

On amputation by a long and a short rectangular flap / by Thomas P. Teale.

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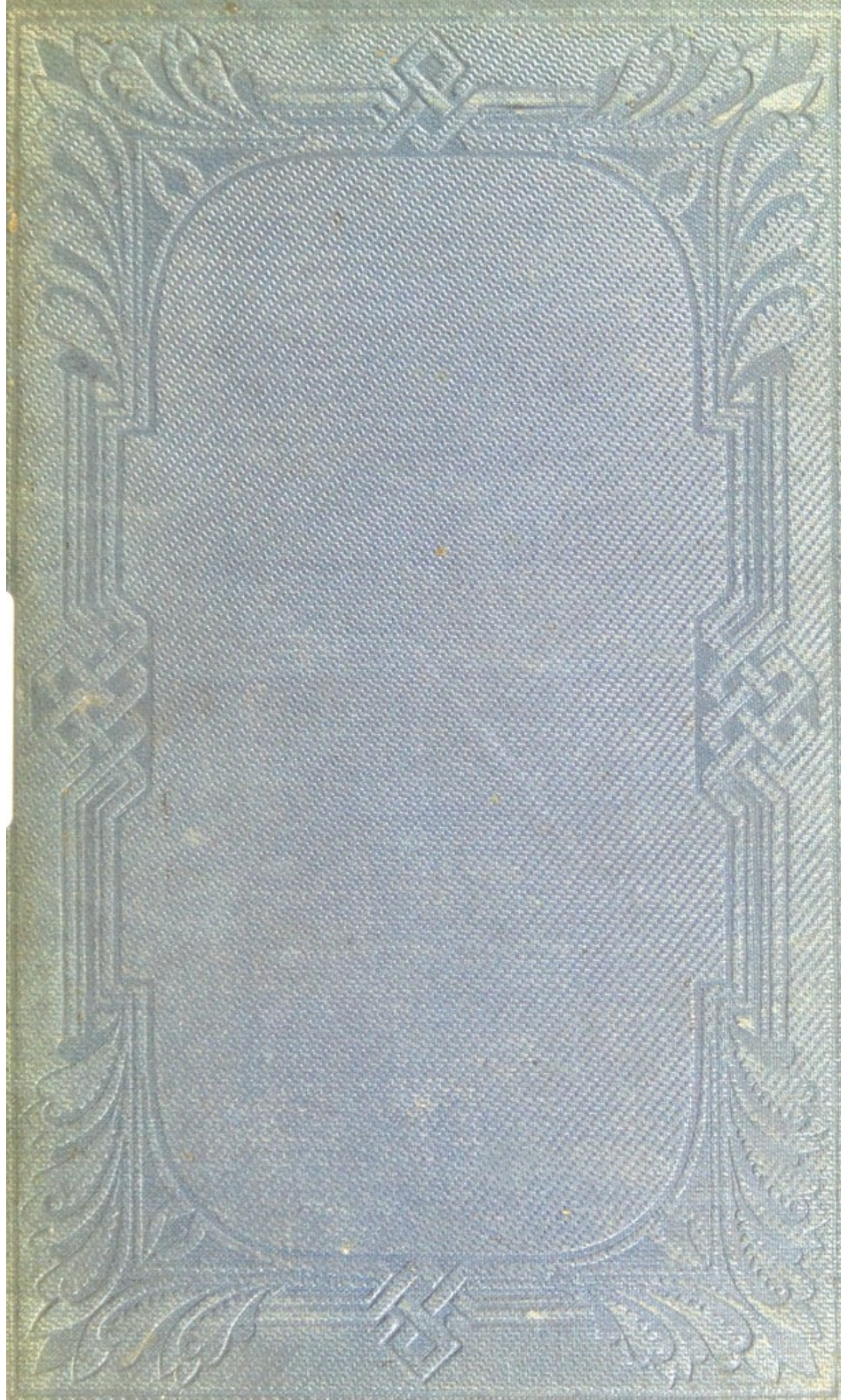
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James P. Teale

Presented to Henry Gray Crosby
by the son of the author
J. Pridden Teale

March. 2. 1900.



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ON
A M P U T A T I O N

BY

A LONG AND A SHORT RECTANGULAR FLAP.

ON
AMPUTATION

BY

A LONG AND A SHORT RECTANGULAR FLAP.

BY

THOMAS P. TEALE, F.L.S., F.R.C.S.,

SURGEON TO THE LEEDS GENERAL INFIRMARY.

ILLUSTRATED BY ENGRAVINGS ON WOOD BY MR. BAGG.



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ON
AMPUTATION.

GENERAL REMARKS ON AMPUTATION.

THERE are few subjects in practical surgery on which opinion is more unsettled than on the best mode of performing amputation. If we refer to the works of British and foreign writers of the present century, we shall find the suffrages of the profession pretty equally divided between the circular mode of amputating, and the double-flap operation by transfixion.

In my early days of practice, upwards of thirty years ago, when fresh from the school of Lisfranc, I adopted the transfixion method by two lateral flaps. Charmed by the brilliancy of the operation, I expected it would prove equal to the utmost wishes of the surgeon. In the dissecting room it was certainly admirable, but when practised on the living body it did not equal my expectations, and soon gave way to the circular method. At a later period, the example and strong recommenda-

tion of others led me to adopt the plan of transfixion, with an anterior and a posterior flap. This proceeding was also soon left off in favour of the circular incision, which I continued to practise until the middle of the year 1855, when the mode of operating was adopted which it is now my object to describe.

On reviewing my former practice and experience, if I were called upon to decide between the relative merits of the circular and transfixion methods, preference would be given to the former. My chief reasons for relinquishing these modes of operating are, the imperfect condition of stump generally resulting from them, and their great mortality.

In imputing generally *imperfection of stump* to the circular and double-flap transfixion methods, I shall perhaps be opposed by most surgeons who have amputated frequently. Each will be ready to say that he is in the habit of making excellent stumps, and indeed such was my own feeling in reference to these operations performed by myself. But, when the subject is considered more closely, we may ask ourselves, whether a stump is to be regarded perfect merely because it is of seemly form and not offensive to the sight. We ought further to inquire whether it is well adapted to locomotion, by being able to bear a considerable portion of the weight of the body on its end. As a general rule, it may be stated that the circular and transfixion stumps are not able to bear even the lightest pressure on their extremity. Being unwilling to rest this assertion on the personal experience of my colleagues and myself, I must appeal to the evidence which can be furnished by

surgical mechanics who have had extensive experience in the adaptation of artificial limbs.

My acknowledgment is here especially due to Mr. Heather Bigg and Mr. Grossmith, for the prompt and unreserved communication of their own observations.

Mr. Bigg, in a letter which will be inserted in the Appendix, states that in his practice he does not allow any pressure to be made by the bottom of the socket upon the end of the stump, because the tenderness of the stump renders such pressure unbearable. The whole weight of the body is therefore thrown upon the upper part of the limb. Mr. Bigg has hardly ever found the cicatrix after amputation of the limbs, *otherwise than adherent* to the sawn end of the bone.

Mr. Grossmith says, that it is his *rule never* to allow pressure on the end of the stump, except in amputations at joints. His practice in this respect has been founded on the fact, that he never found the patient able to bear such pressure without pain. He does not remember any circular or transfixion stumps, in which there was a soft, moveable mass of tissues over the *sawn end of the bone*, and, as a general rule, he has found the cicatrix adherent to the bone. The cicatrix thus united has proved the most tender part of the stump. For Mr. Grossmith's letter, I beg to refer the reader to the Appendix.

Mr. Thomas Eagland, of Leeds, states, that his experience is in perfect accordance with that of Mr. Grossmith and Mr. Bigg, as far as regards the stumps formed by the old methods of circular incision and transfixion.

My own observation of such stumps, taken in conjunction with that of the gentlemen whose statements have been quoted, lead me to conclude: first, that in stumps formed after the circular and transfixion methods it is extremely rare to find a soft moveable mass of tissues over the end of the bone; secondly, that with very few exceptions the cicatrix is adherent to the end of the bone; and thirdly, that such stumps are generally unable to bear pressure on their extremity.

I have certainly known a few exceptions to these statements, and have also seen some apparent but not real exceptions in amputations for accident, in which, on account of the irregular destruction of soft parts, the flaps were formed irregularly, being freely taken from those parts where they could be obtained. But these cases must be distinguished from circular and transfixion amputations, performed "according to rule."

On these grounds, then, I think it may fairly be asserted that stumps formed by the circular and transfixion amputations are far from being perfect.

To form a just estimate of the *mortality* after amputation of the limbs, we must not rest upon the experience of individual surgeons or of individual hospitals. More extended and more general evidence must be appealed to. Fortunately the materials for such an inquiry are now within our reach. The valuable statistical reports of the practice of the London and of the Provincial hospitals, published during the last few years in the Medical Times and Gazette, although perhaps not absolutely free from error, are sufficiently correct and extensive to afford fair general inferences.

In an Appendix to this work will be given, in tabular form, two statements of the amputations of the thigh and leg in the London and in the Provincial hospitals respectively, during a period of three years. The London hospitals furnish 317 cases, after double amputations, amputations at joints, and cases "under treatment" have been deducted. The Provincial hospitals, with similar deductions, and with the exclusion of cases belonging to the Leeds Infirmary which will be given separately, show 323 cases.

On giving the *results* of these amputations, the cases which were reported "nearly well" are ranked as recoveries, and all those reported "doing well" are also added to the recoveries. I felt some difficulty in dealing with the latter; for to have excluded them, as is done with those stated to be "under treatment," would have been manifestly unfair, as it is to be presumed that such would ultimately have presented more than the average number of recoveries. It therefore appeared to me, that the least objectionable course that could be adopted was to add them to the recoveries. By so doing, the apparent results are rendered, in a slight degree, more favorable than the facts might warrant, for it is well known that the surgeon not unfrequently finds his patient "doing well" for days and even weeks, and at his next visit hears of rigors, the too frequent precursors of death. But the little advantage from this source on the side of recoveries is not such as materially to alter the statistical results. In the London list of 317 cases, 37 reported as doing well are added to the recoveries, namely, 7 amputations of the thigh for

accident, 14 of the thigh for disease, 8 of the leg for accident, and 8 of the leg for disease.

In the provincial list of 323 cases, 3 reported as doing well, are added to the recoveries, namely, 1 amputation of the thigh for accident, and 2 of the thigh for disease.

Analysis of the Table of Amputations of the Thigh and Leg, at the London Hospitals, from July 1, 1854, to July 1, 1857.¹

317 Amputations.	Thigh 217	Accident 48	{	Deaths . .	29
		Disease . 169		{	Recoveries
	Leg . 100		Accident 41		{
		Disease . 59		{	
				Recoveries	21
				Deaths . .	16
				Recoveries	43

From this analysis it appears that there were in—

		Deaths.		Deaths.	Cases.
48	amputations of thigh for accident	29	or about	$3\frac{1}{2}$	in 6
169	„ of thigh for disease	38	„	1	„ $4\frac{1}{2}$
41	„ of leg for accident	20	„	1	„ 2
59	„ of leg for disease	16	„	1	„ $3\frac{2}{3}$
317	„ of thigh and leg	} 103	„	1	„ 3
	for accident and				
	disease . .				

¹ See Appendix, p. 49.

*Analysis of the Table of Amputations of the Thigh and Leg at the Provincial Hospitals during the years 1855, 1856, and 1857.*¹

323 Amputations.	{ Thigh 176	Accident 42	{ Deaths . . 26 Recoveries 16
		Disease . 134	
	{ Leg . 147	Accident 69	{ Deaths . . 24 Recoveries 45
		Disease . 78	

		Deaths.		Deaths.	Cases.
42	amputations of thigh for accident	26	or about	$4\frac{1}{3}$	in 7
134	„ of thigh for disease	33	„	1	„ 4
69	„ of leg for accident	24	„	1	„ 3
78	„ of leg for disease	19	„	1	„ 4
323	„ of thigh and leg	} 102	„	1	„ $3\frac{1}{6}$
	for accident and disease . . .				

On reviewing these tables we cannot but feel deeply struck with the fact, that although the practice of some hospitals, probably from local circumstances, is more favourable than that of others, the general result of 640 amputations of the thigh and leg, for accident and disease, performed in the London and Provincial hospitals, shows a fatality of nearly one in three. Such a result may surely warrant an attempt to lessen the mortality of amputations.

¹ See Appendix, p. 58.

AMPUTATION BY A LONG AND A SHORT
RECTANGULAR FLAP.

To procure a more useful stump, and in the hope of somewhat diminishing the mortality of the operation, it is proposed to amputate by a long and a short rectangular flap—the long flap, folding over the end of the bone, being formed of parts generally devoid of large blood-vessels and nerves, whilst these important structures are contained in the short flap.

The size of the long flap is determined by the circumference of the limb at the place of amputation, its length and its breadth being each equal to half the circumference. The long flap is therefore a perfect square, and is long enough to fall easily over the end of the bone. In selecting the structures for its formation, such parts must be taken as do not contain the larger blood-vessels and nerves. A flap so formed will be for the most part anterior in position as far as regards the general aspect of the body, but superior when the patient is in the recumbent posture, as during the after-treatment.

The short flap, containing the chief vessels and nerves, is in length one fourth of the other.

The flaps being formed, the bone sawn, and the

arteries tied, the long flap is folded over the end of the bone ; each of its free angles is then fixed by suture to the corresponding free angle of the short flap. One or two more sutures complete the transverse line of union of the flaps. At each side the short flap is united to the corresponding portion of the long one by a point of suture, and one suture more unites the reflected portion of the long flap to its unreflected portion. Thus the transverse line of union is bounded at each end by a short lateral line at right angles to it. This description will be more readily appreciated by a reference to figures 3, 7, 11, 15.

After the patient has been carried to bed, the stump is laid on a pillow, over which a large sheet of gutta-percha tissue has been spread. *No dressing whatever* is required in the early part of the treatment. A light piece of linen or gauze is thrown loosely over the stump and pillow, and these are protected from the pressure of the bedclothes by a wire-work guard. To relieve tension the lateral sutures may be removed on the following day, but those of the transverse line may be allowed to remain until they are cast off, or appear no longer needed on account of the consolidated union of the parts. When the sutures of the transverse line have lost their hold, if the flaps should gape, a strap or two of adhesive plaster may be applied. Simplicity in the treatment is thus secured, as well as disturbance of the stump avoided.

To carry out these objects completely, the attendants and nurses must be strictly enjoined not to lift the stump from the pillow without the authority of the

surgeon. As there are no dressings to be soiled, and therefore to require removal, the stump generally need not be raised from the pillow for many days, or even for two or three weeks. When there is a discharge of matter, the nurse must remove it frequently by a soft sponge from the subjacent gutta percha, without lifting the stump.

The chief advantages of this mode of operating are—

1st. The avoidance of tension.

2dly. The formation of a soft covering for the end of the bone consisting of parts free from large nerves.

