

selection of a particular proceeding with a view to elegance of adaptation and concealment of deformity, which is not suited to the circumstances of the mechanic or labourer, who naturally looks to making the best use of his mutilated limb, and to whom appearances are of secondary importance. For the former, amputation at the ankle, protracted recovery, and eventually an artificial foot, very expensive, but difficult of detection, may have attractions, that are by no means tempting to the latter, who will prefer short confinement, speedy return to his daily labours, and a wooden leg, cheap, difficult to break, capable of bearing his weight in rough places, not liable to go out of order, and admitting of easy adjustment.

We have also the views of Mr. Grossmith on amputation at the knee joint to lay before our readers—"This operation" he says, "if proper regard is taken with reference to the patients' future comfort and progression, should certainly never be performed on adults. The natural action of the joint is destroyed, and the stump when the point is well covered is brought so low, that if a cushion, and an artificial acting-joint are placed beneath it, a most awkward gait, and unsightly appearance are produced,—the flexion of the knee being necessarily three or four inches lower than in the natural limb. A better appearance is made if a bearing on the end of the stump is not attempted, and steel points placed on each side of the knee; but even then, the joints are required to be made so strong, to sustain the whole weight of the body, and so much extra mechanism is necessary to throw the foot forward, that the limb is rendered heavy and clumsy and the patient will never walk as well as those who are amputated at the thigh."

"In infancy or childhood, however, I think this method of operation advantageous—In young subjects, the stump can scarcely be left too long, as the growth of the frame and atrophy of the stump differ,—the latter remaining without increase in size or length (or nearly so), while the body obtains its growth in due proportion."—page 33.

As a Machinist Mr. Grossmith prefers amputation at mid-calf to that nearer the ankle joint. He remarks "then again, I am compelled to dissent from a general opinion (?) which seems to prevail amongst the profession that stumps of the leg may be considered relatively good, in proportion to their length from the lower to the upper third. I am convinced, from long experience, that the *middle of the calf* is a far preferable place to select for the operation, than the *lower third*—the stump produced by the former operation being always better covered, and less liable to excoriation, and neuralgic shooting. With reference also to the construction of the artificial limb, the amputation immediately above the ankle is highly objectionable,"—page 34.

Mr. Grossmith gives us an opportunity of judging of the comparative frequency of the performance of the circular, and the flap operations, in the class of persons requiring his services. Out of 175 cases of amputation of the lower extremity, 65 were circular, 94 flap, in 9 cases the method is not mentioned, in 3, Syme's operation was performed; for 2, he made limbs where there was a congenital defect, in 2, Chopart's operation was performed.

Another result of Mr. Grossmith's table is rather interesting. He gives the