

Mr. Hutchinson's case had less value in its bearing on the question of operation in man.—Mr. HUTCHINSON, in reply, agreed that this was the case.

33. *Amputation through Joints without interfering with the Proximal Bone.*—Dr. GRO. H. B. MACLEOD, Regius Prof. Surg. Univ. of Glasgow, advocates (*Glasgow Med. Journ.*, Oct. 1874) a modification of the usual practice in amputation through joints, which consists in leaving, in every case in which it can be done, the proximal bone with its incrusting cartilage untouched in the stump. The advantages he claims for this are that “exarticulation is quicker, easier, requires simpler instruments, and is attended with far less bleeding (from our having to deal, as a rule, with the main arterial trunk), than amputation in the continuity. By not touching the cartilage we can keep further from the trunk, have a longer stump, and not expose the very vascular and, hence, very absorbent end of the long proximal bone.

“There are here very great and important benefits which need not be enlarged upon. The risks of septicæmia and osteo-myelitis are reduced to the lowest attainable point as the bone (the chief agent of absorption in stumps) remains sealed. Operations thus performed are attended with much less shock—the integuments preserved are, as a rule, those best fitted for withstanding pressure—there is vastly less risk of injury to the flaps and bloodvessels and nerves by the action of the unsawn bone acting on them, and hence we need not fear protrusion or pain subsequently—we are less apt to be troubled by the retraction of the muscles, as their close adhesion to the bone down to its end is not weakened—the power of sustaining the pressure of apparatus is much earlier acquired, and the point of support is broader and better fitted for pressure than when the bone has been divided. If to this we add that the anastomosis of the bloodvessels in such flaps is very quickly established from the large supply of twigs on the level with joints—that we have no bleeding from the bone to deal with or dread, and that a false limb can with perfect success be fitted so as to retain the joint motion with a stump of the natural length, all the leading advantages of the mode of operating dealt with will have been stated, and it must be allowed that such advantages are neither few nor inconsiderable.

“Of course, we cannot amputate through a joint the seat of malignant disease; but it is in secondary amputations for accident that the most marked good is obtained, and it is in such cases that the great dangers of septicæmia and osteo-myelitis are apt to arise.

“It may be further added that the redundant size of the articulating head of the bone, which is in some cases left in the stump, in time disappears, and it becomes beautifully rounded and well adapted for the end of a stump.”

34. *Penetrating Wounds of the Knee.*—M. GAYET, Surgeon of, the Hôtel-Dieu at Lyons, on the strength of eight cases treated in that hospital, arrives at the following conclusion: 1. A penetrating wound of the knee-joint, made by a pointed instrument, and unattended by complications, is without danger, providing it be allowed to cicatrize in a state of rest and immobility. 2. The same wound may give rise to the most dangerous arthritis when not properly attended to. 3. The danger of arthritis is in direct proportion to the extent of the wound and the difficulties which impede its union by the first intention. 4. The complications dependent upon injuries of the bones are extremely serious; but fractures of the patella, however complicated they may be, need not, if they exist alone, lead to amputation or excision. 5. The presence of foreign bodies, however small these may be, induces arthritis and its possible consequences, and demands amputation or excision. 6. All things being alike, posterior wounds seem more serious than anterior ones, by reason of the density of, and number of the tissues concerned, the presence of vessels, etc. 7. These conclusions having been deduced from observations made in a hospital—*i. e.*, in a medium little favourable to conservative surgery—they may be regarded as more favourable when applied to media of a more healthy character.—*Med. Times and Gaz.*, Jan. 30, 1875, from *Lyon Médical*.