

about the opening. The mitral valve showed nothing abnormal, contrary to expectation.

#### ENDOCARDITIS OF THE RIGHT HEART.

Dr. THISTLE also showed this specimen. The case was one of chronic endocarditis occurring in a rheumatic little girl aged twelve. It is an interesting specimen, because all four valves show marked changes; very pronounced mitral, and just as pronounced tricuspid, with distinct vegetations on the aortic, and also on the pulmonary valve; and, particularly interesting when the specimen was recent, there seemed to be very distinct, a little tuft on each segment of the pulmonary valve. This is an extremely rare condition. Some authors say you never get endocarditis affecting the pulmonary valve.

#### TUBERCULAR TESTICLE.

Dr. H. A. BRUCE showed this specimen, which he had removed that morning. The condition began in the epididymis, with a sinus opening through the scrotum discharging pus. The patient is a young married man of twenty-six years, and has had some enlargement of both testicles about a year, although the sinus had only existed for four weeks. He had one on the left, and also one on the right side. The left one led to the globus major, and the right one led to the globus minor of the corresponding testicle. The disease was in both testicles. On examination per rectum the left seminal vesicle was found enlarged. The left testicle was removed entire with the cord up to the external abdominal ring. The right was removed only in part—not the body—as the patient was particularly anxious to have a portion of the organ left. Later on the remaining portion of the right testicle will have to be removed.

#### EXTRAORDINARY CASE OF CANCER.

Dr. Wm. BRITTON related the history of this case, and Dr. Anderson described the pathologic specimen. It occurred in a corpulent woman of fifty-seven years of age. She first came under the doctor's attention in July of last year, with edema of the left ankle, and a portion of the leg as far as the calf. In the absence of local causes it was considered that there was pressure higher up. On examination vaginally a hard nodular mass was found filling the pelvis almost completely. A portion of the uterus could not be made out at all, nor either ovary or tube. There was some irritability of the bladder, but no special difficulty with the rectum. This was singular as posterior to the body of the uterus the tumor was very great. With the finger in the rectum the tumor could be pressed forward, the intestine patent to a certain extent. Assisted by Dr. Temple, Dr. Britton made an exploratory incision, with the vain hope that the tumor might possibly be a multiple fibroid, though holding suspicions of malignancy. The