wound, and ſecured by the twiſted future. A pledget of any emollient ſhould then be applied, and a sufficient cuſhion of lint, with a compreſs of old linen, put over the whole. A moderate preſſure is next to be applied by a flannel roller ; by which the parts will be ſupported, their union facilitated, and matter moſt likely prevented from be­ing lodged. The treatment is then the same with that af­ter amputation in other parts of the extremities. For two or three days after the operation, it is neceſſary that an aſſiſtant sit with the patient to compreſs the artery in caſe a bleeding ſhould ensue.

When it is neceſſary to amputate the whole hand, the operation may be performed at the wriſt, ſo as to leave as much of the member as poſſible ; and the ſame rules hold here as in amputating at any of the rest of the joints. The tourniquet is to be applied to the artery in the arm, and the cure is to be completed by the firſt intention. When any of the carpal bones are affected, the ſore will not heal till they either work out by ſuppuration, or are cut out by the knife. When the middle of any of the metacarpal bones is diſeaſed, while their extremities are found, the trepan may be applied, and the diſeaſed parts removed, while the remaining sound parts are preſerved. But if the whole bodies of one or two of theſe bones be affected, while the rest remain sound, all the affected bones ought to be remo­ved. In performing the operation, an inciſion is to be made along the courte of the part affected ; and if the ope­rator have it in his choice, the inciſion ſhould be made upon the back part, ſo as to ſave the great vessels and nerves ſituated in the palm. The integuments are then to be diſſected, and turned to each side ; after which the diſeaſed bones or parts of bones are to be removed, guarding as much as poſ­ſible againſt wounding the principal arteries or nerves which lie near them

The diſeaſed parts are next to be ſeparated ; any arte­ries which happen to be cut are to be ſecured ; and, on ac­count of the free communication which they have with neighbouring branches, they ought to be tied at both cut ends. If after this a bleeding ſtill continue, compreſs, ſtyptics, and other remedies proper for stopping blood, are im­mediately to be uſed. The ſides of the wound are to be brought together, and an attempt made to cure them by the firſt intention.

In amputating the fingers, it was formerly the practice to operate upon the bodies of the bones in the ſame manner as in the larger extremities ; but at preſent the removal at the joints is more frequently practiſed.

In performing the operation, it is necessary to ſave as much skin as may cover the stump, and this ought to be done upon the side next the palm, ſo as to guard againſt the effects of friction. The general ſteps of the opera­tion are the ſame with thoſe for amputation of the larger joints.

A circular inciſion is to be made on the finger by a crooked biſtoury, about the middle of the phalanx, and it may be carried at once to the bone. Another inciſion is to be made with a common ſcalpel at each side of the finger, beginning at the circular one and continuing it to the joint, by which two flaps will be left to cover the stump. The ligaments of the joint are now to be divided, and the bone removed. The blood-vessels are to be ſecured by ligature, and the flaps exactly applied to each other; but in order to protect the end of the bone completely, a ſmall portion may be cut from the uppermoſt flap. The flaps are to be retained by adheſive plaſter, or by the twiſted future ; but if the latter be uſed, the tendons ought to be avoided. Over the ſore an emollient pledget is to be applied, and then a compreſs and roller. If the diſeaſe be ſo ſituated, that inſtead of amputating at the cavity of the joint, the ſurgeon ſhall think proper to operate upon the body of the bone, flaps are to be formed as above, and the bone is to be divided by means of a ſmall ſpring ſaw, fig. 122.

The amputation of the thigh, at the hip joint, has always been conſidered as one of the moſt formidable operations in surgery ; ſo much so, that very few caſes appear on record of its having ever been put in practice. In the Medical Commentaries of Edinburgh, an inſtance is recorded where the thigh was amputated at this joint, and where the pa­tient ſurvived the operation 18 days, and then died from a different cauſe, when all riſk of hæmorrhagy was over, and when the sore had even a favourable appearance, which ſhows at leaſt that the operation has been done with ſafety. It certainly ought never to be done, however, unleſs as the laſt resource, and when the life of the patient is in absolute danger ; and then only when as much ſkin and muſcles can be ſaved as will cover the ſore, and when there is alſo a probability of being able to ſtop the hemorrhagy, and pre­vent it from returning.

When the operation is to be performed, the patient is to be laid upon his back on a table, and properly ſecured by aſſiſtants; one of whom ſhould be ready with a firm cuſhion to preſs, if neceſſary, upon the top of the femoral artery, juſt after it paſſes from behind Poupart’s ligament to the thigh. A longitudinal inciſion is now to be made through the ſkin, beginning immediately under the ligament, and continuing it downwards along the courſe of the artery for about six or ſeven inches. The aponeuroſis of the thigh is then to be divided by gentle ſcratches till a furrowed probe can be introduced, when the opening is to be dilated by means of a ſcalpel, till two or three inches of the artery be laid bare. A ſtrong ligature is now to be put un­der the artery by the aſſiſtance of a curved blunt-pointed needle.

The part where the ligature ſhould be passed is immediately above the origin of the arteria profunda ; for if that artery be not affected by the ligature, the patient might ſuffer by the loss of blood during the rest of the operation. The ligature is now to be ſecured by a running-knot ; Another ligature is to be introduced a little below the former, and likewiſe ſecured ; the artery is then to be divided be­tween the ligatures. A circular inciſion is now to be made through the integuments of the thigh, about six inches from its upper end. The retracted ſkin is then to be pulled at leaſt an inch upwards ; and at the edges of it the amputa­ting knife is to be applied, ſo as to cut the muſcles down to the bone. This being done, a cut is to be made upon the poſterior part of the thigh, beginning a little higher than the great trochanter, and continuing it down to the circular inciſion, and as deep as the joint. A ſimilar cut is to be made on the anterior part of the thigh, at a ſmall diſtance from the artery, and this reaching likewiſe down to the bone. The two muscular flaps are to be ſeparated from the bone and joint, and held back by an aſſiſtant. Eve­ry artery which appears is now to be ſecured. Then the capſular ligament, and next the round one, are to be ſepa­rated from the acetabulum ; by which means the limb will be removed from the body. The acetabulum and neigh­bouring bone are next to be examined ; and if they appear found, the caſe will be more favourable ; but at any rate, a cure is to be attempted by the firſt intention. For which purpoſe, after removing all the clotted blood from the ſurface of the wound, and bringing the ligatures over the edges of the ſkin, the muſcles are to be placed as nearly as poſſible in their natural ſituation ; and drawing the flaps together, ſo as to cover the wound in the moſt accurate manner, they are to be kept in this ſituation by adheſive plaſter, and