NAVAL AND MILITARY MEDICAL SERVICES.

THE NAVY.

The following appointments have been made at the Admiralty:—Wm. B. Drew, Fleet-Surgeon, to Haulbowline Hospital, May 30th; Herbert E. Marsh, Staff-Surgeon, and Bernard B. Gilpin, Surgeon, to the *Northampton*, June 14th.

ARMY MEDICAL STAFF.

It has been decided that the Professors of the Army Medical School, who are on the Active List, shall be considered as extra regimental officers under para. 551, Royal Warrant.

Surgeon-Lieutenant-Colonel A. Anderson, recently arrived in India, is directed to officiate as Principal Medical Officer, Madras District.

ARMY MEDICAL RESERVE.

Surgeon-Major Wm. M. Harmer, having resigned his volunteer appointment, ceases to be an officer of the Army Medical Reserve, June 6th.

INDIAN MEDICAL SERVICE.

Brigade-Surgeon Henry William Graham, Bengal Establishment, died at Barnes on June 1st, aged 67 years. He entered the service as Assistant-Surgeon, February 14th, 1854, and retired with the honorary rank of Brigade Surgeon, June 16th, 1884. He served with the Sittana Expedition on the North-West Frontier of India in 1858, and received the Frontier medal, with clasp.

Surgeon-Colonel Thomas Walsh has been granted the local and temporary rank of Surgeon-Major-General pending promotion, while employed as Principal Medical Officer, Madras.

Surgeon-Lieutenant-Colonel C. J. H. Warden, Bengal Establishment, officiating Medical Storekeeper at the Presidency, is confirmed in that appointment from April 7th.

An examination for thirteen appointments to her Majesty's Indian Medical Service will be held in London on August 10th and following days. Copies of the regulations for the examination, with information regarding the pay and retiring allowances, etc., of Indian medical officers, may be obtained from the Military Secretary, India Office, London, S.W., to whom the necessary certificates must be sent so as to reach him not later than July 27th, 1894.

THE VOLUNTEERS.

Surgeon-Captain W. F. Lovell, from the 1st Cinque Ports Volunteer Artillery, is appointed Surgeon-Captain to the 2nd Cinque Ports Artillery (Eastern Division Royal Artillery), June 2nd.

Surgeon-Lieutenant F. E. Row, 2nd Devonshire Artillery (Western Division Royal Artillery), has resigned his commission, which was dated July 12th, 1884.

Surgeon-Lieutenant C. L. Cunningham, 1st Devon and Somerset Engineers, Fortress and Railway Forces Royal Engineers, is promoted to be Surgeon-Captain, June 2nd.

Surgeon-Captain A. O. Wiley, 1st Volunteer Battalion the Prince of Wales's Own West Yorkshire Regiment (late the 1st West Riding of Yorkshire), is promoted to be Surgeon-Major, June 2nd.

Surgeon-Lieutenant A. Cunningham, 1st Volunteer Battalion the Worcestershire Regiment (late the 1st Worcestershire), has resigned his commission, which bore date May 28th, 1884.

George Herschell, M.D., is appointed Surgeon-Lieutenant to the 22nd Middlesex Rifles (Central London Rangers), June 2nd.

Surgeon-Lieutenant R. Rannie, M.B., 5th (Deeside Highland) Volunteer Battalion the Gordon Highlanders (late the 1st Kincardine and Aberdeen), is promoted to be Surgeon-Captain, June 2nd.

Surgeon-Captain T. W. Richardson, of the Norwich Company Volunteer Medical Staff Corps, is gazetted Surgeon-Major June 2nd. Surgeon-Major Richardson has, however, held that rank in the Army Medical Reserve since June 7th, 1893.

VOLUNTEER OFFICERS' DECORATION.

The following officers have been awarded this decoration: Surgeon-Captain W. H. B. Crockwell, Manchester Companies Volunteer Medical Staff Corps; Surgeon and Honorary Surgeon-Major Edmund Carver, retired, 4th (Cambridge University) Volunteer Battalion the Suffolk Regiment; Surgeon-Lieutenant-Colonel H. F. Holland, M.D., 3rd Volunteer Battalion the Bedfordshire Regiment; Surgeon-Lieutenant-Colonel Ralph Gooding, M.D., 2nd Kent Artillery.

