tion had been made at the middle of the leg. We have no hesitation in saying he would not. Syme's operation is adapted for the rich man, it is not well suited to the poor man. Moreover we believe it is most successful in the young subject, the victim of scrofulous disease; we have not found it a good operation in the old subject with languid circulation; nor in cases of severe frost-bite when the line of separation leaves only space enough to make the flaps; here the parts immediately above those undergoing separation have been frozen to a point short of mortification, and their vitality has been so reduced, that they are not suited for union by adhesion or granulation and usually such flaps either slough, off or they melt away by slow absorption, leaving the bones bare, and rendering an amputation higher up, necessary—and we may remark here, that we have had most success in amputations for frost-bite when we have made (as now we invariably do) our flaps at some distance from the line of separation. Half an inch in the length of the stump, or even an inch, is of little consequence compared with the time a patient may be confined to bed, from the sluggish healing of a wound made in parts whose vitality is depressed, and from which we ought not to expect these important processes necessary to union, to be performed. Nor have we found this operation a successful one in severe railroad injuries of the foot—for though the integuments about the ankle joint may appear healthy before the operation, yet in a few days, suppuration takes place around the lower ends of the tibia and fibula, and the skin sloughs off, although it may have looked healthy and well nourished at the time of the operation. We believe this is the result of the stretching it has undergone from the foot having been caught in the machinery, (for we frequently find the tendons torn away from their attachment to the muscular fibres) whereby its vascular supply from beneath has been extensively lacerated, and the skin dies from want of nourishment, being dissected off the subjacent parts to some distance from the seat of the injury.

Mr. Bigg's remarks coincide with those of the writer just quoted. He says, "latterly, owing to the advances made by that department of Surgery called "conservative," many cases have occurred where only the anterior or tarsal portion of the foot has undergone amputation, thus leaving the os calcis or heel for the patient to rest on. This operation, though producing an extremely valuable stump for the purpose intended, becomes a matter of extreme difficulty to the mechanician when it has to be made the point of attachment for an artificial foot." The mechanical obstacles are then enumerated.

Apart then from the objections that might be urged against Syme's operation, and we have the evidence of Fergusson and others to show that they are neither few nor unimportant, we have the testimony of two of the most celebrated mechanicians to the great difficulty of adjusting an artificial foot to the stumps, made in this operation and consequently, the surgeon should allow these objections their proper weight before recommending to patients in humble life, operations that cannot render them as comfortable or as capable of earning a livelihood, as some others that do not lay claim to the claptrap of being styled "conservative." It is quite evident that the patient who can ride in his carriage may have an operation performed so as to allow of an artificial substitute for the removed limb, and may make