Two years later we find that Australia appears for the first time. contributing three branches to the Association. Since then 36 more branches have been added, making a grand total of 65, with a collective membership of nearly 17,000. Of the branches 27 are Indian and Colonial. Doubtless before long those portions of Africa which are now becoming rapidly civilized will also add their quota, so that it is possible that within the lifetime of all present the British Medical Association will be represented wherever the British flag flies. As Nova Scotia is always to the fore in matters intellectual, it is not surprising that the first Canadian branch of the Association should have been formed in Halifax. It was started in 1887, four years ahead of Montreal, Toronto, Manitoba and British Columbia. Canada has now seven branches, the Ottawa and Quebec branches having been formed within the last year. The formation of the Manitoba, Toronto and Montreal branches was the immediate result of the visit to this country of Mr. Ernest In 1891, Mr. Hart, who has been editor of the British Medical Journal since 1867, and who has been well and truly described as the pivot on which the machinery of the whole Association revolves, passed through Canada in that year, and addressed en route the members of the profession in Winnipeg, Toronto and Montreal. Of the Manitoba branch, which began with 25 members, Dr. Ferguson was nominated as president, and Drs. Thornton and In Toronto the branch also began with Lamont as vice-presidents. 25 members, Dr. Macallum being nominated president, and Dr. Thistle, honorary secretary. In Montreal the meeting was largely representative in spite of the short notice given, and 26 members of the profession at once signed applications for membership. officers nominated were: President, Dr. (now Sir William) Hingston; first vice-president, the late Dr. George Ross; second vicepresident, Dr. Jas. Perrigo. The members of the Council were: Drs. Roddick, F. W. Campbell, and Geo. Wilkins. In the course of a very happy speech made on this occasion by Mr. Hart, he remarked that he looked forward to the time when the Canadian membership would be large enough to invite the Association to hold a meeting in Canada; and he hoped that the first meeting held outside the limits of the British Isles might be held in this country. Little did we think at the time that Mr. Hart's hopes would be so quickly realized. But the idea has ever been present with us, and those who subsequently attended meetings of the British Medical Association in England have lost no opportunity of advocating the claims of Canada, and especially of this the metropolitan city of Canada, as a place of meeting for the Association.

One of the secrets of success of the British Medical Association is that it makes no distinction in the treatment of its members. Colonial members have all the privileges of the British members, and are always warmly welcomed at the headquarters in the Strand, and at the annual meetings. The Association has a large reserve fund of £40,000 sterling, which is the joint property of the members, to be used for public or professional purposes, and any suitable applications for grants for medical research, whether from British

or Colonial members, always receive attention.

A gentleman to whom the Association is greatly indebted is Mr. Francis Fowke, who was appointed Secretary and General Manager