3dly. The non-disturbance of the plastic process, and the consequent placing of the large veins of the limb, as well as the smaller veins of the bone, in a condition the least likely to take up purulent matter and putrid blood or serosity.

4thly. The favourable position of the incisions for allowing a free outlet for purulent and other discharges.

The avoidance of tension is secured by the ample size of the long flap. For although the tonic contraction of the divided muscles is allowed to go on unrestrained by circular bandaging or adhesive dressings, the flap is still amply sufficient to cover the end of the bone; indeed, at the time of the operation it often

appears superabundant, but in the result it is not found to be so, chiefly in consequence of the great retraction of the short flap.

The non-disturbance of the plastic process is the chief point on which the future safety of the patient depends. The long flap folding over the end of the bone, and being free from tension, soon acquires an organic union with it. The open mouths of the veins of the bone are thus early sealed; and the chief veins of the limb, protected in the retracted short flap, and undisturbed by unnecessary liftings and dressing of the stump, have also the best opportunity of becoming permanently closed, and of being thereby rendered incapable of taking up purulent and putrid matters.

There are, however, causes unfortunately beyond our control, which frequently oppose the plastic process. These are epidemic influence, hospital air, the peculiar condition of the general atmosphere, and, more serious than all, the effects of *shock*. The evils of shock are not only immediate, but also remote. A person in robust health may, by the immediate effect of shock from injury, have his life nearly extinguished, and may so far rally as to be submitted to amputation, but the *remote* effects of the shock are still in store for him. In such a case the vital condition of the blood and of the whole fabric of the body may remain so far lowered as to be incapable of setting up a *vigorous* process of repair.

How careful, therefore, ought we to be to husband to the utmost the feeble reparative power that exists.

Whilst briefly alluding to this part of my subject, I have much pleasure in referring to the valuable essay of

Mr. James, of Exeter, 'On the Causes of Mortality after Amputations of the Limbs.'¹

¹ 'Trans. of Provincial Medical Association,' vols. xvii and xviii.

RESULTS OF AMPUTATION BY A LONG AND A SHORT
RECTANGULAR FLAP.

I WILL now proceed to lay before the profession the results of this operation during a period of three years, extending from June 16th, 1855, to June 16th, 1858.

Before doing so, I am glad to avail myself of the opportunity now offered of rendering my grateful acknowledgments to my colleagues, Mr. Samuel Smith and Mr. Samuel Hey, for the frank and generous manner in which they have examined my views and put them to the test. I have, moreover, great satisfaction in stating that these gentlemen now practise the operation under consideration as their mode of amputating, deviating from it only in such cases as present special peculiarities.

The operation has been performed 56 times. In 13 cases at the Leeds Infirmary by Mr. Smith; in 27 cases by myself, 23 of them being patients in the Infirmary, and 4 in my private practice; in 14 at the Leeds Infirmary by Mr. Samuel Hey; in 1 case by Mr. C. G. Wheelhouse in his dispensary practice; and in 1 by my son, Mr. T. Pridgin Teale, jun., in private practice.

TABLE OF AMPUTATIONS BY A LONG

From June 16, 1855,

No.	Date.	Name.	Age.	Accident or Disease.	Part Amputated.
	1855				
1	June 16	Edward Kirkbride	27	Disease	Forearm
2	June 30	Mr. E—	45	ditto	Thigh
3	July 14	Harriet Fothergill	34	ditto	Leg
4	Oct. 1	John Sharp	71	ditto	Arm
5	Oct. 11	John Dewhurst	27	ditto	Thigh
6	Oct. 20	Chas. Greenwood	36	ditto	ditto
7	Dec. 17	Mr. B—	16	ditto	Leg
8	Dec. 20	Anne Smith	19	ditto	ditto
	1856				
9	Jan. 30	Joseph Marshall	28	ditto	Leg
10	March 22	Amanda Wood	12	ditto	ditto
11	May 8	George Butterfield	35	Accident	Forearm
12	June 6	Mr. S—	45	Disease	Leg
13	June 7	Mary Ann Pickles	30	ditto	Leg
14	Aug. 2	Thomas Clarke	23	Accident	Arm
15	Aug. 15	Benjamin Barker	45	Disease	Leg

AND A SHORT RECTANGULAR FLAP.

to June 16, 1858.

Operator.	Result.	REMARKS.
Teale	Recovery	
Teale	ditto	
Teale	ditto	Died a year afterwards of phthisis.
Teale	Death	Died on 10th day, gradually exhausted. Bronchial membrane injected and purple; no signs of pyæmia. Heart flabby and dilated; kidneys large, pale, and filled with cysts.
Hey	Recovery	
Smith	Death	Amputation in this case was performed as a forlorn hope, at the urgent request of the patient, whose sufferings were very great. The patient was extremely wasted by the disease, weighing only five stones. Death on 10th day. Apex of left lung disorganized from phthisis.
Teale, jun.	Recovery	
Teale	ditto	
Teale	ditto	
Teale	ditto	
Hey	ditto	Smash of hand and wrist; gangrene; amputation on 5th day.
Teale	ditto	Died ten months afterwards of strumous disease of the vertebræ and opposite ankle.
Hey	ditto	Died of rapid phthisis a month after the operation, the stump being firmly healed.
Smith	ditto	Gunshot wound. A few days after amputation tetanus set in severely, and, gradually becoming less intense, disappeared after several weeks. The patient recovered perfectly.
Smith	ditto	

No.	Date.	Name.	Age.	Accident or Disease.	Part Amputated.
	1856				
16	Sept. 17	Elizabeth Tiplady	21	Disease	Thigh
17	Oct. 16	Edward Waddington	9	ditto	Leg
18	Nov. 5	Joshua Trowgate	70	Accident	Arm
19	Nov. 13	C. Woodhead	15	Disease	Leg
20	Nov. 24	Chas. Lyons	24	Accident	ditto
21	Nov. 27	Robt. Langstaff	31	Disease	Arm
	1857				
22	Jan. 15	Mary Horsfield	36	ditto	Leg
23	Jan. 26	Thomas Prentice	13	ditto	ditto
		*			
24	Jan. 26	William Simpson	28	ditto	ditto
25	May 11	George Asguith	46	ditto	Arm
26	May 12	Henry Whitaker	17	ditto	Leg
27	May 28	James Wainman	71	Accident	Arm
28	May 30	J. Holmes Mortimer	14	Disease	Leg
29	May 30	John Wood	32	ditto	Thigh
30	June 4	Hannah Birkinshew	26	ditto	Leg
31	July 2	Michael Duff	18	ditto	ditto
32	July 2	Alfred Nowell	11	ditto	Thigh
33	July 9	Squire Jowitt	18	ditto	ditto

Operator.	Result.	REMARKS.
Teale	Recovery	Died of phthisis 14 months afterwards.
Teale	ditto	
Teale	ditto	Severe smash of elbow and forearm from machinery. He made a most favourable recovery.
Teale	ditto	
Smith	ditto	
Hey	Death	He died exhausted on the 14th day. Tubercle at the apex of each lung; some breaking down of pulmonary tissues; liver large and fatty; stump showed no attempt at repair; periosteum softened.
Smith	Recovery	
Teale	ditto	The stump became affected with erysipelas and phagedæna; profuse suppuration followed; repair slowly went on, but ultimately cicatrization was nearly complete, when the tension of the parts over the bones was found to be so great, that it was thought desirable to remove another inch of each bone. An excellent stump was the result.
Hey	ditto	
Teale	ditto	Had a severe attack of erysipelas of the stump, from which he recovered. Stump healed perfectly. Death from phthisis, seven months afterwards.
Teale	ditto	
Teale	Death	Arm torn off above the elbow. Death from shock on the following day.
Teale	Recovery	
Hey	ditto	
Hey	ditto	
Teale	ditto	
Teale	ditto	
Smith	ditto	

No.	Date.	Name.	Age.	Accident or Disease.	Part Amputated.
34	1857 July 27	Mr. —	22	Accident	Thigh
35	July 28	John Whiteley	33	Disease	ditto
36	Aug. 2	John Sunderland	13	ditto	ditto
37	Aug. 7	Miss P—	18	ditto	Leg
38	Aug. 10	William Bull	12	ditto	Thigh
39	Sept. 2	Jane L—	35	ditto	ditto
40	Sept. 7	Charles Schofield	18	ditto	ditto
41	Sept. 12	William Mills	21	ditto	ditto
42	Oct. 5	Ellen Horsfield	33	ditto	ditto
43	Oct. 8	Francis Robinson	25	ditto	ditto
44	Oct. 12	Thomas Hewson	23	ditto	Leg
45	Oct. 22	Joseph Horne	31	ditto	ditto
	1858				
46	Jan. 23	Ann Fairbairn	22	ditto	ditto
47	Jan. 23	Bessy Burnley	61	ditto	ditto
48	Feb. 1	Parker Greenwood	27	ditto	ditto
49	Feb. 4	Henry Murgatroyd	27	ditto	ditto
50	Feb. 4	George Hunt	31	ditto	Thigh
51	Feb. 4	William Mawson	55	ditto	Forearm
52	Feb. 6	John Ellison	28	ditto	Thigh
53	March 22	Mary Lofthouse	32	ditto	Leg
54	April 19	Jabez Jessop	40	ditto	ditto
55	May 13	Enoch Ely	20	ditto	Forearm
56	May 13	Richard Dobson	15	ditto	Leg

Operator.	Result.	REMARKS.
Teale	Recovery	Accident from railway collision. Compound dislocation of knee, deep wound in popliteal space, popliteal vessels injured, foot dead; amputation 54 hours after accident. Very favorable recovery.
Teale	ditto	Severe erysipelas of the stump.
Wheelhouse	ditto	
Teale	ditto	
Smith	ditto	
Hey	ditto	Excision of knee joint a year before; the case proceeded favourably for several weeks, but afterwards abscesses formed attended with great irritation rendering amputation necessary.
Hey	ditto	
Teale	ditto	
Hey	ditto	
Teale	ditto	
Smith	ditto	
Teale	ditto	
Hey	ditto	
Smith	ditto	
Smith	ditto	
Smith	Death	On the 3d day had rigors and profuse perspirations, followed by bilious vomiting convulsions and death on 5th day. No signs of pyæmia or recent inflammation developed in any of the internal parts.
Teale	ditto	Died exhausted on 6th day. He was extremely reduced before operation. A great number of small arteries required ligature. Secondary hemorrhage occurred, from which he never rallied.
Teale	Recovery	
Hey	Death	
Smith	Recovery	Died on 20th day. Pyæmic deposits in the lungs.
Smith	ditto	
Hey	ditto	
Hey	ditto	

Summary of Cases recorded in the foregoing Table.

56 Amputations.	Thigh . . 18	{ Accident . . 1	{ Death . . 0
		{ Disease . . 17	{ Recovery . . 1
	Leg . . 28	{ Accident . . 1	{ Deaths . . 3
		{ Disease . . 27	{ Recoveries 14
Arm . . 6	{ Accident . . 3	{ Death . . 0	
	{ Disease . . 3	{ Recovery . . 1	
Forearm 4	{ Accident . . 1	{ Deaths . . 2	
	{ Disease . . 3	{ Recovery . . 1	
			{ Death . . 0
			{ Recoveries 3

To determine the value of this mode of operating in lessening the mortality of amputation, the facts hitherto at our command are manifestly insufficient; but, as far as they extend, their bearing upon this point is highly favourable. The results are more important, as they extend over so considerable a period of time as three years, and as being drawn from the practice, not of one surgeon, but of several.

The traumatic cases in this series form but a small proportion of the whole—namely, 6 in 56. It may, however, be remarked that of these 6 cases only 1 died; and that the 2 cases of amputation of the lower limb for accident both recovered. Whereas of 17

traumatic amputations performed during the same period of time in the Leeds Infirmary, by the same surgeons, 10 died, the deaths being in the proportion of 1 in $1\frac{2}{3}$ cases.

It is, however, only in the amputations of the thigh and leg for disease, as shown in the preceding summary, that the numbers are large enough to warrant their comparison with the standard obtained at the London and Provincial hospitals.

The amputations of the thigh for disease present 3 deaths in 17 cases, or nearly in the proportion of 1 in 6. In the London hospitals the ordinary amputations of the thigh for disease show a mortality of 1 in $4\frac{1}{2}$. In the Provincial hospitals the mortality is 1 in 4.

The amputations of the leg for disease show a mortality of 1 in 27, which contrasts most favourably with the ordinary modes of amputating. In the London hospitals these amputations are attended with a mortality of 1 in $3\frac{2}{3}$, and in the Provincial hospitals of 1 in 4.

For the purpose of further comparison, I will place in tabular order the amputations by other methods than by the long and short rectangular flap, which have been performed in the Leeds Infirmary during the same period of three years.

TABLE OF AMPUTATIONS AT THE LEEDS

From June 16, 1855,

No.	Date.	Name.	Age.	Accident or Disease.	Part Amputated.
	1855				
1	June 16	James Feather	22	Disease	Forearm
2	June 21	John Maude	28	ditto	Leg
3	June 24	William Simon	12	ditto	ditto
4	July 5	Samuel Welsh	21	Accident	Forearm
5	July 12	George Taylor	2	ditto	Arm
6	July 14	Harriet Fothergill	34	Disease	Leg
7	Aug. 2	John Lorrimer	71	Accident	ditto
8	Oct. 1	James Schofield	16	Disease	ditto
9	Oct. 10	Bridget Frances	15	Accident	Arm
10	Nov. 17	Michael Bailey	16	ditto	Leg
11	Dec. 15	William Ward	29	ditto	ditto
	1856				
12	Feb. 21	John Hardy	56	ditto	Arm
13	April 1	Abraham Shelley	26	ditto	Forearm
14	May 8	Louisa Sutliff	19	ditto	Arm
15	Aug. 6	William Bolton	11	ditto	Thigh
16	Dec. 14	John Nicholls	34	ditto	Forearm
	1857				
17	March	Hannah Wilson	12	ditto	Thigh

GENERAL INFIRMARY, BY OTHER METHODS.

to June 16, 1858.

Operator.	Result.	REMARKS.
Smith	Recovery	Circular amputation.
Smith	ditto	Flap from the calf.
Smith	ditto	Flap from the calf.
Hey	Death	Circular amputation ; death from pyæmia on 23d day.
Teale	ditto	Smash of fore-arm and elbow ; flaps taken irregularly ; death from shock.
Teale	Recovery	Flap from the calf.
Hey	Death	Severe contusion of foot ; gangrene at the end of 3 weeks ; amputation by flap from calf followed by delirium, diarrhœa, and death on 20th day. No p.m.
Hey	Recovery	Flap from the calf.
Hey	Death	Flaps taken irregularly ; death 2 months afterwards ; stump not healed ; air, turbid serum, and flakes of lymph in pleura.
Hey	Recovery	Flap from the calf.
Smith	ditto	Flap from the calf.
Smith	Death	Flaps taken irregularly ; death in 1 month ; pyæmic deposits in both lungs.
Smith	Recovery	Circular amputation.
Smith	ditto	
Smith	Death	Circular amputation ; death on 40th day ; stump not healed ; double pleurisy ; pyæmic deposits in both lungs.
Smith	ditto	Double flap amputation a week after accident on account of gangrene ; death on 10th day ; effusion of turbid serum and flakes of lymph in right pleura.
Hey	Recovery	Circular amputation.

