pathological point of view, and almost entirely in an anatomical one. Suppose the boy has a strumous constitution; and that the round ligament does its work properly, he may escape completely; but grant that by any cause, either of debility or accident, the round ligament becomes lengthened, torn, or detached, you have then all that is requisite for the production of severe trouble —unnatural friction in a large joint in one of a weak and strumous disposition.

It has been shown by Owen, Flower, Gegenbauer, Rolleston, Morris, and Mivart that the ligamentum teres is not indispensable to the integrity of the joint; yet as far as can be gathered from the records of human anatomy it is wanting in about one in one thousand, a very small proportion indeed. In those cases where it is wanting an accommodating condition of the cotyloid ligament has been formed so as to prevent the bones coming into contact. The most important point, however, is that the joint from infancy gradually becomes accustomed to the want of the round ligament, and can bear a pressure, which coming on when the joint is fully formed, proves disastrous to it. From this we conclude that the round ligament, being absent from birth, may cause no trouble; but should it become deficient later in life, either by rupture or lengthening, then most grave results are liable to follow.

Anatomists have clearly shown that an important function of the round ligament is to prevent undue rotation outwards. Now should the ligament be long, then this outward rotation takes place, the effect of which is to cause the head of the femur to play in the acetabulum with a peculiar sweep, and great friction is the result.

When coxalgia arises from such a condition as that just described, it will be of the arthritic variety. As to the tissues in which the inflammatory changes begin, no rule can be given; for, the pressure occurring, any of the softer tissues in the joint may take on diseased action, probably, as Erichsen remarks, in the cartilage of the femur or acetabulum as these are subjected to the greatest amount of friction and pressure.

REMOVAL OF A FIRMLY ADHERENT, SOLID TUMOUR OF THE OVARY.*

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It is not my intention to give the diagnosis, and describe in detail the ovarian operation, nor shall I discuss the question of the primary origin of solid tumors involving both the uterus and ovary. Whether such growths have their origin in a subperitoneal uterine fibroid which secondarily involves the ovary, or whether the ovary first becomes diseased, and by continual growth becomes adherent to the uterus as well as to other organs are questions which do not come within the scope of the present paper. My intention is to describe briefly the method adopted for the removal of a large, solid tumor which was diagnosed as ovarian. The abdominal cavity was opened in the usual manner, but it was found necessary to extend the incision almost to the ensiform cartilage. The growth was found to be globular in form, entirely solid, firmly adherent to the intestines, omentum, uterus, and abdominal and pelvic walls. The tumour was afterward found to measure thirty-one inches in circumference, and to have a weight of something over twenty-one pounds. As the separation of the adhesions over such large surfaces would appear to be fraught with the greatest subsequent danger, I adopted a different and I believe much safer method of overcoming the difficulty.

Having made an incision through the peritoneum, covering the anterior surface of the tumour, I separated the whole peritoneal envelope from the growth without difficulty, and with it of course all the adhesions, except that to the uterus, which was broken down with great difficulty.

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