THE SUMMER DRILL SEASON IN IRELAND.

The *Broad Arrow* states that during the summer drill season at the Curragh, one field hospital and one bearer company are to be mobilised for service during the manœuvres. In Ireland there will be formed a couple of bearer companies and three field hospitals. The 5th Bearer Company will be formed from the 14th Company Medical Staff Corps at Dublin, which Company will also form the 7th Field Hospital. The 6th Bearer Company will be formed from the 16th Company at Cork, and that Company will also furnish the 8th Field Hospital. The 9th Field Hospital will be formed by the 17th Company Medical Staff Corps, at the Curragh. It is the 9th Field Hospital and the 5th Bearer Company that will be mobilised at the Curragh this year.

THE INDIAN NATIVE HOSPITAL CORPS.

The *United Service Gazette* of May 26th devotes an article to certain reforms needed in the Native Army Hospital Corps, which is, as at present constituted, inefficient and not thoroughly fit for duties in the field or in garrison. It is gratifying to find that Service papers manifest an interest in the efficiency of the Medical Department, whether it be at home or abroad.

MARRIAGE IN THE ARMY MEDICAL STAFF.

Cassandra, writing from India, says: Out here we are constantly surprised at the number of juniors arriving married. Every trooper brings them, and in mine there were three under four years' service. Their love and devotion were the pride and plague of the ship, but their ruling characteristic was impecuniosity. Some years ago you published statements as to the impossibility of a married junior living on his pay, yet here they try to prove the contrary. One here came out because he could not stand the constant movements at home, with "houses on hand," yet in India moves are just as constant. Recently a newly-married junior arrived to start on a four months' march and leave his bride in a strange country to shift as she best could. P.M O's. are at their wit's end to know what to do with married juniors. Such is my experience, and I would warn all of the impossibility of anyone under ten years' service marrying and living on his pay alone either at home or abroad.

*** In a philosophic but strictly impersonal way we sympathise with our correspondent's solemn warnings and examples. Yet in mere worldly prudence, with some dread of female resentment, we confess to a lurking tendency to dissemble. Love, perhaps happily for mankind, is blind, and not even the eye-opening effects of a medical education can remove the scales. We have seen and published such warnings before, not, we hope, without good effect in isolated cases; but we fear to the majority they prove like mere inveighing against the east wind. In sober earnest, however, we believe there is only too much truth in our correspondent's pleadings. Early, and therefore imprudent, marriage in the army medical service is a source of much difficulty and even suffering to all concerned. It is not a mere question of money, although that is all important, but for the officer a constant fight between duty and natural affection. We have sincere sympathy with kind-hearted and, may be, very much married principal medical officers driven to their wit's end in ordering about married juniors. To all junior medical officers about to marry we can only offer the old advice—don't.

RETIREMENT.

Nitram writes to suggest:

(1) That foreign service be allowed to count as a factor in qualification for voluntary retirement as it did prior to 1889.

(2) That on an officer being promoted to the rank of Brigade-Surgeon-Lieutenant-Colonel he be permitted to retire on the pension of that rank immediately, if two-thirds of his service have been abroad.

(3) That on an officer being promoted to the rank of Brigade-Surgeon-Lieutenant-Colonel he be permitted to retire on the pension of that rank after one year, if one half of his service have been abroad.

(4) That on an officer being promoted to the rank of Brigade-Surgeon-Lieutenant-Colonel he be permitted to retire on the pension of that rank after two years, if one third of his service have been abroad.

(5) That the same rules be applied to voluntary retirement from the administrative ranks.

*** This is a reopening of a proposal most favourably received a short time ago by a large number; in fact, we have no doubt, the majority of army medical officers. We think it ought to receive the attention of the Secretary of State for War. The present hard and fast rule of three years in a rank before pension not only operates hardly on individuals, but we have no doubt is intensifying the almost deadlock in the administrative ranks of the department. The relaxation of the rule is especially needed in the rank of Brigade-Surgeon-Lieutenant-Colonel, so as to clear the way for the promotion of younger men to the grade of Surgeon-Colonel.