TABLE OF AMPUTATIONS

No.	Date.	Name.	Age.	Accident or Disease.	Part Amputated.
18	1857 March 7	Ellen Robson	23	Accident	Leg
19	March 7	Philip Walker	44	Disease	ditto
20	June 4	Jane Kitson	26	ditto	ditto
21	June 8	Benjamin Stead	18	Accident	Arm
22	July 30	William Crowther	16	ditto	Leg
23	Sept. 17	William Scully	12	ditto	Forearm
24	Sept.	Thomas Carr	44	ditto	Leg

Operator.	Result.	REMARKS.
Hey	Death	Flap from the calf; death in 5 weeks; stump not healed; lobular pneumonia; pyæmic deposits in spleen.
Hey	Recovery	Flap from the calf.
Hey	ditto	Flap from the calf.
Hey	Death	Circular amputation; death on 24th day; stump not healed; small pyæmic deposits in both lungs; large abscess in liver.
Smith	Recovery	Flaps taken irregularly.
Hey	ditto	Double flap.
Hey	Death	Flaps taken irregularly; died exhausted on 8th day; slight recent pleurisy on left side.

Summary of Cases recorded in the foregoing Table.

24 Amputations.	Thigh . . . 2	Accident . . . 2	{	Death . . . 1	
				Recovery . . . 1	
		Disease . . . 0		{	Death . . . 0
					Recovery . . . 0
	Leg . . . 12	Accident . . . 6	{	Deaths . . . 3	
				Recoveries . . . 3	
		Disease . . . 6		{	Death . . . 0
					Recoveries . . . 6
	Arm . . . 5	Accident . . . 5	{	Deaths . . . 4	
				Recovery . . . 1	
		Disease . . . 0		{	Death . . . 0
					Recovery . . . 0
	Forearm . . . 5	Accident . . . 4	{	Deaths . . . 2	
				Recoveries . . . 2	
		Disease . . . 1		{	Death . . . 0
					Recovery . . . 1

This series of cases, although they are not numerous, is interesting from the close resemblance of its results to those obtained at the London and Provincial hospitals on a much larger scale.

It is further important, as showing that during the three years over which our observation of the new mode of amputating extends, purulent and putrid poisoning of the blood prevailed. This fact was also too painfully shown by other cases as well as by the amputations.

On referring to the table of amputations by the new method, it is seen that of 6 cases of amputation for accident, one death only occurred, and this death was not pyæmic, but was caused by shock; whereas, in

17 cases of accident, in which amputation by other methods were performed, in the same hospital, by the same surgeons, 10 died, and of these 10 deaths, 7 were caused by purulent or putrid poisonings, as shown by their peculiar deposits in the viscera, or by unhealthy recent inflammation of membranous surfaces, more especially the serous.

The *character of the stumps* obtained by this method of operating may now be considered.

Their chief peculiarity consists in their having a soft mass of tissues, devoid of large nerves, moveable over the sawn end of the bone, which enables them to bear pressure on their extremity.

In proof of this the following table may be referred to, as it contains the result of all the cases, as far as I have been able to ascertain, in which artificial limbs have been used.

CASES OF AMPUTATION BY THE LONG
IN WHICH ARTIFICIAL LIMBS

No.	Name.	Part amputated.	Date of Amputation.
2	Mr. E.	Thigh	1855. June 30
8	Anne Smith	Leg	1855. Dec. 20
9	Joseph Marshall	ditto	1856. Jan. 30
10	Amanda Wood	ditto	1856. Mar. 22
17	Edward Waddington	ditto	1856. Oct. 11
19	C. Woodhead	ditto	1856. Nov. 13

AND SHORT RECTANGULAR FLAP,
HAVE BEEN EMPLOYED.

Date of use of Artificial Limb.	REMARKS.
—	July 15, 1858.—Mr. E. has walked two years with Palmer's artificial leg, made in the usual manner so as to avoid pressure on the end of the stump. He could walk with this apparatus two or three miles without fatigue. On the 17th of July, at my request, he began to place circular pieces of flannel at the bottom of the socket, thereby gradually increasing the pressure on the end of the stump. On the 13th of August he tells me, by letter, that he is bearing fully one half of his weight on the end, and that by so doing he has relieved himself of irritation formerly felt from friction and pressure on the upper part of the thigh.
1857. July 9	July, 1858.—Walks well with a peg-leg made by Mr. T. Eagland, bearing one half of the weight on the end of the stump.
—	July, 1858.—Writes that he got a cork-leg made at home, which chafes the stump and causes great discomfort.
1857. Jan. 5.	July, 1858.—Walks firmly with Eagland's peg-leg. She can walk ten miles a-day, and bears half the weight on the stump.
1857. Oct. 25.	June, 1858.—Has worn Eagland's peg-leg, and can walk remarkably well, with a firm step, bearing two thirds of his weight on the stump.
—	July 12, 1858.—C. W., residing at a considerable distance from Leeds, informs me, by letter, that for many months he has been wearing a wooden leg made by a neighbouring cabinet-maker, so as not to allow pressure on the end of the stump. Since this date, at my request, he has by means of circular pieces of flannel placed at the

No.	Name.	Part Amputated.	Date of Amputation.
23	Thomas Prentice	Leg	1857. Jan. 15
31	Michael Duff	ditto	1857. June 25
26	Henry Whitaker	ditto	1857. May 12
32	Alfred Nowell	Thigh	1857. July 2
34	Mr. —	ditto	1857. July 27
35	John Whiteley	ditto	1857. July 28
37	Miss P—	Leg	1857. Aug. 7
43	Francis Robinson	Thigh	1857. Oct. 8
45	Joseph Horne	Leg	1857. Oct. 22

Date of use of Artificial Limb.	REMARKS.
	bottom of the socket, caused pressure to be made on the end, and he states on August 13th that he now takes full exercise as a groom, bearing one half of his weight on the stump; and, indeed, that he can bear the whole weight upon the end without inconvenience.
1857. Dec. 24	July, 1858.—He walked upwards of thirty miles in one day with a peg-leg, bearing the whole weight upon the end of the stump. Ordered to reduce the pressure on the end of the stump to one half.
1857. Nov. 28	Walks remarkably well with a peg-leg, bearing half the weight on the stump.
1858. Jan. 1	Has used one of Mr. Eagland's artificial legs, and bears half the weight on the stump.
1858. June	July, 1858.—Has walked with one of Mr. Eagland's peg-legs, bearing upwards of half the weight on the stump during the month that he has had it in use.
—	June, 1858.—Walks well with one of Mr. Grossmith's artificial limbs, bearing half the weight on the stump.
—	June, 1858.—Has used a peg-leg by Mr. Eagland many months, and walks with a very firm step, bearing two thirds of his weight on the stump.
—	July 17, 1858.—Is now engaged in getting an artificial limb adapted at Newcastle.
—	July 15, 1858.—He writes that he has been wearing an artificial limb by Mr. Grossmith about two months. He can walk and work twelve hours a day, bearing as much weight on the end of the stump as at the top of the thigh.
1858. Feb. 28.	July 17, 1858.—Can undergo a hard day's work, wearing a peg-leg by Mr. Eagland, bearing two thirds of his weight on the stump.

Of these 15 cases, 2 must be excluded as not bearing fairly on our inquiry. Case 9 was wearing a cork-leg made in a rude fashion at his own home, which caused him great discomfort; and Case 37, at the moment I am writing, is getting an artificial limb applied at Newcastle.

Of the 13 remaining cases (2, 8, 12, 17, 19, 23, 26, 31, 32, 34, 35, 43, 45), 9 are wearing artificial limbs made by Mr. Eagland, 2 by Mr. Grossmith, and 2 by others. All these patients are in full exercise, bearing a considerable portion of the weight of the body on the end of the stump. None of them are thus bearing less than one half of the weight, some two thirds, and one the entire weight in consequence of the limb having shrunk in size, and therefore moving loosely in the socket. All these patients are able to pursue their ordinary avocations for the full period of a day's work. One young woman can walk ten miles a day; and the youth, who bore the entire weight on the end of the stump, walked in this condition on one day thirty miles.

Having ascertained the capability of these stumps to bear pressure, I have endeavoured to determine the degree of it that is most favourable for easy progression; and the conclusion I have arrived at is, that it is best to divide the pressure pretty equally between the end of the stump and the upper part of the limb.

I therefore recommend to the instrument-maker, in the first instance, to allow the stump fairly to touch, but not to press strongly upon, the bottom of the socket.

The patient is then instructed to add to the bottom of the socket from day to day a circular piece of flannel, until he bears on the end of the stump fully one half of his weight. The pressure may, indeed, be gradually increased beyond this point, but such increase I believe to be unnecessary and undesirable.

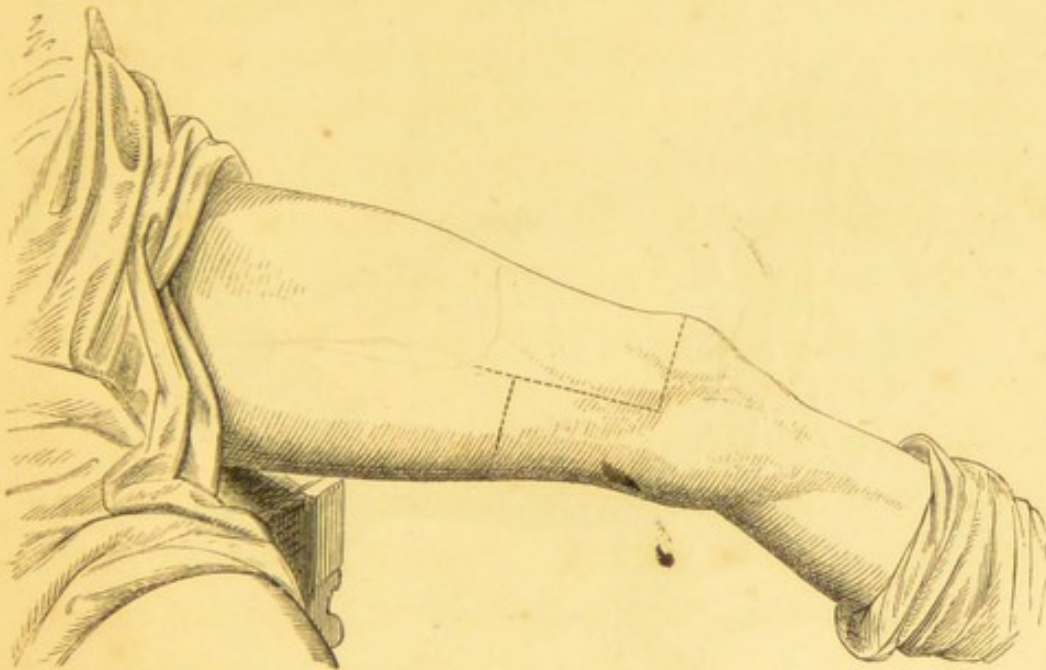
AMPUTATION OF THE THIGH.

I should strongly recommend the surgeon who is not in the frequent habit of performing this operation, and who does not regard brilliancy of operation beyond its real value, to measure the limb, and to trace out the lines of his intended incisions with ink, either before the patient is removed from his bed, or when he is placed on the operating-table. By this precaution he may guard against making the long flap of too small dimensions.

Supposing the amputation to take place at the lower part of the middle third of the thigh, a situation well suited for the adaptation of an artificial leg, the circumference of the limb is to be measured at the point where the bone is to be divided. Assuming this to be sixteen inches, the long flap is to have its length and breadth each equal to half the circumference, namely, eight inches. Two longitudinal lines of this extent are then traced on the limb, and are met at their lower points by a transverse line of the same length. The inner longitudinal line should be first traced in ink as near as practicable to the femoral vessels, without including them within the range of the long flap. The outer longitudinal line, which is somewhat posterior, is next marked, eight inches distant from the former, and parallel to it. These two lines are then joined by a

transverse line of the same extent, which falls upon the upper border of the patella, or upon some lower portion of this bone. The short flap is indicated by a transverse line passing behind the thigh, the length of this flap being one fourth that of the long one; or, assuming the circumference of the limb to be sixteen inches, and the length of the long flap eight inches, the length of the short flap is two inches.

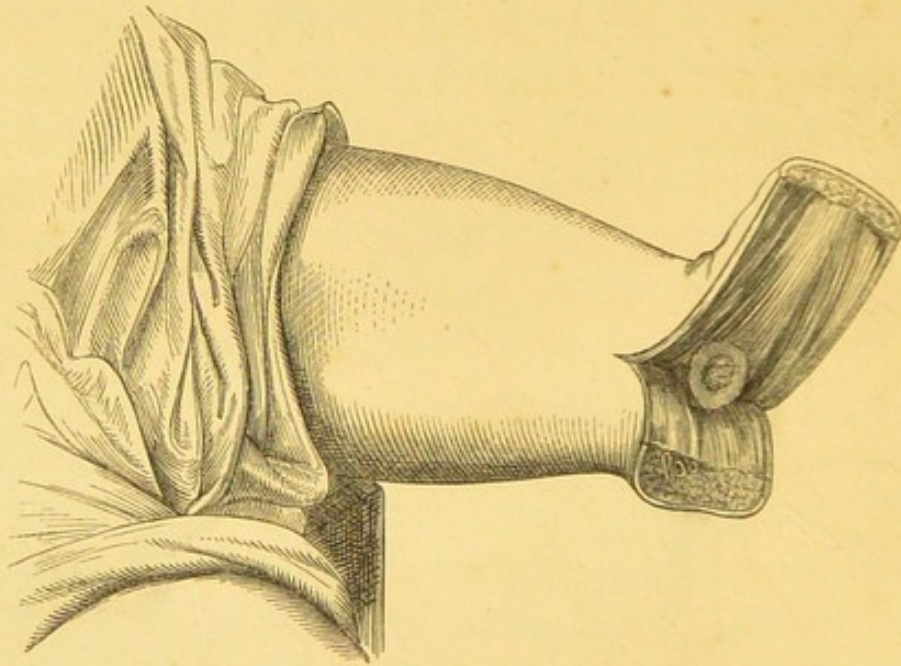
FIG. 1.



The operator begins by making the two lateral incisions of the long flap through the *integuments only*. The transverse incision of this flap, supposing it to run along the upper edge of the patella, is made by a free sweep of the knife through the skin and tendinous structures down to the femur. Should the lower transverse line of the flap fall across the middle or lower part of the patella, the transverse incision can extend through the skin only, which must be dissected up as far as the

upper border of the patella, at which place the tendinous structures are to be cut direct to the thigh-bone. The flap is completed by cutting the fleshy structures from below upwards close to the bone. The posterior short flap, containing the large vessels and nerves, is made by *one sweep* of the knife down to the bone, the soft parts being afterwards separated from the bone close to the periosteum, as far upwards as the intended place of sawing.

