family physician, he found her about 2½ months pregnant, with a nodular subperitoneal fibroid attached to right corner of uterus. As it was growing rapidly and was not only painful, but affecting the *morale* of the patient, he advised early operation, which was performed on the 1st April. The tumour was larger than the pregnant uterus, so that the abdominal incision which permitted the tumour to be extracted, also permitted the uterus to be lifted out, thus enabling him to remove the tumor and to close up the hole in the uterus very deliberately. Clamps were applied gently to the uterine wall, and thus the operation was almost a bloodless one, although the hole, two inches long, had to have two rows of Lembert sutures before the clamps could be taken off, and then a third row had to be applied to completely stop the oozing. She made a splendid recovery, hardly requiring any anodyne, and there has not been the slightest attempt at a miscarriage. As far as he was aware this was the only case of the kind ever reported in Canada.

Malignant Endocarditis.

Dr. H. A. LAFLEUR read the report of this case. (See page 249 of the April number.)

Intestinal Obstruction by Meckel's Diverticulum.

Dr. JAMES BELL read the following report of a case of intestinal obstruction by Meckel's diverticulum, and presented the specimen:

H. P., æt. 16, a well-developed and well-nourished girl, was brought to the Royal Victoria Hospital from the country, at 10 o'clock on the evening of Friday, March 18th, with well-marked symptoms of intestinal obstruction, and operated upon two hours later. She had always enjoyed good health, with the exception of occasional attacks of pain in the abdomen and vomiting, sometimes accompanied by headaches These were called bilious attacks, and she had suffered from them "all her life." She had had a long walk on the previous Monday, and was quite well on Tuesday, but began to have general abdominal pain on Tuesday evening, which kept her awake most of the night. She got up on Wednesday morning and vomited, for the first time, immediately after breakfast, about 7 a.m. The vomiting continued from this time till admission, and about 10 a.m., Friday, it was first noticed to be distinctly fæcal. The bowels were moved early on Wednesday morning, but neither flatus nor fæces was passed afterwards. On Thursday afternoon the temperature was 99.2° and on Friday morning 101.3°. On admission it was 102°, and the pulse, 112. Distension was first noticed on Friday morning, and on admission it was quite marked, but limited to the central region of the abdomen. These