tinuous with the capsule of the tumor, and here no doubt was the orifice of the aneurism; about this point the clot was in a softer condition than in other parts of the mass. The sciatic nerve was tightly stretched over the tumor and considerably flattened. Large collateral branches joined the popliteal artery near where it was connected with the tumor (see accompanying Fig.).

A. Femoral artery ending above the tumor. *P.* Popliteal artery continuous with the sac of the tumor. *C.* Large collateral branch. *N.* Sciatic nerve.

The diagnosis of popliteal aneurism is not generally a matter of great difficulty, still some of the cases of aneurism simulate other diseases so closely that mistakes are occasionally made. Many able surgeons have opened aneurisms supposing them to be abscesses,[1] and others again have tied the femoral artery for malignant growths, mistaking them for aneurisms. There are not a few cases recorded where an old consolidated aneurism has been mistaken for a sarcomatous tumor. Dr. Henry B. Sands reported such a case to the New York Pathological Society (*Medical Record*, vol. xxv., 1877, p. 188), where amputation was performed for supposed sarcoma of the ham, and which turned out to be a consolidated aneurism. The case is as follows:—

"A man aged 46 entered the Roosevelt Hospital, suffering from a tumor of the right leg. He had been the round of other hospitals, and the opinion arrived at was that the patient suffered from a sarcomatous tumor. Treatment by compression had been practised fourteen years previously, for supposed popliteal aneurism. This was continued for nine weeks, and subsequently another tumor developed below the site of the original one. This increased from year to year, by an annual increment of an inch and a half in the circumference of the limb. Ten days before admission to the Roosevelt Hospital he was seized with a rigor, and, on entering, a painful tumor on the leg was noticed, which extended down from the popliteal region. A careful examination was deferred for four days, on account of the depressed state of the patient. It was then found that the tumor was situated on the posterior and upper two-thirds of the leg. The measurements were as follows: Five inches above the ankle the circumference was five inches, six and a half inches above the ankle, the girth was nineteen inches; at

[1] See Dr. S. Smith's "Diagnosis of Abscess from Aneurism," AMER. JOURN. MED. SCI., April, 1873.