

The stumps which we have seen from this operation (and our teacher Lücke was very fond of the method) were all painless,¹ and bore pressure exceedingly well, in spite of the fact that the bone cicatrix was directed downwards. Moreover, the skin was always freely movable upon the stump, because the fascia was placed over the sawn surface of the bone, and the scar lay entirely on the posterior aspect of the stump.

51. Osteoplastic Amputation of the Femur through the Condyles (Ssabanejeff). Ssabanejeff has devised a form of *osteoplastic amputation* through the condyles in which the anterior flap contains a piece of bone sawn from the anterior surface of the



FIG. 234.—Osteoplastic amputation through the condyles of the femur (Ssabanejeff). An oblique incision has been made through skin and fascia as in Carden's amputation (Fig. 233). The tibia is sawn through obliquely upwards and backwards as high as the head of the fibula, and the flap containing the upper section of the bone is thrown backwards. The line of section through the condyles of the femur is shown.

tibia. After retraction of the anterior flap the saw is applied close to its anterior edge and carried in an oblique, or, better, slightly concave direction backwards to the posterior surface of the tibia, so as to remove from it a cap of bone (Fig. 234). The flap containing the piece of bone is reflected upwards as in the operation just described, after dividing the capsule and the lateral ligaments. The condyles of the femur are then divided obliquely as Fig. 234 shows, *i.e.* from above downwards and

¹ We must point this out in opposition to Bier, who disapproves of Carden's operation. We have seen a large number of excellent stumps capable of bearing pressure. Unfavourable criticism must be due to variations in execution and after-treatment.