

side the body, between the chorion and amnion. The vesicle, for a time after the obliteration of the duct, is connected by the resulting cord with a coil of intestine, which, together with the cæcum and part of the ascending colon, actually protrudes from the abdominal cavity and occupies the proximal portion of the umbilical cord. These coils are drawn within the umbilicus about the end of the sixth week of foetal life, and the omphalo-mesenteric duct normally becomes obliterated as far as its connection with the intestinal wall, and soon disappears altogether. When that portion next the intestine persists, however, it is called Meckel's diverticulum. According to M. H. Richardson, this abnormality is found in two per cent. of subjects. It is usually situated within three feet of the ileo-cæcal valve, and has the same structure as the small intestine. It varies considerably in size and length, being very frequently of about the same diameter as the adjacent intestine, and usually not more than three or four inches in length.

Sometimes its end is connected by a fibrous cord with the umbilicus, and in such cases it may give rise to obstruction by entangling adjacent coils of intestine. In other cases the end of the obliterated cord is free, and frequently bulbous, and may also cause obstruction by ensnaring adjacent coils of intestine. According to Ziegler, the intestinal extremity sometimes closes, and the remaining portion develops into a cyst. Occasionally it remains patent between the intestine and umbilicus, as in the case reported above. In these cases, prolapse, similar to prolapse of the rectum, is liable to occur, as illustrated by this case. Mansel Moullin relates a case in which this prolapse was followed by a hernia of several loops of intestine, necessitating a free incision in the abdominal wall before reduction could be effected.

Dr. Pepler asked if there was any connection between this condition and hæmorrhage from the umbilicus.

Dr. Primrose said in his experience the diverticulum is usually of the same diameter as the intestine from which it arises. Sometimes within it small tumor masses are found, being fibrous in structure with a mucous covering.

Mr. Cameron thought it was possibly a failure to retract rather than an intussusception in Dr. Peters' case.

Dr. Peters said there was probably no connection between hæmorrhage and this condition. He further explained that it was a true intussusception.

The meeting then adjourned.

H. C. PARSONS, Recording Secretary.