Dr. ADAMI pointed out the absence of any certain demonstration that the tubercle bacilli form spores. There can, however, be little or no doubt that these microbes have a resistant form very tenacious of life. Old tubercular foci may be examined with the greatest care, and no bacilli be discovered, but the same material injected into the guinea pig will cause definite and generalized tubercular lesions. As to the action of phagocytes upon tubercle bacilli, much depends upon the virulence of the latter. Often the bacilli can be seen within the giant cells, presenting changes in appearance which are only explicable on the assumption that they are being destroyed; but along with these one sees others that stain well and show no departure from the normal. These we may look upon as being alive and active—although this need not necessarily be the case, for, as Prudden has demonstrated, recently killed bacilli may take up the stain with readiness.

Stated Meeting, January 20th, 1893

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

Band of Adhesion between the Cervix Uteri and the Vagina.—Dr. J. A. SPRINGLE read the report of a case.

Dr. SMITH has had many cases, in the Montreal Dispensary, of women between 40 and 60 years of age suffering from cicatricial bands between the cervix and the vagina. Such adhesions are not seen so frequently in younger women, more gentleness being now employed in obstetric practice than formerly; or, perhaps it may be that in the old days the head was left much longer pressing on the cervix and vagina, causing destruction of tissue. Pozzi in his new work on Gynæcology devotes several pages to these bands. They may interfere with labor so much in some cases, that it is considered necessary to induce premature delivery.

Anomalous Cases of Diphtheria—Dr. H. S. BIRKETT read a paper on this subject, and Dr. JOHNSTON related the results of the bacteriological examination.

DISCUSSION.

Dr. PROUDFOOT said that he has often had cases where it was difficult to decide whether or not the disease was diphtheria. He had a case in his practice very similar to Dr. Birkett's. A boy ten years of age was treated for a purulent inflammation of the ear following measles; a membrane formed in the nose and was removed, but was not followed by any other. It only occurred on one side. The child did not complain of any unusual symptoms, except the general malaise following measles, from which he was recovering very well.

Dr. MCCONNELL said that these cases form another instance illustrating the great advantage of the bacteriological methods of diagnosis. He urged the surgeons to bear in mind the utility of serum, and to save it for bacteriological investigation. In many cases we have no other means of diagnosis. In the present case he thought that if Dr. Birkett had seen them a little earlier he might have observed some slight elevation of temperature. He had seen such cases—little fever the first day, and the next day the fever is completely down. It seems rather odd to have the diphtheria bacilli growing, without at least producing some poison.

Dr. MAJOR thought that anomaly was the rule in diphtheria; at all events, you cannot lay down any hard and fast rules as to its course, local and constitutional. Secondary nasal diphtheria is one of the most fatal forms; primary nasal diphtheria, on the other hand, is not only mildly contagious, but the septic influence is almost altogether wanting. When primary it confines itself principally to the nasal passages, seldom extending into the nasopharynx, still more rarely into the larynx, and glandular enlargement is the exception. In most cases the membrane is confined to one side of the nose exclusively, reforming as fast as it could be developed after removal, the health of the parts influencing its renewal. He cited the case of a child from whom he had previously removed a tonsil, the cicatricial tissue was free from exudation, while every place around it was covered. It would seem that the degree, or an excess, of the blood supply in the part largely regulated the region where the membrane may develop, and also the development of the disease in the individual. In regard to the Klebs-Loffler bacillus, the clinicians should not throw themselves into the arms of the bacteriologists. Who is going to correct the bacteriologist, for all know how liable they are to be mistaken at times? He thought that it would be a great mistake to neglect good classical symptoms in favor of any theory that might be arrived at by a bacteriological examination.

Dr. FOLEY asked whether erythematous rashes were common in diphtheria. He had heard of such a case the other day, where a profuse desquamation of the neck followed diphtheria.

Dr. MILLS thought that the most important conclusion from Dr. Johnson's researches is to confirm the views held as to the infection of diphtheria. The poison apparently must have been formed but not absorbed. It seems that the difference in the resisting powers of certain individuals to infectious disease does not lie altogether in the serum. Pathologists will have to abandon the narrow ground of the serum alone and take in the