

1815. During his pupilage under the direction of this rapidly rising surgeon, he was most assiduous and unremitting in cultivating the knowledge of his profession, and became a member of the College on the 5th of January, 1821, commencing the practice of his profession in St. Thomas's-street; whence, however, he shortly removed to St. Helen's-place, a residence he retained until the time of his death.

By his diligence and zeal in his profession he so far secured the favour of his illustrious master, Sir Astley Cooper, that the latter associated him with himself in the delivery of the anatomical lectures at St. Thomas's Hospital, and the bond of friendship between the two was soon after further strengthened by the marriage of Mr. Key to a niece of Sir Astley, the amiable sister of Mr. Bransby Cooper.

In 1823 Mr. Key was elected an assistant-surgeon of Guy's Hospital in the vacancy occasioned by the resignation of Mr. William Lucas. This appointment was coupled with that of co-lecturer on surgery with the late Mr. Morgan at the school of the same hospital, for it was just at this period that a distinct school was founded in each of the Borough hospitals.

In the performance of his duties as assistant-surgeon he soon acquired the reputation of a skilful operator; and in a case of carotid aneurism which fell to him at an early period of his career, he displayed a perfect acquaintance with surgical anatomy, and an admirable self-possession.

From the commencement of the publication of the *Guy's Hospital Reports*, in 1836, he became an active contributor, furnishing no less than seven articles to the first volume. Among those communications is one on a case of compound dislocation of the tarsus, which in some of its features resembles that which was the subject of the novel and striking operation of Mr. Thomas Wakley, jun.—an operation, by the way, which, though much abused by some, received the commendation of the eminent surgeon the subject of this short biographical sketch, who considered it an onward step in practical surgery. He remarked, in speaking of Mr. T. Wakley's proceeding, that it was "an operation of great difficulty, and was really a splendid surgical effort." We may quote Bacon's words on this topic, that "if a man perform that which hath not been attempted before, or attempted and given over, or hath been achieved, but not with so good circumstance, he shall purchase more honour than by affecting a matter of greater difficulty or virtue, wherein he is but a follower."

Besides these contributions to the *Hospital Reports*, he read numerous others before the Medico-Chirurgical Society, of which valuable institution he was, in 1828, one of the vice-presidents; but, curious to say, in all subsequent lists of the Society's fellows his name is not to be found. He published, besides, a "Memoir on the Advantages and Practicability of dividing the Stricture, in Strangulated Hernia, outside the Sac." Mr. Key was also a fellow of the Royal Society; and in 1843 became one of the honorary fellows of the Royal College of Surgeons, nominated under the new charter. On the 30th of June, 1845, he was elected by the fellows to a seat in the council.

In 1833 he was elected senior surgeon of Guy's Hospital—a post he retained at the time of his death.

In his public capacities as surgeon of the hospital and lecturer on surgery, he was held in the highest respect and esteem by his numerous pupils. By his dexterity in the operating-theatre, his ready and accurate diagnosis at the bed-side, and by the medical treatment he pursued, he rendered all who followed his practice fully sensible of his possession of that higher grade of professional knowledge acquired by extended opportunities and persevering industry dedicated to a special purpose.

His superior qualifications as a surgeon, and his character and manners as a gentleman, recommended him to the honorary distinction of surgeon to his Royal Highness Prince Albert, and to the more substantial advantage of a very large and lucrative practice, which he enjoyed for many years, and up to the day of his death, in the city.

Mr. Key entertained a very strong opinion that cholera was not referrible to noxious effluvia or offensive smells, and he considered that the theory on this subject had been carried to a very ridiculous extent. Whilst speaking on this topic, he said he believed that one of the healthiest places was a farm-yard well filled with manure; and he related that he had a very intelligent friend who often went into one for the benefit of his health; and another, who had made a circular prison for his hogs in the centre of his farm-yard, and that in that place, on the litter from the stabling, the hogs were kept for months together, and that the owner was accustomed to stand over it, and walk by it, in the assurance that the atmosphere

there would be beneficial to his constitution. This, Mr. Key observed, was going too far as much in one direction as the noxious effluvia theorists had proceeded in the other. In speaking of the children who had been destroyed at Tooting, he stated his conviction to be, that their deaths had been caused by deficient diet, overcrowding, and a grossly defective ventilation, and a consequently vitiated state of the atmosphere which they had breathed: he did not consider that the inefficient drainage of the neighbourhood had, in the slightest degree, operated to the children's disadvantage.

Death made his advance upon the subject of our memoir most unexpectedly and rapidly. He was taken ill on the 22nd, and died on the 23rd, of August, having been attended in his last brief illness by Dr. Cobb and Mr. Beale. A few short hours' illness from the prevailing epidemic sufficed to carry off this ornament of our profession from the sphere of his prosperity and usefulness, in the prime of life, and endowed with vigour which might otherwise have found ample and useful scope for its exercise for many years to come. The fatal event was therefore calculated to excite a more than usual interest in the commiseration of his professional brethren, with so many of whom he had been brought into connexion in his public capacities as hospital surgeon and lecturer; and if so deep-felt and general sympathy was to be anticipated, sure it is that it has resulted, evinced as it is by the whole profession and by a large portion of the public.

