6232. You say there was distinct evidence of enlargement of the womb?—Yes: there was distinct evidence in the womb of the presence of endometritis.

6233. Was there any evidence of acute endometritis?—You cannot go so far as that.

6234. Without the woman being ill?—But she was ill.

6235. You say you can get acute inflammation of the interior of the womb without the woman being ill?—You assume there was acute inflammation of the womb.

6236. Did the appearance not show that?—It showed that there was some mischief there, which might have been chronic as well as acute.

6237. If it were chronic would not the walls be thickened?—The walls were thickened.

6238. Not to such an extent to indicate the presence of chronic mischief?—The walls were not examined with sufficient care.

6239. How do you know that?—Because I was there to see.

6240. Dr. Roberts says that the walls were not so thickened. Can you contradict that?—Yes.

6241. And you say to the contrary?—I do.

6242. And you declare the walls were not examined with sufficient care to see if there was evidence of chronic metritis?—Yes.

6243. Can you have congestion without thickening of the wall?—No.

6244. Are you sure of that?—Certainly.

6245. Would there be thickening in an acute case?—Yes.

6246. Is there anything in that paragraph in the report on Mrs. S——'s death which indicates or excludes its existence?—No.

6247. Did you form an opinion that it was there?—Yes.

6248. Did you tell us about it to-day before this?—Yes; I told it to Mr. Chapman in my answer about the yellow sticky discharge.

6249. You told us a short time ago that "the only feature in connection with the *post-mortem* was that the womb was larger than normal, and that its interior contained purulent fluid, as did the tubes leading from the womb." Where, in that, do you make mention of chronic metritis?—You will see it is one of the questions put to me immediately after the adjournment.

6250. If you, as a careful surgeon and a witness called to tell us all you knew about this case, were asked by your counsel to give us what causes you would eliminate when deciding what caused this woman's death, are you satisfied in your own mind that she was suffering from chronic endometritis?—I have not said that.

6251. But you have not said to us that it should be eliminated in accounting for the woman's death?—I did say so, because of the large womb combined with the yellowish discharge—purulent fluid.

6252. Do you tell me that the fact of the womb being enlarged and there being a yellowish fluid is accounted for by acute disease?—Do you mean acute blood-poisoning?

6253. Yes?—Of course it is, but it does not exclude the other causes.

6254. Yet you say you formed an opinion, on that, that the woman was suffering from pre-existing metritis?—Yes; and I can tell you something more. When the womb was being examined at the *post-mortem* and was found to be enlarged, Dr. Batchelor made the remark, "I knew that she had metritis."

6255. If the patient had chronic endometritis, was there anything in that to cause septic trouble?—Yes.

6256. Why? Do you mean to say that the germs may lie latent in the womb?—I want you to understand this: In the discharge in the interior of the womb the germs may have been there in a latent condition, and were capable of lighting up septic poisoning.

6257. Where do they come from?—They come in the same way that the air gets into the womb. Every examination of the vagina increases the risk.

6258. So that examination of the vagina in an impure atmosphere would open the door to these germs?—Yes.

6259. And if this woman's womb were examined three times in this impure air, and in a ward where it was known there were septic cases, there would be nothing more likely, I suppose, than that the germs should find their way into her body in the way I have described?—That may have been one source, but it does not exclude the other sources.

6260. Will you tell me other sources which are sufficient, in your mind, to account for this woman's death?—One source that occurs to me—but that I would not say is sufficient—was that, after the operation was performed, there was a raw surface over which this purulent fluid trickled down.

6261. And what reason had you to expect it there before operation?—Just as much right to expect it before as after operation.

6262. Supposing the patient was suffering from a laceration at the mouth of the cervix uteri—by the way, is not irritation produced by that, and all persons who require Emmet's operation necessarily suffer from discomfort?—I do not think so.

6263. You have just told us that irritation is necessarily produced?—Yes; but it does not necessarily follow that operations should follow all cases of laceration.

6264. Is not Emmet's operation for the purpose of allaying the irritation caused by the laceration?—Yes; that is the reason given for the operation.

6265. Is that irritation likely to be caused without there being a discharge of some sort from the patient?—No; the reason for that is that co-existent with the laceration there is some metritis or endometritis, and that is where the discharge comes from just as much as from the cervix.

6266. Supposing there was metritis in a patient, accompanied by laceration, do you think it likely that such a condition would escape a surgeon who was specially examining the patient? Do you mean to say he would not notice it?—Yes; but I do not blame him. It is a question of degree. It might be so small as not to be easily observed.