There was no alteration either in its size or signs, and no approach to fibrillation, The sac could be completely emptied. I now applied the compressors at the usual place. Visited him in the evening. Leg not so painful, says present plan does not produce anything like the torture of the former. Adjusted the compressors and gave them in charge to a very intelligent patient in the adjoining bed who quite entered into the spirit of the affair. After a day's instruction he appeared to be quite up to what was required and requested I might leave him a stethoscope as a guide?

7th. Nothing particular to record till to-day when he was affected with diarrhœa which produced a good deal of irritation. He has borne the compressors well, says that they do not cause him much, if any, pain. Diarrhœa disappeared towards evening.

9th. Feels better and in good spirits, fibrillation has partially commenced.

13th. Appears to be doing well though very uneasy, requiring that the compressors should be frequently altered.

20th. Doing well since last report. No further sign of coagulation however. Another patient has volunteered to assist in taking charge of the compressors. The house-surgeon Dr. Taylor has been most attentive, late and early examining that the instruments are correctly applied.

July 14th. It is unnecessary to detail the reports between this and the last date. There has been no further progress towards a cure since that time though the compressors have been well borne and properly sustained. The patient too has become very tired of his condition and is most anxious I should try some other method. Finding that there does not appear to be much hope of a cure resulting from the present plan I have decided to tie the femoral artery after a short interval.

21. Having laid aside the compressors on the 14th, I have since then directed frictions of camphorated oil to be rubbed on daily over the compressed parts. After a consultation held this day I tied the femoral artery in Scarpa's space when the pulsation and bruit immediately ceased. 8 o'clock p.m., pulse 84, no fever, doing well, temperature of the leg unchanged.

22nd. Slight return of bruit (without impulse in the tumor).

23nd. Progressing favourably, murmur absent.

24th. Observed a slight tumefaction at the upper end of the wound. Dr. Taylor says he heard a very slight murmur in the tumor last night, none present to-day. Removed silver sutures by which wound had been kept closed.

25th. Continuing to improve, a small abscess of a trifling character burst last night where the swelling was noticed.

28th. Still doing well, no bruit on applying the stethoscope; on the side of the knee a very faint pulse is detected, it does not however exist in the tumor.

1st August. Improving, no sounds of any kind in connection with the aneurism.

13th. Ligature came away. 23rd day; tumor very much diminished, the same pulse as mentioned on the 28th July is occasionally detected but there is a complete absence of bruit.

25th. Is able to walk about the ward with the aid of crutches: tumor still becoming visibly less; no sound of any kind audible for the past week.

11th September. Patient can nearly extend the limb to its full limit and is able