

patella. The ligamentum patellæ is divided obliquely and a portion retained for subsequent suture. The knee-joint is now opened, and the capsule detached upwards along with the skin flap above the condyles, where the periosteum is divided all round and stripped off the bone two centimetres higher, *i.e.* the level of division of the bone. The femur is sawn through transversely immediately above the condyles, preferably leaving a convex surface. The cartilage is removed from the patella in such a way as to leave a concave osseous surface, which is applied to the convex sawn surface of the femur and held in position by a few sutures which unite the margin of the patella and the patellar ligament to the periosteum of the femur.

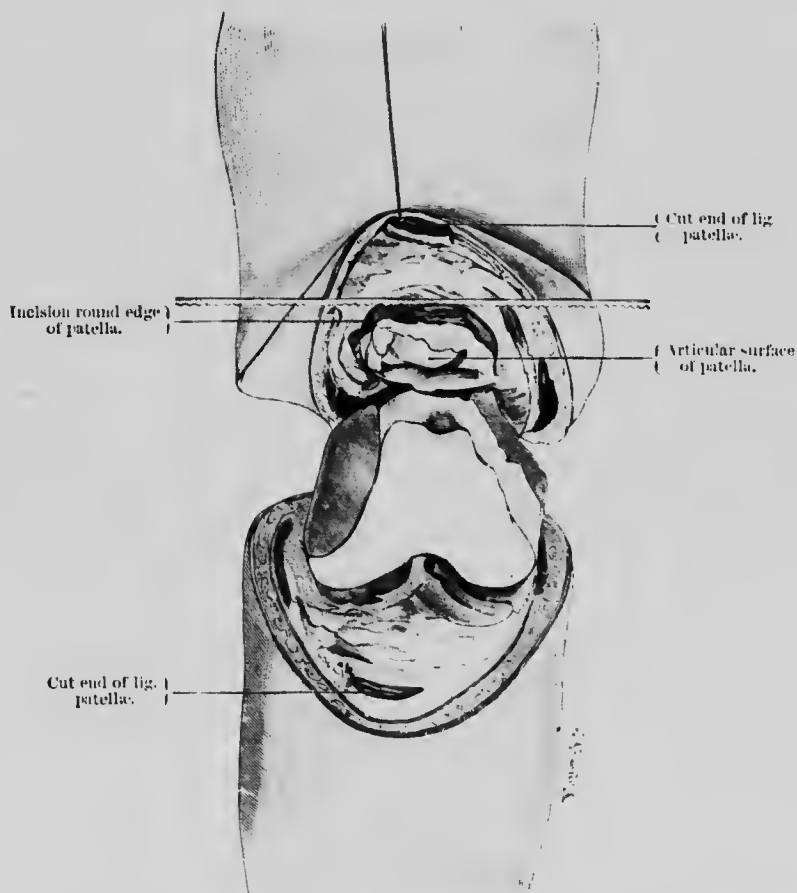


FIG. 236. —Supracondylar osteoplastic amputation (Griffith) by an oval incision.

Balacescu¹ speaks in high terms of Griffith's operation, especially in regard to the shape of the stump obtained. In 111 reported cases he found the mortality from the operation was only 7.2 per cent.

Silbermark's modification² of Mosetig's operation, in which the stump of the ligamentum patellæ is merely stitched to the ends of the flexor tendons will be found described in former editions of this work.

54. Amputation through the Middle of the Thigh. The mass of muscle here affects the choice of method (*vide* Figs. 230 and 231). In the typical method a

¹ *Revista de chirurgie*, Bukarest, 1903, Nos. 11 and 12.

² *Centralbl. f. Chir.*, 1904.