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with which the operation was completed; but what is still more satisfactory to relate is the (to me at least) almost unexpected result. Within a few hours after the operation all pain in the eyeball had ceased; on the second day the patient could open his eye perfectly well; and at the end of a fortnight he discontinued his attendance at hospital, being perfectly free from pain, and, with the exception of a slight haziness of the lens, having an exceedingly useful eye.

The question then naturally arises—can the simple operation of division of the ciliary muscle and ligament be substituted for the more serious one of iridectomy? Mr. Hancock, who, I believe, was the first to propose this operation, answers "Yes." But I cannot help thinking that there are many cases in which it would be found inadequate; for instance, in disease of the choroid and iris with exclusion of the pupil, in which iridectomy has proved of such signal value, it is plain that division of the ciliary muscle could be of no avail; but in many other forms of disease, for the cure of which iridectomy has been proposed, I think we might, with advantage, substitute the simpler operation, the performance of which would not prevent the subsequent performance of iridectomy, should it fail to yield a satisfactory result.

ART. VI.—*On Amputation at the Ankle-joint, according to the Method of Professor Syme.* By GLASCOTT R. SYMES, one of the Surgeons of Dr. Steevens' Hospital, Dublin.

THERE is, probably, no surgical operation concerning the performance of which so much difference of opinion exists as with regard to Syme's amputation at the ankle joint. It was first performed by Mr. Syme in 1842, and by many other surgeons since then. One would imagine that after the test of twenty-one years it would be accepted or rejected by the surgical profession; but this is not the case. At the present day, even, some are found who strenuously advocate its merits; and some who as energetically oppose it. In the cases of excision of the knee, and ovariotomy, I can remember the time that they were considered unjustifiable operations; now, they are regarded as legitimate proceedings, owing to the successful and startling results of the operations.

Not so with Syme's amputation at the ankle-joint. It is not received by the profession generally as a good operation; and I myself have opposed it; but a consideration of the following cases changed my opinion:—

Case I.—Cornelius Hogan, aged eighteen, admitted into hospital on the 12th September, 1861. He was a highly scrofulous-looking subject, a native of Bolton, near Manchester. About five years before admission he was attacked with deep-seated pain in the left foot. From that time numerous abscesses made their appearance in different parts of the foot; in some instances fistulous openings remained; but many ultimately closed up. He applied for relief to the surgeons of the town, who recommended that he should have the leg amputated below the knee; but to this his relatives would not consent. Having heard of a previous successful case of partial amputation at this hospital, he was induced to come over in expectation of a similar result.

The foot was large and swollen, having that peculiar *clubbed* appearance so characteristic of disease of the tarsus—the tumefaction was principally confined to the dorsum; but the arch of the foot was obliterated, owing to the swelling which, also, to some extent, engaged the sole.

There were four openings on the upper and outer aspects —a probe passed into any of them came almost immediately into contact with diseased bone. There were also the cicatrices of previous openings apparent in many parts of the foot—one of these was situated about two inches above the internal malleolus. The tibia was considerably enlarged; the girth of the leg above the malleoli was nearly double that of the sound limb. The discharge from the sinuses was very profuse; the patient was pale and much emaciated.

An attempt was made to save the foot on the supposition that the change of climate might do something for him; but without effect. It came to that point that he should either have the part removed, or he should die. On proposing to him amputation of the leg, he would not hear of it; but he readily assented to any measure short of this.

The case seemed a very unpromising one for amputation at the ankle-joint—the tibia and fibula were much thickened, and the existence of the cicatrix before-mentioned above the internal malleolus, showed, likewise, that the bones of the leg were diseased.