

circumference is greatest, is twenty-three and a half inches. The left limb at the same point measures twelve and a half inches. The tumor is immovable, smooth, and inelastic; it gives on palpation no sense of fluctuation, neither is there any pulsation in it, nor is any thrill felt or bruit heard. Pressure on the artery above does not influence the tumor. It is not tender, and there has never been any pain, either in the leg or the tumor, except after long standing; in fact, the patient thinks very little about the tumor, and comes into hospital for the purpose of having the ulcer in his leg treated. The leg, owing to the size of the tumor and the stretching of the tissues over it, cannot be straightened perfectly or flexed completely; he lies with it in a semi-flexed position. Coursing over the tumor are numbers of enlarged veins. The leg is not swollen or oedematous. The glands in the groin are enlarged, and can be felt extending under Poupart's ligament into the abdomen."

Not feeling sure as to the diagnosis, and hesitating from the history to pronounce it a sarcoma, I decided to watch the case for some time before undertaking operative procedures.

After the patient had been under observation some three weeks, he complained of severe pain in the tumor and down the back of the leg, and it was found that the measurement at the point of greatest circumference had reached twenty-four and a half inches. He now began to develop febrile symptoms, and for several weeks his temperature was a couple of degrees above normal, his tongue was coated with a white fur, and there was some tenderness on the right iliac fossa. When he recovered from this slight fever, which lasted about three weeks, and which I in no way connected with the tumor of the leg, a consultation of my colleagues was called. The tumor had all this time been slowly increasing in size, the man could now only very slightly either flex or extend his leg, and he suffered severely from pain.

Although fully alive to the possibility of the case being one of aneurism, still, from the total absence of aneurismal symptoms, and after repeated and careful stethoscopic and manual examinations, I was becoming, from week to week, more convinced that the evidence pointed to sarcoma, either of the periosteum or the parts about the old aneurism. My colleagues agreed with me in this conviction, and amputation was decided on.

The man having readily consented, amputation was performed on February 24, 1884, at the junction of the upper with the middle third of the thigh and well above the tumor. The circular method was employed, and the stump was dressed with iodoform, gauze, and borated cotton. The wound healed rapidly, and at the end of two weeks, with two dressings, was all united by first intention, except where the drainage tubes had been.

*Examination of the Tumor.*—On cutting into the tumor it had to the naked eye all the appearances of a neoplasm, but on examining it microscopically it turned out to be composed simply of fibrin. The fibrin was not deposited in layers as is commonly the case, but solidified "en masse," so to speak. There was no cavity in the tumor, but it was solid throughout. The femoral artery ended above the tumor in a blind sac (see A in accompanying Fig.). Upon slitting up the popliteal artery, at the lower end of the tumor, the external coat of this vessel was found con-