a hospital built on the block system.

2759. Have you noticed in winter time anything about the smell of the wards?—On a very cold day, when the windows are nearly all shut, the air in the wards is always oppressive, and the same thing is noticeable at night or in the early morning, simply because the windows are all closed.

2760. Ought such a state of affairs to exist?—No. I think that the ventilation of the wards should go on both day and night, so that there should be a constant change in the air.

2761. Is that practicable here?—Certainly not, in cold weather.

2762. I suppose it necessarily follows that the dangers which arise from the present conditions are intensified in the winter time?—Yes, they are in the winter time. Besides, I think that we should have the ventilation quite as perfect at night as through the daytime—more so, in fact, as all the windows should be closed during the night.

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TUESDAY, 2ND SEPTEMBER, 1890.

Dr. DERENZI sworn and examined.

2763. *Mr. Solomon.*] What is your name?—Arthur DeRenzi.

2764. What are your medical titles?—I am a member of the College of Surgeons, England, and a licentiate of the Society of Apothecaries, London.

2765. You are at present House Surgeon of the Christchurch Hospital?—I am.

2766. How long have you occupied that position?—For nearly three years.

2767. During your present visit to Dunedin have you had occasion to inspect the Dunedin Hospital?—I have.

2768. Have you inspected it on more than one occasion?—Yes, on one occasion before my present visit.

2769. Your present visit to Dunedin was for the purpose of giving evidence before this Commission?—Precisely so.

2770. Did you make your visit last night or this morning?—This morning.

2771. Will you please tell us what was the state of affairs you found there. In your opinion, is the Hospital satisfactory from a sanitary point of view?—I consider it is not satisfactory.

2772. Speaking generally, you found that there are defects?—I did.

2773. Are the defects which you found to exist trifling, or serious?—In my opinion, they are very serious.

2774. How does this Hospital compare with the Christchurch Hospital?—Very unfavourably, I think.