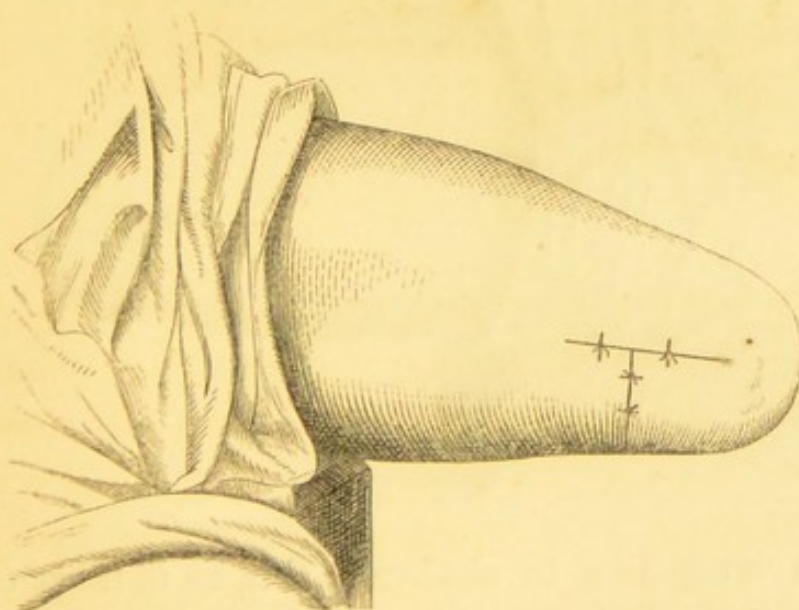
FIG. 2.



The arteries being secured, the flaps may be united by suture immediately ; or they may be lightly placed in apposition, the stump being wrapped in a fold of napkin for four or six hours, when any clotted blood may be gently removed by a sponge, and the flaps finally adjusted. I prefer the latter method, as we thereby avoid the evil of infiltration of the tissues of the stump with blood, which often is the cause of suppuration in these parts.

In adjusting the flaps, the long one is folded over the end of the bone, and brought, by its transverse line, into union with the short flap, the two corresponding free angles of each being first united by suture. One or two additional stitches complete the transverse line of union. Care is now required in arranging the two lateral lines of union. As the long flap is folded upon itself so as to form a kind of pouch for the end of the bone, it is requisite that it should be held in its folded state by a point of suture on each side. Another stitch on each side secures the lateral line of the short flap to the corresponding part of the long one. A longitudinal line of union thus passes at right angles each end of the transverse line. The position of the longitudinal line at each end of the transverse one, will be rendered more easily intelligible by reference to the accompanying diagram.

FIG. 3.



In this diagram the length of the long flap is somewhat exaggerated.

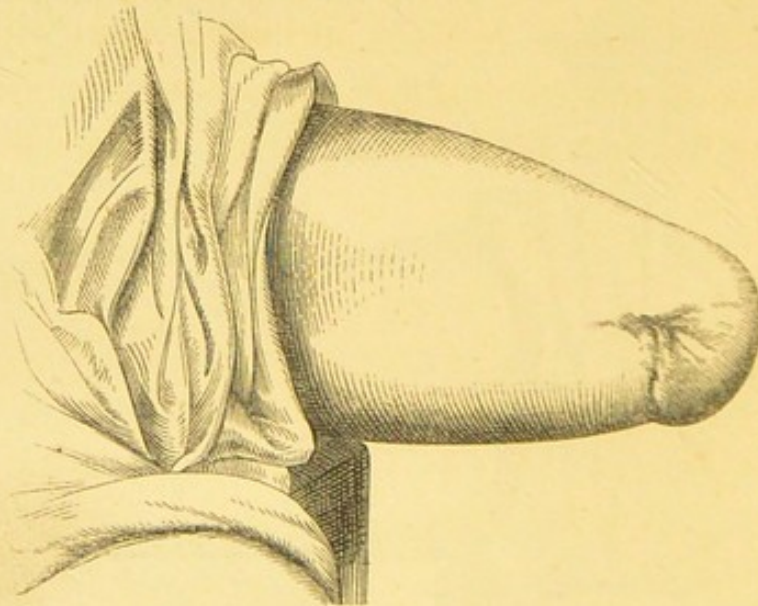
The flaps being thus arranged, the stump is placed,

as described at a former page, without any dressing, on a pillow, over which a large sheet of gutta percha tissue has been spread. A light linen cloth is laid loosely over the stump and pillow, which are protected from the pressure of the bed-clothes by a wire-guard, or any other convenient apparatus.

The after-treatment is to be conducted as already described.¹

The accompanying engraving, from a photograph taken in June, 1858, represents the stump of John Whiteley, eleven months after amputation, and five months after he began to wear an artificial limb. He now walks many miles a day, bearing two thirds of his weight on the end of the stump.

FIG. 4.



It is interesting to observe in this, as in other cases, the extent to which the retraction of the short flap, con-

¹ Page 9 .

taining the large vessels and nerves, has proceeded. This flap, which, at the time of operation, was two and a half inches in length beyond the end of the bone, speedily retracted beyond the range of the bone, and is now two inches above it, as shown by the line of cicatrix. The structures of the long flap, devoid of large blood-vessels and nerves, are now somewhat atrophied, and are probably converted into a mere fibrous tissue and skin. They, however, constitute a soft mass, freely moving over the end of the bone, and so little sensitive, as to bear a large amount of pressure in the acts of standing and walking.

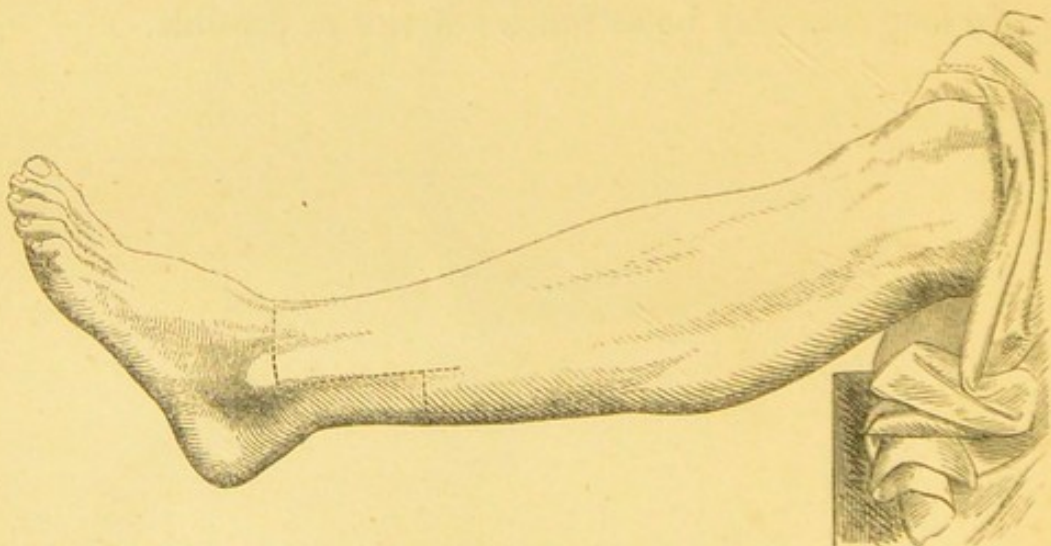
When it is necessary to amputate at a higher part of the thigh, the same mode of proceeding may be adopted. The chief point to be observed is, that the inner line of the long flap should be traced as *near as practicable* to the femoral vessels, without including them within it. Attention to this circumstance is necessary, in order that the long flap may be as much anterior as possible.

AMPUTATION OF THE LEG.

The place of selection for amputation of the leg is the junction of the middle and lower thirds of the tibia. Amputations lower down do not allow of sufficient room for the convenient adaptation of an artificial foot. Amputations higher up involve a larger injury of the soft tissues. For amputation at the place of selection this operation now described is well adapted. It may, however, be performed at any higher part of the leg when circumstances require it.

If the circumference of the limb, at the point of section of the bone, is nine inches, the length and breadth of

FIG. 5.

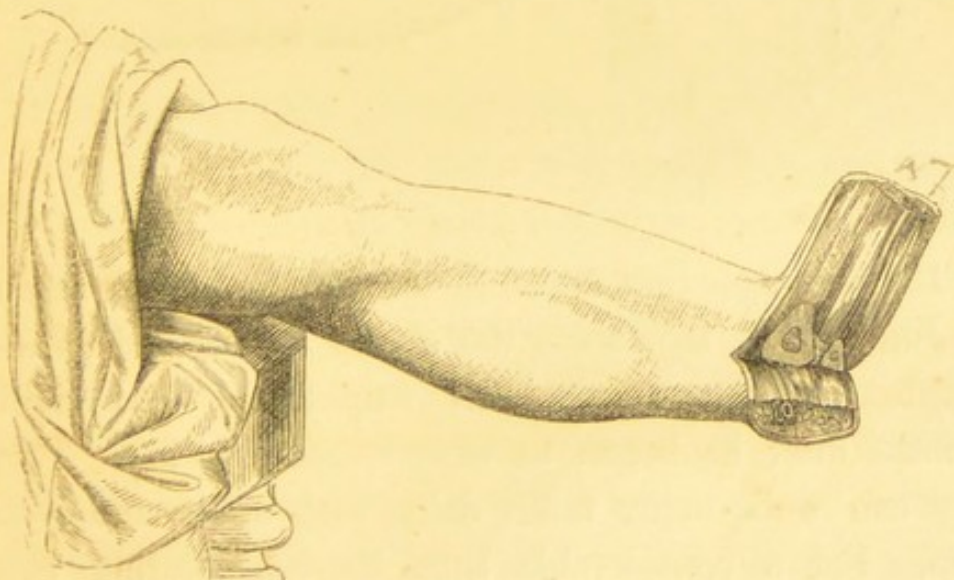


the long flap will be four and a half inches each. The outer longitudinal line of the long flap is first marked

along the posterior edge of the fibula ; the inner line, at a distance of four and a half inches from the former, and parallel to it, is next traced over the posterior edge of the tibia, and the two are joined below by a transverse line, four and a half inches in extent, passing in front of the ankle-joint. The short flap is then marked by a transverse line at one fourth the length of the other.

In operating, the two lateral incisions are traced merely through the skin, whilst the transverse one is carried through the skin and all the other structures down to the bones. The long flap is then dissected upwards, in doing which, the whole of the tissues situated in front of the tibia, interosseous membrane, and fibula are to be separated *close* to the periosteum and mem-

FIG. 6.

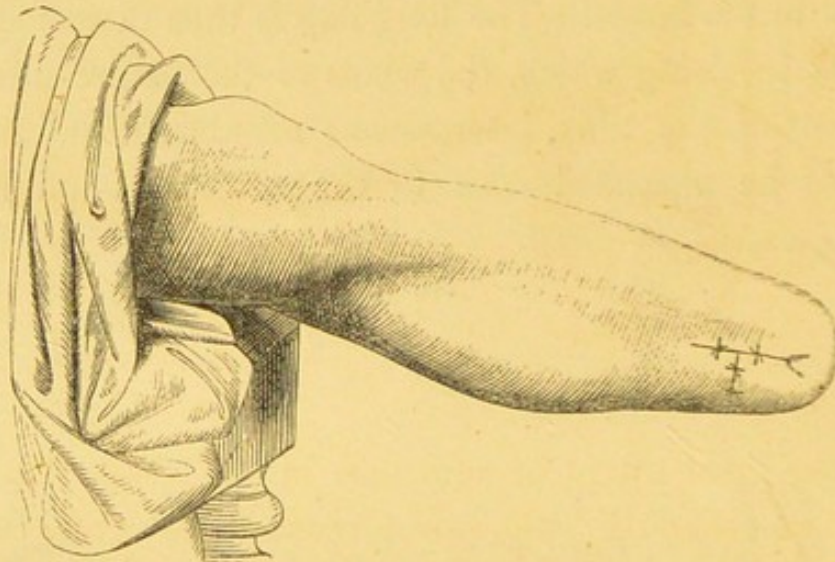


brane. We thereby avoid dividing again, towards the base of the flap, the anterior tibial vessels which had

already been transversely divided at the lower end of the flap. The short flap is next made by a direct cut through all the structures down to the bones and interosseous membrane, from which parts they are to be separated upwards *close to the periosteum and membrane* as high as the intended point of section of the bones.

The subsequent treatment of the stump is the same as in amputation of the thigh.

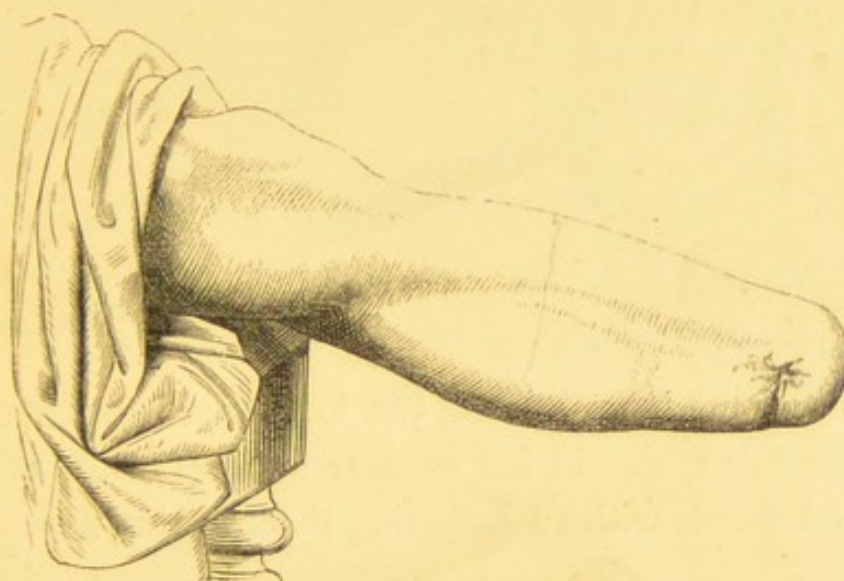
FIG. 7.



The accompanying drawing, from a photograph taken in June, 1858, represents the stump of Edward Waddington, twenty months after amputation, and eight months after he began to wear an artificial leg. This boy can walk many miles daily, with a firm and even step. For a considerable time he was bearing two thirds of his weight on the end of the stump, but at my request he has lately reduced the pressure to one half, not on account of the soft parts being unable to bear

well this amount of weight, but because I have thought that an equal distribution of the pressure between the end of the stump and the upper part of the leg secures the greatest degree of firmness of step.

FIG. 8.

