treatment, in a short space of time, has considerably changed her state of health for the better.

[*To be continued.*]

MR. CARDEN'S METHOD OF AMPUTATION.

By F. Le Gros Clark, Esq., Surgeon to St. Thomas's Hospital.

I am enabled to bear testimony to the value of the method of amputating above the knee-joint, suggested by Mr. Carden, of Worcester, and approved by Mr. Syme.

My first adoption of this operation was entirely accidental. I intended to excise the knee-joint of a young woman, and for that purpose made my usual broad crescentic incision, extending from one condyloid tubercle to the other, and across the ligament of the patella. On raising this bone, I found the extent and nature of the disease necessitated amputation. I at once decided to complete the operation by sawing through the femur, after cutting directly backwards through all the tissues behind the bone.

The accuracy of adaptation of this flap, and the advantage of ready drainage, followed by a good recovery, induced me to repeat this operation in the case of a young gentleman who was the subject of serious disease of the knee-joint, too extensive to admit of excision. This case, also, in every respect answered my expectations, both in the facility with which union took place, and in the subsequent firmness and solidity of the stump.

On a third occasion I repeated this operation, on a patient whose leg was badly fractured, and in whom both popliteal vessels were ruptured. The severity and complication of this patient's injuries (apart from the above) prevented my witnessing the final success of the operation; but as long as he survived I had every reason to be perfectly satisfied with the operation.

I have come to the conclusion that this form of amputation, where practicable, is unquestionably a great improvement on any of the ordinary methods of removing the thigh, by the circular or double flap operations. And I would not limit this observation to amputation *through* the condyles. I consider it preferable, as shown in my first operation, even where the condyles are entirely removed. Thus, I have been led to abandon the last of the muscular flap operations, except those at the shoulder and hip-joints. I have relinquished them, one by one, in favour of the skin-flap, as my confidence has increased in the latter. The tendency of the fleshy flap is to retract, and lose bulk; whereas that of the skin-flap is to gain in consistence and firmness, and therefore in capability of sustaining pressure.

The operator in public must be willing, in making skin-flaps of sufficient amplitude, to produce a stump which is, at first, anything but sightly in appearance. If the opposed flaps fit too nicely at first, there is risk that there will be subsequent deficiency and gaping, when the filling out of the tissues occurs.

In the amputation to which I have referred, the incisions were made with the limb unflexed; and the skin was retracted before the back flap was made.

I may add that I have, for some time past, relinquished all dressing to stumps. Bathing the cut surface with strong spirit lotion favours coagulation of the fibrinous precipitate from the serum, and this facilitates an early adaptation of the flaps. To save pain, long silk sutures may be passed through the flaps, after the arteries are secured. They can be subsequently tied without much disturbance to the patient.

Transactions of Branches.

BATH AND BRISTOL BRANCH.

VILLAGE HOSPITALS: THEIR POSITION WITH REGARD TO COUNTY INFIRMARIES, UNIONS, AND THE PROFESSION.

By Horace Swete, Esq., Wrington, Bristol.

[*Read January 25th*, 1866.]

It will be remembered well by those present to-night, the wretched condition as to medical stores and appliances, in which our army was, when, twelve years since, the Crimean war commenced. We cannot easily forget the call for nurses, drugs, lint, etc., that, day after day, came to us from Scutari and Balaklava; and we can still less easily efface from our remembrance the devoted band of sisters, headed by Florence Nightingale, who left their homes of luxury and plenty, for the privilege of aiding our wounded soldiers in the East. This state of things was a crying evil, one that reflected great discredit on the Executive, and which called forth all the warm sympathies of our profession for their brethren in the army, who, whilst possessed both of the will and the skill to alleviate misery, yet were denied almost the most simple surgical necessaries.

It may be received as an axiom, that out of evil comes good. Should our army again have to take the field, the medical department of both forces will no longer feel the want of hospital appliances. The exertions of the late Lord Herbert of Lea have placed the medical department on a new footing; and military hospitals and schools of medicine have arisen in various places. Nor has the good stopped here. Miss Nightingale has brought the experience she gained in the East to bear on our civil hospitals. Nursing institutions are arising in our principal towns, and a great impetus has been given to the enlargement and building of hospitals. Since the date of the Crimean war, nearly twenty county or large hospitals have been built, or are in process of building, whilst nine of our old established institutions are undergoing considerable enlargement.

In the year 1859, two new hospital plans arose: that of Cottage hospitals, of a small number of beds, from twelve to twenty; and Village hospitals, of a simpler character still. Nor must we confound the two plans, though the names of village and cottage hospitals are often used synonymously.

The Cottage hospital system was, I believe, first established at Middlesborough, in Yorkshire. The system is that of furnishing small houses with hospital beds, in simple style, where patients are admitted by recommendation notes. The nursing in most of these is done by voluntary sisters. In some, I am happy to say, the surgeon is paid for his attendance. The funds are aided by gifts in kind, of food or wine, the patients paying nothing. Of these small hospitals, there are about ten—at Middlesborough, North Ormsby, Marske, Stockton, Darlington, Hartlepool, West Hartlepool, Walsall, and Weston-super-Mare. These have effected much good, at a small cost, providing hospital accommodation to many living at a considerable distance from a county infirmary. Most of these hospitals are for accidents and surgical cases only, and are situated in the immediate neighbourhood of factories or iron-works. That at Marske is, I am informed, entirely supported by the Messrs.