

803. Before I go on with Mrs. T——'s case, I would ask you two questions about Mrs. M——. Do you pretend to say positively that her death was absolutely caused by the unhealthy condition of the ward?—I will not say positively that it was caused by the unhealthy condition of the ward.

804. Was her chance of recovery diminished?—Yes.

805. Is your experience of her case consistent with death caused by unhealthy hospital conditions?—Yes; it is quite consistent with death caused by insanitary conditions.

806. Now as to Mrs. T——: You will please listen to me while I read this letter, and if there is anything wrong in it stop me. Do you agree with that?—Yes.

807. What was the matter with her?—She had chronic inflammation of the fallopian tubes, and peritonitis surrounding the ovaries.

808. By the way, she was an outside patient. Was there any consultation about operating on her?—She was under the care of Dr. Maunsell outside, and we had a consultation.

809. To what conclusion did you come?—That an operation was necessary. She was a private patient, and objected to having a lot of doctors about her.

810. Was she in any danger?—Yes, she was in some danger, because she was given to repeated attacks of peritonitis.

811. But what was her condition? I mean, was she slightly or severely ill?—I should say that she was in very bad health.

812. I see that this patient "collapsed" after the operation. Is that surprising on the part of any patient who was in the condition of health that she was in?—They always more or less collapse after a severe operation of that kind.

813. In the case of a patient in such a condition are kindness and much care requisite?—Yes. They want every care in cases of this kind, from the moment of operation. I would not allow the nurses to touch them.

814. Humanity, if nothing else, demands this?—Certainly.

815. Is the patient a source of anxiety to you at that time?—Of great anxiety.

816. Now, you say that in this particular sanatorium the patient, after operation, has to be carried from the operating-room along a long corridor and up a flight of stairs back to her bed. You will notice that it was in the middle of winter that this operation was performed. Do you consider that that was a proper course of treatment?—It was most improper and dangerous.

817. Can it be avoided in the present condition of the Hospital?—No.

818. Could you have operated on this woman in any other part of the Hospital?—I think it would have been more dangerous still to have done so.

819. In that case what would you have had to do?—To operate in a ward downstairs. We have tried to do that before, but had to give it up, as it was very unsatisfactory. There was bad light and no conveniences.

820. There were dangers, but of a different sort, in adopting that course?—Yes. Our previous experience was that the place was very objectionable, and we abandoned its use. I think so still.

821. Then, knowing the difficulties, you think you chose the lesser of them?—Yes.

822. Was there any other course open to you than to treat this woman in the operating-theatre?—There was none.

823. You think the condition of affairs I have just sketched very important?—I do.

824. Can you say whether it had any effect on what happened afterwards?—I think it did. I think it was a factor.

825. You think it was a factor?—I certainly do.

826. I will read from your letter to the Trustees [Letter to Trustees, 23rd May]: "Very shortly after being received into this ward, severe secondary hemorrhage occurred. Dr. Copeland took steps for its arrest, and sent at once for the assistance of the staff. Dr. Maunsell, on his arrival, succeeded in arresting the bleeding (6.30 p.m.). On my return home from my round, I immediately visited the patient, and found her weak and pale from the heavy loss of blood she had sustained; all active hemorrhage being then arrested. The question of reopening the wound and searching for the source of the bleeding was anxiously considered, and finally decided against, one point that carried weight in this decision being that the ward in which the operation would have to be performed was an unfavourable one, being insufficiently lighted, and having no proper appliances. At 9 p.m. I again visited the patient, and I spent over an hour watching her, changing the dressing, &c. There had been no further hemorrhage. After giving necessary directions I left for the night. Dr. Copeland watched the patient carefully through the night, and at 5.30 a.m. rang me up, informing me that bleeding had again set in, and the patient was rapidly failing. I immediately hurried to the Hospital and reopened the wound, and, assisted by Drs. Maunsell, Copeland, and Roberts, carefully searched for the source of the bleeding. In consequence of the poor light (ward gas-jet, and a small kerosene lamp I had brought with me) and inefficient appliances this was a matter of extreme difficulty, and, instead of occupying half an hour, as it should have done under favourable circumstances, it took us one hour and a half to search for and ligature the bleeding points. The patient never rallied from the effect of the secondary operation, and, although every attempt was made to revive her, all failed, and she sank and died about 10.30 a.m. The special points to which I wish to draw your attention are these: (1.) I consider it was a highly dangerous proceeding to remove the patient (while suffering from collapse consequent upon a severe abdominal operation) along a cold passage and up a flight of stairs. The former proceeding must tend, in my opinion, to increase shock; the latter is liable to induce hemorrhage by dislodging clots which may have formed in the mouth of vessels torn across during the operation. (2.) The unsuitable nature of the ward in which the patient lay after the operation was an important factor in deciding me against immediately reopening the wound and searching