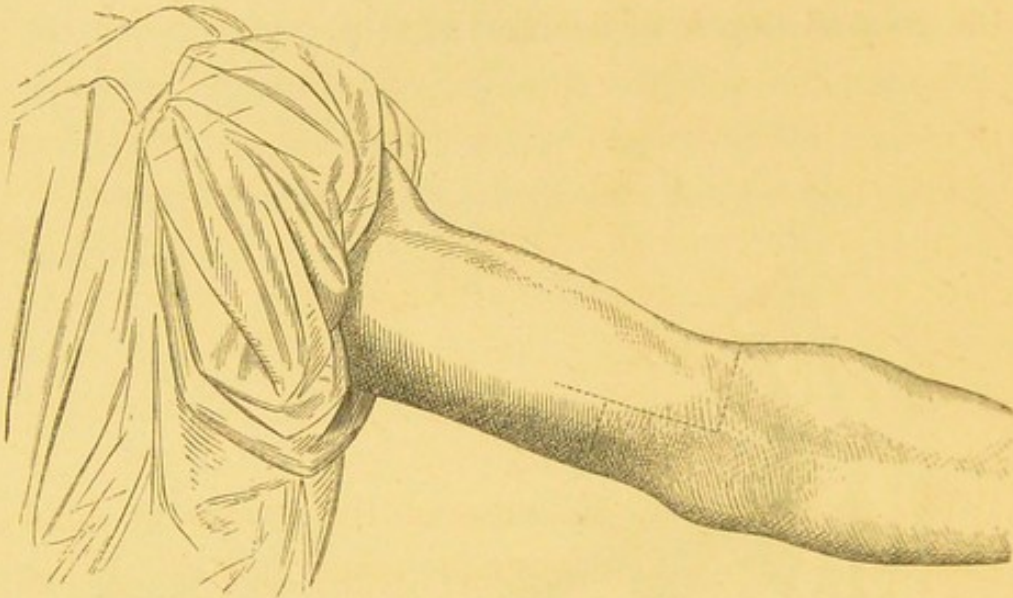


The great extent of retraction of the short flap may be here observed. By this retraction the larger vessels and nerves have been drawn out of the way of irritation from the ends of bone, and are placed out of reach of injurious pressure when the end of the stump rests on an artificial leg. We have, it is true, in this case, the small anterior tibial branch of nerve in the long flap, but this is not found a practical evil, as it is sheltered from severe pressure by being lodged in the recess of soft structures between the tibia and fibula. In fact, no inconvenience whatever is felt in walking from the anterior tibial nerve.

AMPUTATION OF THE ARM.

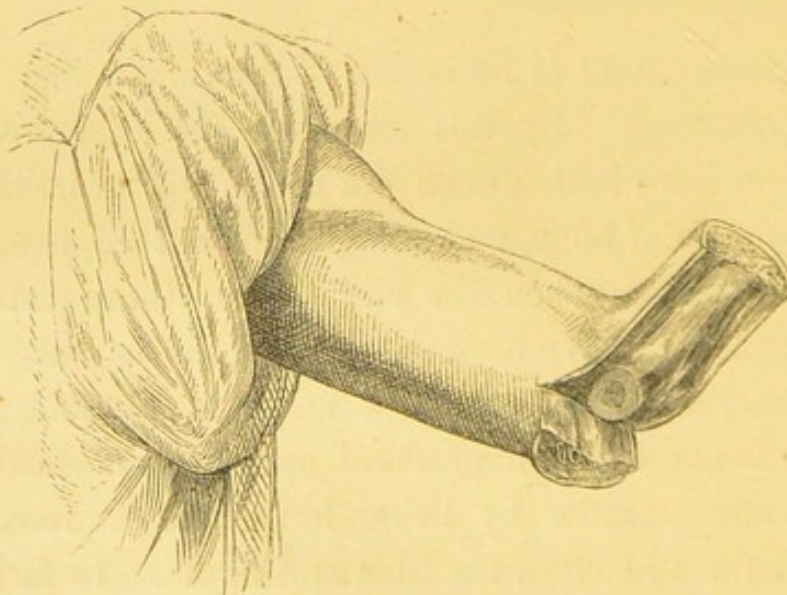
In this operation the lines of incision are marked similarly to those for amputation of the thigh, care being

FIG. 9.



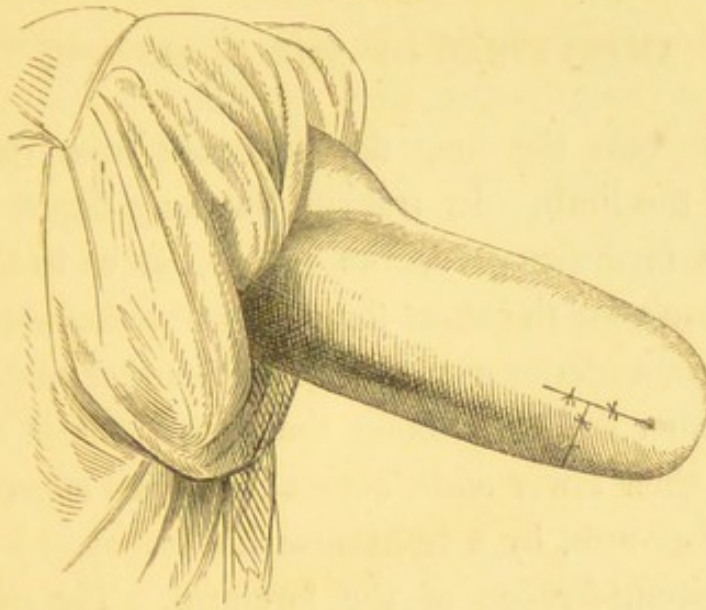
taken that the inner line of the long flap, which should be traced first, should fall as near as practicable to the brachial vessels without including them in this flap.

FIG. 10.



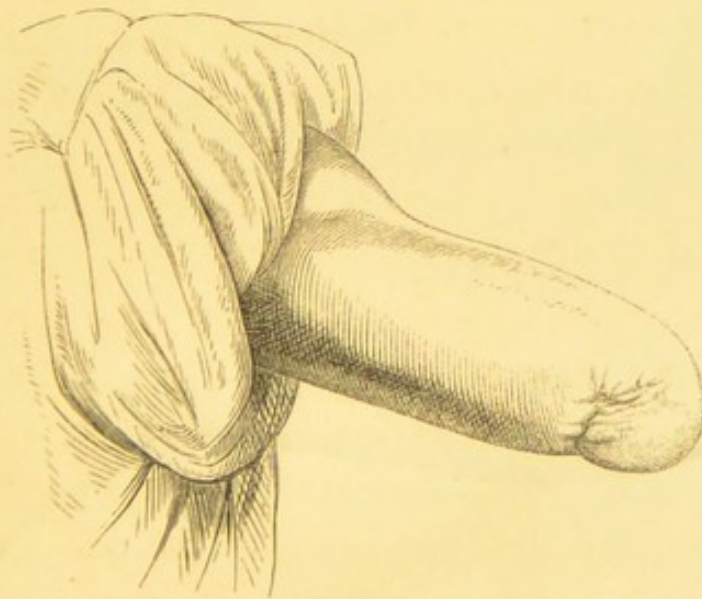
The arrangement of sutures and the subsequent treatment are the same as in amputation of the thigh.

FIG. 11.



The accompanying drawing of the stump of John Trowgate is from a photograph taken in June, 1858,

FIG. 12.

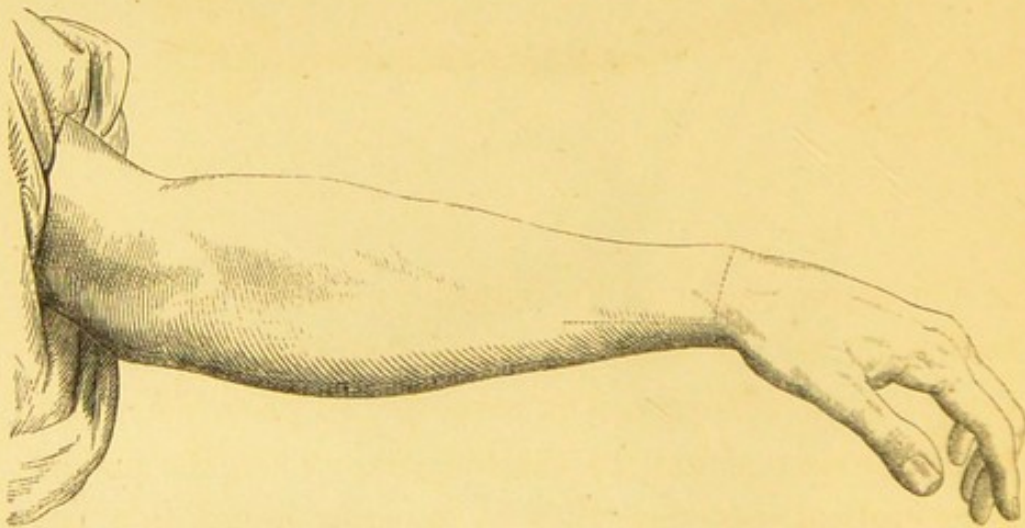


eighteen months after amputation. He was upwards of seventy years of age, when he suffered a severe smash of the fore-arm and elbow. Primary amputation was performed, from which he made a most favorable recovery. The retraction of the short flap is as observable in this as in the preceding cases.

AMPUTATION OF THE FORE-ARM.

In this case the long flap is taken from the dorsal aspect of the limb. In tracing the long flap a longitudinal line is drawn over the radius, so as to leave the radial vessels for the short flap. At a distance equal to half the circumference of the limb, another line parallel to the former is drawn along the ulna. These are then joined at their lower ends, across the dorsal aspect of the wrist or fore-arm, by a transverse line equal in length to half the circumference of the fore-arm. The short flap is marked by a transverse line, on the palmar aspect, of one fourth the length of the long one.

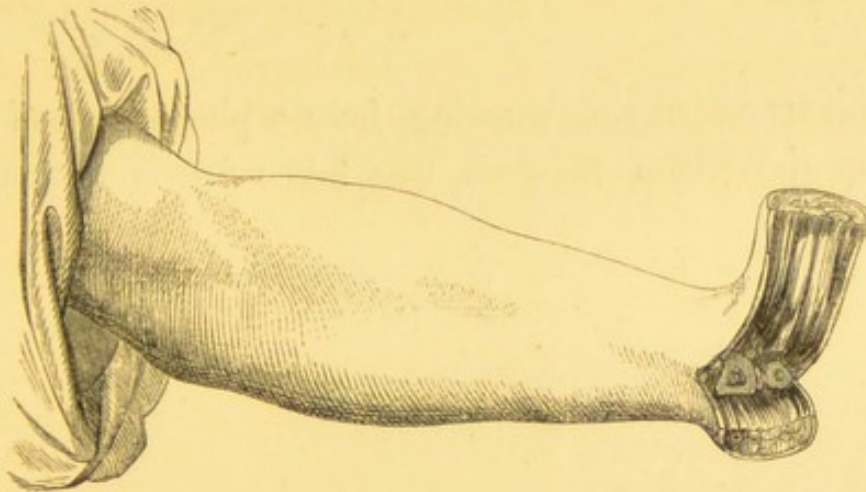
FIG. 13.



The operator, in forming the long flap, makes the two longitudinal incisions merely through the integuments, but the transverse one is carried directly down to the

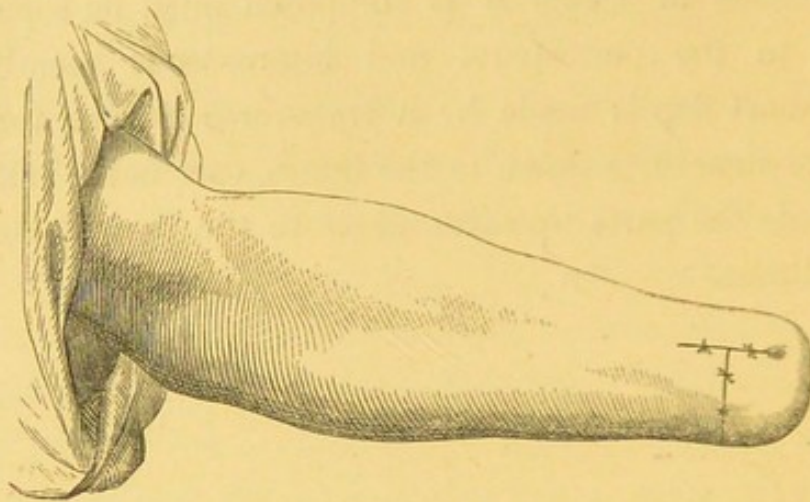
bones. In dissecting the long flap from below upwards, the tissues of which it is composed must be separated close to the periosteum and interosseous membrane. The short flap is made by a transverse incision through all the structures down to the bones, care being taken to separate the parts upwards close to the periosteum and membrane.

FIG. 14.



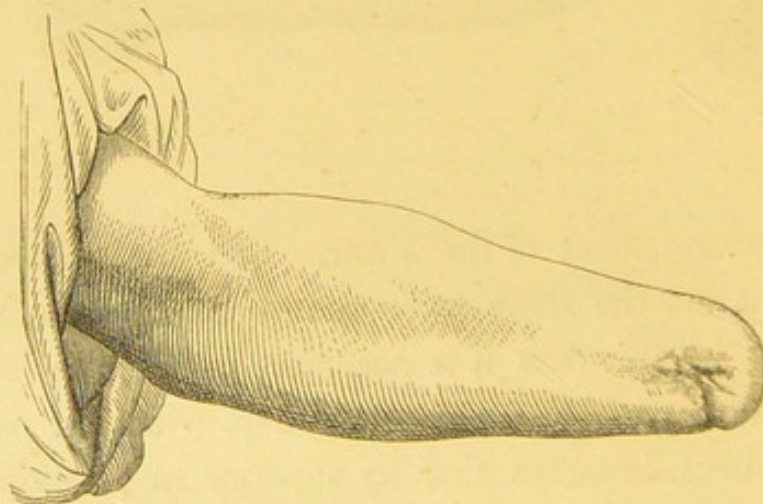
The arrangement of the sutures and the subsequent treatment are the same as in the former operations, except that in this case it is necessary to place the stump in the prone position, as the long flap, when the patient is recumbent, becomes thereby superior in position and falls easily over the ends of the bones.

FIG. 15.



The accompanying drawing, from a photograph of the stump of William Mawson, was taken five months after operation.

FIG. 16.



The mode of operation advocated in these pages, has been extended to amputations of the fingers, by my friend Mr. Samuel Hey, with the most satisfactory results.

APPENDIX.

No. I.

AMPUTATIONS OF THE THIGH AND LEG AT THE LONDON
HOSPITALS DURING THREE YEARS FROM JULY, 1854,
TO JUNE, 1857.

