

The racket incision is now completed by dividing the skin circularly at the level of the axillary folds. The vessels and nerves are then easily isolated, the former being ligatured and the latter divided. The subscapular artery and nerves can be grasped and dealt with. The circumflex nerve, which courses over the *teres major* and behind the bone to supply the *deltoid*, is to be carefully avoided, as the *deltoid* is the chief muscle of the future stump.

The method above described resembles very closely the racket method of Spence.¹ Larrey's racket method, recommended by *Farabœuf*, in which the longitudinal incision is placed externally, is not to be preferred, as it does not avoid the circumflex nerve, and therefore causes paralysis of the *deltoid*.

64. Interscapulo-Thoracic Amputation (Figs. 253, 254). In this operation,

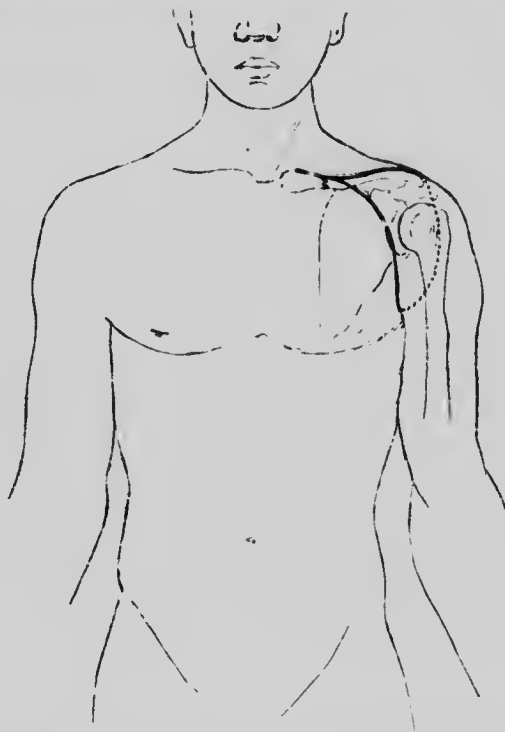


FIG. 253.--Removal of the upper extremity together with the shoulder girdle.

which is not a disarticulation, as no joint has to be opened in removing the shoulder girdle, the clavicle is sawn through, and only the muscular attachments to the scapula are divided. Hence the name we have selected.

Berger's operation is most commonly performed for injuries and tumours of the head of the humerus and the scapula (but exceptionally also for gangrene and spreading cellulitis), which have implicated the shoulder-joint and the scapula, frequently together with the axillary glands, the vessels, and muscles. Cases are also met with in which it is necessary to remove along with the arm merely a portion of the scapula (acromion and glenoid). If carried out in an exact manner, the operation is no more dangerous than disarticulation at the shoulder, and gives far better permanent results, in contrast to the conditions associated with interilio-abdominal disarticulation. The operation is

¹ Spence's *Lectures on Surgery*, vol. ii.