heard that, during the fortnight which elapsed from the time of Mrs. S——'s admission to the Hospital until she was operated on, she was placed under chloroform and submitted to one or two examinations. I ask you was there anything unlikely, under these circumstances, that the wound should be poisoned?—Of course, poison could be easily introduced under these circumstances.

6747. Was it likely or unlikely to have been produced in that way?—It was not at all unlikely.

6748. In your opinion, does the fact of two cases in the same week—one of a reduction of a labial cyst, the other an Emmet—becoming infected by septic poisoning, lend colour to the probability that the air of the ward in which the cases were was bad, and that the poison was taken from the air?—It lends colour to the theory that the air was bad.

6749. One medical gentleman who has been put into the witness-box has suggested to us the very reverse for the reason, as he says that if Mrs. S—— became poisoned by the air of the ward and died, Mrs. T——, who was poisoned by the same air, must have died also. Can you subscribe to that theory?—I think that is a remarkable statement to make, for the reason that, in case of inoculation of given germs into two individuals, the results would be influenced by the individuals' power of resistance—influenced in the first place by the power of resistance by the individual, and in the second place by the place of inoculation. That is to say, if I inoculate the same germs in the arms of two individuals, it is reasonable to suppose that one might die and that the other might have a more or less severe illness, but recover—the difference of result being due to the difference of the power of resistance to the disease. But, if I were to inoculate in the arm of one man and in the periotoneum of the other, I should expect very different results—local results in the one, and fatal in the other. I should like to explain the difference in the terms that have been so much used during this inquiry—pyæmia, septicæmia, and sapræmia. It is very simple. They are all produced from one cause—the circulation of poison in the blood, the result of the action of bacteria. But there are clinical distinctions which we must draw, because there are various localities where poisons may be produced. If we have a cavity, as the uterus, or flap-wounds, in which are retained clots of blood, or dead matter no longer belonging to the body, the bacteria gain access thereto, develop in these matters and produce a poison, which is absorbed into the system and constitutes sapræmia. If, however, bacteria gain access to the lymphatics they produce suppuration and necrosis in the living tissues, and the poisons are generated, by being developed from that along the tract of inflammation. This constitutes septicæmia. If, thirdly, bacteria gain access to the blood, and multiply within it, their poisons are distributed all over the body. This constitutes pyæmia. It is a special clinical feature of bacteria that being lodged in spots where circulation is slow they are arrested and give rise to secondary points of inflammation and abscess. These are, therefore, merely clinical terms used for convenience to distinguish between the different affections, and it is really a question where the manufacture of the poison takes place.

6750. You have told us that it is not at all unlikely that Mrs. S—— would have been poisoned by the condition of the atmosphere of the ward?—It is not.

6751. As the result of your own examination of the patient after death, could you find any causes which were actually consistent with the woman's death. Tell us what you think was a perfectly consistent theory with her death?—I will not insist that I know the method by which the woman was inoculated. It is only by inference that that can be ascertained. With wound infection, suppurative endometritis, and extension, the inflammation travelled from the uterus into the fallopian tubes, and thence to the peritoneum. I cannot arrive at any other conclusion than that such was the cause of death.

6752. And that is what you certified to, is it not?—Yes. I cannot, however, bind myself down to prove that the woman was inoculated by the air.

6753. *Mr. Chapman.*] You think it may be a presumption that the woman's inoculation was connected with the state of the ward?—Certainly.

6754. A statement was made by one of the witnesses that this woman's uterus was enlarged?—Yes; I agree with him.

6755. In regard to the "sticky, yellowish discharge," Dr. Batchelor says he is not responsible for that, the entry having been made by his clerk. Do you think that that discharge suggests anything, or throws any light on the woman's condition?—I have already said that the conditions were consistent with the fact of there having been a discharge before death; but there was no evidence of the existence of such a condition. As I have said, if it existed it was masked by the tremendous inflammation that took place.

6756. *The Chairman.*] If it had existed what would it have indicated?—It would have indicated endometritis in the lower part of the uterus possibly, but certainly not in the tubes.

6757. Would that probably be the source or home of the septic trouble?—Not without septic germs being introduced.

6758. *Mr. Chapman.*] When might the germs have been introduced? At examination, or operation?—It might easily have occurred at examination.

6759. Even in almost a perfect condition of the atmosphere?—In the ordinary air.

6760. Even the possibility of them being introduced in the operating-room?—There is always the possibility of infection.