6267. But yet would be a source of danger in the operation. Where do the septic germs come from there?—From the air; you cannot avoid that.

6268. Would there not likely be a high temperature ?—That all depends.

6269. A patient might be under the doctor's constant care and supervision, and the doctor might know nothing about it?—Yes, the degree might be so small as not to be easily detected.

6270. In connection with the Edinburgh Royal Infirmary, I want to call your attention to this plan [plan produced]. You will see that the usual appendages are in the round towers and another in the lobby with cross-ventilation?—The statement in that book is partially correct and partially incorrect. There is a fault even in the construction of that plan. [Witness produced his copy of Edinburgh Royal Infirmary plan, and pointed out its agreement with his statement.]

6271. What happened to Mrs. S—— we might have expected to happen if she were poisoned from the air of the ward?—Quite so.

6272. Now, we have been told that in the same ward there was a patient discharging pus from a suppurating wound, and that that discharge had been going on for two months previous?—Yes.

6273. Such a wound as that, every one of the witnesses is agreed, would be likely to contaminate the air?—Quite so.

6274. That being the case, remembering the number of beds that there were in the Hospital, the insufficiency of the ventilation, and the presence of these septic cases, I ask you, do you think it at all unlikely that Mrs. S—— would have been poisoned in that way?—I think you cannot eliminate that source as a cause.

6275. Is it anything surprising that she should have been so poisoned?—I am not surprised at her being poisoned, or, rather, I would say it is not unlikely on your assumptions.

6276. Is not the probability very much increased by the fact that in the same week you get septic symptoms appearing in the same ward from a woman who has been operated on for labial cyst?—Not necessarily.

6277. Why do you say "Not necessarily"?—Well, you see, all our differences are differences because you do not understand our terms. In these cases of labial cyst it is extremely difficult to keep on the dressing well, while the operation is one that is frequently attended by suppuration no matter how skilful the surgeon may be.

6278. Knowing there was a case in the same ward in the same week, and that a woman had become poisoned, does not that fact lend colour to the assumption that the other one was similarly poisoned?—We at once come to quarters again. You have to take Mrs. S——'s septic case away, as she was the initial septic case in that ward.

6279. Mrs. P——'s was the first?—She was in the ward some time before that. Mrs. S—— was first, Mrs. T—— was next, and then sepsis appeared to show itself in Mrs. P——.

6280. But was Mrs. S——, although she was a septic case, in a position to infect other cases?—Yes.

6281. Can you show me any authority for that?—It is a well-known rule that a clearly-defined case of septic infection must be isolated from the ward for the sake of the other patients in it.

6282. Before there is a danger of infection must there not be a discharge? Where do the germs come from?—The germs come from the dry secretions in the wound. The particles would just as easily get into the atmosphere as from any other case.

6283. Now, we have the fact that Mrs. P—— and Mrs. T—— became subsequently poisoned within a few days of Mrs. S——. Does or does not that fact lend weight to the assumption that she was poisoned?—I do not understand your question. You are introducing a well-known trick among lawyers of putting several questions at once—the fallacy of many questions.

6284. Is it or is it not the fact that Mrs. P—— and Mrs. T—— developed septic symptoms within a few days of Mrs. S——'s death, and I ask you, does not that fact lend probability to the assumption that Mrs. S—— was poisoned by the bad air of the ward?—I do not think so.

6285. Does it lend probability to it?—I do not think you can fairly say that. At the same time you cannot fairly exclude it.

6286. Now, take the whole thing generally. I ask you, as a skilled medical expert and as a man, this question: Suppose we have Dr. Batchelor in his outside practice performing several operations with success, that we find him operating upon a healthy person for a minor operation, in which the young woman contracts acute peritonitis in a manner quite consistent with the impure condition of the Hospital, and in the same week we have a woman operated on for labial cyst who also contracts symptoms of septic poisoning; and we have yet another woman who had almost totally recovered, yet developed the same symptoms—in view of all these things, I ask you, is there not thrown on your mind a somewhat strong conviction that the air in which these women lay must have been impure?—No; I would not go beyond a suspicion.

6287. You admit that there would be a suspicion that the air was impure?—Yes.

6288. Then, is it at all unlikely that Mrs. S—— would have been poisoned by the air in that ward?—I would not exclude the air in the ward.

6289. In that case, would not the results be exactly the results that have happened?—I have not subscribed to that, and will not do so. I cannot exclude the air of the ward any more than I can exclude the other sources of infection. These germs cannot be formed inside; they come originally from the air.

6290. Supposing it is admitted that the Hospital is imperfect, as all admit it to be, is it at all reasonable to expect that you would ever get a result you could positively trace to the imperfections of a ward?—No.

6291. You have told us it is impossible to expect to ever positively trace a result to the imperfect state of the Hospital?—Quite so.

6292. Can you ever expect to get nearer to a positive result than you have gone—that is to say, assuming the imperfections are not unlikely to be the cause of the results, seeing that a suspicion