

operated on Mrs. T—— for reduction of a labial cyst, and the next day, in his outside practice, he operated on a double ovariectomy case. These cases represent a week's operations by him. In none of his cases outside the Hospital did he have the slightest symptom of septic trouble. Is it consistent with the facts I have just told you that he could have carried about with him from any of his outside cases any germs of septic poisoning?—I should say not.

117. Now, I want you to consider that in this ward in the Hospital, although the fact was unknown to Dr. Batchelor at the time, there was a patient named Mrs. A——, who for a considerable time had been suffering from a wound of some sort, which was discharging pus, and that she had a decidedly septic temperature. On the other hand, Dr. Batchelor, in his private practice throughout that week, had been absolutely successful, and had had no septic poisoning of any sort. Now, Mrs. P——, who was operated on on the 9th July, and had gradually recovered, on the 25th, sixteen days after operation, developed septic symptoms of an alarming character. Mrs. S——, who was operated on on the 15th, died from septic peritonitis on the 22nd, while Mrs. T——, who had been operated on for a simple reduction of a labial cyst, developed septic symptoms on the 21st. Now, I ask you, in view of what I have told you, and taking into consideration the want of ventilation in the ward, the fact that it is a surgical ward, and that in that ward there were known septic cases, are those results of Dr. Batchelor's practice within the Hospital at all surprising, in your opinion?—But there is one element which you have not mentioned. Have you eliminated the instruments? If he used the Hospital instruments it might not be surprising.

118. *The Chairman.*] You include the fact of there being septic cases in the ward?—I do.

119. *Mr. Solomon.*] Do you say it is surprising, or that it is not surprising?—It is not surprising.

120. I do not understand you?—Presumably, and as far as I know at present, the operations were performed with Hospital instruments.

121. But that is not so. Assume for the moment that there was no danger from the instruments that were used. Under these circumstances—known septic cases being in the ward, and the defective hygienic condition of the ward—was it at all surprising that Dr. Batchelor's gynecological cases in the Hospital should have developed septic symptoms?—No, it was not.

122. *The Chairman.*] Without considering the matter of instruments, you say that the condition of the ward was sufficient?—I say that the condition of the ward may account for the septic poisoning in these cases.

123. *Mr. Solomon.*] You know Dr. Batchelor as an operator?—Yes.

124. Is he careful?—He is an extremely careful surgeon.

125. Is he abreast of the times so far as Listerism is concerned?—Decidedly.

126. From the care which you know Dr. Batchelor to exercise in the performance of operations such as I have mentioned, should you think that, under ordinarily healthy conditions, there was any danger of septic poisoning arising?—No. The operations should have done well.

127. And you say that if the operations had been performed by Dr. Batchelor under healthy conditions there should have been no danger of septic poisoning?—I do.

128. But with the surroundings which you know to exist there it was not surprising?—It was not surprising.

129. You have told us that you were present at one of Dr. Batchelor's outside operations for the removal of stone from the gall-bladder. Is that a more or less serious operation than any of these we have been speaking about that took place in the Hospital at about the same time?—It is a most serious operation.

130. Is there greater or lesser risk of infection from septic poisoning in such a case?—The risk is very great indeed.

131. In cases of abdominal sections of an exploratory character, to ascertain whether the growth in the abdomen is tumorous or cancerous, are they as serious?—They are not so serious as the gall-bladder case.

132. Is it a serious operation?—Yes, simply from the risk of septic infection.

133. You say that the risk is serious from that point of view. Is the risk increased, or otherwise, under unhygienic conditions?—It is decidedly increased.

134. Remembering that Dr. Batchelor performed the operations I have mentioned to you, and also had a delicate case of child-birth during that week, all of which he performed with perfect success, does that add to or detract from your opinion that the contrary results which he obtained in the Hospital during that same week are directly attributable to the defects contained in the Hospital?—We should have to look to the cases within the Hospital; we are bound to do so under the circumstances.

135. Taking the circumstances altogether, taking also his experiences within and without the Hospital, taking what you know yourself about No. 7 ward—do not exaggerate anything—do they, in your opinion as a professional man, point to the causes of the results that are obtained in the Hospital?—Before I could answer that question I should have to go into the whole question of possible causes of infection. Of course, I should consider the state of the ward as a possible means of infection; but there may be others.

136. If you found that the same practitioner operated outside as inside; that he used the same instruments inside and outside; that in his more difficult operations outside his results were perfectly satisfactory, while inside his results were most surprising, coupled with the knowledge that the ward in the Hospital in which he operated was in an unsatisfactory state—what conclusion would you come to?—So far as that goes, I should first eliminate the instruments.

137. What about the operator?—I should eliminate him also.

138. Is it reasonable or unreasonable to suppose that the septic condition of the ward exercised great influence on the results?—It is still a possible source of infection.

139. Answer my question if you can. Is it reasonable or unreasonable, under the circum-