Present Condition; March 16th, 1903:—Patient is a young woman of small size. The face is very pale, and shows great emaciation; mucous membrane, pale, no jaundice; cervical glands palpable on both sides. The inguinal glands are readily palpable, but do not show any more enlargement on right than on left side. The thyroid glands show moderate amount of general enlargement.

The right leg and foot are greatly swollen. The skin is tense and glistening, and shows some large prominent veins over the region of the upper third of the fibula. There is great œdema and cyanosis sharply delimited by the knee joint. Above the knee the limb is small and atrophied. The maximum diameter is about 6 ins. in striking contrast to the other leg with a diameter of less than 3 ins. No localized mass can be felt, or deep fluctuation made out, and no crackling. The limb is not very tender, but considerable pain since admission of aching character.

The skiagram showed the tibia apparently normal. The fibula showed evidence of absorption near the upper end, but the outline could be traced throughout. There is a shadow suggesting some mass at junction of middle and lower thirds.

On diagnosis of periosteal sarcoma the thigh was amputated on March 19th. The pathological report was small round celled sarcoma.

After the operation the patient experienced great relief from pain and the weight of the affected leg, and recovered well with primary union in the wound. The sutures were removed on the 29th, ten days after operation.

On March 30th the patient complained of very severe pain in the lumbar region, and pains shooting down the left leg and into the stump, so severe that morphia was required to control them.

April 1st. Patient developed retention of urine, and paraplegia with anæsthesia of legs.

April 3rd. Anæthesia reaches level about 2 ins. above symphysis pubis. Knee jerks absent, abdominal reflexes absent.

April 4th. Patient was seen by Dr. Shirres who found, in addition to the above, that there was a reaction of degeneration in the paralysed muscles and dissociated anæsthesia, sense of touch remaining while that of heat and pain were lost.

April 5th. Patient developed rectal and vesical incontinence. Examination of chest failed to show any evidence of recurrence in the lungs.

April 6th. Patient was seen by Dr. Lafleur who suggested a transverse myelitis as the probable lesion.