3441. You did not inspect it closely?—I did not.

3442. Assuming that her temperature was 101° on the night before operation, and 100° on the morning of operation, and knowing what you do of her condition, would you consider it safe to operate under these circumstances?—No.

3443. Why not?—Because such a temperature means that there is some mischief of some description going on internally.

3444. That would be sufficient to warn you?—Yes.

3445. And the presence of the discharge you have spoken of?—Yes.

3446. *The Chairman.*] Just before we leave the matter of the temperature I should like to ask you if you can give any explanation why, on this occasion only, the temperature should rise in the evening and drop in the morning?—I do not think that absolute reliance can be placed on these temperatures. They are generally correct; still, I would not rely on them absolutely.

3447. You do not think that great reliance can be placed on them?—You can rely on them generally, but I would not pin my faith absolutely on their correctness. Various little mistakes may occur. She was liable to have ups and downs of temperature, as she had several rigours while at home.

3448. *Mr. Chapman.*] Now, as to the discharge which has been spoken about: would that have any effect in your mind in determining to operate?—Yes, it would.

3449. In what way?—In preventing me—at all events, in deterring me—from operating.

3450. Supposing you found such a discharge present, you would not operate?—Not until the discharge was corrected.

3451. You would endeavour first to correct it, and then operate?—Yes.

3452. If you knew, as you did know in this case yourself, that the woman had shivering fits, you would connect them, would you not, with the temperature and the discharge?—Yes.

3453. We have heard that Dr. Batchelor was not in the ward on the morning of the operation, and that he did not see the patient until she was brought into the operating-theatre. Do you usually see your patients on the same day before you operate?—That would depend on the gravity of the case. If it were a grave operation, I should, but if it were a trifling operation I should not.

3454. Where do you draw the line?—If I thought that the operation might possibly affect the life of the patient I would go and see her before she was moved out of the ward, but in a trifling case, as the amputation of a finger, I would not. Of course, every man is a law unto himself on matters of detail like this.

3455. Do you take any trouble yourself to ascertain the condition of your patient?—Certainly. I satisfy myself that the patient is in a proper condition to be operated on.

3456. How do you ascertain from the staff what details have been attended to? If you have not seen the patient, do you make any inquiry?—That will depend on the nature of the operation. If it is a major operation I would make all inquiries myself, but not in minor operations, as I trust to the nurse,

3457. You mean that you would risk a finger, but not risk life?—Exactly.

3458. Dr. Batchelor has himself said that the nurse did not inform him that there had been any rise of temperature?—She ought to have done so.

3459. Suppose that she did not, is there any other way of ascertaining it?—He could go himself and make inquiries.

3460. Walked to have seen the chart?—Yes.

3461. As the nurse who attended her was in attendance in the operating-room, I suppose that we may conclude that that would have been easily possible?—Yes.

3462. This patient died after the operation. Now, knowing the condition of the discharge from the uterus and vagina, and assuming that this high temperature, indicated by the chart, existed, would it be surprising to you that fever should have set in?—It was likely enough to have occurred.

3463. Were you present at the *post-mortem*?—Yes.

3464. Did you actually take any part in it?—No, I was merely there as an onlooker.

3465. It was found at the *post-mortem* that she died of septicæmia, was it not?—Yes.

3466. Did you form any opinion yourself as to how that occurred?—Yes.

3467. What was that opinion?—That septicæmia was caused by septic matter travelling from the uterus along the tubes into the peritoneal cavity, or along the lymphatics.

3468. Did you form any opinion yourself as to the origin of that septic matter?—Yes. That it had arisen from causes within the woman herself, intensified by the operation.

3469. That was your opinion then?—Yes.

3470. Dr. Batchelor has stated in his letter to the Trustees: "I most positively assert that I consider that Mrs. S——'s death was entirely due to unhealthy influences." Are you of that opinion?—No.

3471. Can you see any grounds for saying that Hospital influences had anything to do with the case?—No.

3472. Dr. Batchelor further says: "I am convinced that if this unfortunate patient had been operated on in a healthy ward with healthy surroundings she would now be alive and well." Is that your opinion?—The probabilities are that operating on the same conditions the same thing would have occurred.

3473. However, she was operated on?—Yes.

3474. We have been told about the case of a Mrs. P——. Do you know anything of that?—I saw Dr. Batchelor operate on her.

3475. Mrs. P—— was in the ward discharging pus at the time of Mrs. S——'s and Mrs. T——'s illness. Did you know of that?—When Dr. Batchelor operated on her there was pus. I