became purulent; rapid and extensive destruction of the joint followed.

Mitral disease developed in two per cent. of the cases.

A purulent discharge from the vagina occurred in two young children during the fifth week, which disappeared in a few days.

A distinct relapse occurred in one case at the end of the first week of convalescence.

The whole course of the second attack was very severe, while the primary attack was very mild.

Ten per cent. of the cases treated died, the causes being as follows:

Nephritis, two deaths; ulcerated condition of the throat with involvement of the glands and pyæmia, five deaths; diphtheria, one death; pneumonia, one death; and one death due apparently to the intensity of the poison.

All but one death have occurred among young children, though fully 25 per cent. of the patients have been adults.

The adult who died was a chronic drunkard.

Tabulation of Cases.

Mild	40
Moderately severe	29
Severe	31
	100

Complications.

Well marked inflammatory enlargement of the glands of the neck	19
Acute nephritis	8
Otitis media	6
Diphtheria	4
Severe arthritis simulating acute rheumatism	3
Mitral disease	2
Pneumonia	1
Relapse	1

Deaths.

Malignant scarlatina	1
Acute nephritis	2
General pyæmia	5
Diphtheria	1
Pneumonia	1
	10

Discussion.—Dr. E. P. LACHAPELLE referred to the severe epidemic of scarlatina now going on in Montreal since October last. The reported weekly mortality was at present 20 to 30, but the real mortality was much larger, as a large number of cases were improperly certified. An inspection made by the Provincial Board of Health showed that the medical profession was mainly responsible for this unfortunate state of affairs, as it was impossible for the health authorities to do anything unless they knew of the cases. In Montreal, two-thirds of the physicians never report cases of infectious disease at all. Whether this was because they do not think of it, or do not care, or object to do it, the result is very bad. No one has any doubt to-day as to the contagiousness of scarlatina or the duty of medical men to report cases, if the heads of families, who are also responsible, neglect to do it. If only a few men report, they suffer in consequence. If the profession are lax in regard to one contagious disease, they will be so in regard to others. The public is at the mercy of the physician. He hoped the Society would pass resolutions insisting upon the necessity of all cases being reported.

Dr. LAFLEUR said that he always reported such cases as soon as a diagnosis was made, but that many days often elapsed before the house was placarded.

Dr. ALLEN mentioned a case where he had attended a patient in a boarding house. Upon the statement of a member of the household, the board of health disinfected the house and removed the placard, although the patient went on desquamating for two weeks subsequently.

Dr. JOHNSTON thought there were too few physicians in the staff of the City Health office. Most of the disinfection and visiting appeared to be left wholly to sanitary policemen without any supervision, hence mistakes were often made. Work of this kind should be carried out under medical direction.

Dr. KENNETH CAMERON stated that his experience in this epidemic had changed his previous opinion that scarlatina is a mild disease. His first case was one of the hæmorrhagic form, and was fatal in 6 hours. He thought the infection was largely spread by mild cases which were not diagnosed. He had seen several instances in school children in whom the occurrence of dropsy had first drawn attention to the real nature of the case.

Dr. BULLER estimated from the statement made by Dr. Lachapelle, that there must be 500 cases occurring weekly. This probably would give one or more cases in every street in the city. He would advocate stopping the whole public school system, and so calling public attention to the necessity of providing some proper means of quarantining cases. The supineness of the local health board could only be overcome by taking strong measures such as would arouse public indignation.

Dr. MCCONNELL stated that the local health board was not blameless; as for scarlatina patients, there was no other provision for conveying them to hospital than the public cabs Children were allowed to return to school within two or three weeks from the commencement of an attack. The health officer should see to it that such does not occur within at least six weeks. He had little faith in the utility of sulphur fumigation when clothing and bedding were not disinfected by heat. Much can be done to prevent the spread of the disease through a building by the floating particles of cuticle, if antiseptic ointments were used during the period of desquamation. Creolin, carbolic acid, salicylic acid and resorcin may be used; the latter has