

3026. How many operations were performed during that time?—There is a record kept in the Hospital. Every operation is carefully noted.

3027. Can you give us any idea of the number?—Considerably over one hundred.

3028. Would you be surprised to hear that in the Dunedin Hospital, within the last eighteen months, the number of deaths in the Dunedin Hospital after operation have been somewhere about twenty-two?—I should not be surprised to hear it.

3029. *Mr. Solomon.*] I may mention that I have just got this list, though I asked for it almost three weeks ago. It shows that during eighteen months Dr. Coughtrey had 43 cases, with 6 deaths; Dr. Maunsell, 53 cases, with 6 deaths; Dr. Brown, 6 cases, with no deaths; Dr. Stenhouse, 1 case, with 1 death; Dr. Roberts, 1 case, with no death; Dr. Batchelor, 43 cases, with 4 deaths. [List handed in.] So that we find in the Dunedin Hospital, out of two hundred operations, in eighteen months, there have been twenty-four deaths. Do you think that that is at all consistent with a proper state of affairs in a hospital?—I do not; but I should like to know what these two hundred operations were.

3030. *The Chairman.*] Will you send down to the Commissioners a similar list of operations in the Christchurch Hospital during, say, the past two years?—Yes; and, if desired, will have it authenticated before the Resident Magistrate. I will send a certified copy of our operation-book.

Dr. F. TRUBY KING sworn and examined.

3031. *Mr. Solomon.*] Your name is?—Frederic Truby King.

3032. What are your medical titles?—M.B., C.M., and B.Sc.

3033. Of Edinburgh?—Yes.

3034. You are at present in charge of Seacliff Asylum?—Yes.

3035. In the course of your medical studies, have you devoted any attention to the question of hygiene?—Yes; I am a Bachelor of Science in Public Health.

3036. Have you lately had occasion to examine the Dunedin Hospital?—Yes; I was asked to-day to see the Hospital, but the examination was a comparatively superficial one, occupying only two or three hours.

3037. *The Chairman.*] Are you well acquainted with the Hospital?—I have been in it several times before this morning, but for less than half an hour each time.

3038. *Mr. Solomon.*] I understand that you are in a position to give us a certain amount of information as to the Hospital?—In regard to any points upon which I shall give information I shall have satisfied myself.

3039. Do you consider that the sanitary condition of the Hospital, as you found it, is satisfactory?—No.

3040. Will you please tell us, generally, what are the conditions which you consider to be essential to a fairly satisfactory hospital?—I may give you a general reply. I consider that there should be a reasonable approximation to the conditions that have been ascertained to be essential for the perfect preservation of life and health in any individual. In addition, there are, of course, special requirements connected with hospital life, such as an efficient medical and nursing staff, &c.

3041. Do you consider that the Dunedin Hospital reasonably compares with the test which you say ought to be applied to hospitals?—It does not comply in all particulars.

3042. We will take, first of all, the subject of ventilation in the wards: do you consider that that is satisfactory?—No.

3043. Do you agree that it is essential to any form of ventilation in hospital wards that there should be what is known as cross-ventilation?—As ordinarily understood, no.

3044. You do not agree with that?—Well, we must see what is meant by the term "cross-ventilation" which is so much insisted upon. I think you mean ventilation from one side of a ward to another, from window to window, and in that sense I do not think it is essential. There should, however, be some means for maintaining currents of fresh air through the wards.

3045. What is essential, in your opinion, to an efficient system of ventilation? You have already told us that the ventilation in the Dunedin Hospital is not satisfactory; kindly tell us what are its defects?—Take the case of ward No. 7: apart from windows and doors, the proper outlet for air does not exceed a sectional area of 2 square feet—namely, 1 square foot about the centre of the ward, and—

3046. *The Chairman.*] Are you speaking of a lower or an upper ward?—The ward which was specially pointed out to me.

3047. *Mr. Solomon.*] That, I understand, was No. 7?—I am speaking of the upper ward, which was occupied by Dr. Batchelor's patients. I cannot speak so much in detail with regard to the lower wards. The centre extraction-shaft has a sectional area of about a square foot, and one has to reckon the chimney as equivalent to something under a square foot, regarding it as an exhaust. The chimney itself would not be sufficient, unless a fire were burning, for more than two people. The roughness of the interior causes great retardation of currents. My estimate of the extraction-area as equivalent to nearly 2 square feet is too high unless a fire were burning. The central extraction-shaft would provide for six patients at 24 square inches per individual, which is regarded as a fair allowance—that is to say, that the whole of the air-extraction is not enough for more than eight persons.

3048. *The Chairman.*] You mean 24 in. of respiration?—I am calculating 3,000 cubic feet per individual per hour.

3049. I understood you to mention 24 cubic inches per patient?—I said 24 in. of inlet per individual; 24 square inches is a fair inlet.

3050. And at that rate, you say, sufficient air would be provided for only eight persons?—Yes.

3051. That is without a fire?—Yes.