

quite at liberty to make any explanation you please?—This case, I may say, made a great impression on me, and I reported it to the Trustees through Mr Miller.

1860. When did you report it?—Immediately I understood from Mr Miller that the Trustees would take action in the matter, but when I found that nothing was done I felt very much disappointed. When I found that out I saw the Trustees individually. I remember going to one of them and saying, “You have not taken any action in the matter of my letter. Something certainly ought to be done.” The gentleman in question replied, “We think you are to blame; you ought to have had a lamp.” I thought if we must have a death before we can get what we want it will be a very expensive way of doing things.

1861. But you have not asked for these things?—I asked for a ward, which included these things. If doctors have to kill patients before we can get what we want it is a bad look-out, and to my mind shows that the Trustees do not understand the responsibility of their position.

1862. *The Chairman.*] I understand that you are talking of a special ward, not for your own cases, but for special cases?

1863. *Mr. Chapman.*] Have you not been talking of your own pet scheme?—I am talking of a special ward for ovariectomy cases. The greater would include the less, and I intended that any one should have the advantage of this ward for suitable cases.

1864. I wish to ask you again about the blood in the tube. Did you notice at the time that there was something wrong?—I did not.

1865. Are you sure of that?—Quite sure.

1866. You had no suspicion of anything being wrong?—The mere fact of using a drainage-tube at all shows that there was something that was a little unusual for a woman of her age to have to use it all.

1867. Do you remember using such an expression as this to the nurse: “Put on the dressing and we will chance it”?—I may have, but I do not remember saying so.

1868. Will you deny having used such an expression?—No. It is quite likely that I may have used it.

1869. You said that there was a consultation in this case?—Yes; I had a consultation with Dr. Maunsell.

1870. But that was not a consultation within the meaning of the by-laws?—No. I did not call a consultation, because she was a private patient of Dr. Maunsell's. Besides, she objected to having strange doctors about her.

1871. By coming into the Hospital, was she not distinctly amenable to the by-laws?—Well, I broke the by-laws, and should break them again if I had a case of the same kind.

1872. Why?—Because I consider that I was justified in doing so. The by-laws ought to be altered. The Trustees have drawn out by-laws which do not apply to cases of such extra risk as are involved by repeated examinations.

1873. You say that the by-laws are wrong; that you have broken them, and will break them again?—I do, and will do so again.

1874. Was a *post-mortem* examination made?—No; we knew exactly what was the cause of her death, and we could have learned nothing more if we had made a *post-mortem*.

1875. You do not think it necessary that the Hospital authorities should have any voice in the matter, as it were?—I do not.

1876. In the case of a *post-mortem* the examination would have been made by some one else?—Yes.

1877. Whose duty would it be to perform it?—I find I have made a mistake about that. We did make a *post-mortem*, or, rather, reopened the wound after death; I think Dr. Copland did it.

1878. *The Chairman.*] That was not an official *post-mortem*?—No.

1879. *Mr. Chapman.*] There was some question about the ovarian vein?—Yes.

1880. When the examination was made that was found to be tied, was it not?—Yes.

1881. When was it tied?—At the secondary operation, if it was the ovarian vein, which I am not prepared to say. We found a large vein from the side of the pelvic wall which had been torn across. The chief hemorrhage, which was the cause of the death, had taken place from this vein. These operations are performed solely by sense of touch, and the parts are separated or torn away without any view of the deep tissues. We expect hemorrhage in these operations, but it usually shortly stops spontaneously, especially after the use of the drainage-tube, as it apparently did in this case. No ligatures were used beyond those for the pedicle during the primary operation. Any ligature, therefore, found at the examination after death was applied in the secondary operation. I do not want any medical men to make blunders through ignorance on this subject, and therefore I have explained that it is bad practice to make a big cut so as to be able to see every step of the operation, and to attempt to tie every little vessel that is necessarily torn across in an operation of this character.

1882. I want to ask you in regard to the answer you gave to Dr. Hislop, that in a certain year you had no deaths, only two close shaves. When was that?—I cannot tell you what year it was. He was reading from the annual Hospital reports.

1883. *The Chairman.*] Was he reading from the printed reports of the Hospital?—Yes; but I cannot tell whether it was correct or not. Taking up the report in his hand, after my paper criticizing the state of the Hospital had been read, he said, “But you have had no deaths,” and I took him at his word. I think, in all probability, it would have been the 1888 report he was quoting from.

1884. *Mr. Chapman.*] He would not refer to 1888, because there were several deaths in that year?—I did not know anything about it, and just took him at his word.

1885. *The Chairman.*] Would it have been in 1887?—I really do not know what year it was, and did not trouble my head about it.

1886. *Mr. Chapman.*] What did you mean by having had “two shaves”?—I can tell you the cases I had the shaves in.