ankle is not an amputation at the joint, for he always removes the malleoli; but such an objection could not be held reasonable, and the operation now under consideration I deem a great addition to the history of amputation, and have taught it as such for the last ten years.

I now perceive that for nearly the first time mention is made of this operation in the surgical journals of the day, which, I make no doubt, will greatly tend to the advantage of this department of Surgery.

When I first commenced my profession, it was an understood rule, with but few exceptions, that the coverings of the bone in an amputation should be taken from the sound parts of the region where the amputation was performed; as, for instance, in amputation of the thigh, the soft parts were always taken from the substance of the thigh; so also in amputations of the leg. But in this case, and in amputation at the knee, the soft parts covering the end of the femur are actually the tissues that originally constituted the calf of the leg.

In the history of amputation it has always been the aim of the surgeon to make a good stump, its quality depending greatly upon the proper covering of the bone. If the soft parts be scanty, a bad stump must result; if, on the other, the covering be too large, the result will likewise be unsatisfactory. A remarkable instance of this latter kind was under notice last summer in this hospital. But there is more danger of the covering being scanty than profuse. The fleshy condition of the covering, as you know, is ultimately converted more or less into a fibrous texture.

Though amputation cannot be said to be the opprobrium of Surgery, an axiom I laid down in my first paper on Conservative Surgery—"For the greater proportion of sound material that we can save in any operation on the body, the nearer we come to the perfection of good Surgery"—yet I think amputation at the knee-joint may fairly have at least a footing in the province of conservative Surgery.

This operation has lain for some time in abeyance, but I now find my name associated with it in the journals, in papers which have recently appeared on the subject from the abler pens of my friends Mr. Greenhow, of Newcastle, and Mr. Jones, of Jersey—men who, with myself, I would fain hope, have no desire to have their names connected with novelties, unless they be for the good of our fellow-creatures and the advancement of Surgery.

In cases of injury of the joint, including great contusion of soft parts, I am doubtful whether the operation should not be effected above the seat of injury. As to the mode of performing the operation, I first make a small anterior flap, drawing the knife across the front of the joint, and then, inserting the point of the blade behind the femur, thrust it through to the other side, close to the condyles; then, carrying it downwards, cut the posterior flap from the calf of the leg. The saw is then applied a little above the condyles, and the flaps brought together as in an ordinary amputation.

Mr friend, Mr. Greenhow, of Newcastle, saws through the bone before making the posterior flap; but I prefer the method I have described, although the great aim is to obtain sufficient material to cover the bone.

In some instances I first effect the separation of the leg at the articular ends, and thereafter cut away as much of the femur as seems need-