

doubtful whether the operation should be performed, because the bladder was in a very septic condition. It was not unnatural that death should occur from septicæmia in these cases.

3230. You do not refer to the period when the building was in a bad condition?—Those erysipelas cases were getting on very well; but I think they were for the most part bred in the place.

3231. I mean, was that at the time that the drains were in the faulty condition that you described yesterday?—I cannot remember exactly, but it was about the end of the same year. You see that when once erysipelas takes place in a hospital, it will go on and break out here and there for a time, even after the defects are remedied. I remember a child having a perfectly simple operation performed on it and dying from erysipelas.

Dr. MAUNSELL recalled.

*Witness:* I wish to make a short statement in regard to the list of deaths after operations that has been produced in evidence. Among them is the case of a man who shot himself, the bowel being torn across in several places.

3232. *The Chairman.*] Is that one of the cases of suicide that are put down?—Yes.

3233. You say it should be eliminated?—Yes. In another case the bowel was found to be in a gangrenous condition, and he was admitted in that state into the Hospital. Where a patient comes into the Hospital with his bowels black and gangrenous, the surgeon looks for the worst results; yet such cases are put down in that list as deaths from operation. Let me begin where I ended the other day. I said that I was in favour of a pavilion hospital, with double walls, as being the very best system that you can have, and that the building should not be put up to last more than twelve or fifteen years. The basement must, however, be permanent. Now, with regard to the defects of the Dunedin Hospital, I may tell you that they are mostly the effect of the Hospital having been built on "the block system." In the first place, there must necessarily be deficient ventilation, deficient sunlight, deficient exposure, and deficient isolation; and, as all the wards open into a central hall, there must be a common "hospital" air. The floors are all old, partly rotten, absorbent, and washed instead of polished. The walls are also absorbent, and the tops of the windows and doors would be better if they were rounded off. There is a line of beds arranged along a dead wall, and that is objectionable. There is only one window to every four beds; while they should be completely shut off from the wards with a lobby and cross-ventilation. Each bed should have at least 1,500 cubic feet, and a superficial area of from 100ft. to 120ft.

3234. *Mr. Solomon.*] In surgical cases, how many cubic feet ought you to have?—Where you have open wounds, such as burns, &c., you should have 3,000 cubic feet to each patient.

3235. *The Chairman.*] But you stated 1,500ft. just now?—That was in medical cases. In the Dunedin Hospital there is one closet for every fourteen or fifteen patients, while there should be one for every eight or ten. There are no urinals in the main wards. There should be a small range, with a gas stove, in each ward, and accommodation for the chief nurse. There should be special wards for contagious, infectious, and delirious cases. There should be isolated wards for laparotomy cases, which should be isolated, away from the main building. The basement of the present building is used for the kitchen and for stores. Now, that is unanimously condemned by all authorities on hospitals. In the Dunedin Hospital they have what is called a "fallow" ward. That is a very good thing to have in a hospital where you have ample accommodation; but where accommodation is somewhat limited, as here, there is a tendency to crowd the other wards, which are already overcrowded. I may say that the present Hospital is looked after remarkably well by the house steward and secretary, Mr. Burns. He is a most energetic secretary. He is always going round the place, seeing where improvements can be effected; he is, in fact, an excellent man.

3236. Is it possible to keep the Hospital sweet?—It is kept as clean as it possibly can be with the present accommodation. I think that with the existing accommodation it could not be kept in a better state than it is. I am satisfied on that point.

3237. You consider that the state in which it is kept is very satisfactory?—Yes.

3238. Do you think that it is practicable now, after carefully considering the subject and hearing the various suggestions which have been thrown out during the past few days as to patching-up the Hospital, to so alter it as to make it satisfactory?—Well, some two or three years ago the medical staff drew up a report showing that the building could be greatly improved if towers were put up at the ends of the wards. These towers were to be shut off from the main building by a lobby with cross-ventilation; and the towers were to contain waterclosets, lavatories, accommodation for nurses, and a small range, together with a storeroom. But even these changes did not take into account the renewal of all the floors—*i.e.*, the pulling up of all the floors and putting them down in close-grained wood, and covering the walls with Parian cement.

3239. Would it have done very well then?—Fairly well. But that would have cost a very considerable sum of money.

3240. *Mr. Solomon.*] Still you have not answered my question. Leaving out of consideration the money point of view just now, for it is generally agreed that some changes will undoubtedly have to be effected, I want you to assist the Commissioners by giving them the best advice you can. Looking at the matter from a patients' point of view, I ask you whether you think it is now practicable to patch up the building so as to make it satisfactory?—I do not think it is advisable to do so. I have changed my views on the subject, and now consider that the best thing which can possibly be done is to convert the present building into the administrative or departmental portion of the Hospital. Wards should be run out on the pavilion system, and be connected with roofed asphalt walks. I have come to the conclusion from what I have read on the subject that the only permanent portion of a hospital should be the administrative portion, and that this should be the