

day, and remained so. The wound was cleansed daily with hydro-naphthol solution; none entered the cavity of the pericardium; but the space between the pericardium and chest wall required washing out, and at each dressing, airol was freely dusted in. The drainage tube entered about 2 inches into the pericardial sac. After removing the dressings, a continuous puffing in and out of air through the chest opening occurred, caused by the heart's movement, which could be readily seen. The discharge gradually ceased, and by the 1st June had almost entirely stopped. The tube was shortened from time to time, the cavity gradually closing after it. There was a keen tendency for the outer wound to heal, which required firm packing with the sublimated gauze to prevent it. The phonendoscope on the left side revealed one preponderating sound only, the puffing through the opening in the chest. There is dullness in the infra-axillary and infra-scapular regions; respiratory sounds very indistinct in the same region.

On the 11th of June the tube was removed, and a small piece of sublimated gauze placed in the outer wound daily, to allow the cavity beneath to fill out before the intercostal opening closed. By the end of the month the parts had entirely healed, and, on July the 3rd, all dressings were finally removed. P. 132, R. 24, T. 98 2-5°. Heart sounds now clear, but distant in character. The patient has been taking, since the operation, Iron Quinine and Stychnine, and has steadily improved and gained in weight, and presents a marked contrast to the emaciated condition which obtained at the time of operation. He has been walking about the room for about a week; the ankles are very much swollen each evening; this gradually disappears during the night. In about three weeks this ceased entirely.

Although not bearing on the case, it may be noted that the patient passed through a subsequent attack of pneumonia from July 30th to August 7th, 1897, the consolidation occupying the lower and middle lobe of right lung.

At the present time (Oct. 15th, 1897)—as you may ascertain by examining the patient—he is in a fairly normal condition, and weighs more than before he became ill. There is an appreciable dyspnoea on exertion, and when talking