MEDICO-LEGAL AND MEDICO-ETHICAL.

REASONABLE CARE IN LUNACY CERTIFICATES.

Queen's Bench Division.

(Before Mr Justice Wills and Mr. Justice Collins.)

Williams *v.* Beaumont and Duke.

This was an appeal by the defendants, Dr. John Charles Hetherington Beaumont and Dr. John Challen Duke, against an order of Mr. Justice Kennedy at Chambers dismissing an application of the defendants for an order that this action be stayed on the ground that there was no reasonable ground for alleging want of reasonable care on the part of the defendants, or either of them, in respect of the certifying the plaintiff as a lunatic or otherwise acting under the provisions of the Lunacy Act, 1890, and on other grounds.

The statement of claim alleged that on October 15th, 1893, the plaintiff was in ill-health and became a pauper inmate of the Lewisham Union Workhouse, of which the defendant, Dr. Duke, is the medical officer and Dr. Beaumont the assistant medical officer. That on October 16th the defendants wrongfully and improperly and without reasonable care and without making any proper inquiries agreed together to certify the plaintiff to be a lunatic and thereupon illegally and improperly confined and imprisoned him in the said workhouse or its precincts as a pauper lunatic until his removal therefrom on October 18th, 1893. That whilst he was so imprisoned the defendants negligently and improperly did not give him due care and attention. That on October 16th, 1893, the defendant, Dr. Beaumont, without reasonable and proper care, and with the consent of Dr. Duke, signed a medical certificate under the Lunacy Act, 1890, alleging that the plaintiff was of unsound mind and a proper person to be taken charge of and detained under care and treatment as a lunatic in an asylum for the purpose of being removed as a pauper lunatic to the Cane Hill Lunatic Asylum. That in consequence of the said certificate, the plaintiff was, on October 18th, 1893, removed to the Cane Hill Asylum and con-

fined there by the authorities until November 20th, 1893, when he was ordered to be discharged as "not insane," and as not having shown any indication of insanity.

Mr. F. Dodd appeared for the appellants; Mr. Lockwood, Q.C., and Mr. C. Herbert Smith for the respondent.

Mr. F. Dodd, for the appellants, submitted that the action ought to be stayed. A report had been made by the Inspector to the Local Government Board, and the Board were of opinion that the medical officers proceeded in good faith and with due care and professional discretion. The plaintiff had not shown reasonable cause for his allegation of want of reasonable care on the part of the defendants. He referred to Section 330 of the Lunacy Act, 1890, and Articles 90 and 91 of the Poor-law Orders of 1847.

Mr. Herbert Smith, for the respondent, contended that the action oughe not to be stayed. The onus of proof lay on the persons who had imprisoned the plaintiff. The inquiry of the Local Government Board ought not to deprive the plaintiff of his right to go to a jury. He cited "Hall *v.* Semple (S.F. and F., 337); "Queen *v.* Pinder (24, *L. J. Rep.*, Q. B., 148), and the Lunacy Act, 1890, Sections 24, 35.

Mr. Lockwood, Q.C., by leave of the Court, submitted, at the conclusion of Mr. Smith's argument, that the Court must be satisfied that there was an absence of reasonable ground for the allegation of want of reasonable care before it could stay the action.

The Court allowed the appeal.

