

As that by Mr. Guthrie, (London Medical and Surgical Journal, 1834,) where a tumor about as large as an adult's head, situated upon the right nates of a female, presented so decidedly the characters of Aneurism that it was believed to be so by Sir Astley Cooper, M. Guthrie and other experienced surgeons who were consulted upon the case, and accordingly a ligature was placed around the common iliac artery; on examination the tumor was found to be composed of cerebriform substance; the arteries were healthy. A second (Med-Chir. Trans, vol. 28,) where Mr. Luke, of the London Hospital, tied the femoral artery in mistake. Another by Mr. Earle of St. Bartholmews, London, where this eminent surgeon tied the left subclavian artery under the persuasion that an Aneurism existed when no such lesion was present. and Mr. Stanley, in a case of pulsating tumor of the Ilium, likewise threw a ligature around the common iliac artery. In these examples had amputation been practicable, it would have formed a proper treatment, even had the reason, for which it had been undertaken, no existence; yet being the proper expedient in tumor, the other alternative, the actual or revealed condition would have justified the practice. In either state it was proper, and, whatever the diagnosis arrived at, its merits would have remained uninvalidated. These marks are substantiated by reflection upon the case now reported.

On the 5th May, a consultation met of the Medical Staff of the Hospital, at which Dr. Bergin of Cornwall was present, whose continued sympathy—deep and disinterested—induced him to leave his own city to be present at the operation, and extend to the poor patient those exhibitions of true charity which “set at liberty them that are bruised.” It was decided that I should perform amputation of the shoulder joint.

OPERATION,—Performed between Noon and 1 P. M. of the same day. After the successful administration of Chloroform, the patient being placed in a convenient situation, the left subclavian artery effectively compressed with a large key, and the left arm held at a right angle from the body, the circular operation was commenced. With the performance of the annular division of the integument, in the first sweep of the knife, a gush of blood issued and was unusually copious and impetuous, its color was not arterial but mixed, chiefly, venous; fearing that a sac had been opened communicating with an important vessel, a towel was strongly bound round the arm at the top of the tumor below the mark of the knife, and put a stop to further bleeding. The integument was then separated, turned over and dissected back to a sufficient extent. The knife was next inclined so as to pass under the acromion and up over the head of the humerus, dividing the deltoid muscle and capsular ligament, and open.