

of keloid by friction with sand ; that the mode of operating by transplantation without pedicle was that developed by Wolfe, of Glasgow ; and that no keloid had formed on the arm as a result of the removal of the flap.

Dr. Zimmerman reported a case of malignant disease in a compositor. (Appears in this issue.) Dr. Zimmerman said the disease was rare in the supra-renal capsules, especially in one alone, and it would be interesting to know if the capsule had been primarily diseased in this case. In reply to Dr. Cameron, he said the frequency of malignant disease of the pelvic tissues in young people might be due to great activity of the sympathetic.

Dr. Graham reported a case of abscess of the tongue. It was the first case he had seen. Drs Workman and Machell had seen cases.

Dr. Graham reported a case of a child, aged three years, with symptoms resembling those of leucocythemia. Splenic dullness was increased ; the red corpuscles about $\frac{2}{3}$ normal number ; and white corpuscles in proportion of 1 to 20 red ones. No history of ague. The case might be anæmia, with splenic and glandular enlargements.

Dr. Cameron said he saw one exactly similar two months ago.

Dr. Graham reported a case exhibiting symptoms of bulbar anæmia in a man aged 48. The man had for years devoted himself closely to business, and suffered from debility in consequence. He went to Europe last spring, and on the voyage was seized with an attack of dyspnœa ; another in London. On Oct. 5 Dr. Graham was called hurriedly at night to see him. He had awakened with another attack. In this there were a number of superficial respirations, followed by a deep one. No chest symptoms. Next day, while receiving an application to the throat, was again seized. No spasm of vocal cords during this seizure. Memory is failing ; he has become very emotional ; is very temperate ; no venereal history ; urine normal ; no optic neuritis.

Dr. Cameron inclined to the view that tumour of the brain was the cause. Such symptoms might arise from a form of epilepsy.

Dr. Reeve said the absence of optic neuritis did not exclude tumour of the brain, as tumour may exist for years and neuritis only develop a short time before death.

Dr. Graham exhibited pulse tracings from a case of aortic regurgitant disease in a fish pedlar. No symptoms till two weeks ago. He was passed a short time ago for life assurance. He believed the case one of idiopathic endocarditis. (See clinic in this issue.)

Dr. McPhedran reported a case of hemiplegia in a man aged 28, due apparently to embolism. The heart is normal ; no history of inflammatory rheumatism or syphilis.

Dr. Graham then read a paper on Lupus, giving the history of six cases, illustrating the different varieties. He believed *L. Erythematous* and *L. Vulgaris* to be similar in pathological character, the difference being due to the seat of the deposit. Prognosis always bad.

Dr. Cameron adopted the view of Friedländer that the two forms of Lupus are distinct pathologically. He advised treatment by oblique linear scarification or erosion, to cut off the blood supply, followed by application of iodoform and pressure.

Dr. Workman brought to the notice of the Society the desirability of establishing a registry of nurses for Toronto. Owing to the lateness of the hour the subject was deferred till next meeting. (See Editorial.)

Miscellaneous.

CLOSURE OF SCHOOLS OWING TO PREVALENCE OF ZYMOTIC DISEASES.

The conclusions of a paper on this important subject, read at the last meeting of the British Medical Association, by Mr. H. Page, M.R.C.S., S.Sc.C. Camb., Ex-Med. Officer of Health, Redditch Urban Sanitary District, are as follows :—

1. Where there is no compulsory notification of infectious diseases, it is necessary to close schools, as soon as it is evident that they are acting as centres of infection ; but that

2. Where there is compulsory notification, and the knowledge so acquired is efficiently utilized, and its necessary adjunct—proper means for isolation of cases, that is, hospital accommodation—exists, the control of zymotic diseases is so complete, and the consequent protection of schools from the introduction of contagion so efficient, it is extremely seldom that it is necessary to require their closure.