

3052. And with a fire?—Probably one might count the fireplace sufficient for four or five persons.

3053. That would be thirteen in all?—No; ten or eleven.

3054. *Mr. Solomon.*] Will you kindly tell us something about the inlets?—One must count the ventilators quite apart from windows and doors. There should be a sufficient minimum of outlets and inlets provided apart altogether from windows and doors. I do not think there is any difference of opinion about that. With regard to the inlets, so far as I could ascertain there is not sufficient area provided for one person.

3055. Do you mean in the whole of the ward?—Yes, in the whole ward. There are two inlets which open off the large central space; these are the only special inlets that I could see. They are possibly 8 x 4 inches each—that is to say, a superficial area of 33 square inches each and 64 square inches for the two. There is so much grating in connection with these openings that, allowing for actual blocking out and for increased friction, I do not think one could reckon an effective area of more than one-quarter the total, or, say, 16 square inches.

3056. *The Chairman.*] So that both openings suffice for only two-thirds of one person?—Yes. Further, it must be understood that the air which is admitted by these inlets is always partially vitiated, because it comes from the central hall.

3057. *Mr. Solomon.*] That brings me to another question. This Hospital is built on the block system is it not—the wards opening into a central hall?—Yes.

3058. Do you approve of that?—That is a very broad, general question.

3059. Do you prefer the pavilion system, which gives complete isolation to each ward, instead of the wards opening into a central hall as here?—The pavilion system is certainly preferable.

3060. *The Chairman.*] This Hospital is built on a kind of block system, is it not?—It is. I should certainly advocate the pavilion system if it were a question of building a new hospital.

3061. *Mr. Solomon.*] Do you consider that the wards at the present time give enough room to the patients?—May I speak of one ward in the meantime, in order to simplify matters?

3062. Well, we will speak of No. 7 ward in the meantime: did you consider the patients you saw in that ward had enough room?—There were none there.

3063. How many patients should the ward hold to prevent overcrowding?—Under existing circumstances it would not hold more than eight; that, of course, means nine or even ten persons, because you have to make allowances for nurses, &c.

3064. *The Chairman.*] You stated that the indraft provides for only two-thirds of a person and the outdraft at the utmost for eleven persons?—Yes; but I am now allowing for the use of windows as inlets, not, however, counting on the fire for extraction.

3065. You mean that the ward would then suffice for eleven people?—Yes, if the fires were allowed for; but it would not be a satisfactory arrangement, because no diminution in the number of patients in a ward will compensate for a defective system of ventilation. It is very difficult to give a definite answer to a question of this kind. Where the provisions for ventilation are so imperfect it is hard to say whether it would be right to put any number of patients in a hospital ward.

3066. Do you mean it is not safe to put even one patient in?—I do not like to say anything so sweeping as that. I think I have already sufficiently indicated my meaning—viz., that there is sufficient proper inlet provided for only two-thirds of one person.

3067. *Mr. Solomon.*] Do you think that the ward which you examined to-day could be occupied by fifteen patients—I believe there are sixteen beds in it—by fifteen surgical cases, with anything like safety to the patients?—No, I do not.

3068. Do you think that the risks which the patients run are material risks or trifling risks?—I consider they would be material risks.

3069. When you visited the wards this morning, did you notice the position of the waterclosets, lavatories, and bath-rooms?—I did.

3070. Did you notice, in the case of the waterclosets, there is a door opening from the ward, and that the watercloset itself has another door?—I did.

3071. Are you satisfied with that arrangement?—No.

3072. *The Chairman.*] They are not satisfactory?—They are not; decidedly not.

3073. Are they decidedly unsatisfactory?—They are.

3074. In what particular?—There is no proper provision to insure that the air from the closet shall not enter the ward. The whole of the waterclosets should be cut off by some system of cross-ventilation, and there should be provision for warming.

3075. You mean cross-ventilation in a corridor between the wards and the closets?—Yes, but not necessarily by means of open windows. I am using the term “cross-ventilation” in a broader sense. An effective cut-off could be provided by erecting two partitions across the ward, say, at 9ft. and 12½ft. from the end. These partitions would not need to be more than 8½ft. and 8ft. high respectively, and the space could be securely roofed in lean-to fashion, the upper edge of this roof being below the upper row of windows. In this way the light from the end of the ward would be only partially obstructed, and the partial through ventilation at present obtained for the ward by means of the upper lights would not be interfered with. Further, ample closet, urinal, lavatory, and bath space would be afforded. By placing a small stove at the inner end of the disconnecting corridor, and opening a window at the opposite or outer end, a constant cross-draught would be established, which would effectually prevent closet and other effluvia gaining access to the ward. The plan I suggest is practically a modification of the one shown in Florence Nightingale’s well-known sketch.

3076. But there are other things that would have to be considered in determining whether it would be advisable to adopt that plan, such as the length of the ward, the number of beds, and the expense of nursing?—I think that the wards are admirably adapted for hospital purposes, in the