the inferior angle of the scapula. Three quarts of a greeenish purulent fluid escaped. Twice after this, the trocar was introduced, with more or less fluid escaping. The lung, however, never recovered its normal state. The nature of the discharge made the prognosis doubtful from the first. The patient died after a lingering illness of several weeks.

Case 2.—In the case of the little girl an abscess pointed between the 7th and 8th ribs, and therefore no difficulty was experienced in operating. She was put on Tilden's preparation of the elixir of iodine, bromine, and lime, and made a good recovery against very great odds, for I never saw a child more emaciated. One operation was sufficient; the discharge was very large. Her disease was pleuro-pneumonia.

Case 3.—My last case was G. M., a farmer aged about 30, who caught cold as he termed it, shivered much, with subsequent fever and pain in his left side. The acute stage passed without much treatment. I was called to see if I could help his shortness of breathing. He was a very muscular man, and it was difficult to diagnose his case. There was dulness on percussion, some dyspnœa, no cough or pain, but a very anxious countenance. Had he pneumonia, or pleurisy, or pericarditis, or what? I confess at this visit I could not say. I questioned him closely as to his feeling anything like fluid when he changed position. He answered in the negative. I gave him a diuretic and expectorant mixture. In a few days I visited him again, and found the dulness increased, and carefully considering the different points concluded that I had a case of pleuritic effusion. I pushed the usual remedies internally, with blisters externally, but the dulness went on to the clavicle. After exploring with a small hypodermic needle, convincing him of the nature and cause of his trouble, I suggested the necessity of operating. He consented.

I used at this time a medium sized aspirator needle. I was careful only to be certain that I was within the bounds of the chest, pretty low down in a line with the inferior angle of the scapula. The idea struck me that I would try the syphon principle, and did so as follows: Taking the aspirator needle with rubber tubing attached, I thrust it into the interspace about one-fourth of an inch; then lifting the tubing, I filled it with water, still holding it up. The next step was to push the needle into the cavity. This done, I took the tube in my mouth lowering it at the same time below the point of the needle; now suddenly sucking the water, the fluid followed until five pints escaped; for the remainder the aspirator was attached to the rubber and a pint more drawn off. My patient felt relieved at once. The fluid was of a greenish hue, but clear and limpid; the prognosis was, judging from the discharge, favorable, and so it proved. The usual remedies, however, were pushed. Diuretics, tonics, deobstruents, blisters, were all used to prevent further accumulation, for there was persistent dulness over the precordial region. One operation was sufficient.

I am inclined to think from the limited experience I have had in these cases, that the prevention of air entering the cavity of the chest is almost impossible, and that as to the chances of cure, it is immaterial whether it does or not. As to time of operation—after a fair trial at medication, and being convinced that fluid is there, it should be removed. The first case was delayed far too long.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—In your issue of 1st Sept., 1879, an article appears under the title of "The British Medical Council." I desire, with your permission, to discuss the position assumed by the Privy Council of Canada, and the College of Physicians and Surgeons of Ontario, with reference to the qualifications of medical men who may be desirous of practicing in the Dominion. It strikes me with painful surprise, that, in discussing the laws affecting the medical profession, these two important bodies should have lost sight of the broad question of the rights and wants of the public. All legislation bearing on the subject of medical aid to the public must be conceived in the interest of the general community, and not merely in that of the medical profession. Were it not so, the public would be the servants and property, almost, of medical men. Surely this would be a reversal of the order of things!

In the preamble of the Medical Act of 1858 it is clearly laid down that the object of the Act is the protection of the public from persons falsely stating that they are duly and legally qualified medical men. The law was not conceived in any spirit