were referred to Mr. Maunder at a discussion of the Clinical Society (*Lancet*, March 16, 1878).

Dr. Dunning (*Medical Record*, August 5, 1876) reports a case of popliteal aneurism mistaken for semi-malignant growth, in which the surgeon attempted to remove the tumor, the case terminating fatally from hemorrhage a few hours after the operation. In this case the tumor was hard, inelastic, having no pulsation or bruit, and was slowly increasing in size. The tumor, as examined after removal, was found filled with concentric layers of fibrin occupying its entire space, save a small cavity in the course of the artery.

Mr. Oliver Pemberton (*Lancet*, vol. ii. p. 120, 1877) reports a case of femoral aneurism, for the cure of which he tied the external iliac. The tumor disappeared, and for two and a half years the man remained perfectly well, when suddenly he found the seat of the aneurism enlarging to the size of a man's fist. It continued to grow slowly till, when the case was reported, it measured five inches in length and breadth, and three in depth. It was free from pulsation and pain. He looked upon the case "as an instance of the production within the walls of an apparently cured aneurism of deposits of fibrin, continually increasing in amount, always feeling solid, and never giving rise to pulsation or sound." He mentions, shortly, two other somewhat similar cases.

These cases which I have quoted will give some idea how difficult may be the diagnosis between a consolidated aneurism and a sarcomatous tumor. Pirogoff says:[1]—

"If I were asked what signs I hold most decisive of the existence of an aneurism which does not pulsate, I must confess that, if there is no bruit to be heard at any part of the tumor, I know of no other than these two: (1), collapse of the swelling, sometimes only to a slight extent, when the main artery is compressed between the heart and the tumor; and (2), if the pulsation of the artery can be felt upon the surface of the tumor, an unnatural extension of its impulse, for example, over twice the usual breadth of the vessel. But, in order to satisfy myself of these two phenomena, it is, of course, necessary to examine the case repeatedly, and with the greatest attention. The diagnosis must not be founded on a single examination."

Barwell (*International Encyclopædia of Surgery*, vol. iii. p. 398) "does not know of any positive signs by which to distinguish between a solidified aneurism and other hard tumors." He says, "the great aid to diagnosis will be the more or less globular form of the tumor, its isolation from adjoining structures, and the fact that it does not increase (if really solid) but rather decreases." Now in my case all the signs by which a diagnosis is usually made were wanting, there was no fluctuation, pulsation, bruit, or increased arterial impulse, and the tumor steadily increased in size. The history of the case certainly pointed to aneurism, but the clinical signs did not; in fact, there was not a single symptom which

[1] Klin. Chir., quoted by Holmes, St. George's Hosp. Rep., vol. vii. 1874.