

2217. But you have not discovered an hospital where it did not arise?—Not yet. I speak of two hospitals, one in which there was a cursory outbreak, and the other the Dunedin Hospital.

2218. And your experience is confined to these two. But do you not know that in the best hospitals it arises?—Yes, I admit that.

2219. And also in barracks, and asylums, and other places where people are treated?—Yes, I admit that.

2220. This is the report you referred to?—Yes. It is dated the 27th October, 1884. It is a memorandum sent by me to the Trustees. I signed it.

2221. A question was asked about typhoid fever; and it was said that it should not be contracted in the Hospital by the nurses. Supposing you have the case of a nurse contracting typhoid fever, you do not attribute it necessarily to the Hospital, do you?—I would not.

2222. Would you like to know about her movements at that particular time?—Yes.

2223. She might have gone among people who had had it outside?—Yes; or she might have acquired it from some other source.

2224. It is very commonly acquired from impure water?—Yes, from water affected with typhoid symptoms.

2225. And this is a question on which there are two opinions: that of taking it from persons or from outside causes?—Yes.

2226. You were asked a question as to erysipelas, whether, under certain circumstances, it was probable or possible that the operator had germs of erysipelas about him, and I think you said in that case, too, you could not tell unless you had the whole of the elements and the whole of the facts before you?—Yes.

2227. But before you could say yes, or negative it, you would have to know the whole of the circumstances of the case?—Yes, before I would condemn the surgeon.

2228. Now, supposing you had one of these very sickliest cases—a dangerous operation, say a gynecological case—would you operate if you knew of a septic case in the ward, or would you make other arrangements?—I would be inclined to make other arrangements in an important gynecological operation.

2229. Do you know the operation called Emmet's operation, and is that operation altogether unattended with risk?—Theoretically it is attended with risk, but practically it is an operation that gives very little concern to the mind of the gynecologist before he operates—not to the same degree as an abdominal section would. Whenever you make a wound there is a risk; but, of course, owing to certain special conditions I pointed out in my examination, the risk is increased owing to the local conditions of the vaginal cervix.

2230. Possibly in some such way as you have mentioned in another case? [Extract from Dr. Roberts' memorandum read]—That is a weak argument. This must have been hurriedly written, or perhaps I know a little more now than I did then.

2231. There were several other general questions put to you. For instance: as to the normal vagina containing no septic germs, no pathogenic germs—that is to say, the normal vagina under normal conditions, with no abrasion. But might not the very instance of an abrasion, and of the tear that gives rise to Emmet's operation, suggest something that would give rise to the germs?—Yes, certainly; it would point to previous disease. It is not a normal condition of affairs.

2232. We have seen it in the case-book that in the particular case of this woman who died she was described as having a sticky yellow discharge from the vagina?—Was that previous to the operation?

2233. It was at the time of the operation or immediately previous. Would that suggest anything to you?—It would suggest something to me. It might mean it was a purulent discharge.

2234. Would it suggest the presence of disease to some extent?—Yes; but I should prefer a specialist's answer to that question. From the term "sticky yellow discharge," it might mean previous existing disease.

*Mr. Chapman*: I am only using the words that are written in the note-book.

*The Chairman*: Who wrote the notes?

*Dr. Batchelor*: My clerk.

*The Chairman*: From dictation?

*Dr. Batchelor*: No, from his own notes. I should not write notes like that.

2235. *Mr. Chapman*: Supposing the discharge was offensive, would it suggest disease?—It would suggest an abnormal condition.

2236. And it would suggest a condition in which there might be pathogenic germs?—Yes.

2237. *Mr. Solomon*: You examined Mrs. S—— after her death?—Yes.

2238. And if there had been such a condition as to produce a purulent discharge that would be an indication of disease, as you say?—Yes.

2239. You eliminated by your *post-mortem* examination the possibility of chronic disease?—Yes.

2240. Supposing there had been acute disease before the operation, what should you have found at your *post-mortem*?—I think if there had been acute disease before its presence would have been masked by the exceedingly acute condition in which we found it at the time of death. The parts were crimson and red from inflammation.

2241. It would have been acute endometritis?—That would have been easily recognised by the physician attending her.

2042. Do you mean to say she did not have chronic endometritis?—No.

2243. Do you think that such a fact could have escaped the notice of the medical man who was attending and operating on her?—From my knowledge of Dr. Batchelor, I should say the fact could not have escaped him.