

fainted. The diarrhoea continued, and, in the hope that it might promote absorption of the effusion, I made no attempt to check it.

June 18th. I resolved to operate, and was assisted by Dr. Sutherland. To decide upon a suitable situation for the opening was a great difficulty. The point generally adopted, and first recommended by Dieulafoy—viz., in the fifth intercostal space and one inch to the left of the sternum—was in this case unsuitable; for in that situation the heart-impulse could be most strongly felt. No part appeared more prominent than another, and the difficulty was further increased from the fact that the patient was nursing her child, and the breasts were consequently large. A point, one inch below the nipple, and close to the lower margin of dulness, was at length fixed upon; first, because no heart impulse could be felt there; and, secondly, because it was at the most dependent part of the pericardial cavity. The patient was placed in a semi-recumbent position; chloroform was very cautiously given, and the mamma was held up out of the way. I then made a preliminary incision through the skin, and dissected down carefully between the ribs. No impulse being felt by the finger in the wound, I pushed a moderate-sized aspirating-needle through the remaining tissues; and, feeling that I had entered the cavity, withdrew the stilette. A few drops of greenish-looking fluid escaped; but it appeared impossible to get it to run freely, even after applying the aspirator. Just as I was preparing to enlarge the opening, for the purpose of introducing a tube, the fluid began to run freely; and, on the patient drawing a full breath, it escaped in little jets. After persevering for some time, the cavity was emptied; the dull area over the heart was reduced to its normal size, and the patient, though extremely weak and inclined to faint, was very greatly relieved. The fluid withdrawn measured thirty-two ounces; was of a greenish colour, resembling bile, and tended to coagulate on cooling. Shortly after the operation, she could lie down with comfort on either side, and draw a deep breath without inconvenience. The pulse fell to 100, and became more firm and regular.

June 19th. She had had a comfortable night, and felt very much better. The dulness over the lower lobe of the left lung had become less, and

the respiratory murmur was returning to its natural character.

June 25th. Diarrhoea, which had for some time been a prominent symptom, had stopped. The area of heart-dulness was evidently increasing, and with it the other symptoms, which indicated an accumulation of the fluid. Iodine was applied over the præcordia, and a pill containing one-sixth of a grain of elaterium given at night.

June 27th. The elaterium produced copious watery discharges, which were followed by a marked diminution of the area of dulness, and a great improvement in the breathing.

June 30th. Her condition had so much improved as to permit her going to her home in St. John. Up to the present time (August 30th), she has continued to improve. She can walk more than half-a-mile without inconvenience, and has gained strength. Dr. Bayard, of St. John, who kindly examined her a few days ago, states that the fluid has not returned, but the endocardial murmur is still to be heard.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—One would imagine from the summary manner in which Dr. Rogers was compelled to produce his credentials that the Medical Board of New Brunswick would surely keep an eye on anyone attempting to practice in the Province without the necessary qualifications as set forth in the new Medical Act. Such is not the case, however. A gentleman from P. E. Island, who studied and graduated in Bowdoin College, Maine, U. S., is now practicing in the vicinity of Cape Tormentine. The Act specifies that no American graduate, as such, can practice until he shall have passed a successful examination before the Provincial Medical Board. It further sets forth, that any one attempting to practice without complying with said law shall be prosecuted, fined, &c. &c. Now, this gentleman is a graduate of a second-rate College, and he has not passed any examination before the Board as the Act specifies. How is this? Has he, the possessor of an illegal qualification, been allowed to register on the same terms as a graduate of Edinburgh, McGill, or Trinity? Surely not! But, if so, there must be favouritism and corrup-