

have been considerable softening and consequent relaxation of the various articular ligaments. About the period that angularity was first observed, Mr. D. suffered from a fall, in consequence of which much pain was experienced in the joint for several days afterwards. From the strength of the limb and the power of motion attained, we would infer that there existed ossific consolidation of the surrounding structures to a considerable extent. The hamstrings did not appear to exercise that control over the joint which is so remarkable in *contracted knee*, and the action of the extensor muscles of the thigh upon the head of the tibia, although modified as to their power, by the ossific attachment of the patella, still without a proper counterpoise, owing to the peculiar change in the posterior anatomical relations of the popliteal boundaries, may in a measure have assisted this forward motion. Taking into consideration the assistance derived from the leg in its present position, it possesses a most decided advantage over the contracted knee, which in the worst forms is rendered completely useless, the patient not being able to place either the foot or the toes to the ground. On examining the leg a considerable deposit of subcutaneous fat was observed, but the muscles appeared healthy, only wanting in a degree their proper florid color; the heads of the gastrocnemius were considerably attenuated, and apparently in a state of fatty degeneration, not an unfrequent occurrence about inflamed joints as pointed out by Coulson, Erichsen and others. Judging from the peculiarities of this case, the deductions are, that the position of the limb was attained by softening, consequent gradual relaxation, and subsequent successive consolidation of the ligamentous structures in and around the joint, assisted as to its anterior angularity by the extensor muscles of thigh.

OTTAWA CITY, July 1st, 1861.

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ART. XLI.—*Removal of an adherent Tumour of the Uterus.* By EDWARD VAN CORTLANDT, M.R.C.S.L., late consulting Physician to the Ottawa General Hospital, and to the County of Carleton Protestant Hospital.

Miss D., aged 24, a dress-maker by calling, and with a most unearthly chlorotic appearance, had been labouring for about two years with what seemed to be aggravated dysmenorrhœa, and for which she had been treated by two medical gentlemen, whom she had previously consulted. I happened to be sent for during one of her paroxysms, and found in the extreme severity of her symptoms and the great propulsive efforts attending them, much to awaken doubt and to require further investigation. I proposed a vaginal examination, which, after great reluctance, was submitted to, when I discovered a hard fleshy *uneven* tumour, entirely wanting in the smooth grissly feel more or less peculiar to fibrous tumours of the uterus. Owing to the restlessness of the patient, I could not define any patulous mouth, or anything to indicate where the os uteri really was. Large and repeated doses of morphine served to allay much of the patient's suffering, but did not tend in any way to moderate my curiosity about her case. On subsequent examination I found a small portion of the tumour had protruded through the os uteri, and I had to carry my finger round its base before I could make out its relative position, but which I speedily ascertained by discovering