

and then it stings for some time. The tongue slightly coated, the bowels regular. Has had cough for two years or more ; worse at meal-time, probably indicating some irritation in the upper air passages. Expectorates large quantities. Streaks of blood have been noticed in the sputa during the last few days. The family history unimportant. Patient has had measles, whooping cough and malaria. Three years ago lost flesh from no apparent reason. He was weak and feverish. He complained of pain in his shoulders. This was six weeks after he had the measles. Six years ago had dropsy from no apparent cause. On the nasal septum and the tips of the inferior turbinated bones there are small greyish-white nodule pimples, like bubbles of mucus. They are also seen on the soft palate where the anterior pillar joins the uvula, and on the epiglottis. The resonance in the chest is not very good, but no lesion has been located. The mother says boy's flesh seems predisposed to sores. When vaccinated two years ago it was found difficult to get the wound to heal. Patient went to the country for three weeks. Came back with sores on calves of the legs, which were difficult to heal. The spots on the cheek vary in size from sago to split bean, which on superficial palpation cannot be felt, but on deeper palpation give a modular feeling. Some spots are covered with desquamating epithelium, and some of them are sunken in the centre. There are no characteristic apple jelly nodules. The nodules on the leg form a somewhat serpiginous outline. The age of the patient pointed to lupus. The lesions of the membrane would likely have ulcerated ere this had they been of a specific nature. The line of treatment suggested was that of scraping the nodules of the skin, cauterizing those of the mucous membrane, and administering fats. Iodide of potassium had been given six weeks with no effect.

Dr. CARVETH referred to a case he had seen some years ago in which the nodules had been scraped, and burnt with a thermo-cautery. This was followed by a similar treatment in St. Catharines, to which place the patient had removed. When Koch's lymph was introduced patient was given injections with no appreciable benefit. Patient seemed as healthy and strong as ten years ago.

Pleuro-Pneumonia.—Dr. A. R. GORDON read a paper on Pleurisy with Pneumonia, followed by Empyæma. J. M., aged 53, band sawyer. Patient was taken ill June 19th, 1894, suffering from pain in the right side. Had been in poor health for some time ; had slight chill at commencement of the attack. When seen the following day his temperature was 103.8, pulse 98, respiration 54, short and catchy. Diagnosis of pleurisy and pneumonia over the right lower lobe.