

the nipple. Forty-two ounces of clear, pale straw-coloured fluid were drawn off. Towards the close of the operation the apex of the heart was felt to strike once or twice against the needle but it ceased on placing the needle more horizontally. It is here worth stating, especially from a practical point, that for cases of paracentesis the needles of the aspirator might with advantage be graduated. At times it is extremely difficult to estimate how far the needle has penetrated, as it was in this case, where there was a considerable amount of external œdema.

The patient expressed himself as easier after the operation, but it was not till some hours after that there was any marked improvement.

On April 29th the patient looked much better; the face was of a better hue, breathing much easier, and he could lie on either side or on his back. Respiration 50 per minute; pulse feeble. Dulness over base of left lung diminished, and not extending so high upwards. Respiration over same region much more audible, with some moist sounds. Area of heart's dulness definable, sounds not so audible as immediately after tapping. On April 30th the improvement was much greater, the pulse was much stronger, and the general anasarca had gone down a good deal. On May 2nd he said that he had slept but little the last two nights, on account of continued coughing, but the next night he slept much better. On May 3rd he could lie on either side, but said that if he did so he must be well over on his face, but he preferred lying on the left side. Heart-sounds indistinct; lower extremities more œdematous.

From this time he continued to improve, and on May 31st the dropsy had entirely disappeared and the heart's apex could be seen and felt beating about an inch below the left nipple. The area of dulness was definable and greatly diminished; the sounds were louder, and an indistinct bruit, apparently louder towards the base, but not carried up along the large blood vessels, could be heard. There was still a line of dulness posteriorly at right base, where also the respiration was feeble. After this he sat up daily, but if he made any exertion he suffered at once from dyspnoea, and palpitation. The heart's beat was less distinct and was more to the outer side of left nipple than before; sounds irregular and confused.

On July 6th he was discharged as an out-patient, much improved, and able to move about more freely.—*Lancet*, Jan. 8, 1876.