The lamented deceased, at the time of his death, was in the fifty-sixth year of his age. He has left a widow and nine children to deplore the severe loss they have sustained in the death of one of the best of men. His remains are deposited in the north vault of the church of St. Dionis, St. Mary Axe, in the city of London, not far from his late residence.

## Correspondence.

"Audi alteram partem."

### PROPOSED NEW SOCIETY FOR THE INVESTIGATION OF CHOLERA AND OTHER EPIDEMIC DISEASES.

To the Editor of THE LANCET.

SIR,—When it is seen what the Medical Societies and the Board of Health will do, in compliance with your praiseworthy call upon them in your journal, it is my intention to propose (through your pages) the formation of a new society, which might be styled the Asiatic-Cholera Medical Society, or the Epidemic Medical Society, the object of which would be to investigate epidemics, and which I have no doubt would meet with public support.

In consequence of your very just remarks on the probable issue of such a meeting as I proposed in THE LANCET for July the 28th, that meeting was abandoned; had it taken place, it was my intention to have proposed the formation of such a society as I have named, and to have called upon the public for its entire support. I do believe, if the object could be carried out, much good would arise therefrom.

To such a society all medical men who had treated cholera could send the result of their experience—of their successful and unsuccessful cases.

To do away with the improbability of their not complying—disliking to give their names or addresses,—those who may not feel inclined might sign anonymously.

Every medical man should be strongly urged, in justice to the public and to the profession, to act in accordance with this view.

This would be one way to arrive at a just conclusion, which has proved up to the present time the best mode of treatment.

The Board of Health or the medical societies could effect this object, but I presume the former is too overwhelmed with business to give it attention, and the latter may not feel themselves called upon to adopt such a measure.

The formation of this new society is not the thought of a day; it occurred to me after I sent my letter to you in July, and would have been named at the meeting I proposed in that letter.

Having thought much on the subject, I am of opinion that a society of the kind, well formed, may become a permanent one; for admitting that the cholera may soon disappear, no one can say how soon it may not return. Besides, there are other epidemics; and if the society were called the Epidemic Medical Society, it would embrace more than Asiatic cholera. I should, I think, propose such men as Drs. Tweedie, Gregory,

Mr. Erasmus Wilson, &c., to take the lead, unless other names were suggested to me or my friends by you or any one else.

At this moment the public would but be too happy or anxious to support such a cause with their purse, for it could neither be begun nor continued without some expense, if my views were properly carried out. A paid librarian, secretary, and managing director, would be required—and rooms, at first, as a matter of course; if established, a house. As quickly as possible, all the medical books that have been published on Asiatic cholera, diarrhoea, dysentery, &c. &c., as also on other epidemics, should be purchased as books of reference for all medical men who may choose at any time, from early hours till late at night, to avail themselves of reading.

No medical man should be bound to subscribe; it should be thought sufficient by the public that they should give their time and the labour of the brain.

During the prevalence of an epidemic, frequent discussions should take place; no reporter from the public press should gain access; those from the medical journals only. It would be an easy matter for the society to send to the papers as much of the subject as would be sufficient for the public eye. Such a society as this would prove a better bond of union between the profession and the public than any which now exists. From non-professionals a treasurer should be chosen, and part of the committee also, to watch the fund which that public *must* subscribe.

Our Continental neighbours would feel pleasure in communicating with such a society, as would it in turn with them.

I am, Sir, gratefully yours,

PATER.

\* \* Our correspondent has made the request that we would receive communications which may be addressed to him. We have no objection to receive at our office letters intended for PATER.—ED. L.

#### CLAIMS OF MILITARY SURGEONS.

THE *Englishman*, Calcutta paper, of May 28th last, remarks:—

“We are glad to find the *Madras United Service Journal* joining us in condemning the studied exclusion of medical officers from the honours liberally bestowed on their brother officers as rewards for military services. We extract from that paper a remarkable instance in which two assistant-surgeons were actually killed in battle, yet a survivor, Dr. Wylie, now inspector-general of hospitals at Madras, has never received any military distinction, though, as our contemporary states, he himself repeatedly led the sepoys to charge the enemy with the bayonet.”