No.	Date.	Hospital.	Accident or Disease.	Part am- putated.	Result.	REMARKS.
1	1854 July	King's College	Disease	Thigh	—	
2		St. George's	ditto	ditto	Under treatment	
3		ditto	Accident	ditto	Death	Shock
4		ditto	Disease	ditto	Recovery	
5		St Mary's	ditto	ditto	Doing well	
6		ditto	Accident	ditto	Death	
7		St. Thomas's	ditto	ditto	Recovery	
8		Guy's	Disease	ditto	Doing well	
9		ditto	ditto	ditto	ditto	
10		St. Thomas's	Accident	Leg	ditto	
11		Bartholomew's	ditto	ditto	Recovery	
12		ditto	Disease	ditto	Under treatment	
13	Aug.	Guy's	Accident	Thigh	Doing well	
14		London	Disease	ditto	Recovery	
15		ditto	Accident	ditto	Death	
16		Guy's	Disease	ditto	Recovery	
17		ditto	ditto	ditto	ditto	
18		ditto	Accident	ditto	Death	
19		ditto	ditto	ditto	ditto	Collapse
20		ditto	Disease	ditto	Recovery	
21		ditto	Accident	ditto	Death	Shock
22		ditto	Disease	ditto	Recovery	
23		Westminster	Accident	Leg	ditto	

No.	Date.	Hospital.	Accident or Disease.	Part amputated.	Result.	REMARKS.
	1854					
24	Aug.	Westminster	Disease	Leg	Death	Pyæmia
25		ditto	ditto	ditto	ditto	Exhaustion
26		—	ditto	ditto	ditto	Pyæmia
27		—	ditto	ditto	ditto	
28		—	Accident	ditto	ditto	Exhaustion
29	Sept.	St. Mary's	ditto	Thigh	ditto	Shock
30		St. George's	Disease	ditto	Recovery	
31		Guy's	ditto	ditto	ditto	
32		—	Accident	ditto	Death	Shock
33		St. George's	Disease	ditto	Recovery	
34		Bartholomew's	Accident	Leg	ditto	
35		London	ditto	ditto	Death	Pyæmia
36	Oct.	ditto	ditto	Thigh	ditto	ditto
37		ditto	Disease	ditto	Recovery	
38		Guy's	Accident	ditto	ditto	
39		University	Disease	ditto	Doing well	
40		ditto	ditto	ditto	ditto	
41		London	Accident	Leg	Death	
42	Nov.	ditto	Disease	Thigh	Recovery	
43		University	Accident	ditto	Death	Shock
44		ditto	Disease	ditto	ditto	Exhaustion
45		St. Thomas's	ditto	ditto	Recovery	
46		ditto	ditto	ditto	Doing well	
47		St. Mary's	Accident	ditto	Death	
48		Bartholomew's	ditto	Leg	Recovery	
49	Dec.	Charing Cross	Disease	Thigh	ditto	
50		ditto	ditto	ditto	ditto	
51		Guy's	Accident	ditto	Death	
52		ditto	Disease	ditto	ditto	Exhaustion
53		Bartholomew's	ditto	ditto	ditto	Diarrhœa
54		ditto	ditto	ditto	Under treatment	
55		ditto	ditto	ditto	Recovery	
56		London	ditto	ditto	Death	Pneumonia
57		St. Thomas's	ditto	ditto	Recovery	
58		ditto	ditto	ditto	Death	
59		St. George's	ditto	ditto	ditto	Pneumonia
60		—	ditto	ditto	ditto	
61		Charing Cross	ditto	ditto	Recovery	
62		—	ditto	ditto	ditto	
63		—	ditto	ditto	ditto	
64		Guy's	ditto	ditto	Doing well	
65		University	Accident	Leg	ditto	
66		London	ditto	ditto	ditto	

No.	Date.	Hospital.	Accident or Disease	Part am- putated.	Result.	REMARKS.
	1855					
67	Jan.	Guy's	Disease	Thigh	Recovery	
68		ditto	ditto	ditto	ditto	
69		London	ditto	ditto	Death	Pyæmia
70		University	Accident	Leg	Doing well	
71		Guy's	Disease	ditto	Recovery	
72		London	ditto	ditto	Doing very well	
73	Feb.	St. George's	ditto	Thigh	Recovery	
74		St. Thomas's	ditto	ditto	ditto	
75		ditto	ditto	ditto	ditto	
76		Sick Children	ditto	ditto	ditto	
77		University	Accident	Leg	Doing well	
78		St. Mary's	ditto	ditto	Death	Gangrene of stump
79		Guy's	ditto	ditto	ditto	ditto
80		St. George's	ditto	ditto	ditto	Pyæmia
81	Mar.	Charing Cross	Disease	Thigh	Recovery	
82		Guy's	Accident	ditto	ditto	
83		ditto	Disease	ditto	ditto	
84		Charing Cross	ditto	ditto	ditto	
85		Bartholomew's	Accident	ditto	Doing well	
86		University	Disease	ditto	ditto	
87		Westminster	ditto	ditto	ditto	
88		Guy's	ditto	ditto	Under treatment	
89		Middlesex	Accident	ditto	Death	Collapse
90		Charing Cross	Disease	Leg	Recovery	
91		St. Thomas's	Accident	ditto	Under treatment	
92		University	Disease	ditto	Doing well	
93		Charing Cross	ditto	ditto	Death	Pyæmia
94	April	Guy's	ditto	Thigh	Doing well	
95		ditto	ditto	ditto	ditto	
96		ditto	ditto	ditto	ditto	
97		London	ditto	ditto	ditto	
98		Charing Cross	ditto	ditto	Progressing favorably	
99		Bartholomew's	Accident	ditto	Death	
100		St. Mary's	ditto	Thigh	Death	Gangrene of stump
101		Guy's	Disease	Leg	Recovery	
102	May	ditto	ditto	Thigh	ditto	
103		ditto	ditto	ditto	ditto	
104		Bartholomew's	ditto	ditto	Death	Phlebitis

No.	Date.	Hospital.	Accident or Disease.	Part amputated.	Result.	REMARKS.
	1855					
105	May	St. Mary's	Disease	Leg	Recovery	
106		London	Accident	ditto	Death	
107	June	University	Disease	Thigh	Recovery	
108		St. Mary's	ditto	ditto	ditto	
109		Bartholomew's	ditto	ditto	ditto	
110		ditto	ditto	ditto	ditto	
111		ditto	ditto	ditto	Death	Pyæmia
112		Guy's	ditto	ditto	ditto	ditto
113		—	ditto	ditto	ditto	
114		University	ditto	Leg	Recovery	
115		Guy's	ditto	ditto	ditto	
116		St. Thomas's	ditto	ditto	Under treatment	
117		Guy's	Accident	ditto	Death	Hæmorrhage
118	July	St. Mary's	Disease	Thigh	Recovery	
119		Guy's	ditto	ditto	ditto	
120		St. George's	Accident	ditto	Under treatment	
121		Bartholomew's	Disease	ditto	Recovery	
122		Guy's	ditto	ditto	ditto	
123		Middlesex	ditto	ditto	Death	Pyæmia
124		St. George's	Accident	Leg	Under treatment	
125		St. Mary's	ditto	ditto	Doing well	
126	Aug.	London	Disease	Thigh	Recovery	
127		Bartholomew's	ditto	ditto	ditto	
128		St. Mary's	ditto	ditto	Doing well	
129		King's College	ditto	ditto	Death	Exhaustion
130		Guy's	Accident	ditto	ditto	Shock
131		ditto	Disease	Leg	Recovery	
132	Sept.	London	Accident	Thigh	ditto	
133		St. Thomas's	Disease	ditto	ditto	
134		Sick Children	ditto	ditto	ditto	
135		Bartholomew's	ditto	ditto	Under treatment	
136		Guy's	ditto	ditto	Recovery	
137		St. Thomas's	Accident	ditto	Death	Collapse
138		Westminster	Disease	Leg	Doing well	
139		London	Accident	ditto	Recovery	
140		St. George's	ditto	ditto	Death	Pyæmia
141		London	ditto	ditto	ditto	Collapse
142		St. Thomas's	ditto	ditto	ditto	Pyæmia
143		ditto	Disease	ditto	ditto	
144		St. George's	ditto	ditto	ditto	Pyæmia

No.	Date.	Hospital.	Accident or Disease.	Part amputated.	Result.	REMARKS.
	1855					
145	Oct.	London	Disease	Thigh	Recovery	
146		University	ditto	ditto	Doing well	
147		Guy's	ditto	ditto	Recovery	
148		ditto	Accident	ditto	Under treatment	
149		Bartholomew's	Disease	ditto	Recovery	
150		Guy's	Accident	ditto	Death	Phlebitis
151		St. George's	Disease	Leg	Recovery	
152		ditto	ditto	ditto	ditto	
153		ditto	ditto	ditto	Doing well	
154		Guy's	Accident	ditto	Death	Pyæmia
155	Nov.	ditto	Disease	Thigh	Recovery	
156		St. George's	ditto	ditto	ditto	
157		ditto	ditto	ditto	Doing well	
158		ditto	Accident	ditto	ditto	
159		London	ditto	ditto	Recovery	
160		St. Mary's	Disease	ditto	Death	
161		ditto	ditto	ditto	ditto	Exhaustion
162		Charing Cross	ditto	ditto	ditto	Phthisis
163		St. Mary's	ditto	Leg	Doing well	
164		Bartholomew's	ditto	ditto	Recovery	
165		Guy's	Accident	ditto	Death	Internal injuries
166	Dec.	King's College	Disease	Thigh	Recovery	
167		Metropol. Free	ditto	ditto	ditto	
168		Guy's	ditto	ditto	ditto	
169		Bartholomew's	ditto	ditto	ditto	
170		St. Thomas's	Accident	ditto	Death	Pyæmia
171		Guy's	Disease	Leg	Under treatment	
172		Bartholomew's	ditto	ditto	Recovery	
	1856					
173	Jan.	Guy's	ditto	Thigh	Recovery	
174		London	Accident	ditto	Under treatment	
175		University	Disease	ditto	Doing well	
176		ditto	ditto	ditto	Recovery	
177		Bartholomew's	Accident	ditto	Doing well	
178		Guy's	Disease	ditto	Under treatment	
179		University	ditto	ditto	Death	Exhaustion
180		St. Thomas's	ditto	ditto	ditto	ditto
181		London	ditto	ditto	ditto	ditto
182		St. Thomas's	ditto	ditto	ditto	ditto

No.	Date.	Hospital.	Accident or Disease.	Part amputated.	Result.	REMARKS.
	1856					
183	Jan.	Bartholomew's	Disease	Leg	Recovery	
184		Guy's	ditto	ditto	ditto	
185		Bartholomew's	ditto	ditto	Death	Exhaustion
186		London	Accident	ditto	ditto	Erysipelas
187	Feb.	Guy's	Disease	Thigh	Recovery	
188		London	Accident	ditto	Doing well	
189		Dreadnought	Disease	ditto	Under treatment	
190		ditto	ditto	ditto	ditto	
191		St. Thomas's	ditto	ditto	Recovery	
192		ditto	ditto	ditto	ditto	
193		Guy's	Accident	Leg	ditto	
194		St. Mary's	Disease	ditto	Doing well	
195		Guy's	ditto	ditto	ditto	
196		ditto	Accident	ditto	Death	Pneumonia
197	March	ditto	ditto	Thigh	Recovery	
198	and	ditto	Disease	ditto	ditto	
199	April	Middlesex	ditto	ditto	ditto	
200		ditto	ditto	ditto	ditto	
201		St. George's	ditto	ditto	ditto	
202		London	Accident	ditto	ditto	
203		ditto	Disease	ditto	ditto	
204		Bartholomew's	ditto	ditto	ditto	
205		London	Accident	ditto	Death	Pyæmia
206		Middlesex	Disease	ditto	ditto	ditto
207		Guy's	ditto	ditto	ditto	ditto
208		Bartholomew's	ditto	ditto	ditto	ditto
209		University	ditto	ditto	ditto	
210		London	Accident	Leg	Under treatment	
211		Guy's	ditto	ditto	Recovery	
212		Bartholomew's	Disease	ditto	Death	
213	May	ditto	ditto	Thigh	Recovery	
214	and	London	ditto	ditto	Doing well	
215	June	University	ditto	ditto	Recovery	
216		St. Mary's	Accident	ditto	ditto	
217		ditto	Disease	ditto	ditto	
218		Guy's	ditto	ditto	ditto	
219		ditto	ditto	ditto	ditto	
220		ditto	Accident	ditto	Death	Pyæmia
221		Bartholomew's	Disease	ditto	ditto	ditto
222		University	Accident	ditto	ditto	
223		St. Mary's	Disease	Leg	Under treatment	

No.	Date.	Hospital.	Accident or Disease.	Part amputated.	Result.	REMARKS.
224	1856 May and	St. Mary's	Disease	Leg	Under treatment	
225	June	Bartholomew's	ditto	ditto	Recovery	
226		ditto	ditto	ditto	ditto	
227	Aug.	Westminster	ditto	Thigh	ditto	
228	and	Guy's	ditto	ditto	ditto	
229	Sept.	ditto	Accident	ditto	Under treatment	
230		ditto	Disease	ditto	Recovery	
231		St. Mary's	ditto	ditto	ditto	
232		ditto	ditto	ditto	ditto	
233		London	Accident	ditto	ditto	
234		Marylebone	Disease	ditto	ditto	
235		St. George's	ditto	ditto	ditto	
236		ditto	ditto	ditto	ditto	
237		ditto	Accident	ditto	Under treatment	
238		Middlesex	Disease	ditto	Recovery	
239		St. Thomas's	ditto	ditto	Doing well	
240		Bartholomew's	ditto	ditto	ditto	
241		Middlesex	ditto	ditto	Death	
242		ditto	ditto	ditto	ditto	Shock
243		Marylebone	ditto	ditto	ditto	Exhaustion
244		Guy's	ditto	ditto	ditto	Erysipelas
245		St. Thomas's	ditto	ditto	ditto	
246		ditto	Accident	Leg	Doing well	
247		Middlesex	Disease	ditto	Recovery	
248		St. Mary's	ditto	ditto	Under treatment	
249		ditto	Accident	ditto	ditto	
250		Guy's	Disease	ditto	Recovery	
251		Dreadnought	Accident	ditto	Doing well	
252		Marylebone	Disease	ditto	Death	Hæmorrhage
253		Guy's	Accident	ditto	ditto	Pyæmia
254		London	ditto	ditto	ditto	Gangrene
255		St. Thomas's	Disease	ditto	ditto	Exhaustion
256	Oct.	Guy's	ditto	Thigh	Recovery	
257	Nov.	University	ditto	ditto	ditto	
258	and	ditto	ditto	ditto	ditto	
259	Dec.	St. George's	ditto	ditto	ditto	
260		ditto	ditto	ditto	Under treatment	
261		Bartholomew's	ditto	ditto	Recovery	
262		St. Thomas's	ditto	ditto	ditto	

