

pointed to aneurism, so that an accurate diagnosis was, in my opinion, impossible. Had a diagnosis of consolidated aneurism been made out, could any other means besides amputation have been adopted for relief? I think not. Ligature of the superficial femoral above the tumor would not have availed, owing to the obliteration of that vessel. Compression of the common femoral on the pubis would have been equally useless, as cutting off the blood from this source had been practised before, and the circulation was carried on, probably, by branches of the internal iliac artery anastomosing with the perforating arteries of the profunda and articular branches of the popliteal. Removal of an aneurismal tumor by dissection has recently been successfully practised by Mr. Wm. Rose, Surgeon to King's College Hospital, London. In this case the aneurism was a femoral one, and Mr. Rose had failed to cure it by digital compression, ligature of the external iliac, or rest and iodide of potassium, so he determined to dissect out the tumor, tying all the communicating vessels as he met with them. The aneurism being a small one, only the size of a lemon, the operation was successfully performed, hemorrhage being prevented by Esmarch's bandage and Davy's lever (*Lancet*, Dec. 22, 1883). In my case this method of treatment would have offered little chance of success, owing to the immense size of the tumor and the already badly nourished condition of the limb, as evidenced by the large indolent ulcer of the leg. So, had the nature of the tumor been certainly diagnosed, it seems to me that amputation would have been the most suitable, and probably the only means, by which the patient could have been relieved from his sufferings and cured of his disease.

There are several interesting and important points connected with the tumor itself. The fibrin was not arranged in layers but was simply one uniform mass,<sup>1</sup> and, to the naked eye, looked exactly like a new growth. The orifice of the aneurism was at the distal end of the tumor, and the blood therefore flowed from below up, with, of course, a lessened stream; the circulation owing to the obliteration of the femoral above the tumor being carried on by collateral branches. As there was no cavity in the tumor the absence of pulsation and bruit is explained. It is, however, difficult to understand in what manner the tumor increased in size, and how the new fibrin was deposited; probably the mass was in a spongy condition so that the blood could easily permeate it, and thus fibrin could be slowly deposited.

<sup>1</sup> Mr. Wagstaffe (*Path. Soc. Trans.*, vol. xxix. p. 73), reports a case of popliteal aneurism cured by Esmarch's bandage, in which, after death, he found the clot contained within it solidified throughout and well organized.