bones were eroded. The articular cartilage on the head of the tibia was so soft that a probe passed readily through it, and the bone was bare and carious in several spots, especially around the articulation with the fibula.

"The patient rapidly improved, and was discharged cured March 11, 1854."

Now, if I be not mistaken, the late Mr. Liston performed a similar operation at University College Hospital; but I am uncertain as to its performance by that gentleman, or to the date, if it were performed. When I first performed the operation, to my knowledge it had not been previously done in England, for I cannot find any record of the fact, and such an operation performed for the first time would not likely be passed over without some notice being publicly made.

This operation has since been followed by others, among the first of whom I may name Dr. George Williamson, now in India, one of my former assistants. The first time I performed this operation was on the person of a full-grown man; (the case is mentioned in the third edition of my work on "Practical Surgery;") and I have rarely seen or made a better stump. He has repeatedly walked forty miles a-day, and once walked one hundred and twenty miles in three days; and, what is more astonishing, his false leg was but indifferently made and padded. the spoke of an old wheel being considered by the man an excellent substitute for a more expensive contrivance.

In consequence of such great advantages arising from my first trial of the operation, I have since frequently performed it. Notwithstanding, several objections have been made. Mr. Syme, who had performed the operation in Scotland before I attempted it here, had taken a dislike to the proceeding from something that went wrong in his own cases. Mr. Syme imagines that greater danger is incurred by a larger surface of bone being exposed, by the removal only of the condyles, than if the bone be sawn higher up in the shaft. But mischief, I think, is more apt to occur when the bone is sawn in the shaft. Where the bone is vascular, I think there is little chance of necrosis, and much less of caries; and you have frequently seen how kindly the two cut surfaces of the spongy portions of bone heal in cases of excision of the elbow-joint.

Another objection made is, that the length of the stump is very awkward. This I do not admit; if the stump be short, an apparatus cannot conveniently be fitted, and the bone. when cut too high, is liable to be tilted forward by the psoas and iliacus muscles. Indeed, I cannot perceive any objection to a long stump. Objections have been made to a long stump of the leg, and amputation of the leg is often recommended to be done a short distance below the knee, but I am doubtful of the utility of such a step as a general rule.

Again, a long stump in the thigh can never hinder in any way; besides, the leverage is much greater than if it were only half the length. In addition, the great breadth of bone, when well covered, is better able to support the weight required to be borne.

This objection might be raised by some,—that this operation is not truly an amputation at the joint, as the condyles were taken away. If such be allowed, then one might say that Mr. Syme's operation at the