to be obtained from works such as Dr. Hughes', which will be of great use to the student in prosecuting his clinical enquiries. While, therefore, we would advise him to study works on auscultation and percussion, we would, at the same time, assure him, that he will never become a successful diagnostician unless he continuously and unweariedly practices both in the wards of the hospital.

CLINICAL LECTURE.

Clinical Lecture on Amputation at the Knee-Joint. By WILLIAM FERGUSSON, Esq., F.R.S., Professor of Surgery in King's College, London, and Surgeon to King's College Hospital, &c.

(Medical Times and Gazette.)

Gentlemen,—The case now before you is well worthy of your notice. It is brought into the theatre that you might see it, and I take the opportunity of making some observations upon "amputation at the knee-joint."

This boy was admitted into the hospital January 25, 1854, suffering from violent inflammation in the leg, acute necrosis of the tibia supervening; in other words, suppuration and separation of the periosteum of the tibia had set in, quickly undermining the boy's constitution, so that nothing could be expected, save the hazard of a long illness with a remote chance of dead bone being thrown off; what I therefore considered a better mode of treatment, and eventually followed, was the removal of the diseased extremity. The boy, as I said, was in a very bad state of health, and it seemed doubtful whether an operation undertaken at that time would be successful.

Surgeons of experience are familiar with instances of this disease, as acute necrosis is not an uncommon affection. But it is to the treatment of the case that I wish to draw your special attention. I am also well pleased so to do, as some of the particulars had escaped my memory, and the mode of amputation here followed has been rarely performed in this country. I allude to amputation at the knee-joint, which, I think, has not been performed, or at least recorded more than a few times in the history of English surgery; and as it is one in which I am much interested, you will, I hope, follow me with a like enthusiasm. This was essentially an amputation at the knee-joint. Now, there is a great difference between amputation at the knee and at the knee-joint, and it is easy to draw the distinction.

In my younger day it was common to amputate at the knee,—for an amputation high up on the tibia might be termed an amputation at the knee; so also an amputation very low in the femur. I have seen these operations very frequently performed, and have frequently so operated myself; and I think such amputations may be justly said to be amputations at the knee.