

and, secondly, the many other similar cases of earlier date, in which it was alleged the patients had suffered improper hospital influences. With reference to these two groups of cases, Dr. Batchelor, in his letter to the Trustees, states, "I fully sympathize with you in the difficulties in the way of examining into a number of cases that have occurred in the past under a different *régime*, and at possibly lengthy intervals, where it is almost impossible to obtain reliable data. Here, however, are cases which permit of close and thorough investigation." We have therefore deemed that it is only incumbent on us to express an opinion on the evidence in the cases cited, using the others only as illustrations of the general charge.

The case of Mrs. S—— was as follows: She had been a patient of Dr. Gordon Macdonald, who, after a month's treatment, sent her into the Hospital to be operated on by Dr. Batchelor. He himself suggested the exact nature of the operation (Emmet's) before she went in, and, although he states that up to that time she had suffered from fever rigours and a discharge, he now says that these symptoms should have deterred the surgeon from operating, which is somewhat inconsistent. Dr. Batchelor took special precautions, and twice examined the patient while under chloroform to make sure that there were no counter-indications to the operation. It was attempted to prove by the patient's chart that she was in a feverish condition on the morning of the operation. The evidence shows that Dr. Batchelor and the house surgeon were both ignorant of that circumstance, and there is a strong presumption that the chart is in error. Dr. Copeland states that the chart has been bungled, and two charts were produced, but only one could be sworn to by nurse Waymouth, who took the original temperature-observations, while Dr. Copeland's recollection is that some at least of the observations were originally noted on a loose scrap of paper—which has since been destroyed—and from that entered first on one chart and then on the other; so that the proof that the chart produced was the original document thus failed, and no reliance can be placed on it as evidence that Mrs. S—— was in a condition of fever at the time of operation. The operation is a very simple one, and generally performed without any danger to life. For five days the case appeared to do well, but was then suddenly attacked by septic peritonitis, and died in two days from septicæmia, or blood-poisoning. There is some difference of opinion among the medical witnesses as to the mode in which the septic infection was communicated, arising evidently from the term "septicæmia" having different meanings applied to it. Dr. Colquhoun considers it as an acute disease that is not confined locally, but spreads rapidly throughout the body in the blood, and is invariably fatal through its producing secondary inflammation; and Dr. Jeffcoat holds somewhat the same views; the effect of which would be the theory that the peritonitis was the result of general blood-poisoning from the surgical wound having been infected. This is evidently not what is meant by Dr. Batchelor, nor by Dr. Roberts, who made the *post-mortem* examination. They hold that the peritoneum was directly infected by the septic matter having followed up the natural passages which communicated with it, and, further, that the probable source for the germs was to be found in the air of the ward, which was otherwise proved to be infected at that particular period. Exactly similar mishaps in the case of Emmet's operation are described by the latest authorities on the subject, and this latter pathological explanation is given. The *post-mortem* operations described by Dr. Roberts are opposed to the direct-infection theory of the wound, as he states that in such a case acute septic cellulitis must have existed, but that he examined carefully for evidence of that inflammatory action, but failed to find it, while the evidence was "as plain as could be" that the septic poison had travelled up the natural passages. While all witnesses admit that now or at any time it was quite impossible to obtain absolute proof as to the source of the infection, taking all the circumstances bearing on this into consideration, it seems to us to be not only possible, but that there are strong grounds for suspecting, that it was due to the infected air of the ward. At the same time, the charge made against the Hospital, so far as it is founded on this case alone, must be considered as not proven.

The second case cited by Dr. Batchelor as having been seriously affected by the insanitary condition of the Hospital was that of Mrs. T——. In this case a very simple operation was performed—so simple that Dr. Batchelor permitted it to be done by his pupil. Every precaution was taken, but in two days after the operation symptoms of septic poisoning appeared in the wound, and general blood-poisoning was only restrained by adopting the most active measures. Notwithstanding this the patient, who should have been cured and discharged in a few days, had to continue under treatment in the Hospital for two months. In this case the patient was not removed from the ward for the operation, so that from whatever source the septic taint that infected the wound came it was acquired there. Dr. Batchelor considers it a reasonable inference that it was from the air in the ward, that was known to be infected at the time. On the other hand, it has been sought to explain that the infection of the wound occurred within the patient herself; but, as no direct evidence was submitted in support of this view, we are of opinion that the same suspicion as to the origin of the infection having been derived from the air of the ward applies to this case as well as to that of Mrs. S——.

In concluding our report we have to acknowledge the great help that has been afforded to us in this investigation by the Hospital Trustees. They have evinced the most eager desire to place all the information in their possession at the disposal of the Commissioners. Although placed somewhat by their own action in the position of defendants, the Commissioners were impressed with the conviction that the case of the Trustees was conducted solely with the purpose of bringing to light all the information that could be of future use to them in deciding how best to improve the condition of the Hospital which they control.

Given under our hands and seals this second day of October, 1890.

(L.S.) JAMES HECTOR, M.D.
(L.S.) E. H. CAREW.