

the upper third of the leg the measurement was twenty-three and a half inches. The size diminished gradually in the upward direction. The tumor was firm, smooth, and nodulated. That portion of the tumor which was at the lower part of the thigh was found to give evidence of fluctuation and pulsation; there was also a bruit heard with a stethoscope. On December 18th, the mass broke in two places, and discharged a large amount of grumous blood together with solid masses of bloodclots. Following this, there was a subsidence of fluctuation and pulsation. Amputation of the thigh was performed, and thirteen days after the patient died. At the autopsy it was found that the tumor was an aneurism. At its upper part there was a solid mass which was at first thought to be a neoplasm, but, on more thorough examination, proved to be a blood-clot. The popliteal artery above the sac was obliterated, and it was a mystery how pulsation could be accounted for without communication being made out with arterial branches, and, moreover, without the mass being superimposed on the artery."

The description of the appearances of the tumor is not very full; no doubt it was fed, as in my case, by anastomotic branches, which joined the popliteal immediately below the tumor. The existence of pulsation and a bruit, with fluctuation, made the case more like an ordinary aneurism than my own. Its points of resemblance are the consolidated tumor which increased in size the former cure of the aneurism by compression, and the obliteration of the artery above the tumor.

Mr. Erichsen (*System of Surgery*, vol. ii. p. 22, ed. 1869) figures a somewhat similar case which was mistaken for a painful solid tumor. The leg was amputated, and the tumor proved on dissection to be a consolidated aneurism pressing on the popliteal nerve. From the plate of the aneurism which is given, there appears to be a large cavity near the surface of the tumor which contained a recent coagulum, and which must, during life, have been filled with fluid blood.

Mr. Holmes, in his article on aneurism (*Holmes's System of Surgery*, vol. iii. p. 43, ed. 1883), says:—

"I can refer to at least three cases, one a preparation in the St. George's Hospital Museum, another in the Museum of the Royal College of Surgeons, and a third in private, in which the limb was amputated for a large tumor in the popliteal space, believed to be malignant, and which turned out to be cured aneurism, and I know that this has occurred in several other instances. In some of the cases, however, the pressure of the tumor had produced gangrene, so the operation was necessary."

Mr. Prescott Hewitt (*Medico-Chirurg. Trans.*, vol. xxix. p. 75) relates an interesting case of aneurism of the femoral artery, which was cured by ligature of the external iliac, and where, after all pulsation and sound had ceased in it, the tumor gradually increased till it reached the size of the head of a full-grown fœtus, and was thought by many of the surgeons to be a tumor of a malignant character. The man died of phthisis, and the *post-mortem* examination revealed a consolidated aneurism and obliteration of the femoral above the tumor.

Mr. Morratt Baker, in an article on "Aneurisms which do not Pulsate" (*St. Bartholomew's Hospital Rep.*, vol. xv. p. 79), mentions three cases where the leg was amputated for supposed malignant tumors, which turned out to be consolidated popliteal aneurisms. Two of these cases