surprised at finding such a large number of valuable works obtained within so short a time.

We hope our Provincial Board will have similar success.

Correspondence.

To the Editors of the PRACTITIONER.

Gentlemen,—In your last issue I noticed that your Winnipeg correspondent makes a very sensible suggestion, namely, "That there should be either a Dominion Board of Examiners, or an amicable agreement between the present Councils, so that a license from one shall be valid in all the provinces." In this province (B.C.) we have not yet organized a council, although much needed. The present Medical Act in existence here is inadequate and unjust to Canadian and British graduates. What we want is, as suggested, an Examining Board for the Dominion, thus placing all the provinces on the same footing.

It may be that at the next sitting of our Local Legislature an Act will be passed similar to those existing in the Eastern provinces. On the system of retaliation which is going on there, we will have to do likewise to prevent others practicing except licensed by our own Board.

By having, as proposed, a Dominion Board of Examiners, a great expense, trouble and prejudice would be done away with, and at the same time place the younger provinces on the same footing with the old, the standard of examination being uniform. Hoping that these suggestions may take more of a reality,

Yours, &c., G. L. M.

Victoria, B.C. Sept. 19, 1884.

Hospital Notes.

TORONTO GENERAL HOSPITAL.

DISSECTING ANEURISM OF THE THORACIC AORTA.

(We are indebted to Dr. J. M. Cochrane for the report of this case.)

J. C——, admitted to hospital June 14th. The patient, an old man of about 60, on being admitted appeared to be suffering from great oppression in breathing, and complained of an indefinite pain in the back.

The pulse was very weak and slow, the radial being with difficulty counted; the heart sounds very confused, but no distinct murmur could be ascertained with either of the sounds, which seemed to be distant and muffled.

Percussion and auscultation caused so much pain to the patient, and signs of imminent collapse coming on, a somewhat hasty and provisional diagnosis of pneumonia, with pleurisy on the affected side, was made.

It was also ascertained that the heart was much enlarged, and was probably oppressed with copious effusion into the pericardium.

Measures to relieve these symptoms were at once taken—the whole chest being enveloped in a poultice, and cautious doses of diaphoretic and sedative remedies were given. These afforded a good deal of relief, but there was no permanent improvement, and the patient gradually sank, and death occurred about forty hours after admittance to the hospital.

A post-mortem was made a few hours after death.

Internal appearances:

Right Lung.—Generally healthy, but in the apex and in the lower margins some œdema was found; there was some effusion into the pleural cavity, and the lung substance seemed to have been compressed towards the back part of the chest.

Left Lung.—The substance of this lung was almost solid, the bulk being very much reduced. It had been pressed into the upper and back part of the pleural cavity, and was in some parts attached to the walls by old inflammatory adhesions.

Heart.—The pericardium was distended with serous effusion, the heart was much enlarged and fatty, the walls were hypertrophied, and in their substance patches of calcareous deposit were noticed.

The valves, especially those of the aorta, were thickened and calcified, rendering closure incomplete. In the arch, plates of deposit were found on the inner surface. At the commencement of the descending portion of the arch on its outer aspect complete dissection of the coats had occurred for about six inches of its extent; openings through the inner and the outer coats at points not corresponding were seen; they