

1799. *Mr. Chapman.* You were asked by Mr. Solomon whether there was anything about yourself by which you might have communicated disease to the patient, and you replied in the negative. I understood you to say that, as a matter of fact, you are extremely careful?—I am. It is an operation in which we do not touch or come into contact with the parts. It is all done by instruments.

1800. Were you attending any dangerous cases of your own at this time?—No. My private practice has been singularly free from septic trouble of any kind.

1801. I suppose in the course of your practice you do attend cases of the kind?—Yes, but I have been entirely free from infectious cases for some time past.

1802. Were you attending any erysipelas cases at that time?—I was not. I had been attending one a fortnight before.

1803. Where?—In the neighbourhood of the Hospital: down Leith Street.

1804. Are you sure that you carried no mischief about with you?—Quite sure.

1805. Are you certain about it. Please look that case up and satisfy yourself about it?—As this point may crop up again, I may as well draw attention to it now. It is absurd to think it is possible that I could have carried any contagion to the hospital cases. Outside, in my private practice, I was dressing two cases of abdominal section daily, one of which required washing and cleansing three times a day, and during this week I had a confinement case, requiring a considerable amount of manipulative interference. As regards the erysipelas case I have a strong impression that it was well a fortnight before, though I cannot tell positively without looking at my books.

1806. It has been suggested that you might have carried disease about in your clothes?—I do not believe so much in it being carried about in one's clothes. I believe poison is more often conveyed through dirty hands and dirty nails on the part of the medical attendant. I always impress on my students the importance of attention to these details.

1807. There is one matter that you referred to in your examination: I refer to the case of Mrs. Sophia M——, which happened about four years ago. You told us that you had several theories about it, but that you hold a different opinion about it now?—At the time of Mrs. M——'s case there was a link in the chain of evidence missing, but the *post-mortem* on Mrs. S—— discovered it. Mrs. M——, shortly after operation, we recognised, suffered from acute endometritis; subsequently suppurative peritonitis occurred, from the effects of which she died. At the *post-mortem* on Mrs. M—— we examined the fallopian tube leading from the uterus to the peritoneum, and from its exterior appearances we judged that it was healthy. In Mrs. S——'s case the same condition of affairs existed, and with Mrs. S—— too the fallopian tubes, to all external appearances, were perfectly normal. Dr. Roberts, our pathologist, did not know in those days as much as he does now, for in Mrs. S——'s case he went a step further than we did in Mrs. M——'s *post-mortem*, for he cut across the tubes, and from the divided ends their fluid pus escaped, proving the direct extension of the mischief from the uterus to the peritoneal cavity. That is the missing link that I referred to, and which clears up the doubt in Sophia M——'s case.

1808. You had an article in the *Medical Journal* on the subject?—Yes.

1809. You did not suggest that view then?—No, I did not. I had a great many different theories about it. One was that I had operated too soon after delivery. Having failed to find the true link I had recourse to theories. This somewhat extraordinary elucidation of the case I should have almost been ashamed to bring forward now, were it not for the fact that I have the printed records of Sophia M——'s case, with full notes of the *post-mortem*, published some years ago, to which reference can be made.

1810. Did you send a second letter to Mr. Miller?—Yes.

1811. And you had a conversation with him?—Yes.

1812. Would that be after you took the first letter to him?—I think it was.

1813. Did not Mr. Miller say to you on that occasion, "Doctor, if you have any complaints put them in writing and send them into the Trustees"?—The impression left on my mind was that Mr. Miller thought it would be better to make no unnecessary fuss, and I for my part was quite willing to withdraw the letter, as far as publicity was concerned, if the Trustees inquired into matters.

1814. When he told you to send in your complaint to the Trustees, did not you say that you would consider what further action you would take?—Very likely I did.

1815. Did you not say that you would talk it over with some of your friends?—That is very likely indeed. I will not speak positively about this matter.

1816. You seem to have anticipated a secondary operation in this case; after the first operation, you at once anticipated that there must be a second?—You are putting it too strongly altogether. There was hemorrhage, and we took precautions in case of its recurrence. You said she was a "bleeder."

1817. But you said it yourself?—You mentioned it first.

1818. I can assure you that I learned the term from yourself?—I do not think so. Possibly you learned it from Dr. Copland. The word "bleeder" is a very wide term, and might be applied definitely to certain diseases. What I meant to say was that when we cut through the abdominal walls the wound bled freely. There was, in fact, a free loss of blood—so much so that I took precautions which we do not use in every case of the kind. We inserted a glass drainage-tube, partly as a means of arresting hemorrhage and partly as a means of letting you know when it does occur.

1819. You left the drainage-tube in to see whether the bleeding was going on?—That was one reason.

1820. Had the bleeding virtually stopped when you left the case?—Undoubtedly it had.

1821. Had it stopped before you put on the dressing?—Yes. But you must not think it was absolutely dry when we left.