

much disappointed at his recommendation not being more generally followed, that he threw out a hint to those whose limbs had been removed by older methods, that they had good grounds for instituting legal proceedings against their medical advisers for submitting them to unnecessary mutilation. The surgeons of the day were divided in opinion as to the advantages of these operations. Mr. Fergusson recommended the amputation at the ankle now known as "Syme's Operation" in the second edition of his work, but in the third edition, he says that a more extended experience obliges him to condemn it. At this present moment this operation is on its trial. We do not intend expressing our own opinions in this matter, though an experience of the operation has enabled us to form rules for our own guidance, but our readers may like to know what the makers of artificial limbs say on the matter. Mr. Grossmith mentions some objections to this operation which are equally applicable to amputation at the knee; he says "the mechanist cannot apply the usual artificial acting-joint—as the stump when well covered at the point (to form the heel cushion) reaches to within one and a-half or two inches of the ground:—he is therefore obliged to place metal-joints on each side of the point of the stump. In appearance, the apparatus will never be as neat and well-formed as that made for the mid-calf or upper-third operation; but whether the patient is sufficiently compensated for this defect, by his being enabled to take a bearing on the end of the stump (and some as will be seen by reference to the list of cases, do so with extraordinary firmness,) is a matter I must leave for the consideration of the Surgeon, and those who are about to be amputated."—p. 35.

We have examined the three cases of Syme's operation given by Mr. Grossmith, and have not found a confirmation of the above statement. In the first, "it was some time before the patient could bear pressure on the end of the stump and I found it necessary for him at first to take the entire bearing under the knee. After a few month's wear, however, and gradual application of pressure, by cushions, to the end of the stump, the tenderness was got over. He now walks firmly, taking his principal weight on the point, and using the knee-bearing only at times when relief is required."

In the second case it is remarked "the patient was unable to bear much pressure on the end of the stump for some time after having the limb (artificial) and I found it necessary to take the chief bearing under the patella." The third case is that of a "stout person walking with great firmness, but taking almost the whole of the bearing under the knee, not being yet able to sustain much pressure on the point of the stump."

In these extracts we learn a good deal of the results of this operation that would not reach the public eye through any other channel; the operations were performed on persons in affluent circumstances, who could afford to wait for the removal of tenderness from the stump, and could employ one of the most skilful mechanicians in the world to supply an artificial, for the removed limb; but could a poor labourer remain idle so long without bringing himself and his family to beggary, and supposing him to make an excellent recovery, and avoid all the dangers which Fergusson and others say are the frequent consequences of the operation, would he have as useful a limb at the end of six or twelve months, as if the amputa-