

744. To see what?—What I said was that “It is impossible to say that the same results may not have ensued under any circumstances; but, admitting that the ward in which it occurred is not in a satisfactory sanitary condition, as I believe every member of the staff does admit, it follows, as a matter of necessity, that this man’s chance of recovery with a sound limb must have been materially decreased by the nature of his surroundings.”

745. You put it down as a compound fracture, leading to suppuration?—Due to hospital influences. I certainly think that that was an important feature.

746. *Mr. Solomon.*] It had suppurating tendency?—Yes.

747. Which would be assisted by impure atmosphere?—Undoubtedly it would be assisted by it.

748. Now, with regard to the cases of William M—— and C. G——, —the two men who had injured knee-joints—in the case of Murdoch suppuration taking place six weeks after admission; in the case of G——, who was admitted three weeks previously, and rapidly got worse: have you, in your private practice, had many cases similar to these?—I have had many cases of simple injury to the knee—I should say fifty or sixty such cases—in the course of my private practice.

749. I ask you again have you had any cases of a similar description to these in your private practice?—In cases of this kind in my private practice the patients have all got on well with rest and simple treatment; but here in the Hospital these two cases quickly suppurred, and went to the bad. I have never seen anything like that in my private practice.

750. In your private practice have you met with any cases in which the results were similar to these two?—Never. I have seen suppuration after prolonged inflammation and after a recurrence of synovitis, but not in the striking manner of these two cases.

751. Now, I want you to tell us about Mrs. E——’s case?—I do not wish to say too much about that case. The Commissioners have seen the room in which she was. She was removed on account of the noise in the vicinity.

752. The only point I wish to establish is this: in that case it was a severe operation, was it not?—Yes.

753. I see by your notes that she was a very nervous woman?—She was.

754. Was there any means or any convenience for keeping that patient in the Hospital with safety?—No means.

755. You saw that the place was unsafe, and sent her home?—Yes.

756. *The Chairman.*] Was she sent out of the Hospital too soon?—Yes. Twelve days after a severe abdominal operation was, I think, too soon.

757. Did she suffer in consequence?—No; so far as I know she is none the worse for it.

758. *Mr. Solomon.*] The next case I come to is that of Sophia M——?—Yes. With regard to that I dare say that I shall have a good deal to say.

759. Tell me shortly what was the matter in her case?—I do not think I can do it in that way. It is a test case, and it is very important to trace the chain of events which connect that case with Mrs. S——’s case. The link which connects them I have discovered only recently.

760. In the meantime we must go on in my own way?—Very well, I will take your line.

761. Will you now turn to the page in your book, and tell us at what date she was admitted?

762. *The Chairman.*] You were asked what was the nature of her case. That has not been answered yet?—She was suffering from an ovarian tumour.

763. *Mr. Solomon.*] When was she admitted to the Hospital?—On the 20th July.

764. *The Chairman.*] This year or last year?—No; it was several years ago—1886. It was a case that I reported to the Trustees.

765. *Mr. Solomon.*] You say that she was suffering from a tumour in the ovary?—She was.

766. Was an operation necessary?—It was.

767. An operation for the removal of this tumour?—Yes.

768. How long was she in the Hospital before you operated on her?—Nine days.

769. Where was she lying during that time?—She was lying at first in the back ward, but I am not sure whether the numbers were changed; it was No. 8 ward, I think.

770. *The Chairman.*] That is the one which is occupied now?—Yes. In consequence of there being erysipelas in that ward she was transferred to No. 7 ward, which is a front ward, and from No. 7 she was taken to the operating-room—the old operating-room—on the 29th.

771. *Mr. Solomon.*] You have already described the operation of ovariectomy: I would merely ask you now whether the operation was successful?—Do you mean the operation itself?

772. Yes?—It was uncommonly successful. The operation was a simple one—one of the simplest ovariectomy operations I ever performed in my life—so much so that a doctor remarked to me after the operation, “Batchelor, you are a lucky fellow; you are always getting nice cases like that.”

773. Did you carefully examine this patient, and as a rule do you carefully examine your patients, with the object of ascertaining whether she was in a fit condition to be operated on?—Yes, that is a very important point. I had the usual consultation in this case, and several medical men were present at it. Now, there is a very bad plan in this Hospital, and I would draw attention to it here, because I think it is a great injustice to the patients. In these cases the specialist, who is supposed to have some special knowledge of his subject, holds a consultation with the whole staff. The staff come in for the examination, and each one of them can examine the patient internally. On this particular occasion, when the examination of this patient was made, one gentleman for whom I have the greatest respect, but who had had very little practical experience up to that time, evidently had—

774. You must really excuse me, doctor. In the meantime we must go on my way, and you will please answer my questions. I wish to know, whether, before this operation was performed, you made a careful examination of the patient to see if she was in a fit condition to be operated on?—I made very careful and repeated examinations, as I always do.