6203. Yes, and on that assumption is it unlikely that the wound was poisoned by bacteria in the air of the ward?—Yes, but it may have been obtained through another channel. You must clearly understand that.

6204. You thoroughly understand what I am saying: assuming that this lady was poisoned by bacteria in the air of the ward, is it at all unlikely that the poison travelled in the way I have described? In short, is it unlikely or improbable that what we are told did happen would have happened?—If she were poisoned by the bacteria in the air of the ward it might have happened, or it might have gone into the lymphatics, or directly into the blood.

6205. Have you no cellular inflammation?—No.

6206. Are you sure of that?—Yes.

6207. But I do not distinguish between septicæmia, sapræmia, and pyæmia?—But I do.

6208. Do you mean to say that modern science says that septicæmia, sapræmia, and pyæmia are anything more than clinical distinctions?—They are a good deal more than clinical distinctions.

6209. Does modern authority say so?—Yes.

6210. Listen to this: "In the various degrees of pyæmia" . . . [Extract not supplied.] Is that true or is it not?—It is not true, whoever your authority is. I know lots of authorities say that, but I take my standpoint on what I believe to be more correct pathology.

6211. Then do you disagree with that authority?—I do.

6212. What do you say yourself is the distinction between septicæmia and pyæmia?—I do not regard pyæmia as a disease *per se*. I look upon it as merely an extension of a suppurative process from its primary seat of infection into secondary foci—into different organs and places. Now, septicæmia must be distinguished from sapræmia. Sapræmia is septic poisoning — ptominic poisoning due to the absorption of a chemical poison manufactured in some putrefactive process external to the body. It is not attended by any gross pathological changes observable after death. It is a poisoning—putrid poisoning; while in septicæmia proper, *i.e.*, true, progressive septicæmia, you have an infective process to deal with. It is due to the entrance of septic organisms into the system and their multiplication there. Here you have a good deal of pathological change observable.

6213. Now, we have heard one learned gentleman who has gone into the witness-box and said that if you have these germs in the atmosphere which produce septicæmia, and that if one person in the ward is poisoned and dies, and another person is similarly affected but does not die, it is impossible it can be septicæmia, because, if it had been, both persons must have died. What do you say to that?—You may have degrees of poisoning.

6214. Now, come, Dr. Coughtrey, tell us in plain English, is it not nonsense?—I should not say it was nonsense.

6215. Is it sense?—It is not according to my ideas pathologically.

6216. Is it reasonable?—Not in my view of modern pathology.

6217. Dr. Jeffcoat has stated that it is improbable—I think he said incredible—to expect that if this woman was poisoned in the ward the poison could have travelled in the way I have suggested?—If he said that, I could not agree with him. I may say that I go further than even the pathologists here go in discussing this matter from a purely scientific standpoint. I should require to be put in the same position as if I were supposing it to be a case of poisoning by alkalies: that is, I should require the presence of the specific germs to be made out.

6218. *The Chairman.*] Your answer amounts to this: While Dr. Batchelor's theory is that the poison travelled from the uterus to the fallopian tubes and thence to the peritoneal cavity, your answer, as I understand it, is that it is not unlikely Dr. Batchelor's theory is correct?—Yes; but I say there are other explanations.

6219. And you cannot agree with Dr. Jeffcoat's view of the subject?—Not as expressed by Mr. Solomon in his question.

6220. That is, if Mr. Solomon has correctly stated it?—Yes.

6221. But Dr. Jeffcoat said it was impossible?—Well, uterine liquids can pass that way.

6222. *Mr. Solomon.*] What I want to ask you is this: Is it not reasonable to expect that the septic poison in this case of Mrs. S—— would be absorbed?—Yes; and it might infect the system by different channels.

6223. Do you disagree with this: Dr. Roberts tells me that the two theories are quite consistent: that the poison might be absorbed either through the lymphatics or through the tubes?—Or through the blood-vessels. In the first place, if it does, you will find an inflammatory appearance of the tissues in this region. In Mrs. S——'s case she was specially examined to see whether this was so or not.

6224. And, if there was no evidence of that, does it not show that the poison went along the route that Dr. Coe says it does?—No.

6225. No evidence whatever?—No. I have made a great many pathological examinations in my time, and I do not think Dr. Roberts is entitled to say that. I saw everything at the *post-mortem* as closely as he did.

6226. He says they found pus in the tubes, but that there was nothing to show antecedent chronic mischief in the tubes?—I do not think you can say that, in fairness.

6227. *The Chairman.*] You were present when these notes were taken down. Did you differ from those notes?—I never opened my mouth.

6228. *Mr. Solomon.*] Did you differ from them in your own mind?—Yes, in one or two things.

6229. Tell us now in what points you differ?—In this respect: I looked upon the womb as being much larger than it is there stated to be. I cannot give you the exact details. That was the impression that was in my mind at the time.

6230. In your opinion death resulted from acute diffused peritonitis?—Yes.

6231. Following Emmet's operation?—Yes, acute peritonitis, which is one of the manifestations of blood-poisoning.