

His face and hands were bathed in a profuse perspiration, he suffered from great restlessness and want of sleep, with much pain in the left thigh and right foot. His pulse was quick, small and thready, his tongue dry and brown, and his general sufferings were aggravated by excessive thirst. The left leg was lying on the outer side bent at the knee, the thigh being also flexed on the body. The toes and foot presented all the characters of dry gangrene, and the gangrenous inflammation extended to the upper third of the leg posteriorly and nearly as high as the head of the tibia anteriorly—there was a faint attempt at the formation of an irregular line of separation; below this line the limb was cold and spongy—the foot and toes being hard and dry. The thigh was very œdematous and there was an inflammatory blush extending above the popliteal space to the lower third of the thigh posteriorly. I thought I could detect a faint pulsation in the upper part of the femoral artery, but from the great œdema, this was difficult to ascertain. The right leg was placed on the inner side, was also œdematous and was in a flexed position. The gangrene of the right foot was confined principally to the under part of the toes, the sole of the foot, internal malleolus and heel, the inflammation extending as high as the middle of the leg. I ordered warm spirit lotion to this foot and a yeast poultice to the left leg. I also advised the free use of wine or porter and nourishing broths. I prescribed a mixture containing the liquor ammon: acetatis, carbonate of ammonia and camphor mixture; with five grain doses of quinine. The prognosis given to the family at his request was of course of the most unfavorable character. I confess that I was entirely at a loss to account for this extensive destruction of vitality. As on investigation I could discover no adequate exciting cause. Attributing it in the first instance to the effect of cold and exposure, I was assured that he had not been in any way subjected to their influence, as he always wore ample and warm covering to his feet and limbs. I was told that he had not been indulging to any great extent, except on the evening preceding his attack, and that then he had only taken more freely of his customary drink, but not to such an extent as to render him intoxicated. That his food had been of the best description and indeed somewhat choice for a person in his circumstances.

On the following day I expressed a desire to have a second opinion on the case and with the sanction of the family I requested my friend Dr. Hodder to visit the patient with me.

On a careful examination at this consultation, we ascertained that there was really no pulsation in either femoral artery and detected the existence of a tumour in the left iliac region, filling completely the left pelvic fossa and extending as far as the median line and as nearly as high as the umbilicus; we could trace its outline distinctly, it conveyed an indistinct sensation of fluctuation, was apparently moveable, was resilient, dull on percussion, and did not exhibit any indications of pulsation; the surface was uniform and there was no tenderness on compression. Subsequent enquiry elicited the fact that on the morning of his attack he was conscious of "something having