No.	Date.	Hospital.	Accident or Disease.	Part amputated.	Result.	REMARKS.
	1856					
263	Oct.	St. George's	Disease	Thigh	Recovery	
264	Nov.	London	Accident	ditto	ditto	
265	and	ditto	Disease	ditto	ditto	
266	Dec.	St. George's	Accident	ditto	Under treatment	
267		King's College	Disease	ditto	Recovery	
268		London	ditto	ditto	ditto	
269		Guy's	ditto	ditto	ditto	
270		ditto	ditto	ditto	Death	Hæmorrhage
271		St. Thomas's	ditto	ditto	ditto	
272		London	Accident	ditto	ditto	Shock
273		University	ditto	ditto	ditto	ditto
274		London	Disease	Leg	Recovery	
275		ditto	Accident	ditto	ditto	
276		Bartholomew's	Disease	ditto	ditto	
277		Middlesex	ditto	ditto	Under treatment	
278		Bartholomew's	ditto	ditto	Recovery	
279		Westminster	ditto	ditto	Death	Pyæmia
280		Guy's	ditto	ditto	ditto	ditto
281		Bartholomew's	Accident	ditto	ditto	
282		ditto	ditto	ditto	Under treatment	
283		King's College	Disease	ditto	Death	Exhaustion
284		ditto	ditto	ditto	ditto	Pyæmia
	1857					
285	Jan.	Bartholomew's	Accident	Thigh	Recovery	
286	Feb.	ditto	Disease	ditto	ditto	
287	and	Guy's	ditto	ditto	ditto	
288	Mar.	Bartholomew's	ditto	ditto	ditto	
289		Westminster	ditto	ditto	ditto	
290		Guy's	ditto	ditto	ditto	
291		ditto	ditto	ditto	ditto	
292		London	ditto	ditto	ditto	
293		Guy's	ditto	ditto	ditto	
294		ditto	ditto	ditto	ditto	
295		St. Thomas's	ditto	ditto	ditto	
296		Guy's	ditto	ditto	ditto	
297		ditto	ditto	ditto	ditto	
298		St. Mary's	Accident	ditto	Death	Exhaustion
299		Charing Cross	Disease	ditto	ditto	
300		Guy's	ditto	ditto	ditto	Tetanus
301		St. Thomas's	Accident	ditto	ditto	
302		Guy's	Disease	Leg	Recovery	

No.	Date.	Hospital.	Accident or Disease.	Partam- putated.	Result.	REMARKS.
	1857					
303	Jan.	Guy's	Accident	Leg	Recovery	
304	Feb.	St. Mary's	Disease	ditto	ditto	
305	and Mar.	London	ditto	ditto	Under treatment	
306		Westminster	Accident	ditto	Recovery	
307		King's College	Disease	ditto	ditto	
308		ditto	ditto	ditto	ditto	
309		ditto	ditto	ditto	ditto	
310		Bartholomew's	ditto	ditto	ditto	
311		ditto	ditto	ditto	ditto	
312		St. Thomas's	Accident	ditto	ditto	
313		Bartholomew's	Disease	ditto	ditto	
314		Guy's	Accident	ditto	Death	Pyæmia
315		London	ditto	ditto	ditto	
316		King's College	Disease	ditto	ditto	Pyæmia
317	April	University	ditto	Thigh	Recovery	
318	May	ditto	ditto	ditto	ditto	
319	and	St. Mary's	ditto	ditto	ditto	
320	June	St. George's	ditto	ditto	ditto	
321		ditto	ditto	ditto	ditto	
322		ditto	ditto	ditto	ditto	
323		Westminster	ditto	ditto	ditto	
324		Dreadnought	ditto	ditto	ditto	
325		ditto	Accident	ditto	ditto	
326		King's College	Disease	ditto	ditto	
327		Guy's	ditto	ditto	ditto	
328		ditto	ditto	ditto	ditto	
329		London	ditto	ditto	ditto	
330		King's College	ditto	ditto	Death	Exhaustion
331		St. Mary's	Accident	ditto	ditto	
332		King's College	Disease	ditto	ditto	Hæmorrhage
333		University	Accident	ditto	ditto	
334		ditto	ditto	ditto	ditto	
335		St. Mary's	Disease	ditto	ditto	
336		ditto	ditto	Leg	Recovery	
337		ditto	ditto	ditto	ditto	
338		ditto	ditto	ditto	ditto	
339		Westminster	Accident	ditto	ditto	
340		Bartholomew's	ditto	ditto	ditto	
341		King's College	Disease	ditto	ditto	
342		Bartholomew's	ditto	ditto	ditto	
343		ditto	ditto	ditto	ditto	
344		Guy's	ditto	ditto	ditto	

No. II.

AMPUTATIONS OF THE THIGH AND LEG IN PROVINCIAL HOSPITALS DURING THE THREE YEARS, 1855, 1856, AND 1857.

No.	Date.	Hospital.	Accident or Disease.	Part amputated.	Result.	REMARKS.
	1855					
1	Jan.	Bradford	Disease	Thigh	Doing well	
2	Feb.	Liverpool Royal	ditto	ditto	Recovery	
3	and	ditto	ditto	ditto	Doing well	
4	March	Staffordshire	Accident	ditto	Recovery	
5		Sussex	ditto	ditto	Doing well	
6		Nottingham	Disease	ditto	Recovery	
7		ditto	Accident	ditto	Death	Pyæmia
8		Liverpool Royal	Disease	ditto	ditto	Exhaustion
9		Cambridge	ditto	ditto	ditto	Pyæmia
10		Sussex	ditto	Leg	Under treatment	
11		West Norfolk	ditto	ditto	Recovery	
12		Staffordshire	ditto	ditto	ditto	
13		Sheffield	ditto	ditto	ditto	
14		Berkshire	Accident	ditto	Under treatment	
15		Dorset	ditto	ditto	Recovery	
16		Cambridge	Disease	ditto	ditto	
17		Bradford	Accident	ditto	Under treatment	
18		ditto	Disease	ditto	Death	Pyæmia
19		Derby	ditto	ditto	Recovery	
20		ditto	Accident	ditto	ditto	
21		Kent	Disease	ditto	Death	
22	April	Derby	ditto	Thigh	Recovery	
23	May	ditto	ditto	ditto	ditto	
24	and	Hitchin	ditto	ditto	ditto	
25	June	ditto	ditto	ditto	ditto	
26		York	ditto	ditto	ditto	

No.	Date.	Hospital.	Accident or Disease.	Part amputated.	Results.	REMARKS.
	1855					
27	April	West Norfolk	Disease	Thigh	Recovery	
28	May	Gloucester	ditto	ditto	ditto	
29	and	Dorset	ditto	ditto	ditto	
30	June	Staffordshire	ditto	ditto	ditto	
31		Hull	ditto	ditto	ditto	
32		Cambridge	ditto	ditto	ditto	
33		ditto	ditto	ditto	ditto	
34		ditto	ditto	ditto	ditto	
35		Coventry	ditto	ditto	ditto	
36		Liverpool	ditto	ditto	ditto	
37		York	ditto	ditto	ditto	
38		—	Accident	ditto	Death	
39		Derby	ditto	ditto	ditto	
40		ditto	ditto	ditto	ditto	
41		Brighton	ditto	ditto	ditto	Hæmorrhage
42		Cambridge	Disease	ditto	ditto	
43		Gloucester	Accident	Leg	Recovery	
44		Bradford	Disease	ditto	ditto	
45		Gloucester	Accident	ditto	ditto	
46		Durham	ditto	ditto	ditto	
47		S. Staffordshire	ditto	ditto	ditto	
48		ditto	ditto	ditto	Under treatment	
49		Hull	Disease	ditto	Recovery	
50		Cambridge	ditto	ditto	ditto	
51		ditto	ditto	ditto	ditto	
52		Coventry	ditto	ditto	ditto	
53		ditto	ditto	ditto	ditto	
54		Reading	Accident	ditto	ditto	
55		Gloucester	ditto	ditto	Death	
56		ditto	Disease	ditto	ditto	
57		Hull	Accident	ditto	ditto	
58	July to	Brighton	Disease	Thigh	Recovery	
59	Dec.	ditto	ditto	ditto	ditto	
60		Hull	ditto	ditto	ditto	
61		Liverpool, South	Accident	ditto	ditto	
62		Cambridge	Disease	ditto	ditto	
63		ditto	ditto	ditto	ditto	
64		Cheltenham	ditto	ditto	ditto	
65		Sheffield	Accident	ditto	Under treatment	
66		Dundee	Disease	ditto	ditto	
67		Liverpool, South	Accident	ditto	Recovery	
68		Cambridge	Disease	ditto	ditto	

No.	Date.	Hospital.	Accident or Disease.	Part amputated.	Result.	REMARKS.
	1855					
69	July to	Cumberland	Disease	Thigh	Recovery	
70	Dec.	Liverpool Royal	ditto	ditto	ditto	
71		ditto	ditto	ditto	ditto	
72		ditto	ditto	ditto	ditto	
73		ditto	ditto	ditto	ditto	
74		ditto	ditto	ditto	ditto	
75		Brighton	ditto	ditto	ditto	
76		Derby	Accident	ditto	Death	Exhaustion
77		ditto	Disease	ditto	ditto	
78		Durham	ditto	ditto	ditto	
79		Derby	ditto	ditto	ditto	
80		Lynn	ditto	ditto	ditto	
81		Leicester	Accident	ditto	ditto	
82		Bradford	Disease	ditto	ditto	
83		Brighton	Accident	ditto	ditto	Exhaustion
84		York	Disease	ditto	ditto	Phlebitis
85		Staffordshire General	Accident	ditto	ditto	Shock
86		Carlisle	Disease	ditto	ditto	
87		ditto	Accident	ditto	ditto	
88		Cambridge	Disease	Leg	Recovery	
89		Margate	ditto	ditto	ditto	
90		ditto	ditto	ditto	ditto	
91		S. Staffordshire	ditto	ditto	ditto	
92		Brighton	Accident	ditto	ditto	
93		Leicester	Disease	ditto	ditto	
94		Cheltenham	Accident	ditto	ditto	
95		Leicester	ditto	ditto	ditto	
96		Derby	Disease	ditto	ditto	
97		ditto	Accident	ditto	ditto	
98		Sheffield	Disease	ditto	ditto	
99		Bradford	ditto	ditto	ditto	
100		ditto	ditto	ditto	Death	
101		Sheffield	ditto	ditto	ditto	
102		Hull	Accident	ditto	ditto	
103		Derby	Disease	ditto	ditto	
104		ditto	Accident	ditto	ditto	Pyæmia
105		ditto	ditto	ditto	ditto	Erysipelas
	1856					
106	Jan. to	Sheffield	Disease	Thigh	Recovery	
107	June	Cambridge	ditto	ditto	ditto	
108		Derby	Accident	ditto	ditto	
109		Dorset	Disease	ditto	ditto	
110		Cheltenham	ditto	ditto	ditto	

No.	Date.	Hospital.	Accident or Disease.	Part am- putated.	Result.	REMARKS.
	1856					
111	Jan. to	Cheltenham	Disease	Thigh	Recovery	
112	June	Staffordshire Ge- neral	ditto	ditto	ditto	
113		Leicester	ditto	ditto	ditto	
114		ditto	ditto	ditto	Death	
115		Derby	Accident	ditto	ditto	Shock
116		Dorset	Disease	ditto	ditto	Pyæmia
117		Derby	ditto	ditto	ditto	Exhaustion
118		ditto	ditto	Leg	Recovery	
119		ditto	ditto	ditto	ditto	
120		Durham	Accident	ditto	ditto	
121		ditto	ditto	ditto	ditto	
122		Cambridge	ditto	ditto	ditto	
123		Kent	ditto	ditto	ditto	
124		Sheffield	Disease	ditto	ditto	
125		ditto	ditto	ditto	Death	Exhaustion
126		Leicester	ditto	ditto	ditto	
127		Sheffield	Accident	ditto	ditto	Shock
128		Derby	Disease	ditto	ditto	Exhaustion
129		ditto	ditto	ditto	ditto	
130	July to	ditto	ditto	Thigh	Recovery	
131	Dec.	S. Staffordshire	ditto	ditto	ditto	
132		Nottingham	Accident	ditto	ditto	
133		ditto	Disease	ditto	ditto	
134		ditto	Accident	ditto	ditto	
135		Liverpool Royal	Disease	ditto	ditto	
136		Leicester	Accident	ditto	ditto	
137		Birmingham	ditto	ditto	ditto	
138		Cheltenham	Disease	ditto	ditto	
139		N. Staffordshire	ditto	ditto	ditto	
140		York	ditto	ditto	ditto	
141		ditto	ditto	ditto	ditto	
142		ditto	ditto	ditto	ditto	
143		Bradford	ditto	ditto	ditto	
144		ditto	ditto	ditto	ditto	
145		ditto	ditto	ditto	ditto	
146		Gloucester	Accident	ditto	ditto	
147		ditto	ditto	ditto	ditto	
148		Hull	Disease	ditto	ditto	
149		Dundee	ditto	ditto	ditto	
150		N. Staffordshire	Accident	ditto	ditto	
151		ditto	Disease	ditto	ditto	
152		Berkshire	ditto	ditto	ditto	
153		ditto	ditto	ditto	ditto	

No.	Date.	Hospital.	Accident or Disease.	Part amputated.	Result.	REMARKS.
	1856					
154	July to Dec.	Sussex	Accident	Thigh	Under treatment	
155		N. Staffordshire	Disease	ditto	Recovery	
156		Berkshire	ditto	ditto	ditto	
157		Hull	Accident	ditto	Death	Exhaustion
158		Leicester	Disease	ditto	ditto	Diarrhœa
159		Gloucester	Accident	ditto	ditto	Shock
160		Bradford	Disease	ditto	ditto	
161		ditto	ditto	ditto	ditto	
162		Leicester	Accident	ditto	ditto	
163		Liverpool	Disease	ditto	ditto	Pyæmia
164		N. Staffordshire	Accident	ditto	ditto	Shock
165		Dundee	Disease	ditto	ditto	
166		Sussex	ditto	ditto	ditto	Pyæmia
167		Bradford	ditto	Leg	Recovery	
168		Gloucester	Accident	ditto	ditto	
169		N. Staffordshire	ditto	ditto	ditto	
170		ditto	Disease	ditto	ditto	
171		ditto	Accident	ditto	ditto	
172		Cheltenham	Disease	ditto	ditto	
173		Hull	Accident	ditto	ditto	
174		Bradford	Disease	ditto	ditto	
175		ditto	ditto	ditto	ditto	
176		ditto	ditto	ditto	ditto	
177		ditto	Accident	ditto	ditto	
178		Durham	Disease	ditto	ditto	
179		York	ditto	ditto	ditto	
180		ditto	ditto	ditto	ditto	
181		ditto	ditto	ditto	ditto	
182		ditto	Accident	ditto	Under treatment	
183		N. Staffordshire	ditto	ditto	Recovery	
184		Sussex	ditto	ditto	ditto	
185		ditto	Disease	ditto	ditto	
186		ditto	Accident	ditto	ditto	
187		N. Staffordshire	ditto	ditto	ditto	
188		Bradford	Disease	ditto	ditto	
189		Derby	ditto	ditto	ditto	
190		ditto	Accident	ditto	ditto	
191		Berkshire	Disease	ditto	ditto	
192		S. Staffordshire	ditto	ditto	ditto	
193		Derby	Accident	ditto	ditto	
194		ditto	Disease	ditto	ditto	
195		ditto	ditto	ditto	ditto	

