

EXCISION OF THE ENTIRE SCAPULA.

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The patient, a female, aged 36, suffered from a large tumor, comprising the right scapula, for which she had already undergone three operations. The first time she was operated upon in 1859, by Dr. Beck, a military surgeon in Freiburg, the second and third time in 1866 and 1867, by Drs. Miller and Gauss, in Baden-Baden, but by these operations the scapula had remained intact.

The skin covering the tumor was rich in cicatrices, the marks of former operations. These cicatrices presented a bluish color and a smooth surface, were much thinner than the surrounding skin, and, like the rest of the integuments, moveable over the tumor. The tumor, from its posterior margin to the acromion process, measured 0.18 metre, the largest in a vertical line being 0.21 metre. Active motions of the humerus were nearly arrested, the passive motions very much limited. The extremity could not be further removed from the body than to an angle of 45°. The extensive pain patient suffered in the arm brought her to me in search of relief. Having given her consent to a proposed removal of the entire bone, the operation was accordingly performed on the 30th of March, 1868, in presence of Drs. Barnes, Gray, Goutenbruck, Riley, Schwarzwaelder, and some other medical gentlemen. Patient being in a deep chloroform narcosis, a crucial incision was made through the skin—one cut, beginning at the acromion process and carried over the most protuberant part of the tumor, ended near the spinal column, a second incision, over the middle of the tumor, bisected the first. The four skin flaps were dissected off and held back by sharp hooks. The acromion process was divided with a small saw, laying bare at the same time the scapulo-humeral articulation. The head of the humerus was then, by rotating the arm, dislocated inwards, to get at and remove the coracoid process. Lifting up the scapula by its glenoid cavity, which was found to be involved in the disease, the whole of the scapula was detached from the body by keeping the knife close to the under-surface of the tumor. The removal of the tumor left the ribs visible through the cellular tissue, which was all that remained of the sub-scapularis muscle, lost in the diseased mass.