The article to which the *Englishman* refers is the following:—

“We have so frequently raised our voice in protest against the invidious exclusion of medical officers of the army and navy from all military honours and distinctions for their war services, that we need hardly say we rejoice to learn that Sir De Lacy Evans is about to bring the claims of the medical service to such rewards under the consideration of Parliament. Now is the time, then, for all whose interests are concerned, whether in the Royal or Company’s service, to press their claims to those rewards by memorial, showing the monstrous injustice of their exclusion from the honours granted for services in war, wherein they not only share the risks of the actual combatants, but are exposed to those peculiar to their own profession, as shown by the large proportion of medical officers who fall victims to any prevailing epidemic in the camp hospitals. The actions of the late Punjaub campaign have certainly not been marked by any casualties amongst the medical staff, but two assistant-surgeons of the Royal army were slain in the bloody battles of the Sutlej; and how many of the Company’s service have fallen in the wars of India! In this country, too, from the paucity of European officers and the absolute necessity for European example, in moments of particular emergency, as the records of the Government show, their medical officers have often done good service with the sword. For example, look to our present inspector-general of hospitals, who so nobly distinguished himself in repeatedly leading on the sepoys to charge with the bayonet at Corygaum, on which occasion a British detachment, consisting of only 600 native infantry, with 300 irregular horse and a detail of artillery, with two six-pounders, successfully resisted for nine hours the repeated attacks of the Peishwah’s entire force of 20,000 horse and several thousand foot, with guns, and beat them off at last. In such a struggle, too, the presence of a single European was of the utmost con-

sequence, and, as shown in the official report, seemed to inspire the native soldiers with their usual confidence of success. The affair of Corygaum, in truth, afforded one of the most brilliant instances of gallantry and perseverance upon record. Captain Staunton, who commanded the detachment, on discovering the Peishwah’s army close upon him, at once made for the village of Corygaum, and had scarcely succeeded in reaching it, when he was attacked in the most determined manner by three divisions of the Peishwah’s best infantry, supported by two pieces of artillery and immense bodies of horse. The enemy’s troops were, moreover, stimulated to their utmost exertions by the presence of the Peishwah on a distant height, attended by the principal Mahratta Sirdars, who flattered their sovereign with the prospect of witnessing the destruction of the British detachment. They speedily obtained possession of the strongest parts of the village, and the contest continued from noon till nine at night, during which time every pagoda and house had been repeatedly taken and retaken, and one of our guns was for a time in possession of the enemy. Towards the close of the evening the situation of the detachment had become most critical. Nearly the whole of the European artillerymen were killed or wounded, and about one-third of the native troops; whilst the exertions which the European officers had been called on to make, in leading their men to frequent charges with the bayonet, had diminished their number. Lieut. Chisholm of the artillery, and Assist.-surg. Wengate, were killed; and Lieuts. Swinton, Pattinson, and Cormelan, were severely wounded, leaving only Captain Staunton, Lieutenant Jones, and Assist.-surg. Wylie, who were themselves nearly exhausted, to direct the efforts of the men, the whole being nearly frantic from the want of water, and the almost unparalleled exertions they had made throughout the day, without any kind of sustenance, after a forced march of twenty-eight miles.

“At night the enemy were forced to abandon the village, after sustaining an immense loss in killed and wounded, and our troops were then enabled to obtain a supply of water, of which they stood so much in need. The enemy retired on the following day without venturing to renew the attack; and the detachment, whose ammunition was almost expended, were enabled to move during the night to Seroor, bringing off nearly the whole of the wounded. In the above most brilliant though arduous struggle, one medical officer fell in leading the native troops to the charge; and in the same campaign, another assistant-surgeon lost his life in the assault upon our position at Seetabuldee. Yet medical officers are to be denied participation in the honorary rewards granted to their military brethren, on the plea, forsooth, that they are non-combatants. Cordially do we hope that the parliamentary efforts of Sir De Lacy Evans, K.C.B., in behalf of the medical officers of both services, will be attended with the fullest success in procuring their claims to that consideration they have a right to expect at the hands of their country.”

#### MEDICAL FEES AT ASSURANCE OFFICES.

To the Editor of THE LANCET.

North of England Insurance Company,  
Buchanan-street, Glasgow, September, 1849.

SIR,—With reference to the letter which appeared in a recent number of THE LANCET, on the subject of Medical Fees and Life Insurance Offices, we beg to inform you that the North of England office, for which we are agents here, invariably pays the fee of the medical referee of a party making a proposal for insurance.

We are, Sir, your obedient servants,  
H. & W. A. TASSIE.

#### MEDICAL ETIQUETTE IN MARKET DRAYTON.

To the Editor of THE LANCET.

SIR,—As you have always advocated the exercise of courtesy and honourable principle amongst medical men in their professional intercourse, and especially have defended the general practitioners from the impertinence sometimes shown towards them by the would-be pures, I venture to appeal to you, and through you to the profession, under the following circumstances:—

On the 22nd inst., a patient of mine, with perfect good feeling towards me, but in the fright of a sudden seizure, sent for Dr. Wood, his residence being near. He of course attended, and was informed the patient was under my care, and that I was at church, some 400 yards distant. He prescribed for him and ordered the prescription to be made up immediately, without taking the slightest notice of my being in attendance;