Mr. Justice Wills, in the course of his judgment, said the questions involved in that action were very important, but he had come to a very clear conclusion that the action ought to be stayed. He did not decide whether an action of this kind would lie, but he wished to point out that it would be of extreme consequence if it would, because if a medical officer was to be liable to an action at the suit of any inmate who conceived he had not been treated with proper skill, it would be impossible to get any gentleman of position to hold the office. If such an action would lie, he could not see why a prisoner convicted of misdemeanour should not bring an action against the gaol surgeon because he thought the gaol surgeon had not treated him with adequate skill. Therefore the proposition contended for by Mr. Herbert Smith was one of alarming magnitude. One of the charges in this action was that one defendant improperly signed the certificate and not the other. He could not see how the other could be made legally responsible for an act of his colleague. The allegation that they imprisoned him in the workhouse was mere flourish. There was no trace of these gentlemen having done anything except having signed the certificate. No question as to good faith had been raised. That carried them very far towards the solution of the question whether there was a want of reasonable care. It seemed to him that the proceedings were marked by humanity and deliberation. The patient was suffering from alcoholism. Mrs. Williams, the plaintiff's sister-in-law, stated before the inspector that he was given to drink. He was in a condition of depression and distress; in this condition he was examined. The medical gentlemen were properly called in by the justices. Mrs. Williams stated he threatened to murder her and threatened self-destruction. He could not conceive that there was any reasonable ground for alleging want of reasonable care. Having read the affidavits with the greatest care, he was satisfied that there was a disposition to make the worst of everything, and that the plaintiff's statements were not those upon which the greatest or any reliance could be placed. The board had come to the conclusion that these gentlemen acted with due care and skill, and he had, with less satisfactory materials, come to the same conclusion. As to the allegation that "whilst the plaintiff was wrongfully imprisoned the defendants negligently and improperly did not give him due care and attention," there was no foundation for the charge. The defendants did not detain him. Then there was a general allegation of want of proper medical care during his detention in the workhouse. He had already expressed his opinion that it would be a most alarming thing if the plaintiff could allege this as a cause of action. But, further, he could find no foundation for the statement, and he thought it an abuse of the process of the Court. These gentlemen had done their duty in a difficult matter, and he had no hesitation in coming to the conclusion that the action ought to be stayed.

Mr. Justice Collins concurred.

Mr. Justice Wills said that he should like to add that, in his opinion, the inspector to the Local Government Board acted with extreme judicial impartiality.

Action stayed.

ELECTROPATHIC BELTS.

QUEEN'S BENCH DIVISION, June 6th, 1894.
(Before Mr. Justice HAWKINS.)
ALABASTER AND OTHERS *v.* HARNESS.

THIS case arose out of the controversy which has been carried on in reference to the Harness electrical belts. The plaintiffs were proprietors of the *Electrical Review*, and they being interested in the subject, statements appeared from time to time in the *Review* about it. Dr. Tibbits wrote a pamphlet about the belts, and this pamphlet was reviewed in the plaintiff's paper. Dr. Tibbits complained of some statements made in the course of this review, and he founded upon them an action of libel against the present plaintiffs. He did not succeed in that action, but the present plaintiffs did not get their costs from Dr. Tibbits, and the amount of liability which they incurred in this respect was £596 costs as between solicitor and client and £435 costs as between party and party. In the present action the plaintiffs claimed damages for "maintenance," their contention being that the defendant had instigated Dr. Tibbits to bring an unfounded action of libel against them, and had thus caused them to incur their liability for costs. Some time ago the case came on before his lordship and a special jury, and evidence was given as to what were the facts of the case. After that discussion arose upon matters of law, and it was arranged that the jury should be discharged, and that his lordship should give his decision upon any questions of law that should be raised upon the facts as they had been proved. The case accordingly came on before his lordship on June 2nd and 6th, and the principal question raised was whether, as to the pamphlet and the review of it, Mr. Harness had a common interest with Dr. Tibbits such as would justify him in assisting Dr. Tibbits in bringing his action of libel against the plaintiffs. Mr. Lawson Walton, Q.C., and Mr. Bankes were for the plaintiffs, and Mr. Jelf, Q.C., and Mr. Frank Dodd for the defendant. Mr. Justice Hawkins, upon the conclusion of the arguments, said that the question involved was one of general importance, and his decision would probably be appealed against by one party or the other. He would, therefore, take time to put his judgment into writing.

A DUBLIN WILL CASE.

[FROM OUR DUBLIN CORRESPONDENT.]

THE case of Ormsby *v.* Good and others was before the Probate Court in Dublin on June 4th. The plaintiff is surgeon to the Meath Hospital, and the defendants are trustees of the Adelaide Hospital. The suit was to establish the will and a codicil of the late Mr. Gervas Taylor, who died leaving about £80,000. In the will bequests were made to several hospitals, and among these to the Adelaide Hospital. In a codicil made some weeks before his death the testator revoked some of the bequests to the Adelaide, made Mr. Ormsby one of the executors, left him £3,000, £2,000 to a nursing institution, and £1,000 to a children's hospital, of which Mr. Ormsby is surgeon. The usual charges were made by the opponents of the will, but on the second day of the trial the defendants' counsel withdrew all pleas, and it was agreed that the plaintiff should pay to the defendants £900 towards costs.

