

1766. Did you think, then, that the fact of the patient having walked down from the ward to the operating-room was sufficient evidence that her temperature was normal?—I do not. But I think if her temperature had been up she would have shown some signs of it. If her temperature really had been up the day prior to operation, it would have been very strong evidence in favour of the trouble having arisen in the ward, and localise it there; but I do not believe it was up. I think it was a mistake, and do not wish to take advantage of it.

1767. If you had known of the rise in temperature, would you have operated?—Knowing what I do now I should not have operated.

1768. Does it not induce you to defer operating when you see a rise in temperature?—Yes, in some instances.

1769. You have told us that an operation of this sort may have to wait for weeks or even months, while, according to Lawson Tait, it may wait much longer?—Yes; you may wait until you take her tubes out.

1770. But in a case of this kind, which is an operation of expediency, would you not be chary about operating if you knew that there had been a rise in temperature?—I tell you that I honestly think that if I had known of this rise in temperature I should not have operated.

1771. Did you make any remarks on the case before operating?—Yes. I made the remark to my clerk: "This case is one in which I am justified in operating at once."

1772. Do you know whether she had had her courses since admission?—Yes. I made inquiries about that. The notes are here: "Courses have been pretty regular up to date; rather too profuse."

1773. Had she menstruated since her admission?—I really cannot tell you.

1774. Did you ascertain that fact?—She had not been in very long.

1775. She was in from the 9th to the 16th; rather less than a week?—Yes. I really cannot say anything about it, but I think that she had menstruated just before she came in.

1776. Did you inquire whether she had or not?—I am certain to have made some inquiries, but I cannot tell you now. I do not like to perform an Emmet operation when the menstruation period is due.

1777. Did you know about her having another discharge?—She seems to have told my clerk that she had a discharge. Most women say they have.

1778. A discharge which has been described as "yellowish and sticky"?—If you ask women about discharges, you will always find them.

1779. To what do you attribute the discharge she spoke of?—There is always a vaginal discharge of some sort. The vagina is a moist passage.

1780. But you diagnosed dragging of the ovary towards the womb?—Yes; the left ovary felt somewhat dragged to the cervix.

1781. Did that indicate old peritonitis?—Not necessarily.

1782. *The Chairman.*] Does it mean displacement of the cervix?—No. The position of the ovary is noted more as a matter of routine practice than anything else. I was very careful in this examination, and I try in every case to find the exact position of the ovaries. The remark in this case means nothing of itself.

1783. *Mr. Chapman.*] Did you ascertain anything about her history: whether, for instance, she had had rigours?—I suppose all these things were gone into. I do not put everything down in my case-book, but if there had been anything of that sort it would have been put down.

1784. Did you have a consultation before operating in this case?—I did not.

1785. Do you describe it as a serious operation?—Certainly not.

1786. Not serious within the meaning of the by-law?—Certainly not.

1787. Do you know the provisions of the by-law on the subject?—In regard to operations?

1788. I mean the by-law which requires "consultation" in serious or important cases?—Yes.

1789. Then you do not consider these cases sufficiently important to require consultation?—I never do. I do without consultations in them.

1790. Did you ever tell Mrs. S—— that this was an operation from which she might die?—I did not. I do not try and frighten my patients unnecessarily.

1791. Do you know whether she wrote to her father or her friends telling them that she was told that she was to undergo an operation from which she might die?—If anybody told her so it was a most injudicious act.

1792. You did not expect any such danger yourself?—I did not.

1793. It was not then, what your counsel described the Hospital in his opening address, a "hot-bed of septic disease"?—I think it was you who so described it.

1794. Oh no, I did nothing of the kind; it was Mr. Solomon, I can assure you. Did you approach the operation in her case with fear and trembling?—No.

1795. Was any one present at the operation besides yourself?—Dr. A. J. Ferguson was present during the whole of the operation, and Dr. Maunsell was present during the greater part of it. Dr. Copland administered the antiseptics throughout the operation. I do not think any others were present.

1796. In the subsequent treatment were you assisted in any way by these gentlemen?—No. I received assistance during the operation from Mr. Hogg and the nurse, and a gentleman standing by filled up the solution of perchloride.

1797. *Mr. Solomon.*] Is that for the douche?—Yes. These were the only medical gentlemen there to the best of my belief.

1798. Was not Dr. Jeffcoat present at the operation and attending to the douche?—I am under the impression that it was Mr. Reid who worked the douche. I do not remember Dr. Jeffcoat being in the room during the operation. Of course, he may have been, but I certainly did not see him.