

both, one hundred or more years ago, to the present, when it is acknowledged an essential fever.

Dr. Cameron preferred the name Rubella, as suggested by the American Dermatological Association. He said there had been an outbreak of rubella at the House of Providence during the past summer, and continuous with it another of measles. There were no deaths in the former but a large number of cases had terminated fatally in the latter.

Dr. Graham said an outbreak of rubella occurred in Brampton in 1872, and was described in an article in the *Canada Lancet* by Dr. Heggie. This was a year before the first outbreak in New York, which Dr. J. Lewis Smith stated occurred in 1873, as given in the paper just read.

Dr. A. H. Wright said a wide-spread epidemic occurred in Colborne, Ont., during the second year he was in practice, and had given much concern to the practitioners in that district. He thought there was great difficulty in diagnosis owing to the varying character of the symptoms.

Dr. Oldright said outbreaks of what was called "hybrid" measles and scarlet fever by the leading physicians, occurred in Toronto during 1863-65.

Dr. Temple said an outbreak had occurred in one of the ladies' schools during the recent epidemic, and asked the opinion of the Society on the advisability of closing the school.

In reply, Dr. Cameron said he thought the school should not be closed but quarantined, as the poison being disseminated in the early stages of the fever would be carried home by the ladies if the school was closed.

Dr. McFarlane said he had some very severe cases during the recent epidemic, one child having died. In this case the rash came out quickly all over the body; was abundant, bright colored at first, but became darker in a few hours. The child died exhausted. He believed the disease was most likely confounded with scarlet fever.

Dr. Nevitt agreed with Dr. A. H. Wright as to the great difficulty in making the diagnosis in many cases.

The Society then adjourned.

(Regular Meeting, October 5th, 1882.)

The President, Dr. George Wright, in the chair. Dr. Spencer showed a woman with an eruption, probably syphilitic, chiefly on the face, neck, and forearms. Treatment had not been followed by much benefit. Dr. Cameron advised giving iodide of potassium in much larger doses than had been given.

Dr. A. H. Wright showed fractured os innominatum and spine. (See report in this issue.)

Dr. Nevitt showed an exostosis removed from the unguis phalanx of the great toe of a young girl.

Dr. Macdonald reported a case of epithelioma of the uterus and vagina in a woman, a farmer's wife, aged 60. Symptoms first showed themselves last April in a bloody vaginal discharge, lasting for a day or two, and recurring from time to time. No pain or hydrorrhœa. He removed as much as possible of the growths, to mitigate symptoms and prolong life.

Dr. Nevitt said he had a similar case at present under his care. He was applying the fuming nitric acid, much to the relief of the patient. Both pain and hydrorrhœa were marked.

(Regular Meeting, October 9th, 1882.)

The President, Dr. George Wright, in the chair. Dr. Holmes was elected a member of the Society.

Dr. Reeve exhibited a patient illustrating the treatment of Ectropion by transplantation of flap without pedicle, and gave an elaborate description of the various steps of the operation. The case was a marked example of cicatricial keloid resulting from a burn. The upper lid had been treated by transplantation two years ago with the most satisfactory result. The operation on the present occasion was for the restoration of the lower lid. The extent of raw surface made was 25 x 15 mm., and a flap 65 x 40 mm. was transplanted from the inner side of the arm. The operation was performed three weeks ago, and the flap had united perfectly. This was the fifth case operated on by Dr. Reeve, of which four were completely successful. In answer to Dr. Cameron, Dr. Reeve said he had not tried treatment