

5133. From the facts you have just read, do you come to the same conclusion as Dr. Batchelor, that the trouble arose from septic poisoning, or is it your opinion that septic poisoning took place from some external cause?—I do not think that that theory is proveable. So far as my knowledge goes, and from what I have heard after making inquiries, the conclusion I have come to is that it may have been.

5134. What conclusion would you have come to if you had had read over to you the description of the symptoms before operating?—I should have said the surgeon was justified in doing the operation, taking, of course, every reasonable precaution that human foresight can take in a matter of this kind.

5135. Then, you think he was justified in performing the operation?—Yes, perfectly justified.

5136. Have you formed any conclusion as to how the case miscarried?—I do not think there is any evidence to prove definitely one way or the other. I might hold an opinion strongly on the one side, but I would not quarrel with any one who held a strong opinion on the other side. I think the facts of this case are susceptible to at least three or four different explanations.

5137. Would you come to the same conclusion that Dr. Batchelor has expressed in his letter to the Trustees?—Decidedly not. I think that is a too definite opinion on one side, and, in my opinion, I do not think it is possible to form an opinion definitely on either one side or the other.

5138. At all events, we may take it you would not have expressed such a definite opinion as Dr. Batchelor has done in his letter to the Trustees?—I should not. There may be some latent mischief in the tubes, but it was not detectable in ordinary examination.

5139. Dr. Batchelor has expressed the opinion, founded on inference prior to the *post-mortem* examination, that the mischief extended into the fallopian tubes between the time of the operation and the time of the setting-up of any of the septic symptoms indicated in the chart. What is your opinion as to that?—I think it is purely a matter of inference.

5140. You have had no experience yourself, have you, or is it that your knowledge is restricted to what the authorities say?—That is all.

5141. Is there anything incorrect in the assumption that the septic matter could travel along the mucous surface?—I do not suppose that septic matter would travel in that particular way into the fallopian tubes. I think it would probably be by absorption. In certain cases septic matter may go through the uterine cavity. If you exclude all external causes, then, and then only, I should think, it would be likely.

5142. We will leave the discharge out of consideration. What other source of septic poisoning would be likely to occur in a wound that was carefully dressed and had had proper antiseptic treatment? Was it likely that the wound would become infected?—I do not think you can rely absolutely on antiseptics; no antiseptic has yet been found that is a perfect precaution. Even Lister himself has been trying all sorts of substances, but his experiments have not satisfied him that he has obtained an antiseptic which would be wholly satisfactory.

5143. Whether the condition would be normal or abnormal, you say that the facts before you are not sufficient to warrant you in giving an opinion?—They are not.

5144. But it might be lurking in the system, or in the parts at the time?—Yes.

5145. Do you think that this case is fairly chargeable against the Hospital?—No. I agree with what Dr. Batchelor says here: "The more I see of practice the more chary do I become of undertaking any operative procedures in a woman during her puerperly." This woman was confined on the 22nd June and operated on on the 29th July, about five or six weeks after her puerperly.

5146. *The Chairman.*] Do you consider that that would be too soon?—I certainly think that five weeks was too soon. If I were called in in a case of a similar nature, especially with the experience of this case before me, I should not operate.

5147. *Mr. White.*] Then, you would not blame that case against the Dunedin Hospital?—I should feel inclined to say, after the manner of Scotch verdicts, "Not proven." I think that it would be utterly unjust to our Hospital to say that this doubtful case was one of hospital septicæmia, and I do not think that it would be unjust to the surgeon to say that it was a doubtful case.

5148. You had a case of erysipelas, in the Hospital?—Yes, but it was a very doubtful case.

5149. Do you mean it was doubtful whether he had erysipelas?—Yes. I will give you the circumstances of that case. He was a man sent in to me suffering from Bright's disease. He was in the last stages of it, and as soon as I saw him I gave instructions to the warder to tell Dr. Copland that I thought the man's friends ought to be sent for. His wife came in from the country. The man went steadily to the bad, getting worse and worse. His wife asked me if she could go home for a day or two on matters of business, but I told her she ought not to leave him as he might die at any time. That was a few days before his death. An urticarian rash appeared about his face, and I pointed out to some of the students who were with me at the time that this was uræmia and not erysipelas, that in uræmic cases the skin was greatly affected as the result of uræmia, and it was therefore not an unlikely thing that an eruption should appear in the later stage of it. I was very much surprised indeed to find this case quoted as one of erysipelas.

*Mr. Solomon:* It never has been by us.

*Witness:* If I remember rightly, in the examination of one of your witnesses you mentioned this as a case of erysipelas that happened within the Hospital, and your witness gave us to understand that the patient died, the inference being that it was a case of erysipelas that had arisen in the Hospital.

*Mr. White:* It was distinctly stated so by you.

*Mr. Solomon:* I never heard so before.