suffered from any previous disease. He was at this period obliged to seek medical relief, and was ordered a liniment that proved ineffectual. He then had recourse to high-wines, goose and gargling oils and a host of such like, but these were also equally unavailing. When he presented himself at the hospital he was slightly lame, the right leg was partially flexed, and he could not straighten it without causing pain of a dull aching character. Upon examining the part I found a well-defined tumor behind the right knee in the popliteal space, about the size of half an orange, of an oval shape, most prominent towards the outward condyle and having a strongly heaving visible impulse. The following dimensions were taken: circumference in the direction of the centre of the patella 16⅛ inches, of inferior margin of same bone 13¼ inches, and of the centre of the calf of the leg, 13½ inches. The same regions of the unaffected side measured respectively 13⅝, 12 and 12¾ inches. Greatest longitudinal measurement of tumor 3¾ inches, transverse 3¼ inches. By applying the hand a very strong impulse was felt, and upon placing weights to the amount of 26 lbs. over the tumor, they were perceptibly raised; synchronously with the pulse a loud systolic bruit de soufflet was heard all over and around the tumor. While so engaged, the head of the examiner was forcibly raised during each expansion of the swelling. Compressing the femoral at Scarpa's space removed the bruit and emptied the sac, but on removing the pressure the signs just mentioned recurred. Heart and various organs in the different cavities apparently healthy.

19th May. The leg having been bandaged as far as the tumor, I placed the foot in a well-padded shoe having a strap buckled to the heel, which was connected to a belt passed around his waist. The leg was gradually flexed and the apparatus securely fastened. This procedure caused some pain, but it had the effect of slightly moderating the bruit. I visited him during the evening, when he complained that the bending had given him a good deal of pain, it was however then not so bad. I succeeded in bringing the leg still further back; tumor unaffected, ordered full diet and beer. To have an anodyne at bed time if necessary.

20th. Felt much pain during the night about the knee, and had to get an anodyne; pain not so great to day, but complains that the position causes him acute suffering especially at intervals. Bruit unaffected. Having first greased my finger, I felt the tumor and detected a strong impulse still present. Flexed the leg somewhat further back, nearly to the utmost extent practicable.

21st. Had severe pains in the tumor through the night, leg somewhat swollen. In other particulars he is about the same as yesterday, the anterior and posterior tibial arteries were felt pulsating at the ankle. Given an anodyne last night.

22nd. Much the same as he was at last report. I brought the leg back as far as it could possibly be flexed. It induced an increase in his complaints of distress.

26th. No particular change. No sign of fibrillation.

31st. Tumor unaltered. Sufferings appear more intolerable, though taking an anodyne nightly, says he will not bear the "bending of the leg" any longer. I see no improvement as yet from this treatment and have decided upon trying compression in its stead to-morrow.

June 1st. Passed another restless night. Having loosened the strap confining the limb I brought the latter a little down and I carefully examined the tumor.