

and had apparently caught Mrs. T—— sitting up over the edge of the bed, and at once concluded that I had been exaggerating the severity of the case. As a matter of fact, this woman ran a very extreme risk. The walls from which the cyst had been removed contained a large number of veins, separated from the cavity by the thinnest of walls. On the Monday, two days after the operation, when I visited her, I found this cavity filled with matter, and the veins were consequently soaking in it. It is purely a matter of chance that this patient did not die from blood-poisoning.

1715. You say that it points to something improper in the nursing arrangements?—Yes, if she was dangling her legs over the side of the bed, as you say.

1716. If she were sitting at the side of the bed?—Yes; she had no business to be there. I should have kicked up a good row if I had seen it. I was very anxious about her then, and will be for some days yet.

1717. *The Chairman.*] Is she in the Hospital yet?—Yes.

1718. *Mr. Chapman.*] This seems to be her chart [produced]? I should like to look at the notes on her case. Here are the full particulars of the operation: “19/7/90. The cyst on the labium was removed. An incision was made on vaginal surface of the labium, and one large cyst containing a clear glutinous fluid was evacuated, besides several smaller ones. The cyst walls were then dissected away; a horsehair drain was put in the wound, and the edges were brought together by a continuous horsehair suture. Previous to operation, the vagina was washed out with Jay’s fluid. The wound was dressed with iodoform and carbolic acid. 20/7/90. Wound dressed three times since operation; very little discharge. Evening temperature, 102°; morning temperature, 101°; no rigours; slight headache. 21/7/90. Some discharge from wound. Temperature 99°. Patient given chloroform, and wound opened up, and counter opening made in front of labium for drainage. Vagina washed out. Wound washed with bichloride and dressed with it. 22/7/90. Evening temperature, 101°; morning, 99½°. Wound looking better than before. Washed out and stuffed with lint, soaked in carbolic oil. Vagina washed out. 23/7/90. Temperature 99°. Some slight discharge. Vagina washed out. Wound dressed as before. 24/7/90. Temperature, 99°; less discharge. Wound dressed. 25/7/90. Temperature, 99°. Dressing changed to carbolized tow. Wound looking better. 27/7/90. Temperature normal. Wound looking well; little discharge. 13/8/90. Wound slowly granulating up.”—If I had been asked when this case came into the Hospital how long the woman was likely to remain in the Hospital, I should have said about eight or ten days.

1719. But you are not always right in your prognostications?—Evidently not. But I manage to get nearer the mark outside than in my hospital practice.

1720. Are you always right in your private practice?—No. None is infallible.

1721. You have mentioned Mrs. P——’s case. She was admitted on the 10th May, and operated on on the 8th July?—I think the operation was performed on the 9th July.

1722. On the 25th, her temperature ran up to 102°, did it not?—Yes.

1723. It ran up pretty suddenly, did it not?—Yes.

1724. On the 19th, it was 101°?—Yes. She had a rise then—I was not paying attention to it—which Dr. Copeland accounted for by her having had a bilious attack.

1725. On the 26th it was 101°. Now, all this time she was in the same ward with Mrs. S—— and Mrs. T——?—Yes.

1726. And both of these women had, you say, septic cases?—Yes. But you must remember that these two septic cases were of an entirely different class to Mrs. A——’s.

1727. But I am not asking you about Mrs. A——’s case?—But I think it only right to point out that there was a difference between them.

1728. Was there any danger to the others on account of Mrs. P——’s case?—I do not think there was much, though of course there was some.

1729. Would you put her alongside of a patient just operated on?—Not if I had a ward to myself.

1730. But you did so, in fact?—Very likely I did. But in this Hospital you have to put up with what you can get.

1731. Do you remember Mrs. M——’s case. She was placed in No. 8 ward preparatory to operation, but has not yet been operated on?—She is there still, I believe.

1732. I see you have made up your mind to do no more operations in that ward?—I have told you about that already, so there is no use your repeating your questions about it.

1733. She is in the same ward as the other cases?—I was bound to put her in the same ward.

1734. Did you not place Mrs. P—— next to a Mrs. P——, who is discharging pus from the vagina and the bowel?—I did not place her there. I sometimes object to the placing of patients.

1735. Do you not control the placing of the patients?—Sometimes. If I mention that I wish to have a case removed, I have no doubt that Dr. Copland will move it.

1736. *The Chairman.*] What is Mrs. P——’s complaint?—She had an abscess, and now suffers from chronic Bright.

1737. *Mr. Chapman.*—Now come to the case of Mrs. B——. She came in with a septic temperature, did she not?—She may have done, but I cannot remember.

1738. Were you not responsible for the placing of that patient?—No. But if I had seen any reason for objecting to her being placed where she was I should have objected.

1739. You say that you would object to the placing of patients if you saw reason to do so. What are your objections to the attendants doing so?—I have no doubt that Dr. Copland makes alterations in these cases whenever he thinks it is necessary, and therefore I do not think there is any necessity to make any further alteration without good cause. [Mrs. P——’s chart here handed in.]

1740. *The Chairman.*] You have told us that she is still in the Hospital?—Yes.