

was a good deal of short black hair, and there was some on the floor close by.

I believe that she cut off the hair herself, wishing to gain some notoriety, but finding herself greatly disfigured, she became frightened and made all the disturbance.

Sandhurst, Oct., 1875.

*Australian Medical Journal.*

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*On a case of Osseous Tumour, removed successfully, with Antiseptic Precautions, from under the Ligamentum Patellæ.* By THOMAS ANNANDALE, F.R.S.E., Surgeon to the Edinburgh Royal Infirmary and Lecturer on Clinical Surgery.

The following case seems to me well worthy of a special report, for two reasons: first, from its great rarity; and, second as an illustration of the value of antiseptic treatment in operations on or near important joints.

D. D., aged 62, was admitted into my wards on the 19th September, last. Three years before his admission, he observed a small swelling at the lower part of the anterior aspect of his right knee-joint, and since then this swelling steadily increased in size, and from its bulk lately became troublesome, and interfered with the proper movements of the joint.

An examination determined the existence of a tumour on the anterior aspect of the joint: it was of the size of two closed fists, was hard to the touch, and was circumscribed and free on all sides except at its base, which appeared to have a firm attachment to the head of the tibia. The tumour when grasped felt quite fixed to the bone when the knee was flexed; but as, in the extended position of the joint, it admitted some lateral movement, it was evident that no real connection to the bone existed. The patella was displaced upwards and inwards, and could be felt immediately above the tumour. The movements of the joint were limited, especially that of flexion. On September 22nd, I exposed the anterior aspect of the tumour by a free incision carried along its outer aspect, and a second transverse and smaller one in a direction inwards across the front of the knee. The first incision was made down to the tumour, in a direction parallel and external to the ligamentum patellæ and patella. The second one was superficial, and only divided