

perchloride, a counter opening made on the outside, and the cavity stuffed with antiseptic dressing. By this means I arrested the mischief, otherwise she would have been in a very dangerous condition.

956. Were the results you have spoken to us about in this case due to septic poisoning?—It was a form of septic poisoning.

957. Were the conditions with which this woman was surrounded sufficient to account for that?—Yes. They were specially so. In consequence of the position of the incision the nurse had to draw the water off three times a day. The wound was consequently exposed necessarily to the air of the ward.

958. In this case, then, there was a direct connection between the air and the wound?—Yes.

959. Do you undertake to swear positively that in this case that that was the cause of the trouble?—No.

960. It seems that Mrs. T—— developed these septic symptoms on Sunday the 20th July, and Mrs. S—— died on the 22nd of July. Now we will go back to Mrs. P——, who was operated on on the 9th July, and who was gradually recovering her health. How did you find her on the 25th July?—On Friday, the 25th, she took ill. My notes on her case are these: "Temperature last night 102°, morning temperature 101°; had a little shivering about 12 o'clock last night; pulse 112°; headache; tenderness over the right iliac region. Examined her vagina. Tenderness in the left lateral fornix and induration; edges of wound separating; all stitches removed; washed out vagina with Jay's fluid; plug and ointment left against the os."

961. And her temperature?—Was 102°.

962. *The Chairman.*] You consider that these symptoms were symptoms of septic poisoning?—Undoubtedly.

963. *Mr. Solomon.*] Was the woman in a safe or a dangerous condition?—In a highly dangerous condition.

964. What did you do?—Carefully washed out the passage and removed the stitches—all the main stitches.

965. You were thus able to save her life?—What saved her life was that there had been some pre-existing inflammatory mischief about the ends of the fallopian tube and the adjoining peritoneum.

966. Any way she ran a risk to her life?—Yes, a great risk. She had very severe symptoms, as the after effects have shown, because she will go out of the Hospital very much worse than when she went in. She has not yet recovered.

967. Was there any danger from the original operation?—No.

968. Has she had any benefit from the original operation?—No; her condition is worse.

969. Do you mean that she is worse now than when she went into the Hospital?—Yes.

970. Under ordinary circumstances, in a healthy hospital, after the performance of an operation like this, how long ought the patient to have been in the hospital altogether?—Three or four weeks.

971. *The Chairman.*] Gone out cured?—She would have gone out cured as regards the healing of the tear. Secondary inflammatory mischief would have cured itself in time, when the exciting cause had been removed.

972. *Mr. Solomon.*] Shall we say improved, instead of cured?—Yes.

973. Assuming a proper hygienic condition in the Hospital, can you by any reasonable theory account for the woman's septic poisoning sixteen days after the operation?—No, it is impossible to account for it. I should say that it was due to the conditions in which she lay in the ward. Assuming that she had been in a healthy ward it was impossible.

974. Are the results at all surprising, considering the conditions by which she was surrounded?—I think they were very surprising. I was astonished by them.

975. You have not understood my question, which was, "Were the results at all surprising, considering her surroundings"?—Yes, given even the condition of the ward, they were surprising. It showed a condition even worse than I was aware of—very much worse than I thought possible to exist in the ward.

976. What was the name of the patient on the other side of Mrs. S——, in No. 7 ward?—Mrs. Archer.

977. How long had she been in that ward?—I know that she had been in the ward for six months. I am speaking from what I have heard.

978. At any rate you know that she had been there for a long time?—Yes, I know that.

979. What condition was she in at that time?—She was suffering from chronic septic poisoning, the result of an abscess connected with the vertebræ.

980. What does that chart indicate [hands Mrs. A——'s chart to witness]?—It indicates that condition. It was an irregular chart.

981. With No. 7 ward in the condition we now know it to be, was that case one of safety or a source of danger to a number of patients?—It was a source of danger to every patient in the ward.

982. Does her presence in the ward lend assistance to your view of the unhealthy surroundings, and do you attribute to it the mischief which you found?—Yes.

983. You say that it lent strength to your previous opinion?—It did enormously.

984. *The Chairman.*] What has become of Mrs. A—— now?—She has been put in a separate ward.

985. Quite alone?—I believe so.

986. *Mr. Solomon.*] Now, there is the case of Miss Kate W——, which you have referred to as being a supposed case of erysipelas, of spreading inflammation, or something of that sort?—Yes.

987. *The Chairman.*] Did you see it on the card?—I did not. It was not one of my cases.

988. Was she occupying this bed—did she actually sleep in it—during the time that bed was occupied by Mrs. S——?—Yes.