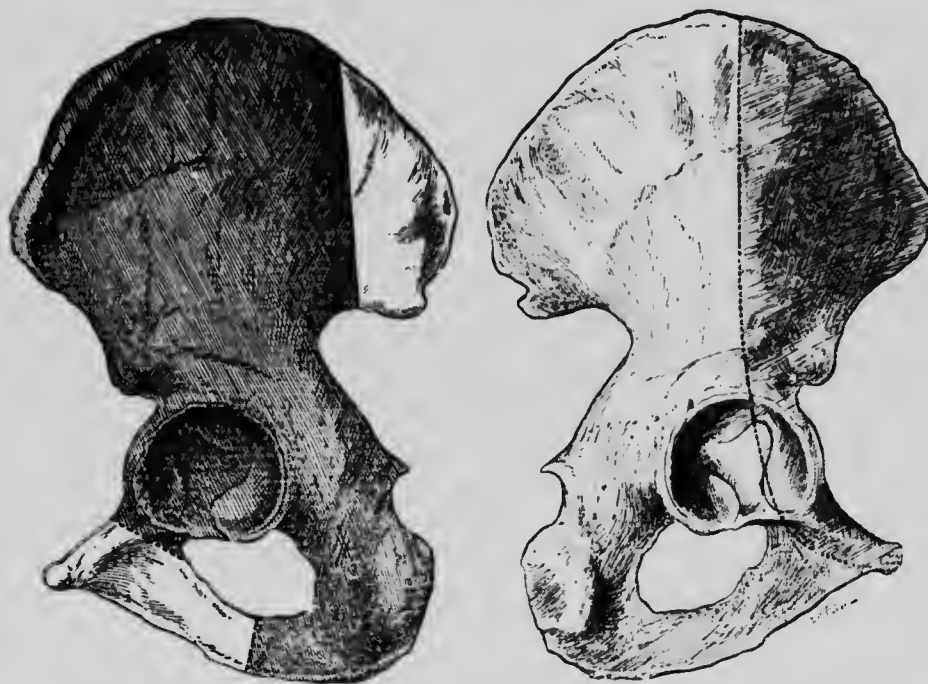


attachments and divided between clamps. Lynn Thomas's forceps are excellently adapted for this purpose, as the tissues can be transected by the small blade.

On the basis of experiments and of our unfortunate experiences with two patients, we should proceed as follows in a case of sarcoma of the pelvis, in which condition alone an interilio-abdominal disarticulation is indicated. The median basilic vein is exposed and everything is prepared for intravenous injection. The patient is placed on a well-warmed operation table, and an enema of tea and brandy is administered.

An incision is made parallel to Ponpart's ligament exactly similar to that used in ligature of the common iliac artery (1 in Fig. 242). (This might be effected under local anaesthesia.) The fascia is divided in the form of an angular flap, the muscles are separated in the direction of their fibres, the fascia is transversalis raised along with the peritoneum, and the internal iliac fossa and the common iliac artery



FIGS. 240 AND 241.—Lines of section of pelvis in Keen and Freeman's cases of amputation of pelvis.

are exposed. The artery is temporarily controlled with a suitable compressor or clamp (Halsted), and after the vein has been emptied by elevating the limb, it is also clamped. We regard temporary closure of the vessels as a necessary precaution against collapse from acute anaemia. The inner surface of the pelvis is now carefully investigated, the limits of the tumour are defined, and the proposed lines of section of the pelvis determined.

The dorsal aspect of the innominate bone is then similarly examined. This is most satisfactorily effected through an incision in the same direction as that for ligature of the gluteal artery (2 in Fig. 242), only considerably longer and more like that we recommend for posterior excision of the hip at the upper border of the gluteus maximus. The great sacro-sciatic notch is thus exposed, and the line at which the bone is to be divided is defined.

After its fibres have been split the gluteus maximus can be drawn downwards with a hook without any appreciable bleeding and the bone is exposed at the upper