

be really an enlargement of that bone. The probe passed through the orifice made by the trocar, appears to enter the condyles of the femur, and, at the depth of 3 inches, touches bare bone. The diseased knee measures 3 inches more than its fellow; there is much wasting of the thigh and leg.

In discussing the nature of the case with Dr. Butler, I agreed with him that it was not an ordinary case of chronic articular disease with ulceration of the cartilages and disorganization of the joint, although there was probably some thickening of the synovial membrane; and gave it as my opinion, that it was probably an instance of myeloid disease of the end of the femur; but admitted the possibility of its being malignant disease.

My reasons for this opinion were the following: the blow received from the sleigh-tongue was not on the joint, but a little above the outer condyle; it was not immediately followed by swelling and tenderness of the articulation, suggestive of synovitis; nor, for some weeks, by pain at the injured part. At no time throughout the case had the pain been severe, as if the articulation were becoming disorganized; the fluctuation observed when Dr. B. first took charge of the case, disappeared under suitable treatment, but there was no corresponding improvement in the other symptoms, and the enlargement continued to augment; although the disease had originated 21 months previously and had rendered the leg useless and incapable of bearing any weight, the ordinary symptoms of ulceration of the cartilages and caries of the articular surfaces, were absent, and had never been present; the trocar had evacuated chiefly blood and a thin straw-coloured fluid, very unlike pus; the enlargement, when seen by me, involved very plainly the condyles and a portion of the shaft of the femur, rather than the knee joint; it was a circumscribed globular enlargement of the end of the bone, and the outer part of the tumor contained moveable, yielding bony laminae, a symptom which I had before noticed in a case of myeloid disease of the condyles of the femur.

These features indicated disease of the femur of the nature of a morbid growth, with slight secondary implication of the synovial membrane of the joint.

The circumstances which appeared to render it likely that the tumor was not carcinomatous, were its comparatively slow growth; the absence of severe pain throughout his illness; the unimplicated state of the integument, glands and internal organs; his tolerably fair state of health, without any distinct indications of cachexia; the enlargement not extending along the bone so as to form an oval, elongated tumor, which is the rule in carcinoma of bone and osteoid cancer; and the non-existence of malignant disease in his family.

Malignant disease being thus excluded, it remained chiefly to decide between cartilaginous and myeloid tumor, for next to the carcinomatous, these are far the most frequent varieties of tumor found involving the condyles of the femur. It was not possible to say with positiveness, which of these growths was present in this instance, as their general characters are very similar—but, inasmuch as cartilaginous tumors of long bones, almost invariably begin on the outside of the bone and form irregularly nodulated tumors, as they consequently must, very seldom