

With respect to the history of the substitution of excision for amputation at the ankle, the author remarks:—

"The Moreaus were the first surgeons who introduced the operation of removal of the bones of the ankle as a substitute for amputation. They removed the astragalus and ends of the tibia and fibula in two cases, and the patients did well. But none appear to have followed their example till a little more than two years ago. The great surgeons who have published their experience within the last few years do not encourage the practice of excision of the ankle-bones. Thus we find that Mr. Liston never excised any of these bones, and his opinion of excisions generally is, that 'when the soft parts are much diseased, when the disease is not limited to the articulating surfaces, or when the patient is reduced to a low state of hectic,' they are not admissible. Again it appears that though Mr. Fergusson has performed partial operations on the os calcis with success, yet he has never removed the entire bone. He relates a case, in which he scooped out the whole of its cancellated structure; 'the cavity healed slowly, and ultimately filled up.' Mr. Fergusson's opinion of excisions is, that 'such operations are, under any circumstances, extremely difficult, and in most instances more dangerous to the patient than amputation at the ankle or in the leg.'

"This being the state of opinion with regard to these operations, Mr. Thomas H. Wakley, in 1847, performed his operation of excision of the astragalus and os calcis, and with success. His case was published in *The Lancet*; and soon after in August, 1848, Mr. Greenhow performed excision of the os calcis, as he believed for the first time. When, however, the report of his first cases appeared, Mr. Hancock made known his case, which had been operated on a short time before, but had turned out unsuccessfully. Mr. Page operated in October, 1848."

In the cases detailed above, the strength of the patients had been much reduced by the constant discharge of matter from the diseased structures, and from their being constitutionally scrofulous. In healthier subjects recovery would have been quicker, and the chances of success more certain.

The mode of operating, as described by Mr. Greenhow, was as follows:—

"1 Incisions were made from the inner and outer ankles, meeting at the apex of the heel; and then,

2. Others extending along the sides of the foot, the flaps being dissected back, so as to expose the bone and its connexions. These being divided, the bone was removed, and the astragalus and cuneiform bones carefully examined. Where necessary, the saw was used, and then the flaps were brought together and secured by sutures, plaster, and a bandage. It was found better not to remove any integument, as was done in the first case."

MATERIA MEDICA.

THE NEW LONDON PHARMACOPŒIA.

Bismuthi Trisnitratis is now Bismuthi Nitratis.

Ceratum Saponis is now Cer. Sapon. Co.

Confectio Piperis Nigri is now Conf. Piperis.

Linimentum Hydrargyri Comp. is now Linimentum Hydrargyri.

Pilula Ipecacuanhæ Comp. is now Pilula Ipecac. c. Scilla.