it acts as a cordial, and that the calomel should be deferred until reaction set in. In this the symptoms were not ameliorated by the treatment, and the patient died in a short time. In the third case, on the contrary, where opium alone was given, the patient got well without a bad symptom. He should like to ask Mr. Erichsen whether there was any particular reason for administering the calomel so early in the second case? and also, whether the patient sunk into a low typhoid condition? and if so, whether this condition came on suddenly? as he had noticed this circumstance in patients who had died from peritonitis, and where after death the peculiar fluid noticed by Mr. Erichsen in his second case was found effused. With respect to the last case, he was doubtful whether Mr. Erichsen's view of its nature was the correct one: Of its being a hydrocele of the hernial sac he was more inclined to consider it one of that class of cases related by Sir A. Cooper, where adhesions bound the tunica vaginalis testis and scroti together, and separated the fluid into various collections; at all events, the case admitted of doubt from Mr. Erichsen not having had the opportunity of investigating its exact nature.

Mr. HAYNES WALTON related a case in which he was obliged to open the sac after an attempt to relieve the symptoms by dividing what he believed to be the stricture external to the sac.

Mr. NUNN inquired whether adventitious bands in hernia were not more common in congenital than in other cases. It was found, as a general rule, that in cases where there was one anatomical irregularity, another usually existed.

Mr. GAY said, that the arguments for opening the sac employed by Mr. Hancock and others, are taken from the unfortunate termination of a few cases in which that proceeding might with good effect have been resorted to; but he (Mr. Gay) might, by a parity of reasoning, from similar unsuccessful cases amongst them in which the sac had been opened (and many he believed existed), with equal justice argue that such a procedure ought never to be had recourse to. He (Mr. Gay) believed the right practice lay in a middle course—viz., that which would modify the plan of operation according to the necessity of the case, as this might be gathered either before or during the operation.

Mr. ERICHSEN, in reply, said that he gave the calomel in the case alluded to by Mr. Hancock, because it gave the patient, who was suffering from intense peritonitis, the only possible chance of life. He died in less than twenty-four hours after the operation. He regarded the after-treatment of hernia as of the last importance, and more particularly with reference to the administration of opium for the tranquillization of the system; an enema might be administered in the course of two or three days. In the early part of this practice, Mr. Liston was in the practice of giving a purgative of Epsom salts and peppermint-water soon after the operation. The greater number of his patients died. He (Mr. Erichsen) believed the result to have arisen from the purgative, for the skill of the operator was unquestionable. With respect to the last case, Mr. Morton agreed with him, that it was hydrocele of the hernial sac; nothing interfered between the wall of omentum above and the intestine. He agreed in many points with Mr. Hancock regarding Petit's operation. He was less disposed than otherwise to open the sac in large irreducible hernia, where the stricture was situated at the external abdominal ring, or in the canal, and could be easily reached. Some reducible hernia would require the sac to be opened. When he had operated, without opening the sac, he had always felt anxious less symptoms of strangulation should remain, which might have been prevented by opening the sac, and exploring the condition of its contents. He regarded the peritonitis following operation to be rather the result of the constriction of the intestine, than of the wound to the lining membrane; for we often find peritonitis to exist if the strangulation remained long without operation. Even when relieved by operation, the patient often did not recover, though the intestine was not gangrenous or fetid. He mentioned two cases, in which half the calibre of the gut was nipped by the stricture; it was not gangrenous. Peritonitis set in; the patient died. He mentioned also the case of an old woman who had femoral hernia: the sac was not opened; she had no stool for seven days. The sac was drawn down, opened, and an artificial anus formed. In conclusion, Mr. Erichsen said that it was admissible in many cases not to open the sac, but he was quite at a loss to distinguish these cases.

The Society was then adjourned until this evening (Saturday,) 5th Jan., 1850, when Mr. Hancock will read a paper on Perineal Abscess.

Correspondence.

"Audi alteram partem."

MALIGNANT CHOLERA.—DR. AYRE'S PLAN OF TREATMENT.

To the Editor of THE LANCET.

SIR,—The cure of cholera is no longer the opprobrium of medicine. Under the above title, in THE LANCET of Dec. 22, I observe a letter, with a table, signed "J. Jones," and dated "Wandsworth-road, 1849," the perusal of which filled me with wonder and amazement. The writer modestly says the table is merely "a mite," tending to confirm the views of Dr. Ayre, of Hull, concerning the treatment of Asiatic cholera in this country. But why call it "a mite"? why not a mountain, or a monster? To be serious—for this is a grave subject—does not Mr. Jones's statement prove the triumph of Dr. Ayre's plan of treatment over all others? presuming, of course, that "Asiatic cholera," and the late epidemic, "diarrhoea," are identical, which I very much doubt, notwithstanding the courteous reply of Mr. Wood, of Oxford (in your last impression), to my observations on this important question.

It appears that the number of cases of Asiatic cholera prescribed for by Mr. Jones from July 6 to October 6, 1849 (three months), was 985; and that of these only seven died! The first two cases of "intense collapse" were ordered "salines," both died; the two next, "chloroform," one died; so that, of the remaining 981 treated by "calomel alone," "no opium," "no stimulants," four, and only four, died, being rather less than one in every 245 cases!

I am, Sir, your obedient servant,

Margate, Dec. 24, 1849.

JOSHUA WADDINGTON, F.R.C.S.E.

A COMPARISON OF THE POSITION OF NAVAL ASSISTANT SURGEONS AND MEDICAL ASSISTANTS ON SHORE.

A CORRESPONDENT evinces much (unreasonable) wrath that the claims of naval assistant surgeons should be urged, to the neglect of another aggrieved class. He remarks—"They are not compelled, they are not even solicited, or chosen by merit from the general body of the profession; they crave the appointment, knowing what they are to expect, and knowing well, too, that hundreds of men on land, equal to them in anything that adorns our noble profession, and that ornaments humanity, are by many hundred degrees worse paid, worse treated, and, in many respects, worse accommodated."

The contrast he shows in this form—

"Assistant-surgeons in the navy have 7s. 6d. per day—their mess—their wine—their gentlemanly treatment—their respected position wherever they go—little to do, and having opportunities of seeing life without any inconvenience or incumbrance. Assistant-surgeons on land have their 1s. 6d. or 2s. per day—badly treated—often worse paid than their master's coachman—obliged to endure insult—worked day and night in union or parish practices—tied up 'by the nose, as asses are,' from one year's end to another; and yet no one lifts a voice for them."

He ends his letter as follows:—

"No one shall greet with more zeal and heartiness than I shall the effort of the naval assistant-surgeons to raise their profession, and with the elevation of the profession, their position in her Majesty's service."

We will therefore suggest that he should aid their cause, rather than suffer personal discontent to guide his pen. Seldom does a class better its own position by abusing another.

September, 1849.

MEMBERS OF THE COLLEGE.

To the Editor of THE LANCET.

SIR,—May I suggest in your widely-circulated journal what appears to me would be a cruel injustice to a large body of general practitioners, at the forthcoming change in the Charter of the College of Surgeons.

Many gentlemen in the early part of their professional career had to contend with pecuniary difficulties, so much so they could only pass the Hall, and were obliged to wait until years had passed, and Fortune crowned their exertions, before they were enabled to become members of the college.

Are such men as these, many of whom have adorned our