

1741. What state is she in now?—I have not examined her for a week past, or even longer. I am doubtful whether I am justified in making any vaginal examination whatever in these wards. I think it is probable that her tubes are diseased, as the result of the recent attack; they will be probably blocked, and will subsequently require severe operation.

1742. *Mr. Solomon.*] When the woman was admitted was there not evidence of old peritonitis?—Yes; and in consequence of that I delayed operating for two months, and adopted other remedial measures. I was doubtful for a time as to what operation would be required—an Emmet or the more severe one of Tait. I always try and give my patients a chance of getting better with the least risk.

1743. Tait rather ridicules Emmet's, does he not?—No; he does not.

1744. Does he not speak of it as a useless operation?—He does, but that is a subject on which Tait has something to learn.

1745. Then you strongly approve of Emmet's operation?—Yes. I have seen splendid results in suitable cases, and am proud of these results. It is a great satisfaction to me to know that upon this one subject, at any rate, I am sounder than even so eminent an authority as Tait. Tait is undoubtedly a genius and has wonderful results, and has had results that I can never hope to approach in his abdominal work. But the knowledge that, even in this out of the way corner of the world, a man can by careful observation more than hold his own on some points of our work, even with such an eminent authority as Tait, makes one hopeful of being ultimately able to take up a good position in his profession. This operation of Emmet's was introduced by the Americans, was then adopted in Germany; England and France are now gradually becoming imbued with its importance, and it is now one of the recognised operations of importance of gynecology.

1746. As to Mrs. S——'s case: what was her temperature prior to operation?—Do you mean the whole length of time prior to operation?

1747. Just take a few days prior to operation?—I would like to explain this matter. I visited this ward every day, and it was my practice to glance at the temperature charts. I looked at it once a day, but saw nothing in it to excite any suspicion. I visited the ward the day before the operation, but saw nothing abnormal about her temperature then. I did not go into the ward on the day of the operation. Mrs. S—— walked down to the operating-room, and to all appearances she was perfectly well. Whether her temperature was up or not, I contend that it was the duty of the nurse, if it were up to have told me of the fact. As a rule, I do not go into the wards immediately before operation. On the day following the operation I went into the ward, and, looking at Mrs. S——'s chart, saw that a temperature of 101° was registered on it. I am perfectly prepared to swear that, on that day, that was the only rise of temperature marked on that chart at that time. If her temperature was up the day before the operation, all I can say is that I know nothing about it. The only temperature I saw was 101° , and that was on the morning following operation. I have a note in my hospital note-book of the first rise that was marked there, and that was 101° , the day before the operation.

1748. At what time do you go into the wards?—Usually about nine, or ten minutes past.

1749. *The Chairman.*] What was the chart when you saw it on the morning of the 14th?—Normal; 99° .

1750. In the evening it is marked 101° ?—I did not go into the ward the day of the operation, but when I went the next day I saw the air rise marked in the temperature.

1751. Have you any reason to doubt that this chart is correct?—I have.

1752. Then you do not consider the chart to be correct?—I will not say that. All that I say is that I am doubtful about it.

1753. *Mr. Carew.*] When did you next go into the ward?—On the morning of the 16th.

1754. You did not notice the date of the temperature on the morning of the 16th?—I did not notice the date.

1755. *Mr. Chapman.*] You never saw the chart again that morning?—It was on the morning of the 16th that I noticed a sudden rise to 101° .

1756. *The Chairman.*] It is given here as a rise of $101\frac{1}{2}^{\circ}$?—All that I can say is that my clerk put it down in the book.

1757. *Mr. Chapman.*] Do you say that the book was wrong at the time?—You must ask my clerk. I do not know anything about it.

1758. You say that you next saw the chart on the morning of the 16th, when it was 101° ?—Yes. There was only that one entry. What struck me was the suddenness of the rise, and I drew my clerk's attention to it. I said: "Halloo, here's a rise! There's something wrong." I was very much surprised to be told subsequently that there had been a rise of temperature before that.

1759. Told by whom?—By medical men outside. It was from them I heard that the patient had had a rise of temperature the day before I operated on her. I then went to look at the chart, and was greatly astonished. I cannot account for it.

1760. *The Chairman.*] When you saw the chart on the morning of the 16th, and saw it was up to 101° , you could hardly have failed to have noticed a previous rise if it had been recorded?—If it had been marked I certainly should have noticed it. The rise may have occurred, but I am certain it was not entered on the chart. I am quite prepared to swear that.

1761. Then you do not believe that there was any marked rise in temperature from normal previous to operation?—I do not.

1762. *Mr. Chapman.*] I understand you to say that you last saw the chart, prior to operation, marked on the 14th?—Yes.

1763. And the temperature was then normal?—Yes.

1764. Have you made any inquiries since as to the changes in her temperature?—No.

1765. Did you make any inquiries of the nurse as to the changes in her temperature?—No.