UNSATISFACTORY INQUESTS.

THE *Birkenhead News* of May 19th reports the holding of an inquest in which the jury returned the following verdict: "The man died either from the effects of an accidental fall or from excessive drinking, but the evidence is insufficient to prove which of the two causes he died from the effects of." The house-surgeon of the borough hospital gave evidence and stated that the deceased, who was not identified, was admitted in an unconscious condition with a slight injury to the nose and with some indication that there had been bleeding from the nose and left ear, which might have arisen from a fracture of the skull, but that there was no other evidence as to the cause of the death. A quantity of beer was removed from the stomach of the diseased by aid of the stomach pump. The deceased never recovered consciousness and died two days after admission. No *post-mortem* examination was ordered by the coroner, and hence the very unsatisfactory verdict recorded by the jury and the failure of the coroner and jury to ascertain the true cause of the death. This is the more regrettable as the evidence required was readily obtainable. A similarly unsatisfactory inquest has recently been held by the same coroner, in which a *post-mortem* examination, made after the inquest was held and the verdict recorded, revealed the presence of poison in the stomach of the deceased, previously suspected by the medical attendant. This case has led to correspondence with the Home Secretary, and, it is to be hoped, the result will induce the coroner to order and the jury to insist on more frequent *post-mortem* examinations being made and the result given in evidence before the verdict is returned.

"PATENT MEDICINES."

WITH the consent of the Treasury the Pharmaceutical Society has obtained, upon petition to the Chancery Court, revocation of patents for medicines which, in the opinion of the Society, were taken out to evade the Sale of Poisons Acts. On May 29th, in the Chancery Division, the Society petition to revoke letters patent No. 16,946 of 1892, granted to Thomas Kay, G. A. Shaw, and Kay Brothers, Limited, manufacturing chemists, Stockport, was heard by Mr. Justice Stirling. The patent was for an improved method of preparing chlorodyne, which, to distinguish it from the earlier preparation, was spelled "klorodyne." Counsel for the respondents said that on the ground of prior user his clients could not contest the petition; but their application for the patent was perfectly *bonâ fide*, they believing at the time that they had made a good discovery. There was no foundation for the suggestion that the patent was intended to enable a poisonous mixture to be sold by unlicensed persons. In terms of minutes agreed upon by the parties his lordship made an order revoking the patent, and giving the petitioners their costs.

"THE PETTY TRADESMEN."

WE are informed that the following "business card" has been freely circulated by a newcomer in a certain district, who has had it pushed under doors and displayed in windows, etc.:—"Dispensary, 28 Nile Street. Consultation hours: mornings, 9 to 1; evenings, 6 to 10; Sundays: mornings, 10 to 12; evenings, 7 to 9. Fees: Advice and medicine, 4d.; visit and medicine, 1s.; attendance and medicine per week at patient's home from 2s. 6d. Midwifery, 10s. 6d. Vaccination; teeth extracted."

The person who issues it has the grace to omit his name from the advertisement, but he may be assured that whatever he may gain by pushing his trade in this manner, he will lose far more in the respect and goodwill of right-thinking patients and colleagues.

AN INTERNATIONAL CASE.

A CURIOUS difficulty on the part of the prosecution arose in a charge preferred against John Henry Nicholson, described as a doctor,[1] brought before Sir John Bridge, for extradition, for alleged offences within the jurisdiction of the Belgian Government. Mr. Bartlett was for the prosecution, and M. Emile Cannot for the prisoner. It was alleged that Nicholson induced a firm of money changers in Brussels to cash a large number of cheques for him. At first they were for small sums, and were duly met. The accounts were gradually increased, and then no fewer than fifteen cheques were dishonoured, the total sum being a large one. The cheques were drawn on the International Bank of London, and the prosecution contended that this was a bogus bank. Evidence was given to show that about three years ago prisoner took an office in Rathbone Place, and practised there as an "ear doctor." Subsequently he took a shop below the offices and traded as the Union Drug Company. He soon gave that up but retained the offices. After a time these were taken by a Mr. Cardinal, and a brass plate bore the words "International Banking

[1] This name does not appear on the *Medical Register* for 1894.

