

part's ligament. It lifted up the femoral artery. On pressure the tumor diminished in size.

MOMMSEN: The same author reported a case of a man 50 years old who without apparent trauma complained of difficulty in walking on account of a gradually increasing swelling in the right inguinal region. The tumor was as large as two fists and was situated deep in the right iliac fossa. It was firm in consistency and only slightly movable. It was thought to be a sarcoma of the fascia of the hip. At operation its lower pole was found firmly attached to the joint capsule. The cyst walls varied from 3 to 5 mm. in thickness and the failure to detect fluctuation was due to over-distention of the cyst.

SCHÄFER: The patient, a man coming to Volkmann's clinic, complained of a tumor the size of a child's head situated at the flexion of the thigh and lying under Poupart's ligament. The man had fallen and injured his hip a year and a half before. The tumor projected only slightly above the normal skin surface. It was buried deeply in the muscle of the thigh, was elongate oval and followed the long axis of the psoas muscle. The thigh was markedly flexed. When the leg was extended the tissue was of stony hardness. With extensive flexion some fluctuation could be detected. A second tumor the size of an apple was present at the edge of the gluteus maximus. This tumor also on extension was tense, but on flexion of the hip it became softer. Its contents could be made to disappear and as a result the anterior tumor became more distended. The cystic tumors communicated with one another. The movement of the hip joint was free. The pain radiated from the hip to the knee.

FRICKE: This author described a case of a carter who without apparent cause had a tumor in the hip region. It lay over the right trochanter and passed inward under Poupart's ligament and extended downward over the upper third of the thigh. It really formed three tumors. The outer portion was as large as a child's head and markedly distended. The second lay on the inner side of the thigh and the third, the smallest, lay between them. All three fluctuated and the fluid could be pressed from one tumor into the other. The position of the thigh was normal but movement of the hip was impossible on account of the severe pain which was caused especially by flexion and rotation. The tumor itself was not painful on pressure but pain was reflected down to the knee.

HEINEKE: This author observed a case in the Greifswald clinic in which after a rheumatic inflammation of the hip-joint a prominent and distinctly fluctuating tumor developed. This followed the direction of the iliopsoas muscle from Poupart's ligament downward and raised up the femoral artery. On pressure the tumor diminished but on removal of the pressure the tumor again became prominent. Passive motion of the hip-joint was free and painless. In this case there was accumula-