

have to be provided for in some way, the details of which can only be decided by persons thoroughly conversant with the workings of our criminal law. Furthermore, the abolition of the office of coroner does not appear to your Committee to be absolutely necessary in order to secure the necessary medical reforms. All that is really necessary is to do away with the medical functions and responsibilities of the coroner and to make the office a purely judicial one, only dealing with those cases where there are definite grounds to suspect death from violence or negligence, and these grounds are either strengthened or not removed by the examination of a medical expert.

We would therefore recommend :—

1. That salaried medical examiners be appointed to investigate all deaths occurring under circumstances calling for medico-legal investigation under any Act, and that these officers be given authority to make such medical examination of the body as may be necessary to determine whether death was due to violence or not ;

2. That in every case the medical examiners report the result of their examination to the coroner or other judicial officer charged with investigating the legal side of such cases, who, in case of violent death, shall make such investigations and take such measures as are necessary for the proper administration of the law.

If necessary, we are prepared to draft an amendment to the law which would secure the proper carrying out of this system.

(Signed,) G. P. GIRDWOOD.  
J. GEORGE ADAMI.  
E. P. LACHAPELLE.  
JAMES BELL.

At the regular meeting of the Society held on Friday, Dec. 15th, 1893, this report was unanimously adopted, and it was resolved that a copy of the report be sent to the Attorney-General and to each of the medical members of the Legislative Assembly and Council of the Province of Quebec.

Dr. BELL thought the Committee had acted wisely in not undertaking to pronounce upon the legal side of the question. Upon motion of Dr. Girdwood it was unanimously resolved that the report be adopted and that copies be sent to the Attorney General and the medical members of the Legislative Assembly and Council at Quebec.

*Blood supply of vermiform appendix.*—Dr. BELL showed for Dr. Shepherd a preparation showing that the arterial supply of the appendix was due to a single artery which did not anastomose with any neighboring vessels, hence the readiness with which sloughing is produced in the appendix.

*Stated Meeting, 29th December, 1893.*

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

Drs. S. F. Wilson and G. H. Raymond were elected members of the Society.

*Death Certification.*—The Secretary stated that, in reply to Dr. Laberge's inquiry regarding the amendment of the city charter in the matter of death certification, the following resolution, framed by the council and adopted unanimously by the Society, had been communicated to Dr. Laberge, medical health officer of Montreal :—

*Resolved*—1. That clause 17, title 15 of the charter of the city of Montreal be so amended that all certificates of death must be given by the attending physician, the city health officer, or the coroner's physician ;

2. That all such certificates of death be registered with the city health officer, at the City Hall, within twenty-four hours of the death of the person ;

3. That no body be buried or received for burial by the superintendents of cemeteries without a permit from the city health officer ;

4. That such penalties be enforced as to ensure the carrying out of this law.

*Specimens of diseased Uterine Appendages.*—Dr. MARTIN exhibited the following specimens of Drs. Alloway and Adami :—

*Ovarian Tumor Simulating a Parovarian Cyst.*—K. D., aged 30, married, was operated on by Dr. Alloway at the Montreal General Hospital on 16th August, 1893, for the removal of a thin-walled cyst, situated in the left broad ligament, and apparently monolocular. The tumor was removed, together with the left ovary and broad ligament. The appendages on the right side being found diseased, were also removed and ventrofixation performed. Recovery was good. Examination of the specimens by Dr. Adami showed that the tumor, though apparently monolocular, really contained several small accessory cysts. The left ovary was enlarged and the ovarian tissue was directly continuous with that of the main cyst, which was, therefore, evidently ovarian in origin. The right ovary was enlarged and showed numerous dilated graafian follicles forming small cysts, all situated near the surface, and containing in most cases grumous blood-stained fluid. Both tubes were thickened, the right being dilated and containing inspissated purulent fluid. The case was of interest as showing a general tendency to cystic formation of the ovaries.

*Hæmatoma of Left Fallopian Tube.*—W. E., aged 34, married, had borne five children, and during the last eighteen months had aborted five times. Since the last abortion there had been a continuous bloody discharge from the vagina. The patient was extremely anæmic, and was too weak to walk. When examined, in