withdraw the case; and those persons who persist in using the title "surgeon" after this must be prepared to prove that they have a right to it.

The defendant gave the required promise, and this concluded the case.

PETTY SESSIONS, LLANDISILIO, MONTGOMERY-SHIRE.

MR. J. F. EYELEY, of Llanymynech, was summoned to answer two informations, laid at the instance of the Salopian Medico-Ethical Society, under the Medical Act, for falsely pretending to be a surgeon and general practitioner. Mr. Hawley Edwards, of Shrewsbury, appeared for the Medico-Ethical Society; and Mr. Goodwin, from Messrs. Longueville and Co., of Oswestry, for the defendant.

MR. EDWARDS said he attended to prosecute on behalf of the Society, who had determined to put the new law in force against all unqualified practitioners in the counties of Salop and Montgomery. He had thought it right to lay two informations, but as all that the Society required was that the defendant should cease to practise, he having no qualification either as an apothecary or a surgeon, he did not propose at present to ask for a conviction on more than one, and if the defendant would promise to give up his practice, he would be satisfied with a nominal penalty.

MORRIS JONES.—I am the registrar of deaths for Llansaint-fraid district, which includes part of the township of Llanymynech. I received this certificate (produced) from Martha Lewis; and another (produced) from James Edwards, father of the deceased Elizabeth Edwards. (One of these certificates was signed "J. F. Eyeley, assistant-surgeon;" and the other, "J. F. Eyeley, assistant-surgeon, *pro* J. M. Croft." They were both admitted to be in the handwriting of the defendant.)

DR. JUKES STYRAP.—I am a physician, and honorary secretary to the Salopian Medico-Ethical Society. I produce the Medical Register for the present year, published on the 1st of July. Defendant's name does not appear in it.

This completed the case for the prosecution on the first information.

MR. GOODWIN said that defendant's answer to the case was, that he had never assumed to act in the capacity of a qualified surgeon, but merely as an assistant to a Mr. J. M. Croft, and in support of this he produced an agreement purporting to be made between the defendant and Mr. Croft.

MR. EDWARDS having replied,

SIR BALDWIN LEIGHTON said he thought the agreement produced by the defendant strengthened the case against him.

Some conversation here took place between Mr. Edwards and Mr. Goodwin as to the defendant undertaking to discontinue his practice, and Mr. Goodwin said that Messrs. Longueville and Co. would certainly advise him to do so.

MR. EDWARDS expressed himself satisfied under these circumstances to ask for a nominal penalty only.

The defendant was therefore convicted in the nominal sum of 1s. penalty, and 19s. 6d. costs; and it was arranged that the second information should stand over till the next monthly petty sessions, on the understanding that if in the meantime the defendant discontinued his practice, it would not then be proceeded with; but if otherwise, Mr. Edwards said he should then ask for the infliction of the full penalty of £20.

Correspondence.

"Audialteram partem."

THE MEDICAL REGISTER.

[LETTER FROM MR. J. C. ROOPE.]

To the Editor of THE LANCET.

SIR,—In the account given in THE LANCET of the 13th inst. of the case heard in the Bow-street Police Office on the 3rd inst., I am reported to have said—"The applications are filed and certificates are given;" and this answer has been supposed to represent the plan relied upon for continuing the Medical Register after the publication of the copy for 1859. Nothing could be further from my intention. On the contrary, the plan—always directed and intended to be acted upon—was to continue *in writing* a regular and perfect copy of the General Register, in uninterrupted succession from the copy already printed and published.

It had been expected that, after the publication of the Register for 1859, the daily business of the office would be so much diminished as to allow of such regular registration being carefully carried on and completed from day to day. But the amount of business which still came in, arising from fresh claims and applications of various kinds, rendered this impossible. And, by my answer above-quoted, I merely intended to explain the temporary expedients which had been adopted, and that the General Register was not in a state to be produced *instanter*; there being good reason to believe that it is contrary to law to require the production in Court of any but the printed copy.

The truth is, that the business which has poured in upon the Registration Office, often in torrents, since the beginning of last December, could not have been foreseen, and certainly was not provided for, either by the framers of the Bill, by the Legislature which passed it, or by the Council which had to carry the Act into effect. And still so many persons continue to address letters to the office on a multitude of subjects, and to press for answers by return of post, that it is exceedingly difficult to carry on business regularly. Arrangements, however, have now been made for continuing both the Local and General Registers on a regular and systematic plan.

I am, Sir, your obedient servant,

Medical Registration Office, JOHN CROSSE ROOPE.
32, Soho-square, London, W., August 17th, 1859.

ON THE TREATMENT OF CHOLERA.

To the Editor of THE LANCET.

SIR,—Should you think the following observations on cholera worth a place in your periodical, they are at your service. I may observe that, after much consideration and considerable experience, I have formed a plan of treatment for cases of so-called cholera, which the more I try it the more I am satisfied with it.

Without essaying to penetrate into the prime cause of the disease, concerning which opinions may be various, I may remark that, as a very general rule, "profuse watery diarrhoea" is the substantial exponent of the collapse which in this disease often becomes mortal. Stop this diarrhoea in time, and you prevent or moderate the collapse; or, "collapse" existing, stop the diarrhoea, and you prevent the sinking from becoming deeper, and favour reaction. Depression from cholera poison, from suppressed biliary and urinary secretion, may also increase the collapse.

Regarding the disease under these points of view, and bearing in mind that a certain number of cases of collapse will recover if left to the unaided powers of Nature, we may consider what remedies will afford the best chance to a patient suffering with collapse, cramps, suppressions, &c., resulting from profuse aqueous, alvine, and gastric discharges, diarrhoea and vomiting—i. e., cholera.

It is not likely that a patient in such a condition would be benefited by the exhibition of any medicines in qualities or quantities which would be deleterious to a person in health, or which would add to the depression of the patient. The administration of large or too frequent doses of opium, large or too frequent doses of calomel, acetate of lead, or sulphuric acid, appear to me to be exposed to this objection.

What, then, are we to do if we cannot give these kinds of medicine rapidly, when time is so valuable that the loss of an hour may turn the scale against the patient? The reply I made to myself was, "Find a remedy which is potent but not poisonous, which may be used freely without poisoning your patient, or lowering by poisonous doses." Does such a remedy or plan of treatment exist? I venture to say that it does in the following method, which I think is both reasonable as to its therapeutic *rationale*, and as a consequence remarkable as to its results. It was only a short time since that I had the pleasure and surprise of witnessing a patient's recovery who was pulseless, shrivelled, aphonic, &c., with urinary suppression, from copious watery diarrhoea.

When sent for, then, to a patient suffering with cholera in a severe form, I prescribe two grains of calomel and one grain of opium, every four hours; and the decoction of hæmatoxylon, two ounces (P.D.), every quarter, half, or every hour; and, in lighter cases, every two, three, or four hours. If collapse is very severe, a tablespoonful of brandy, or a proper dose of any ethereal preparation with each dose of the hæmatoxylon, the continuance of the stimulants being regulated by the persistence of the collapse. Ice for thirst, sinapisms to the abdomen, frictions, hot bran, or turpentine applications for cramps, complete this plan, in which I have sedulously avoided any drug