

medical witnesses for the plaintiff on cross-examination. The connection is too indefinite and problematic, and the causes of disease generally too numerous in these cases to warrant a positive opinion, and just so long as this condition exists, there will be difficulty in the way of the plaintiff recovering.

In the *Grinstead* case there was really only one reasonable and probable cause suggested, whereas in the *Conacher* case there were half a dozen other possible and probable causes that might have resulted in the disease. These other causes were not negatived so as to reduce the case to the one cause complained of as the defendant's act of negligence.

The test may be shown by mal-practice cases. The question there is, "Did the present condition of the plaintiff arise from the improper act of the surgeon?" If "yes," there is evidence to go to a jury. If the answer is only problematic, or if it resolves itself into one of chance or possibility, it is clear that the case should be withdrawn from the jury and a non-suit entered, as other independent causes may have intervened.

A plaintiff who brings his action for damages should have more than mere conjecture and the sympathy of a jury to support his contention before he should be allowed to recover damages against a corporation, otherwise every attack of diphtheria, typhoid, and kindred diseases, will breed as many actions as there are germs in the supposed noxious gases or deleterious matter.

E. F. B. JOHNSTON.

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It may be useful to Ontario practitioners to call attention to the notice recently posted up in the Court of Appeal relative to the binding together of appeal books with paper fasteners. These must be put through from the back to the front of the book, in order that the points may protrude on the inside, where they will be less likely to injure the hands of the judges and others who may have occasion to use them. The rule issued on the authority of the judges, and the Registrar is empowered to refuse appeal books which do not comply with it.