

When Mr. Syme introduced his operation for amputation of the foot at the ankle-joint, some surgeons contended that the operation was not a novelty, as amputation at the joint had been proposed before, although not performed in the way originally described by Mr. Syme.

In the time of Hey, who wrote an able treatise on amputation of the leg, amputation was performed at the knee, but not at the knee-joint. I am thus particular in the definition, as some think that these terms are too particularly insisted on. How often do we hear surgeons talking of the femoral artery as if only one femoral existed, whereas there are three; and perchance the one specified as the femoral is not truly the femoral artery. Here, then, we see the value of a proper application of terms.

But, to return to the case under consideration, I will read you the particular points of the case as detailed in the Case-book, and then make some remarks upon amputation at the knee-joint, and the advantages of such an amputation.

"W. M., aged 11, is a native of Sydenham, and states that he has always had remarkably good health up to the time of his present illness, which began six weeks ago. After having been out sliding the whole of one day, he came home in the evening complaining of pain in both legs, more especially in the right knee, upon which he had fallen in the course of the day. In a few days after this he was seized with shivering and violent deep-seated pain in the right leg and ankle-joint, which was followed by considerable swelling of the limb, commencing at the ankle and extending up to the knee-joint. The integuments appeared red, as if erysipelatous. His sufferings now became excruciating, more particularly if pressure were made on the limb, or if he attempted to move it. Notwithstanding the active measures employed by his own surgeon, the inflammation continued to increase, and matter formed, which soon became discernible in the soft parts. An incision was consequently made on the outer part of the ankle-joint, and about a pint of pus evacuated. A few days after this another puncture was made in the upper part of the leg, and more matter was discharged. During this time his general health had become much impaired, and he became extremely emaciated.

"When admitted into the hospital, January 25, 1854, Mr. Fergusson made an accurate examination while the boy was under the influence of chloroform, and found the knee-joint much diseased, the surfaces of the bones being rough and denuded, and a considerable collection of matter in the upper part of the leg, which was evacuated.

"The patient was supported by stimulants for a few days till his health was deemed sufficiently good to stand the shock of an operation.

"When placed in the operation table under chloroform, a small opening was made a little above the knee, and a quantity of unhealthy pus was evacuated. Mr. Fergusson then performed the operation of amputation at the knee-joint in the way detailed in his own work.

"The state of the bones of the leg clearly demonstrated the necessity of their removal. A section being made of the tibia, the cancellous tissue of the upper part of that bone was found filled with pus, while that tissue at the lower part was necrosed, and the epiphysis separated. The articular cartilages of the ankle-joint had ulcerated, and the ends of the