into cloſe contact, that the stump may be completely cover­ed. The parts are next to be ſecured by proper bandaging ; and if the operation has been properly performed, the cure wll commonly be made by the firſt intention, and may be completed in the courſe of three or four weeks, and ſometimes in a ſhorter period. This however muſt depend much upon the conſtitution of the patient, as well as the manner of performing the operation.

Sect. II. *Of Amputating the Arm and Fore-arm.*

Amputation of the arm is performed according to the rules already laid down. No more of it ſhould be removed than is diſeaſed ; for the longer the ſtump is, the more uſeful it proves. The tourniquet is to be applied a little above the part where the operation is to be performed : As much of the integuments ſhould be saved as may be perfectly ſufficient for covering the sore. In taking up the artery, after the bone has been divided, the operator ought to be attention ot to include the radial nerve, which may be readily diſccovered and ſeparated, as it lies cloſe upon the fore part of the artery. The fore-arm is to be amputated nearly in the ſame manner as the leg ; only that the ſtump may be covered by amputating with the double incision, without tlne aſſiſtance of a flap, which it is neceſſary to form in the leg.

Sect. III. *Of Amputating the Thigh.*

In performing this operation, the patient ought to be placed upon a table of ordinary height, with the diſeaſed limb supported and ſecured by an aſſiſtant ſeated before him, while other aſſistants take care of the other leg and the arms. The courſe of the blood is to be stopped by applying the tourniquet over the trunk of the femoral ar­tery, near the upper part of the thigh. No more of the thigh ouglnt to be removed than is rendered neceſſary by the diſeaſe, as the more of it is left, the more uſeful it will be to the pattient. An aſſiſtant ſhould graſp the limb with both hands a little above the place where the ſkin is to be divided, and draw it up as far as poſſible ; while the opera­tor, ſtanding on the outſide of the limb, makes a circular inciſion down to the muſcles by one or two ſtrokes of the knife. As much of the integuments is then to be dissected with a ſcalpel from the muſcles as may cover the stump completely ; and this part of the ſkin may either be turned back, or drawn tightly up by an aſſiſtant. The muſcles may then be divided quite acroſs to the bone by the edge of the ſkin, in the common way, or cut obliquely upwards, according to the method of Allanſon, ſo as to lay the bone bare two or three fingers-breadth higher than is done in the common way. The muſcles are next to be ſeparated from the bone with a ſcalpel a little way, that a sufficient quan­tity may be left for covering the end of it. The rest of the operation is to be performed exactly according to the general rules laid down in the firſt ſection of this chapter. The muſcles and integuments are to be drawn over the end of the bone, and applied closely together, that the ſkin may completely cover the ſtump, and retained in this ſituation by an aſſiſtant till a flannel or cotton roller, according to the ſeason of the year, which has been previouſly fixed round the body, be applied in ſuch a manner as to ſupport and fix them. For which purpoſe it ſhould be passed two or three times, in a circular direction, round the top of the thigh, and ſhould afterwards, with ſpiral turns, be brought down near to the end of the ſtump and faſtened with pins ; and it ſhould not be tighter than may be sufficient to aſſiſt the plasters in preventing retraction.

The ends of the divided muſcles are now to be laid exact­**ly over the bone; and the edges of the ſkin are to be** brought into contact, either ſo as to form a ſtraight longitudinal line, according to the method of Mr B. Bell, &c. ; or they are to be placed horizontally, “that the wound may appear only in a line with the angles at each side,” as adviſed by Allanſon. The ligatures may either hang over the edges of the wound, or be brought to the angles. After the edges of the ſkin are in this manner exactly ap­plied to each other, either a few slips of adhesive plaſter are to be laid acroſs the face of the stump, or two large pieces of adhesive plaſter, with ſeveral pieces of tape fixed to them, are to be applied to the ſurface of the ſkin. The tapes are then to be tied with a running knot immediately over the wound ; by which the parts will be kept ſo cloſely together as to prevent any collection of matter from being formed. The whole ſurface of the stump ſhould next be covered with a large pledget ſpread with an emollient ointment, over which a compreſs of fine tow is to be put, and retained in its place by a broad croſs ſtrap of old linen, paſſing ſome way up the thigh, ſo as to be ſecured by the roller, which is now to be paſſed two or three times round the ſtump ; and the preſſure formed by the croſs ſtrap may afterwards be increased or diminiſhed at pleaſure, by drawing it with more or leſs tightneſs, and fixing it with pins to the roller. While the ſtump is dreſſing, the tourniquet is removed, but replaced again loosely to enable the attendants to check any hemorrhagy which may afterwards enſue.

The patient is now to be laid to rest, and the limb is to be placed upon a little tow covered with linen, or upon a thin soft pillow ; and to prevent the patient from involun­tarily moving the limb, and to guard againft ſpaſmodic ſtartings, which frequently happen after this operation, it may be fixed to the bed by two ſtraps. A baſket or hooped frame ought to be placed over the stump to protect it from the bed-clothes. The patient ſhould immediately get an ano­dyne draught, which will generally procure ease through the reſt of the day. For this purpoſe, no more light ſhould be let into the room than is merely neceſſary for allowing the attendants to pay attention to the stump. As hemorrhagies ſometimes appear ſeveral hours after the operation, the per­son who takes the charge of the patient ſhould watch this circumstance with the greateſt attention. If there be on­ly a slight oozing of blood, there is no occaſion for being alarmed ; but whenever it appears to proceed from a large artery, it must be ſecured. The spaſmodic affections which frequently occur after amputation are ſeldom troubleſome, unleſs ſome nerve has been included in ſecuring the arteries ; but when they do appear, laying the limb in the eaſieſt poſture, and giving opiates, are the principal means of pro­curing relief.

To prevent inflammation as much as poſſible, the patient is to be kept upon a ſtrict antiphlogiſtic regimen, and his bowels kept open by laxative clyſters, till the inflammatory ſtage is over, which will generally be in a few days. If, notwithstanding this treatment, the stump ſwells, and the patient complain of pain and tightneſs, we ought to en­deavour to diſcover from what cauſe the uneaſineſs origi­nates. If it be owing to the straps being too tightly fixed, they muſt be ſlackened. If the ſtump be found much ſwelled, a ſaturnine solution ſhould be applied by means of ſeveral folds of linen ; and if the patient be young and ple­thoric, he ought to lose a few ounces of blood from the arm ; but if he is weak and emaciated, a different mode of treatment muſt be followed.

At the end of the third, or fourth day at fartheſt, the ſtump ſhould be examined ; and if it appear ſomewhat open and flaccid, the parts muſt be brought cloſer together and ſecured more firmly. After this time the dreſſings ſhould be renewed every day, or every second day. In about a