

conjunction with the Hospital medical staff I made the usual incision in scarpa's space, three inches in length, commencing four inches below poupart's ligament, and ligated the femoral. The application of the ligature was followed by almost instant relief. The intense pain, pulsations and bruit in the sac ceased and in a few hours the pulse was reduced to 85. The edges of the wound was secured by stitches and strips of adhesive plaster, the limb was kept warm and on a level with the body, to favour the collateral circulation. The appetite improved and sleep was enjoyed for longer periods. He continued to progress favourably until the seventh day after the operation when erysipelas of the face and scalp appeared and caused considerable constitutional disturbance. It may here be mentioned that a patient had been under treatment for erysipelas of the face in the same ward as this patient, but was discharged two days before the latter was admitted.

Ordered, Liq. Plumbi diacet, in solution to be applied to the face and scalp. Tinct. ferri mur. to be taken internally, and also a full dose of castor oil.

11th day.—Pulse 102; sleep disturbed; bowels costive; appetite poor; wound granulating; face swelled and painful; ordered Pulv. Doveri, grs x. at bed time, and castor oil in the morning.

17th day.—Symptoms of erysipelas rapidly subsiding; bowels open; pulse 80, regular; sleeps well; appetite good; wound healing and discharging healthy pus.

20th day after operation, ligature detached; pulse 80; no pulsation in the tumour; is perfectly free from pain, but finds occasional numbness in the foot.

30th day.—Wound entirely healed, feels strong and vigorous; appetite good; is able to walk very well and feels no numbness or coldness of the limb; cardiac murmur not perceptible.

34th day after the operation he was discharged cured, the 1st April.

About two months after his discharge from the Hospital he presented himself at my surgery seeking advice for a painful swelling in the flexure of the right knee, the cause of which he attributed to over-exertion in lifting a heavy weight. The tumour was not so large as was that of the left popliteal, but it was attended with marked constitutional disturbance and intense darting pain and numbness of the leg and foot. The loud thrill and bruit of aneurism could be felt and heard. Pulse 105, weak and irregular; appetite poor; was re-admitted into the Hospital on the 1st June, 1867. Owing to the dilapidated state of his health, nothing of a curative kind was employed until tonics and a supporting regimen improved his system and health generally, the tumour, however, gradually