

nette, gave notice of motion, "That 50 per cent. of the fees collected in each judicial district be handed over to any medical societies now existing, or to be founded."

Dr. Brosseau made his report on the conference lately held at Ottawa, with the delegates, from the Ontario Medical Council, on the subject of reciprocity in granting licenses.

A letter was read from Rev. Mr. Laflamme, on behalf of the Examiners, recommending that the questions be printed. A committee was formed for the purpose of having the recommendations carried out, consisting of Drs. Cholette and Cartier. The meeting then adjourned.

## Progress of Science.

### THE BACILLUS OF DIPHTHERIA.

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(Read before the Montreal Microscopical Society, October 21, 1891.)

In none of the departments of pathology are such advances being made as are to be noted in that of Bacteriology. The generally accepted belief, that all infectious diseases originate from some micro-organism, is being constantly confirmed by the discovery of one after another of the specific causes, and even our knowledge of diseases which were not suspected to depend on such bodies is being illumined by evidence discovering them as important factors in their evolution. These discoveries are placing the practice of medicine on a more scientific basis, and point to rational methods of treating the specific infectious diseases, which constitute nine-tenths of those we have to deal with, and we now behold the dawn of the period when empiricism will be replaced by effectual dealing, through scientific means, with this class of diseases. The work of Loeffler in regard to the specific cause of diphtheria can be considered only slightly less in importance than that of Koch in regard to cholera and tuberculosis.

The disease Diphtheria, under various appellations, has been recognized by observers in early historic times and through the centuries of the Christian era. *Ulcus Syriacum* and *Ulcus Egyptiacum* are among the names by which it was designated. Its first recorded appearance in America was during the 17th century, about the year 1659. It is mostly a disease of childhood, and is one attended with a considerable mortality when it is not arrested by efficient and prompt treatment. It is almost

constantly present in this and other large cities. Its contagiousness has long been recognized, the most liable to it being those not in sound health and suffering from catarrhal affections of the throat and nose. The infectious material may be conveyed in various articles of food, clothing or furniture and the like, which have come in contact with the patient. The disease may develop in from twelve hours to one or two weeks after exposure to the contagion.

The characteristic feature of the disease is the development of a pseudo-membrane on the mucous membranes of the body, usually on that of the sides and back of the pharynx, and also on wounds and abrasions. The membranous deposit is chiefly fibrinous exudation and changed epithelium, leucocytes, and a great variety of micro-organisms.

There is fever, prostration, and swelling of the tissues and glands in the throat region. The patches—small at first—increase in size, and where a number exists coalesce; may be only on one side, and extend later to the other. Sometimes it extends down to the larynx, constituting one of the most fatal diseases to which children are liable—diphtheritic croup—and may extend even into the bronchial tubes. The affection may last two or three days or a week or two. One attack does not apparently engender immunity from subsequent ones—in some cases it increases the liability to the disease, owing to the abnormal condition of the throat which results. In a certain proportion of cases during convalescence, paralysis of various groups of muscles occurs.

Until recently, diphtheria has been considered by most observers to be a constitutional disease, and the membrane a local manifestation. Others have regarded the local exudation as the beginning of the attack, the constitutional symptoms being a secondary event, and it is only within the last year or two since the establishment by numerous observers of the undoubted causal relation of the Bacillus discovered by Klebs in 1883 and Loeffler in 1884 that the latter view is becoming more generally accepted as the correct one.

I will endeavor to state very briefly what is known of the Bacillus, and indicate the improved position we now occupy through this knowledge, in regard to the nature of the disease, and to offering more rational and effectual indications for combating its depredation.

Although first recognized in 1883 by Klebs, Loeffler in the year following gave the results of his extensive investigations, which were carried out according to modern methods, and declared his bacillus to be the cause of Diphtheria, and his statements have been confirmed and amplified by numerous competent observers, and there is now no doubt but that Loeffler's Bacillus is the true cause of Diphtheria.