the county, having as his headquarters the dispensary in Coventry.

He travelled regularly to these clinics, as, indeed, also to all the meetings of the Joint Tuberculosis Committee held at the King Edward VII Memorial Sanatorium, Hertford Hill, Warwickshire. He was one of the old school of tuberculous officers, kindly to his patients and greatly respected as an excellent and knowledgeable clinician by public and colleagues alike. Of a shy and retiring disposition, his rather clipped turn of speech might tend to impress on newcomers an attitude of detached abruptness. This was quickly belied, however, on further acquaintance, and indeed kindness and consideration were of his strongest attributes.

From the advent of the National Health Service in 1948 until the time of his retirement in 1950 he was a consultant chest physician for the Birmingham Regional Hospital Board, and had responsibilities in much the same area as previously.

Dr. Williams's father was a dignitary in the Irish Presbyterian Church, and this background was greatly to influence his future outlook. Much of his available non-professional interest and time was dedicated as a Presbyterian church worker in the Coventry and Warwickshire area.

Dr. Williams leaves a widow, to whom all his colleagues extend their deepest sympathy.

R. F. T. GRACE, M.D., M.R.C.P.

Dr. Richard Grace, who died on October 23, brought unusual gifts to his widely ranging work in the psychiatric field.

Richard Fairfax Tukino Grace was born in New Zealand, the son of L. M. Grace, M.P. One of his grandfathers was Horomoku, chief of the Ngati Tuwharetoa; the other grandfather, T. S. Grace, had in 1855 established a mission station on Lake Taupo. The influence of these men in the interest of New Zealand still survives in at least one concrete form—the great Tongariro National Park, given to the nation by the tribes of the area.

In 1914 Grace came as a medical student to Edinburgh, but soon enlisted in the 16th Royal Scots, with whom he served throughout the war. Graduating at Edinburgh in 1922, he held a short-service commission in the R.A.F. He then trained in psychiatry and psychotherapy at the Maudsley Hospital and at the Casel Hospital, Penshurst, taking the Edinburgh M.D. in 1926 and the London membership in 1931. By the time war broke out again in 1939 his career was well established. He held posts at the Maudsley Hospital and the Tavistock Clinic as a psychotherapist, and at other hospitals, including the Miller General Hospital, Greenwich. Rejoining the R.A.F. in 1939, Grace specialized in neuropsychiatry, with a particular interest in head injuries. It was at this time that he made perhaps one of his greatest contributions—in the hitherto largely neglected field of operational strain in flying personnel, in whose rehabilitation he was later to take an active part.

After the war Grace practiced as honorary psychotherapist at St. George's Hospital, also joining the honorary staffs of the Miller Hospital and the Kent and Sussex Hospital, Tunbridge Wells. His last post before retirement in 1960 was at the National Hospital, London, in charge of the psychotherapeutic service.

Grace was a man of great warmth of personality, somewhat overlaid by a quiet and diffident manner. After discussing a patient's affairs with him, and observing his mild and detached interest, it was surprising later on to find what a complete grasp he had of all the complex details. His memory for patients was truly remarkable, so that significant even if not very medical details of family background would be spontaneously recalled, perhaps after a lapse in attendance of a couple of years. He used his solid training in medicine and general psychiatry, as well as his deep understanding of Jungian analytical psychology, to help his patients from whatever side might be brought.

In some cases, a friendly moral support in others, could equally well be combined with the skilful use of drugs to combat distressing symptoms and with calling in aid the social welfare department for repairing the social consequences of illness.

In 1925 he married Miss Lucy Mackay, and they will remember with pleasure the fine old house they took for their home in lovely countryside near Crowborough. Despite the delights of their house and garden, Dr. and Mrs. Grace kept a regular connexion with New Zealand, returning there nearly every winter. It was after a last visit to his birthplace that the chest trouble which had long handicapped him took a turn for the worse after return to England.

Correction.—We greatly regret a printer's error in the obituary of Dr. Carmichael Wilson (November 16, p. 1271). The words "A lesser man would have handed in his immediate resignation" should have appeared instead of "A better man . . . ."

Medico-Legal

UNCLEAN MILK BOTTLES

[FROM OUR LEGAL CORRESPONDENT]

On October 29 the Divisional Court of the Queen's Bench Division upheld the decision of a magistrate's court that a milk bottle which contained a broken foil cap when it was filled by the dairy with milk was not clean. It made no difference, in the view of the court, that the broken foil cap in the milk was found to be clean and sterile. In the circumstances there was a contravention by the dairy of regulation 27 (1) of the Milk and Dairies (General) Regulations, 1959. (The Times, October 30.)

Unfortunate Aberration

It is to be hoped that this decision will serve the demise of a form of argument which has been put forward in a number of cases brought under statutory regulations and also in some cases of actions for damages for breach of warranty on a sale. It was argued in this case that the bottle itself was clean and sterile, that the broken foil cap which it contained was also clean and sterile, and that the bottle was therefore clean. This argument was rejected, just as Lord Goddard in an earlier case had rejected the argument that a bottle which contained a very small quantity of dust was clean because the dust itself was sterile.

The continued life of this form of argument is perhaps attributable to an unfortunate aberration of the Scottish Court of Session in a case in which a bag of coal purchased from a coal merchant contained a detonator which exploded while the coal was being burned in the kitchen fire. The purchaser of the coal lost his eye, and in subsequent litigation he sued the merchant for damages for breach of the implied warranty that the coal was fit for the purpose for which it was bought. The Court of Session held that there was nothing wrong with the coal: it was the "extra" detonator, which the householder had not paid for or ordered, which had caused the trouble.

In a more recent English case, the Court of Appeal held that domestic fuel containing a piece of explosive was not fit for the purpose for which it was acquired. Counsel for the plaintiff argued that it would follow from the decision of the Court of Session that milk would be fit for the purpose for which it was bought even though it contained thyroid germs: the fault would lie with the "extra" germs rather than with the milk which had been bought. The Court of Appeal did not follow the decision of the Court of Session.

REFERENCES


THE DOCTOR AS A WITNESS

Requests have been received for reprints in pamphlet form of the series of articles published recently in the medico-legal columns of the B.M.J. under the title "The Doctor as a Witness." Copies of the pamphlet will be available shortly, price 9d. each, including postage. Orders may be placed now with the Publishing Manager, B.M.A. House, Tavistock Square, London W.C.1.