732. *The Chairman.*] Was the operation excision?—No. Here it is: "One incision in the thigh still suppurated. This went on for five months. Consultation *re* bone-disease. Leg amputated. Patient kept his bed for ten weeks, and then went out on crutches (which hurt his arm). Stump of leg, discharging matter, was twice opened, and pieces of bone removed, and it then healed up. Crutches hurting arm; the pain occurred in the shoulder and collar-bone. This was about the 1st June, 1884. Was treated for it. Found lump and swelling on back of shoulder, and made incisions. This was kept open for some time with drainage-tube, and the discharge kept up till tube was removed, when it healed up. Now severe pain came on in arm and shoulder, and the arm swelled up and got bad again, and hardened, and was again incised. Now pains are all gone." I am now speaking from memory, but I believe there was an incision made on either side of the knee-joint.

733. Down on to the bone?—Yes.

734. You mean that there were secondary abscesses?—Evidently. "During the beginning of May patient complained of diarrhœa, and was ordered: P. tr. opii, ʒss.; bismuth sub., ʒi.; mucil. ac., ʒi.; tr. capsici, ♈i.; pulv. cret. arom., ʒi.; mist. cret. ad, ʒiii. One tablespoon for a dose, to be given as directed. June 25th: P. hyd. bectelor, gr.$\frac{1}{16}$; ext. gent. ad, gr.iv.; h. pulv., milte, xxiv.; t.d.s. During the commencement of June patient complained of pain on the outside of right leg, just above the condyle of the femur. There was swelling and a brawny feeling. Fomentations allayed the pain for some time, but it got worse, and on the 30th of June it was opened. A slight discharge of pus and dead tissue was got out, and the abscess was found to extend far in beneath the bone. It was syringed out with carbolic acid and drainage-tube inserted, and carbolic oil on lint put over the place. July 1st: Ext. opii, gr.$\frac{1}{2}$; ft. pil. melta. One when in pain. The wound was afterwards dressed in the same manner as above, a back splint having been applied. July 8: Discharge less, patient feels somewhat better, wound looks well. August 17: Sinus at outside of the knee is closed, though the skin around is ulcerated from the irritation of ung. iod. formi. Dressed it with ung. zinci." I do not think that P—— was really under my care all the time; he was only a portion of the time. When I left the ward he was transferred to somebody else. He came in and out of the Hospital while this case was going on. This is a rather typical case of chronic pyæmia.

735. Will you please turn to page 28 of that book?—The case goes on at page 28, but I do not think I need say any more about it. I really do not know much about the case beyond that P—— came to me at first, and that I attended him for a time. I made incisions and amputated the leg. I left the ward, and he was put under the charge of another surgeon. P—— was in the Hospital several times.

736. That was evidently a very severe case. What effect would the surroundings have on such a case as that?—I think in a case like this the surroundings induced chronic pyæmia. I may say this is very rare indeed in practice, and Sir James Paget, the eminent surgeon, mentions very few cases that he has seen in the course of his very extensive practice.

737. But you have not answered my question yet. What effect would the surroundings of our Hospital have on such a case?—They would be a very important factor in producing such conditions.

738. Then you say that the surroundings of our Hospital would, in a case like this, have an important effect in producing the conditions which you found?—Certainly.

739. The next case is that of B——?—I have not got the man's Christian name, but it can be obtained from the Hospital books. I do not know much about it, and I do not mention it, because it was under me for only a very short time. Dr. Maunsell really attended to it, and, as we all know, he is very strict indeed with his precautions, and is a splendid surgeon. This case was treated by him, and very shortly afterwards suppuration occurred, and finally the man lost his leg. But Dr. Maunsell will tell you more about this case.

740. *Mr. Solomon.*] The result which arose was unexpected, was it not?—I remember this case because in my report to the Trustees I spoke about men going out of the institution with wooden legs, and I was rather attacked for making that statement, and I remember that I brought this case forward in proof of my statement.

741. Under healthy conditions, I understand you to say that those results would be unexpected?—I should say that they were unexpected. I will not speak so positively about this case as I do about the others, because I only took B—— for a short time while Dr. Maunsell was away.

TUESDAY, 26TH AUGUST, 1890.

Dr. BATCHELOR'S examination continued.

742. *Mr. Solomon.*] When we left off the other day we were entering on Joseph B——'s case?—That was a compound fracture of the leg—a fracture caused by an accident. He was treated by Dr. Maunsell, with strict antiseptic precautions. Dr. Maunsell had to leave town for a few days, and I took charge of his patient during his absence. Immediately I took charge of him I found that suppuration had set in about the seat of the fracture, and that at Dr. Maunsell's primary operation, at the time of injury, he had lost some bone. Eventually this man had to have his leg taken off. I cited this case in corroboration of my argument before the Trustees about men being more likely to go out of the Hospital with wooden legs in consequence of the state of the wards. I remember that I made some very strong remarks.

743. *The Chairman.*] Was it a case of blood-poisoning?—No; there had been previous suppuration. There is nothing very striking in that; but it bore out the remark I made, and to which I have just referred. Perhaps I might be allowed to turn to my private report.