

196. It is sufficient for my purpose to say that these are illustrations of several forms of operations that you are unable to do on account of the present insanitary condition of the Hospital?—Yes, and I have no doubt that other surgeons and physicians will be able to produce other instances.

197. Now, under all the circumstances, are the patients under your particular care able, in your opinion, to get the full advantage in the Dunedin Hospital of your knowledge of medicine?—No, they are not.

198. Are the medical students who are attached to the hospital able, in its present condition, to get full instruction on the subject?—No, they are not. I have not been able, as far as I remember, to show any one of them this method of treatment of which I have been speaking.

199. I suppose that in your profession, as in ours, there are times when a doubt arises in your mind as to whether to advise a man to plead guilty or not guilty, so to speak?—Undoubtedly there are a great number of cases that come under that class.

200. And the responsibility rests with you to decide in such cases?—Yes.

201. Have you, in the present condition of the Dunedin Hospital, ever had a fair opportunity of deciding that question in the interests of the patient?—No.

202. Why?—Because the risk of performing a number of these operations is so great that we allow the patients to go on chance rather than risk the performance of an operation which we feel sure would under favourable circumstances be attended by great benefit.

203. I suppose that, though you might be morally convinced that the operation is desirable—there may be some element of doubt in anybody's mind—yet, there being an absence of proper hygienic conditions, you would not under those circumstances feel yourself justified in performing it?—The doubt might just serve to turn the scale the other way in a great number of operations; especially in modern surgery the operations are now more of an expediency nature than they were in the past.

204. In your opinion, is that fair to the patients under your control?—No, it is not.

205. In a climate such as we have in Dunedin is it practicable, in your opinion, to get a properly-ventilated ward where you have to open the windows in order to do so, as you have to do in the wards here?

206. If the windows are closed, can the ventilation of the wards be done anything like effectively?—No, not with present appliances.

207. In such a climate as ours is in winter time, is it practicable to open the windows of the Hospital here in order to give sufficient ventilation?—No; you cannot open your windows properly without producing draughts.

208. You are able, I understand, to quote some authority who says that certain evils are attributable to an east wind?—Erichsen, speaking of erysipelas, says that outbreaks of this disease are due to climatic conditions—for example, to cold east winds—whereas as a matter of fact, when these cold winds are prevalent, people close their windows and doors, the rooms become stuffy, and septic organisms exist in a more concentrated form.

209. Does that apply to our Hospital?—Undoubtedly. I think we have had a very striking illustration recently.

210. Is it surprising, under those circumstances, to find what you have told us, and is it what you would expect to find?—Just what we should expect.

211. Then I may take it, I suppose, that the evils in the Hospital of which you complain you would expect to be intensified in the winter?—Yes.

212. *The Chairman.*] At night the windows would be closed?—Yes; the patients have asked for them to be closed, and the nurses could not help doing so.

213. Has there ever been an examination of the air inside the Hospital?—I do not think so. I never heard of any.

*Witness:* I should like to make one remark before I leave this subject; I wish to say that, totally irrespective of the medical school, I draw attention to the necessity for extra and proper hygienic precautions. These radical changes in the Hospital are essential I consider; and I wish to point that out because I may be misunderstood.

214. *Mr. Solomon.*] Then what you say is simply intensified by the presence here of a Medical School?—Yes.

215. and you say that in the interests of the patients alone, and apart altogether from the Medical School, that these changes you have urged are necessary?—Entirely so.

*Mr. Solomon:* On the question of ventilation, I would direct the attention of the Commissioner to page 1110 of Ashurst.

216. *Mr. Solomon.*] By the way, do you accept Ashurst and Erichsen as authorities?—Certainly. I will read to you two passages from Erichsen. [Ex. xiv., p. 13.]

217. We will now take subsection (b) of your complaint—that is, as to overcrowding. In the first place, you have prepared a table on the subject, have you not?—Yes, I have prepared a table of No. 7 ward, that in which the septic mischief occurred. It is very much on the same lines as the other wards, which are covered by the report of the medical staff.

218. First of all, tell us what the authorities say is sufficient bed-space?—I should like to know which ward you wish to refer to.

219. Take ward No. 7 first of all. Can you refer me to the page of Wilson in which he speaks of what is necessary bed-space? What does he say is a fair cubic space per patient?—I have a number of different authorities. Ashurst, in his "System of Surgery," vol. vi., in the article on hospital construction, says that the bed-space should be 7ft. 6in. in an ordinary ward.

220. *The Chairman.*] That is the space to each bed?—Yes. Each bed should have 7ft. 6in. clear space in ordinary wards.