

twice flexing the leg upon the thigh (!). The limb was then bandaged, and cold lotions applied to the knee for five days, after which a liniment was used. Ten days afterwards the swelling was considerably reduced, but has never wholly disappeared.

The joint is now very much enlarged, the limb bent outwards at the knee more than its fellow, and the leg flexed upon the thigh at an angle of about 135° . Flexion and extension can be performed without giving pain, and a firm blow on the heel can be born well. The tumour is firm, oval in shape; the temperature not perceptibly elevated, and the colour of the skin normal; running over its surface are several enlarged veins. By grasping the thigh firmly in one hand, and the knee with the other, motion may be produced at the upper extremity of the tumor, at the point where it terminates in the shaft of the femur, this resembles much an ununited fracture. Pain of the same character as first noticed still continues, but it is more severe. Dr. Fenwick stated that he regarded the case to be one of myeloid disease involving the lower extremity of the femur, and advised amputation at the lower third.

August 16th.—A consultation was held, and it was decided to amputate. The patient was put under the influence of chloroform, Dr. Drake compressed the femoral artery, and Dr. Fenwick began the operation by carrying an incision through the skin and subcutaneous cellular tissue, from a point on the inner side of the thigh, about six inches above the knee, downwards, over the upper part of the patella, and up again on the outer side of the thigh to a point opposite the place of starting; and, dissecting from the knee upwards, he formed a long anterior musculo-cutaneous flap. He then, in a similar manner, formed a short posterior flap. The flaps were retracted, the femur swept by the knife and sawn through. Four arteries were secured by acupressure, the femoral and anastomotica magna were secured according to the third method described. The flaps were sponged with carbolic acid lotion, and the edges brought together by interrupted wire sutures. Carbolic acid dressings were applied.

Examination of the diseased joint.—There was a large amount of synovia, and the synovial membrane was a little thickened. The patella, articular surface of the head of the tibia, and the articular fibro-cartilages were healthy. The extremity of the femur was very much enlarged—the external condyle more than the internal—and the intercondyloid notch obliterated. The tumor was firm, very slightly elastic, and freely moveable at its point of attachment to the shaft of the femur. A section was made dividing it into two lateral halves. The shaft of the bone was quite healthy, and terminated abruptly after entering the