

He had been seen by different medical men in Cornwall and its vicinity, and recently had consulted my old and excellent friend, Dr. Bergin of the former town, who very considerably advised him—in view of the desperate character of the disease—to get further council before submitting to an operation. Accordingly he came down to Montreal, consulted me, and entered the General Hospital.

PRESENT CONDITION, 4TH MAY, 1858.—The left arm exhibits a tumor of an oblong form, which measures circumferentially at its superior part  $17\frac{3}{4}$  inches, nearly the same at its middle, and 14 inches inferiorly, its length anteriorly is 11 inches. It is not circumscribed or isolated, but appears as an involvement of the entire thickness of the limb; it occupies the greater portion of the extremity, encroaching close upon the shoulder and ending just above the elbow, it rises rather abruptly, but terminates in a more tapering manner; the surface is for the most part smooth and uniform, though about  $\frac{3}{4}$ ds of the tumor are separate from the rest by a slight intervallation, and there appears in some parts a tendency to a few small tuberos inequalities. It feels decidedly firm and consistent, and is not yielding nor elastic upon pressure, does not distinctly recede before compression,—the inner surface is more moveable than the rest,—it conveys to the touch, particularly upon the front and outer aspects, the idea of a fibro-cartilaginous growth. No crackling sensation elicited. Palpation increases pain; feelings are those already described. There is no discoloration of the investing skin, no remarkable development of cutaneous veins, but those seen are very turgid. A peculiar thrill is perceptible over the course of the brachial artery,—the vibratory succussions communicated convey the notion of a tumber of fine shot being rapidly whirled along under the fingers,—it extends also across a breadth of an inch or more, for some extent in the central portion of the arm. A very decided Bruit de soufflet is audible over the artery, and also from different parts of the tumor, most intense in proportion to the propinquity of the main artery: pulsation is heard throughout the tumor, it is a deep heavy beat, and apparently transmitted, not spontaneous, it is sufficiently strong to be denoted by a sensible elevation of the stethoscope, even when the outside is explored. Compression of the subclavian artery, of course, annuls all these vascular signs: it is not, however, attended with any discoverable decadence in the volume of the tumor. The hands made to grasp the growth appear to feel a pseudo-expansion during the occurrence of the pulse. Radial pulse of the diseased side weaker and more obscure than the sound side. A functional bruit is generally evident especially over the heart (Aortic Systolic) along the right subclavian, &c. The individual has an anæmic appearance