

alterations to the structure, the wards might be efficiently ventilated. My statement was in answer a portion of the northern end of the wall, that would be preferable, as affording more light and a to a question. If it is structurally possible, as has been suggested, to take down the roof and freer circulation of air.

Dr. ROBERTS recalled.

6726. *Mr. Solomon.*] Taking Mrs. S——'s case first: I want you to tell me, assuming that she was poisoned by septic germs in the atmosphere of the ward she was in, whether you would expect to find the results that you did find at the *post-mortem* examination?—Yes.

6727. Is there anything surprising after an Emmet operation to find that the wound became poisoned from septic influences from without; that the inflammation spread from the uterus through the fallopian tubes into the peritoneal cavity, causing acute peritonitis?—No, there is nothing impossible or unusual in this method of death from peritonitis.

6728. Now, we have been told by Dr. Jeffcoat that it is altogether incredible and unreasonable to expect that the poison could travel in the way I have suggested. Is there any foundation for such a statement?—I would answer that it is not at all unreasonable, but there are facilities for it spreading in other directions.

6729. But it can be taken from the uterus through the fallopian tubes into the peritoneal cavity?—Certainly it can.

6730. But suppose that it did not go in that direction, but went into the lymphatics, would you expect any inflammatory indications to show that it did so?—Decidedly. I should expect to find suppurative inflammation of the cellular tissues.

6731. Did you examine Mrs. S——, at the *post-mortem*, to see if there was such an indication?—I did most carefully. I looked for it, but failed to find it in the cellular tissues.

6732. Then, it was the personal examination you made that guided you to the conclusion as to the direction in which the poison travelled in her case?—Certainly. There was evidence of it, as plain as it possibly could be.

6733. What direction had it taken?—Along the line of the mucous membrane and along the tubes into the peritoneum. I would like to say that the *post-mortem* notes somewhat interfere with the theory that peritonitis was a secondary focus of a pyæmia. I do not remember dictating that the inflammation was more intense in the pelvis than it was in the neighbourhood of the fallopian tubes.

6734. Does that lend colour to the suggestion that it travelled in the direction I have indicated, or does it lead you to the conclusion that the poison was taken into the lymphatics?—It implies that the peritoneum became infected in the neighbourhood of the fallopian tubes. If it had been brought in by the blood the inflammation would not have been more intense in the neighbourhood of the pelvis.

6735. We have discussed the question whether she had chronic endometritis before operation: Does your examination enable you to answer that question?—At the *post-mortem* we found that the uterus was not of normal size; its walls were a little thicker than usual. That enlargement was due to one of two causes: either the uterus had not recovered its normal size after pregnancy, or it may have been due to inflammatory induration from chronic inflammation of the womb.

6936. *The Chairman.*] Which she had not recovered from since pregnancy?—I should say that it was chronic metritis of less than three months' standing. We have the fact that the Emmet operation was necessary on account of the uterus being sub-involuted, which I reckoned to find. The two diseases—thickening of the walls of the uterus and thickness resulting from sub-involution—so closely resembles each other that with the naked eye you cannot detect the differences except with the greatest difficulty; indeed, it is difficult to do so microscopically. I should, however, say that the evidences of chronic metritis were more absent than present.

6737. Assuming that chronic metritis were present, was there anything in her condition which would bring about the result which occurred?—No. There was no evidence which would account for the septic poisoning, though the conditions were consistent with it, especially in the lower parts of the uterus.

6738. With chronic endometritis?—Yes; but the changes in the mucous membrane were entirely hidden or masked by the conditions which produced the intense inflammation.

6739. Would chronic endometritis be likely to produce poison of the wound?—Under certain circumstances it might, but in simple catarrh it would not be likely to do so. The catarrh is produced generally in conditions of sub-involution, or enlargement, but under these circumstances it would not be capable of inoculating a wound.

6740. If the wound becomes septic, the germs must come from where?—They must come from without.

6741. Suppose that you had got good hospital air, a septic surgeon, and septic instruments, is there still the possibility of infection?—If you exclude the possibility of germs you necessarily exclude the possibility of poison.

6742. We have heard the opinion expressed by Dr. Stenhouse that septic poison may be created autogenetically, by conditions within the patient. What do you say to that?—I think that the notion that the mischief could be generated by the individual was exploded years ago.

6743. Is it possible?—It is not possible, according to my lights.

6744. You say that the germs must have been brought there from somewhere?—Yes.

6745. Now, in Mrs. S——'s case—I want you to answer the question carefully—is the result which you found perfectly consistent with the fact that her trouble was produced by the unhealthy condition of the atmosphere of the ward?—The wound was poisoned somehow.

6746. Now, you know the condition of the Hospital—the want of ventilation and the condition of the wards generally. We have been told that in the ward in which Mrs. S—— was kept for a fortnight before operation there was a septic case which had been discharging pus, which was liable to contaminate the air, and that this case had been in the ward for eight months. We have further