

given way" and that then he had first discovered the increased size of the swelling in the groin.

The diagnosis was most obscure. Several of my professional friends visited the case and various opinions were formed as to the nature of this tumour. Its existence at once solved the mystery of the gangrene, and confirmed the prognosis. My own impression was that an aneurism had originally existed, the coats of which had given way and the contents become diffused and coagulated. Another thought it was a sarcomatous growth, the opinion as to its malignant nature being certainly countenanced by the general appearance and complexion of the patient, which would have indicated the cancerous diathesis under other circumstances. A third regarded it as an encysted tumour and a fourth suggested the idea of abscess. Influenced by these varied views of the case and desirous of establishing the diagnosis, in order that if practicable an attempt should be made to restore the circulation, by preventing the pressure occasioned by this tumour, either by its removal or the evacuation of its contents, it was contemplated to puncture with an exploring needle; even at the hazard, had it proved to be an aneurism, of the necessity of ligation of the common iliac or even the aorta, an extreme measure which the desperate condition of the patient might have justified. The rapid sinking of the patient however on the day when it was resolved to make the experiment, prevented the proceeding—a circumstance which subsequent revelation proved to have been very fortunate as regards what might probably have been the issue of it. One circumstance is worthy of remark, that during the period I attended him, there was no clue given to lead to a suspicion of the bladder being implicated, for although he complained occasionally of retention of urine, this was by no means urgent, and he was as frequently relieved by warm diluents, voiding considerable quantities of urine several times; and it was attributed to the constitutional irritation produced by the prominent disease. It is unnecessary to trace the progress of the case to its fatal termination—the symptoms being such as usually attend extensive destruction of the tissues—He died on the 18th of April, fourteen days after I had first seen him and fifty days from the commencement of the attack. The tumour had increased in size extending over to the right side and filling the cavity of the pelvis completely, rising at the same time as high as the umbilicus.* I could not obtain permission to examine the body while in the house, but the opportunity was afforded of doing so in the vault of the cemetery. The inconvenience of conducting the post mortem under these circumstances prevented as full an examination as could be desired, and we were not permitted to open the head. On making the usual incisions for exposing the contents of the abdomen, the intestines presented a healthy appearance, but were pushed upwards by a tumour filling the entire pelvis and lower part of the abdominal cavity. Its contents were now readily perceived to be fluid, and it was discovered to be an enormously enlarged bladder distended

* The constant position of the patient on his left side, will account for this mode of extension, as will be evident from the cadaveric disclosures.