No.	Date.	Hospital.	Accident or Disease.	Part amputated.	Result.	REMARKS.
	1856					
196	July to	Derby	Disease	Leg	Recovery	
197	Dec.	Nottingham	Accident	ditto	ditto	
198		ditto	ditto	ditto	ditto	
199		ditto	ditto	ditto	ditto	
200		S. Staffordshire	ditto	ditto	ditto	
201		Liverpool Royal	ditto	ditto	ditto	
202		Leicester	ditto	ditto	ditto	
203		Staffordshire General	ditto	ditto	ditto	
204		ditto	Disease	ditto	ditto	
205		W. Norfolk	ditto	ditto	ditto	
206		Cheltenham	ditto	ditto	ditto	
207		Bradford	Accident	ditto	Under treatment	
208		Berkshire	Disease	ditto	Death	
209		N. Staffordshire	Accident	ditto	ditto	Hæmorrhage
210		Hull	ditto	ditto	ditto	
211		Gloucester	Disease	ditto	ditto	
212		Hull	ditto	ditto	ditto	Exhaustion
213		Liverpool Royal	ditto	ditto	ditto	ditto
214		S. Staffordshire	Accident	ditto	ditto	Pleurisy
215		Nottingham	ditto	ditto	ditto	Shock
216		Dundee	ditto	ditto	ditto	Pyæmia
217		Sussex	Disease	ditto	ditto	ditto
218		Berkshire	Accident	ditto	ditto	
	1857					
219		Cheltenham	Disease	Thigh	Recovery	
220		Liverpool Royal	ditto	ditto	ditto	
221		Sussex	ditto	ditto	ditto	
222		N. Staffordshire	ditto	ditto	ditto	
223		York	ditto	ditto	ditto	
224		ditto	ditto	ditto	ditto	
225		Cambridge	ditto	ditto	ditto	
226		Glasgow	ditto	ditto	ditto	
227		ditto	ditto	ditto	ditto	
228		ditto	Accident	ditto	ditto	
229		N. Staffordshire	Disease	ditto	ditto	
230		ditto	ditto	ditto	ditto	
231		ditto	ditto	ditto	ditto	
232		Cambridge	ditto	ditto	ditto	
233		Dundee	ditto	ditto	ditto	
234		Dorset	ditto	ditto	ditto	
235		ditto	ditto	ditto	ditto	
236		Bristol	ditto	ditto	ditto	

No.	Date.	Hospital.	Accident or Disease.	Part am- putated.	Result.	REMARKS.
	1857					
237		Staffordshire Ge- neral	Disease	Thigh	Recovery	
238		ditto	ditto	ditto	ditto	
239		Leicester	ditto	ditto	ditto	
240		ditto	ditto	ditto	ditto	
241		ditto	ditto	ditto	ditto	
242		ditto	Accident	ditto	ditto	
243		Bradford	Disease	ditto	ditto	
244		ditto	ditto	ditto	ditto	
245		ditto	ditto	ditto	ditto	
246		Sheffield	ditto	ditto	ditto	
247		Hull	ditto	ditto	ditto	
248		ditto	ditto	ditto	ditto	
249		Sussex	ditto	ditto	ditto	
250		ditto	ditto	ditto	ditto	
251		York	ditto	ditto	ditto	
252		Cambridge	ditto	ditto	ditto	
253		N. Staffordshire	ditto	ditto	ditto	
254		Dundee	ditto	ditto	ditto	
255		Glasgow	ditto	ditto	ditto	
256		ditto	ditto	ditto	ditto	
257		ditto	ditto	ditto	ditto	
258		ditto	ditto	ditto	ditto	
259		Liverpool, S.	Accident	ditto	ditto	
260		ditto	ditto	ditto	Under treatment	
261		Gloucester	Disease	ditto	Recovery	
262		N. Berkshire	ditto	ditto	ditto	
263		W. Norfolk	Accident	ditto	ditto	
264		Dundee	Disease	ditto	ditto	
265		Hull	Accident	ditto	Death	
266		ditto	Disease	ditto	ditto	
267		Bradford	ditto	ditto	ditto	
268		Sheffield	ditto	ditto	ditto	
269		Leicester	ditto	ditto	ditto	
270		ditto	ditto	ditto	ditto	
271		Dorset	Accident	ditto	ditto	Pyæmia
272		Dundee	ditto	ditto	ditto	Hæmorrhage
273		Glasgow	ditto	ditto	ditto	Shock
274		ditto	ditto	ditto	ditto	Phlebitis
275		ditto	ditto	ditto	ditto	Exhaustion
276		ditto	ditto	ditto	ditto	Phlebitis
277		W. Norfolk	ditto	ditto	ditto	ditto
278		Derby	Disease	ditto	ditto	Tetanus Diarrhœa

No.	Date.	Hospital.	Accident or Disease.	Part amputated.	Result.	REMARKS.
	1857					
279		Birmingham, Q.	Disease	Thigh	Death	Exhaustion
280		York	ditto	ditto	ditto	Pyæmia
281		ditto	Accident	ditto	ditto	ditto
282		ditto	Disease	ditto	ditto	Exhaustion
283		Hull	Accident	ditto	ditto	ditto
284		N. Berkshire	Disease	ditto	ditto	
285		Gloucester	ditto	ditto	ditto	Phlebitis
286		Hull	Accident	ditto	ditto	Shock
287		ditto	Disease	ditto	ditto	Exhaustion
288		N. Staffordshire	ditto	ditto	ditto	
289		Liverpool, S.	ditto	ditto	ditto	Pyæmia
290		N. Berkshire	Accident	Leg	Recovery	
291		Staffordshire	Disease	ditto	ditto	
292		Sheffield	ditto	ditto	ditto	
293		Birmingham, Q.	Accident	ditto	ditto	
294		ditto	ditto	ditto	ditto	
295		ditto	ditto	ditto	ditto	
296		Derby	ditto	ditto	ditto	
297		ditto	Disease	ditto	ditto	
298		Liverpool, R.	ditto	ditto	ditto	
299		ditto	ditto	ditto	ditto	
300		ditto	ditto	ditto	ditto	
301		ditto	Accident	ditto	ditto	
302		Sussex	Disease	ditto	Under treatment	
303		Cambridge	ditto	ditto	Recovery	
304		ditto	ditto	ditto	ditto	
305		Glasgow	Accident	ditto	ditto	
306		Sheffield	Disease	ditto	ditto	
307		Cheltenham	ditto	ditto	ditto	
308		N. Staffordshire	Accident	ditto	ditto	
309		Dundee	Disease	ditto	ditto	
310		Dorset	Accident	ditto	ditto	
311		Staffordshire General	Disease	ditto	ditto	
312		Leicester	ditto	ditto	ditto	
313		Gloucester	ditto	ditto	ditto	
314		Liverpool S.	Accident	ditto	ditto	
315		ditto	ditto	ditto	ditto	
316		ditto	ditto	ditto	Under treatment.	
317		N. Staffordshire	ditto	ditto	Recovery	
318		ditto	Disease	ditto	ditto	
319		ditto	Accident	ditto	Death	

No.	Date.	Hospital.	Accident or Disease.	Part am- putated.	Result.	REMARKS.
	1857					
320		Glasgow	Accident	Leg	Death	Exhaustion
321		ditto	ditto	ditto	ditto	Phlebitis
322		ditto	ditto	ditto	ditto	Tetanus
323		Sussex County	ditto	ditto	ditto	Delirium tre- mens
324		Liverpool R.	ditto	ditto	ditto	
325		ditto	Disease	ditto	ditto	
326		ditto	Accident	ditto	ditto	Shock
327		Derby	Disease	ditto	ditto	Exhaustion
328		Birmingham, Q.	Accident	ditto	ditto	
329		Sheffield	Disease	ditto	Recovery	
330		N. Berkshire	Accident	ditto	Death	
331		W. Norfolk	ditto	ditto	ditto	Tetanus
332		N. Stafford	Disease	ditto	ditto	
333		ditto	Accident	ditto	ditto	
334		Glasgow	Disease	ditto	ditto	Hæmorrhage
335		ditto	Accident	ditto	ditto	



No. III.

QUESTIONS SUBMITTED TO MR. W. HEATHER BIGG
AND MR. GROSSMITH.

1. In adapting an artificial limb to a stump formed by the circular or double-flap transfixion modes of amputating, do you allow any pressure to be borne on the end of the stump?

2. If such pressure is not allowed, what is the reason for its avoidance?

3. In what proportion of stumps, formed by these methods, do you find a moveable mass of soft tissues over the sawn end of the bones?

4. After these modes of amputating, do you find generally that the cicatrix is adherent to the sawn end of the bone?

Mr. BIGG's *Letter to Mr. TEALE.*

LEICESTER SQUARE, LONDON, W. C.

July 13th, 1858.

DEAR SIR,

It affords me very great pleasure to place at your disposal whatever experience I possess on the subject of stumps after amputation, and the relation they bear to the adaptation of artificial limbs.

In reply to the first question;—it is contrary to my practice to allow of any pressure being taken against the end of

the stump by the bottom of the bucket, and for the following reasons:

1st. In almost every case of amputation above the knee, a certain amount of tenderness remains at the inferior extremity of the limb; hence, if pressure, even of the slightest character, were allowed to be exercised against it, the patient, in shrinking, as he necessarily would, from the inconvenience occasioned to his stump, would lose that confidence so highly requisite for enabling him to walk with ease, and would be continually exposed to the risk of falling.

2d. As artificial legs are at present constructed, the attachment to the patient's body is principally obtained by the bucket, which receives the stump, being so conformed that the weight of the patient tends to *gently* press the stump in a downward direction within it. Perfect apposition is thus secured between the integumentary surface and the internal surface of the bucket. This principle is, however, limited by a rule which I, in common with many other scientific mechanics, have long maintained, namely, that after a certain allowance is made for the stump sinking into the receptacle prepared for it, the weight of the body should be received by the posterior margin of the bucket; or, in other words, that the tuberosity of the ischium should be the point against which the weight of the body ought to be borne by the artificial leg. The advantage of this arrangement becomes apparent, when the tenderness and pain occasioned in almost every instance where the integuments pertaining to the stump are forcibly drawn upwards is borne in mind. But there is also an important mechanical reason for the point I have just stated being selected, viz., that as in the skeleton the line of gravity *common* to the body and the leg passes through the tuberosity of the ischium, so is it highly essential that in the substitute the same law should be maintained.

3d. The end of the stump is easily inflamed and abraded by friction.

I need hardly remark that, although these observations especially refer to amputations above the knee, they are equally applicable to cases where the limb has been removed below. In the latter cases I always avoid the least chance of pressure against *any* part of the stump, and transfer it instead to the thigh. It might reasonably be asked, why the condyles of the tibia are not made the surface against which resistance should be gained? My reply is, that the leverage obtained by surrounding the thigh with the artificial limb is so great, and the freedom the patient enjoys in walking, when the stump is only expected to flex and extend the knee, so considerable, that I believe no other point should ever be selected (unless it were possible to use the end of the stump, which is never the case) for enabling a patient, who has suffered loss of limb below the knee, to use with success an artificial leg. I feel perfectly assured, that could pressure be borne against the end of the stump, a much more decided mechanical influence would be exercised by the patient over his false member.

A powerful argument in favour of this plan is, that the natural force is thereby conveyed so much nearer the knee-joint as to impart considerable firmness to the patient's gait. It must, however, be likewise borne in mind, that, if it *were* possible for the stump to rest upon a hard substance, a tendency to render the bucket loose around the thigh would be immediately engendered, and rotation of the limb, on its perpendicular axis, infallibly result; artificial legs, constructed on the present principles, would therefore be useless for such cases. I should try to mechanically overcome this objection by rendering the septum, upon which the end of the stump rested, *semi-elastic*; thus all the advantage of bearing would be gained, without disturbing the "fit" of the bucket, or displacing the limb in a lateral direction; it would also avoid friction at the extremity of the stump, a point too important to be overlooked. I would, in fact, diffuse the necessary resistance between the end of stump, tuberosity of ischium, and superficies of the thigh,

thus gaining a considerable amount of attachment and power between the patient and his artificial limb.

All this is, however, based upon the hypothesis that pressure could be sustained at the end of the stump, which at present is not the case.

In reply to the second question, from what I have previously stated, you may easily see that my reasons for not making pressure against the end of stump are—fear of friction, and the inability of the stump to bear it.

In reply to the third question, as far as my general observations have extended, I find, that adhesion between the cicatrix and the bone almost invariably occurs in cases where the circular operation has been resorted to; I have also remarked that, although cases very frequently occur, after the flap operation, where a soft mass of tissues appear to be moveable beyond the sawn extremity of the bone, I have fancied I could detect a slight adherence, although, from stumps of the kind being generally soft and flabby, the difficulty of accurately determining this point might render my impressions liable to error, and expose any opinion expressed on the subject to doubt or contradiction.

In reply to the fourth question, I can simply state that, from the sense of tenderness experienced in a large number of cases on any attempt being made to tighten the integuments across the end of the stump, my first observation has always been directed to the probability of the bone being unduly prominent; and on testing this, for reasons referring to the construction of the artificial leg, I have very rarely found the cicatrix otherwise than attached to the end of bone.

Trusting that these replies agree with your own judgment and opinions,

Believe me, dear sir,

Yours very faithfully,

H. HEATHER BIGG.

MR. GROSSMITH'S *Letter to* MR. THOMAS P. TEALE.

SIR,

I have much pleasure in replying to your inquiries on the subject of stumps after amputation.

1. In applying my artificial legs, it has been my rule *never* to allow pressure on the end of the stumps in any case, except those of amputation at the ankle-joint (Syme's method), or of Chopart's foot operation, in which the heel is retained.

2. I have not allowed such pressure, because I have never found that the patient could bear it without pain; and in cases where, by accident or wrong measurement, the socket of the artificial limbs have been made too short, I have found it necessary to lengthen them, in order to keep the point of the stump *quite clear*.

3. I do not remember any cases where the stumps, after amputation by the circular method, or the double-flap transfixion mode, have had a soft moveable mass of tissues over the sawn end of the bone, similar to the stumps of those patients I have recently seen who were amputated by you.

4. As a general rule, I have found the cicatrix *adherent* to the sawn end of the bone, and the cicatrix thus united has always proved the most tender part of the stump. During the last fifteen years I have had practical experience in the application of artificial limbs to many hundreds of cases, but I cannot remember more than two or three patients who had sufficient fleshy covering over the end of the stump to admit of pressure being *sustained with advantage*, and even in those few exceptional cases I believe the cicatrix was adherent to the bone.

I shall be happy to attend to any further inquiries you

may think necessary, believing that your new method, if generally adopted, will prove most advantageous to the patient, enabling him to walk with greater firmness and comfort.

I am, Sir,

Your obedient servant,

W. R. GROSSMITH.

London, New Burlington Street,
October, 1858.

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