"evidence of the latter, and therefore the party must go further, and "prove by other evidence that the Defendant assumed the character and "undertook to act as a physician, without the education, knowledge and "skill which entitled him to act in that capacity. That is, he must show, "that he *he had not reasonable and ordinary* skill, or that having it "neglected to apply it." The principle of the common law of England as to the engagement of the professional man for *a reasonable degree* of skill and *no more*, has been settled in the case of Physicians and Surgeons in Seare *vs.* Prentice. 8, East 347. Slater *vs.* Baker, 2 Wils., 359. Moore *vs.* Morguecowpt, 497. Hauke *vs.* Hooper, 7 c. & p. 81. Lanphier *vs.* Phipos. 8 c. & p. 475. Bell's Comm. 459.

Many cases in England deny the liability of professional men even to this extent, since they decide that the Surgeon or the Attorney shall not be held responsible except for *lata culpa*, or *crassa negligentia*, manifest fault or gross negligence. Godfrey *vs.* Dutton, 6 Bing 461.

Legh. Nisi Prius 196.

We now come to consider the evidence adduced in this case :—

It is extremely voluminous, no less than twenty-eight witnesses having been examined on one side and the other—and amongst them are eight doctors. Four examined on behalf of the Plaintiff and four by the Defendant.

Plaintiff's Doctors: Gibson, Chamberlin, Brown, and Brigham.

Defendant's Doctors: Cotton, Rowell, Valiquet, and Belhumeur.

It appears that the Defendant was unwell and unable to attend when first sent for after the accident had occured, and that a Doctor Gibson was the first Surgeon who saw the patient. He found her in bed with her thigh bone broken; it was a simple fracture. He placed the limb in an extemporaneous double inclined plane which he made at the time. He returned the next day, having been sent for before he was out of bed in the morning. He went again the third day and on entering the room where the patient was, he saw that the apparatus had been removed from the leg, and another substituted, and was told that Defendant had been there the previous evening and had adopted this treatment. This occured on the 18th March (the accident having taken place on the 16th) and Dr. Gibson did not see the patient again until about twelve weeks afterwards, —when she was apparently no longer under treatment. He found the leg crooked and shortened, from five to six inches, and the patient unable to use it. Soon after this a consultation took place between Drs. Gibson and Chamberlin, and they considered that nothing further could be done to obviate the shortening of the limb—which has since remained of the diminished length of five inches, the fracture being firmly united with the