the method we will now describe would naturally suggest itself. As severe shock and anæmia are often present, serious hæmorrhage must be avoided.

An incision beginning over the clavicle is carried vertically downwards external to the coracoid process. The upper part of the anterior fibres of the deltoid are divided, and forceps are at once applied to the bleeding points. The cephalic vein, which ascends in the interval between the deltoid and pectoralis major, is ligatured, as also are the acromial branches of the acromio-thoracic axis artery. The bone is reached

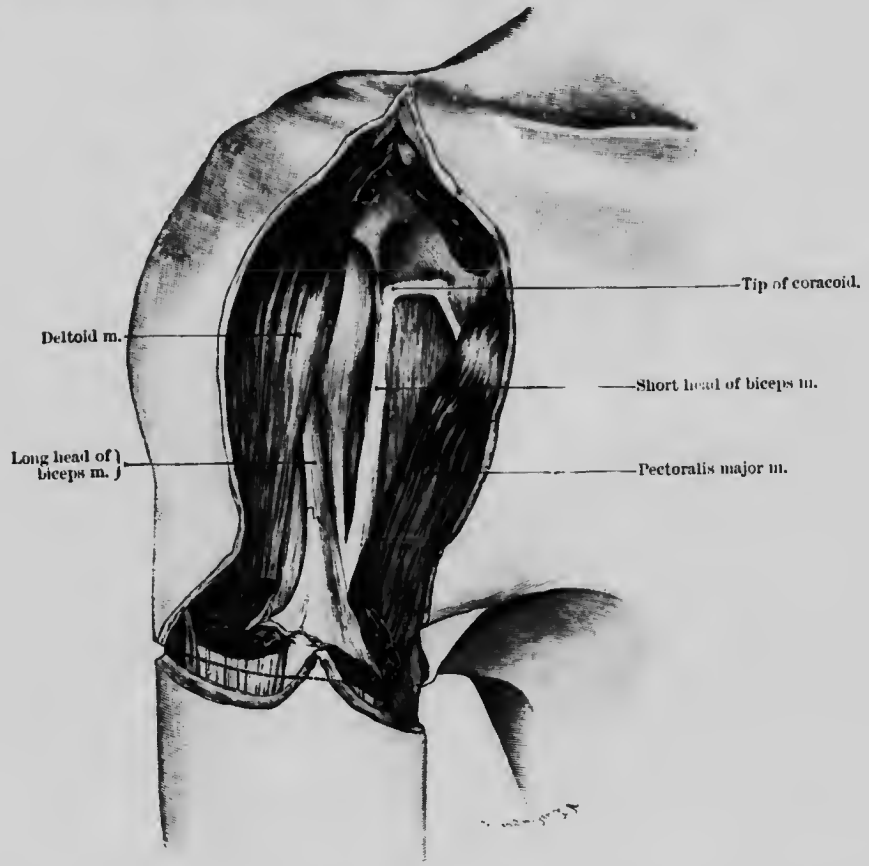


Fig. 252.—Disarticulation at the shoulder by the racket incision. The incision is made along the anterior edge of the deltoid, commencing above the coracoid process, which is exposed along with the origins of the short head of the biceps and the coraco-brachialis. The anterior border of the deltoid has been divided where it covers the coracoid, and the pectoralis major and deltoid are separated and divided lower down. The long head of the biceps is exposed, along which the incision is carried down to the bone.

by passing between the anterior border of the deltoid and the pectoralis major, and the capsule is slit upwards along the bicipital groove. The insertion of the subscapularis is detached from the lesser tuberosity, and lower down the insertions of the pectoralis major, latissimus dorsi, and teres major are separated subperiosteally from the region of the bicipital groove, the anterior circumflex artery being ligatured. The insertions of the supraspinatus, infraspinatus, and teres minor are then separated from the greater tuberosity, so that the head of the humerus may be protruded upwards forwards out of the wound.