Company" and "Nicholson's Patent." The bank appeared to carry on a regular business until about six weeks ago, when the premises were given up. M. Cannot argued that no false pretences had been shown. Sir John Bridge pointed out that it had not been proved that prisoner had not got a good account at the bank. Counsel for the prosecution said the bank had disappeared, and it was impossible to produce its books. The prisoner was remanded for further evidence. Sir John Bridge agreed to accept bail—two sureties in £500 each, and Nicholson in £1,000.

AN UNGENEROUS RIVAL.

MEMBER B.M.A.—With reference to the case which, under the above heading, appeared in the BRITISH MEDICAL JOURNAL of May 26th, p. 1161, and in which "S.A.J." accused the member in question of addressing to him a "curt and ungentlemanly" note, the latter has transmitted to us a copy thereof, an unbiassed perusal of which wholly fails to impress us with the justness of the accusation. In regard to the query submitted by "Member" in relation to his professional cash charges for "attendance and medicine per week at the surgery and at the patient's home," we may observe that, in our opinion, they are not, as alleged, consistent with a due regard to his position as a medical practitioner, nor in accord with the general custom in this country, which, in his own true interest, we would counsel him to adopt. Moreover, in the matter of the "courtesy visit," if, as a stranger in England, he was ignorant of our professional usages, it especially behoved him to avail himself of the various resources open for obtaining the desired information. We note with satisfaction his assurance that, on finding it contrary to custom, he withdrew from the windows the objectionable fee cards; at the same time it may be well to remind him that the imputation of like offences by others affords no justification for his own wrong-doing.

A MEDICAL AID SOCIETY.

J. B. S.—We can only repeat the same advice we have so often given in our columns—that is, to have nothing to do with societies of this description, as the terms they offer are of a most wretched character from a pecuniary point of view, and the system of practice which they encourage is most derogatory to the dignity of our profession. We are sorry to state that many documents similar to that sent to us by our correspondent come under our observation during the year, but one of the clauses of this beautiful production is worthy of a wider publicity, and we therefore print it *in extenso*:

"And I promise and agree to use my best endeavours to further the interests of the society, and not to interfere with its members in any way, even after I may leave its service, nor to do any act whereby the society may be injured or prejudiced in any way whatever."

Whatever may be the legal value of this agreement, it is at least satisfactory to find that these societies have thought it necessary to insert such a clause, as it speaks volumes with regard to the general relations of such societies with their medical officers. We would strongly advise applicants for this office to study very carefully this clause in all its bearings.

AN INDISCREET CORONER.

MEMBER writes us a long letter concerning a case in which he recently gave evidence.

*** We cannot reply *seriatim* to all the points raised, but we would say generally that a coroner has power to call any number of witnesses, medical or other, he thinks proper, and to collect all the evidence he can get on the case, but he certainly is not justified in admitting the hearsay opinions of a medical man not present as against the sworn testimony of the medical witness who gave evidence in the court. The observations of the coroner to which our correspondent takes objection appear indiscreet, and some of his remarks and suggestions might well have been omitted, especially those suggesting the incorrectness of the medical testimony. Had the coroner been a medical man instead of a lawyer, it is probable no difficulty would have arisen in the case.

JURISDICTION OF CORONER.

HOSPITAL SURGEON asks if the coroner has any jurisdiction over a body upon which an inquest has been held, the verdict given, and the burial order issued.

*** As soon as the coroner or his officer receives notice of the death of any person upon which an inquest may be held the body is without doubt in the legal custody of the coroner, and any person afterwards making a *post-mortem* examination or interfering with the body in any way without the order of the coroner would be acting *ultra vires*, but, directly the inquest is concluded and the verdict of the jury recorded and properly signed, then the coroner no longer possesses any jurisdiction over the body, which is usually taken charge of by the friends or, in the case of its being unclaimed, by the relieving officer on behalf of the guardians.

