ovary, so these tumors arise from similar ingrowths in later life; and Malassez has seen such ingrowths from the surface, resembling a cylinder epithelioma. On the other hand, Ritchie states that he has observed the ovum or its remnant in the smaller cysts of a multilocular tumor, and these smaller cysts, like the Graaffian follicles, have limpid contents; while Galabin has seen processes similar to cylinder epithelium starting from Graaffian follicles, and not from the surface. There is, it appeared to Dr. Adami, no inherent improbability that the adenomatous growth should start from the adult (glandular) follicles, just as adenoma or carcinoma of the mammary gland is supposed to start from adult gland tissue in the mamma.

The matter might seem to be one of minor import, for the same original epithelium is implicated in both cases, the only question being as to the stage of development reached by that epithelium at the moment when the tumor begins to form. Nevertheless, it is one that has been much discussed, and a series of examples, such as those brought before the Society, might serve to start and illustrate a discussion on the subject.

Dr ALLOWAY, commenting on "Case I" of the series just discussed by Dr. Adami, said that since her last childbirth, 11 years ago, when she had puerperal fever, she suffered from pelvic pain, so severe as to almost incapacitate her for work; and that this history led him to suspect that she had wholly inflamed and adherent ovaries and tubes, and that there was also pus, possibly in an inspissated condition, in the tubes. He was pleased to find such was the case. In the operation he found great difficulty in separating the adhesions, which, from their density, must have been there for years. He ligated the tubes close to the uterus, where they were not inflamed. Good recovery.

Case II was a subperitoneal fibro-myoma, which is much more common in the negress than in the white woman. The uterus was in ante-version, somewhat enlarged (9 centimetres in depth), but not sufficiently so to produce much hemorrhage. The fact of the tumor being entirely separated from the uterus simplified the operation; it was only connected to the uterus by a ligamentous band, which was covered with peritoneum,—in fact, by a sort of mesometrium. To cause the complete disappearance of all the symptoms, he thought it better to bring on the menopause, and, to do this, adopted Tait's operation—the removal of the appendages. This, where the uterus is not very much enlarged, is adequate, safer, and, therefore, a better operation than total extirpation. The tubes were found, on pathological examination, to be chronically inflamed.

CANADIAN MEDICAL ASSOCIATION.

A good many years ago it occurred to some of the members of the profession in the Dominion that there should be a way of forming a closer bond of union among the doctors in all the provinces. With that object in view, a Medical Conference was called, with delegates from each of the provinces, to consider the matter. They met in the Hall of Laval University, Quebec, on Wednesday, Oct. 9th; Dr. James Arthur Sewell, President of the Quebec Medical Society, was in the chair; Dr. Alfred Belleau acted as secretary.

After some preliminary business had been transacted, Dr. Wm. S. Harding of St. John, N.B., moved, seconded by Dr. Wm. Marsden, Quebec, Q.: "That it is expedient for the Medical profession of the Dominion of Canada to form a Medical Association, to be named the Canadian Medical Association."—Carried.

A nominating Committee was appointed; they brought in a report, which, after some discussion and one or two amendments, was adopted, the first officers of the Association being:—

President: Hon. Charles Tupper, C.B., Halifax, N.S.

Vice-Presidents: For Quebec, Dr. Hector Peltier, Montreal, Q.; N.S., Dr. R. S. Black, Halifax, N.S; N.B, Dr. LeBaron Botsford, St. John, N.B.; Ont., Dr. E. M. Hodder, Toronto, Ont.

General Secretary: Dr. Alfred G. Belleau, Quebec.

Local Secretaries: For Quebec, Dr. W. H. Hingston, Montreal; N.S., Dr. Jas. R. De Wolf, Halifax, N.S.; N.B., Dr. W. S. Harding, St. John, N.B.; Ontario, Dr. Wm. Canniff, Belleville, Ont.

Local Treasurer: Dr. Robert Henry Russell, Quebec.

Thus commenced an organization, the value of which cannot be over-estimated by the profession of the Dominion.

Since these large and successful provincial societies have sprung up, it has been thought that the work of the Canadian Medical Association had been completed.

Fortunately for the profession generally, this has been held by but a limited number, and up to the present all attempts to curtail its usefulness have failed. During the last few years there has been much enthusiasm over the meetings, and attendance has been large. Next year the meeting will be held in St. John, N.B., some time in September; and if united effort can do anything, the members of the profession in the Maritime Provinces intend to make this one of the most successful meetings the Association has ever known.