operation, do you think that is correct?—I am of the opposite opinion, most decidedly. I do not know whether Dr. Batchelor still maintains that. I understand he wrote that letter before the *post-mortem* was performed. I cannot conceive that he still holds the same opinion.

4558. I believe he still holds it.

Dr. Batchelor: Most decidedly.

Witness: I cannot conceive a single fact that can be brought to substantiate it. I thought he must have renounced it long ago.

4559. *Mr. White.*] Will you tell us why?—I do not consider that that was the cause of death as shown by the *post-mortem* examination. There was no evidence of septicæmia, and none of pyæmia. Septicæmia is a disease produced by local inoculation—almost invariably.

4560. *The Chairman.*] Was not peritonitis the cause of death?—No; septicæmia.

4561. *Mr. Solomon.*] I thought it was peritonitis?—I signed the certificate of death in the case with Dr. Roberts. To explain, I may read from Horsley and Erichsen. Horsley says:—"This, in the very large majority of cases, has been some putrid substance, usually the corpse of some person recently dead of a septic disease. Next, disease often occurs as a result of operations performed without antiseptic precautions; in these instances, almost always being introduced from without by dirty fingers or instruments, the possibility of it arising auto-echthonously being very slight. The dose: This may be necessarily small, practically invisible to the eye, for some of the most fulminating cases have followed a very slight needle-prick; it is the feature in the etiology of the disease which makes the nature of the (to say the very least of it indirect) virus very evident. The mode of introduction: This has already been indirectly referred to, and, in brief, consists merely in a wound of the skins which opens the subcutaneous tissue. Punctured wounds are more often followed by infection than incised ones, for the reason that there is but little flow of blood to wash out the poison. We now arrive at the debatable point whether the poison finds entrance at once into the blood, or indirectly or later by the lymph-stream. It would seem possible that either event may happen, and, if so, it suggests a part explanation why the incubation-period differs in the large majority of cases. *Vide infra.* As a rule, there seems to be no affection of the lymph-glands as a direct effect in uncomplicated cases; swelling and suppuration, when occurring in these structures, being evidently the effect of local inflammatory poison inoculated at the same time as the special septicæmic virus. Although this fact is suggestive, we cannot conclude therefrom that the poison is always absorbed directly into the blood-circulation. The poison, having gained access to the system, now occupies a certain period of time (the 'incubation'-period) before the first symptom manifests itself. The determination, however, of the most important point is beset with many difficulties, since it must of necessity but very rarely happen that an absolutely uncomplicated case even of acute septicæmia can arise. In a few instances, however, a person apparently in perfect health has been inoculated with an excessively small quantity of infective material, and has subsequently developed acute septicæmia; in the cases the incubation-period has been found to be from six to eight hours."

4562. *Mr. White.*] Now, Mrs. S——'s chart shows that on the night before operation her temperature was 101°, and that on the morning of the operation it was 100°. Under these circumstances do you think it was proper to operate?—Certainly not. She had undoubtedly before the operation an inflammation of the womb. And Dr. Batchelor himself said he knew she had inflammation.

4563. *Mr. Solomon.*] When did he say so?—At the *post-mortem*. We discovered metritis at the operation; and Dr. Batchelor's remark was, "Oh! I knew she had metritis."

4564. Was that taken down in the certificate?—No; I did not think that would be taken as part of what we found at the examination. She also had, in my opinion, salpingitis.

4565. *Mr. White.*] Do you recognise Erichsen as an authority on the subject of operating on the womb?—I have not looked at his work. I have studied special works on the subject of Emmet's operation. I know Tait's opinion. Of course, there are general instructions for all operations.

4566. We have also heard that the woman was suffering from a stickyyellow discharge.

Mr. Solomon: We have heard nothing of the kind.

Mr. White: It is on the thermic chart, and also in the case-book.

Mr. Solomon: Very well, go on; the only thing I object to is your making a statement.

The Chairman: It is written in by Mr. Hogg, clinical clerk to Dr. Batchelor. Mr. Hogg does not say how he came to put it in, and Dr. Batchelor denies it.

Mr. Solomon: You must prove it to be a fact.

4567. *Mr. White.*] Well, we will assume that she was suffering from this discharge. Can you say it was proper to operate?—I cannot imagine that any one could say so for a moment.

4568. And it is also said she had rigours and shivering fits?—I should have looked for them very carefully before operating. How long before operating did she have rigours?

Mr. White: I cannot tell you without the case-book—in fact, I think that is not stated in it.

Mr. Solomon: No one said she had rigours at that time. It was only when she was under Dr. Macdonald's care; before she was in the Hospital. He sent her there to be operated upon. Fight Dr. Batchelor, if you like; but fight him fair whatever you do.

Mr. White: I have no more questions.

4569. *Mr. Solomon.*] Now, we will take Mrs. S——'s case first, as it has been made a salient feature. You know that Dr. Batchelor is an experienced surgeon, do you not, in gynecology?—Yes, I have seen some of his practice. I should say he is a man of fair experience.

4570. And a careful surgeon?—Yes.

4571. Do you think if a woman was suffering from an offensive sticky discharge, or from metritis, which you noticed, that fact would escape his notice if he put her under chloroform and