DR. L. J. HOBSON (Harrogate) writes: I observe in the BRITISH MEDICAL JOURNAL of June 2nd a report of the case of the Scholastic and Medical Association *v.* myself which calls for rectification. It is stated "but defendant then declined to sell, saying he was negotiating for a partnership with Dr. Gale, of Scarborough." The fact was the defendant could not sell in consequence of his being prevented from accepting the terms offered him for a partnership at Scarborough. The acquirement of his practice by another was to be entirely conditional upon such a partnership being concluded. The "willing purchaser" was personally made aware of this sole condition of a disposal of the practice at Harrogate. He awaited, consequently, the issue of the negotiations, and, upon their collapse, proceeded to seek another practice—since obtained through the plaintiff Association. Moreover, it will be evident there was no "sale of a medical practice," no agreement being completed.

OBITUARY.

DAVID DAVIES, M.R.C.S., L.S.A.

MR. DAVID DAVIES closed a long and useful life on March 9th at Aberceri, a small property near Newcastle Emlyn, Cardiganshire, which was his native place, and to which he had retired in 1886. He had been distinguished as a student of St. Thomas's Hospital, and in particular had won the Cheselden medal there for clinical surgery. For three years he held the appointment of house-surgeon to the Loughborough Infirmary, which he resigned in 1848 in order to enter upon private practice in Bristol. The next year the city was visited by a severe epidemic of cholera, and young Davies threw himself into the work with conspicuous courage, zeal, and ability. He formed an intimate friendship with the late Dr. William Budd, whose views on the nature of infectious diseases, and on the means necessary for combating them, were much in advance of those of most of his contemporaries. The locality and nature of Davies's practice in and about the port of Bristol gave him opportunities for testing these views, and he became an ardent exponent of them. When, therefore, in 1865 the great prevalence of typhus in some of the worst and poorest districts of Bristol led the authorities to appoint a "medical inspector," the general voice of the profession and the public indicated him as the man best qualified for the office, but it was not until the next year that the Local Board of Health had the courage to constitute a "medical officer of health" for the city.

This appointment he held for twenty years, during which the annual mortality actually fell from about 28 to less than 20, well below which figure it had remained for six consecutive years before his retirement. This remarkable improvement was due in great part to his organising faculty, his untiring watchfulness, sound judgment, knowledge of mankind, and physical and moral courage. The whole sanitary organisation of the city and port had to be created by him. Typhus was extinguished. The mortality from Asiatic cholera diminished from 430, which had been the figure in 1854, to 29 in 1866; although in that year it was of a virulent type and was repeatedly imported, it was never allowed to spread. Enteric fever, diarrhœa, small-pox, and scarlatina showed a gradual though of course irregular decline, and diphtheria never got a hold in the city.

Mr. Davies held several honorary offices, among which was that of consulting surgeon to the Bristol Dispensary. He was a member of the British Medical Association during the greater part of his life, and was President of the Public Health Section at the annual meeting of the Association held at Bath in 1878; he occupied the chair of the Bath and Bristol Branch in 1881-82; he was also Lecturer on Hygiene in the Bristol Medical School, and, after his retirement, was appointed a magistrate for Cardiganshire.

He was something of a Celtic scholar, but constant and active work left him little leisure for such studies, and he wrote little, but put valuable matter into his reports and addresses. He married the daughter of Mr. Eddowes, a well-known surgeon of Loughborough, and she survives him, as do a son and daughter, the former of whom, Dr. David S. Davies, succeeded with general approbation to the office his father had so worthily filled.

THOMAS PATTERSON, B.A., M.D.

WE have to record the death of Dr. Thomas Patterson in the 45th year of his age on June 2nd. His loss will be widely felt. Twenty-two years ago Dr. Patterson took up his abode in the district of Chadderton, and shortly afterwards was appointed medical officer to the Oldham Union Infirmary. For twenty-two years he has also held the position of medical officer of health to the district of Chadderton, and in that capacity showed the utmost interest and activity in relation to all sanitary matters. During the outbreak of small-pox