made a careful examination of her?—Yes, I should say so; she might have had her womb at the time he examined clogged with mucus, or something of that sort.

4572. But supposing that he, with his knowledge of the subject—we will not compare it with yours—made a careful examination for the special purpose of ascertaining whether she was in a fit condition to be operated on, could he have overlooked such salient features as you have mentioned? —He must have overlooked them.

4573. Dr. Roberts says his *post-mortem* entirely eliminates the possibility of chronic endometritis. What do you say to that?—It is a disease about which there is a difference of opinion. Dr. Batchelor believes in it. I say she had endometritis and metritis, and purulent salpingitis. I found chronic pus in the tubes myself, which accounted for the inflammation.

4574. Well, Dr. Roberts says just the reverse, and it does not appear on your memorandum of *post-mortem*?—How do you know?

4575. I have seen it. Now, do you agree with Dr. Roberts?—I am bound to agree with everything on that paper; if it is not there I disagree from him.

4576. Dr. Roberts said on oath here that from his examination it was impossible for her to have been suffering from chronic inflammation. Do you disagree from that?—Yes, most decidedly.

4577. Now, that is Dr. Roberts's specialty—pathology?—Yes.

4578. And it has been his subject for many years?—Yes.

4579. You do not bow in any way to his experience. Now, this is the *post-mortem* in Mrs. S——'s case. [Read.] And, will you say she did not die from peritonitis?—Yes, that was one of the causes of the disease, but the final cause—the word which includes all others—is sapræmia.

4580. Then why do you say peritonitis and septicæmia?—You see these are marked 1, 2, 3, 4.

4581. You say sapræmia, and yet you—a B.A. of the University of New Zealand and a medical student—say this woman died of septicæmia?—Yes. That table was made out to show the sequence of events in the woman's body as we imagined them to occur.

4582. So that she got peritonitis before she got septicæmia? That is the sequence of events? —Well, perhaps I was a little too rapid in saying that.

4583. Which did she get first, septicæmia or peritonitis?—Septicæmia, certainly.

4584. So that your statement is incorrect, and was made in the hurry of the moment?—Yes.

4585. So the first thing she got after Emmet's operation was septic infection of the womb?—Yes.

4586. Where from?—I should think there is no doubt about it, she got it from the septic discharge that was constantly trickling down from her womb.

4587. *The Chairman.*] Infection through the fallopian tubes?—Yes.

4588. *Mr. Solomon.*] Can you show me any authority for the statement that that woman could not have got septic infection of the womb introduced from the air?—I do not find it stated anywhere, and then subsequently borne out, in any of the text-books.

4589. Do you say upon your oath that a person operated on for Emmet's operation, and who was in an atmosphere containing septic germs in a state of concentration, could not contract septic poisoning of the wound, which would spread along the fallopian tubes from the uterus into the peritoneum and produce peritonitis?—That would be a particularly roundabout way for it to take.

4590. Will you swear it is not consistent?—It is not consistent with fact.

4591. Supposing that is the case, is there anything inconsistent in the theory that the laceration of the os became infected from without with germs, and that the mischief spread along into the peritoneal cavity?—Most decidedly it is not so; septicæmia does not, in any case, affect mucus membrane.

4592. Tell me what you thought happened?—That there was a discharge escaping from the womb, having its cause of origin about the fallopian tubes.

4593. If that has been the case, would not the external walls of the fallopian tubes have shown a thickening?—It all depends on how long the inflammation had been there. I believe myself that in the vast majority of cases inflammation of the fallopian tubes is gonorrhœa.

4594. I understood you to say you found symptoms of chronic inflammation?—Yes, chronic inflammation of the uterus.

4595. Which had affected the fallopian tubes?—Yes, or *vice versâ*.

4596. Now, if there had been such a state of affairs, would you not have found some thickening of the external walls of the uterus or the fallopian tubes?—Yes, and the uterus was thickened.

4597. Was the thickening in the uterus due to chronic inflammation?—Yes.

3598. Dr. Roberts says it is incorrect to suppose that. He says the condition of the walls of the uterus absolutely precluded the possibility of chronic inflammation. You totally disagree with that?—Yes.

4599. Was there any thickening of the walls of the tubes?—At the outer extremity; and towards the inner ends there was some contraction.

4600. Was there any external appearance of the tubes to lead you to think there was some chronic inflammation there?—They were covered with purulent lymph.

4601. Dr. Roberts tells us the external appearance of the tubes precludes the possibility of chronic inflammation. You do not agree with that?—No.

4602. And it was only on cutting the tube across, and allowing the pus to ooze out, that the nature of the disease was ascertained?—Yes, it was apparent then.

4603. You disagree from Dr. Roberts and Dr. Maunsell, who say that this was caused by septic infection of the wound?—Undoubtedly so.

4604. Then, why do you first place—immediately after Emmet's operation—septic infection of the wound? There was septic infection of the wound?—Yes.

4605. And then septic peritonitis?—No; general infection of the body with septicæmia; but you are confounding peritonitis with septicæmia, and I would like you to transpose the words.