acromion process (if necessary the Lynn Thomas forceps being used to control the bleeding), after which the arm and shoulder are rotated outwards so as to completely expose the ventral aspect of the scapula and its muscles. At the upper angle the thick insertion of the levator anguli scapulæ is divided, and branches of the posterior scapular artery secured. The thick serratus magnus and the thinner rhomboids are then divided in succession along the vertebral border of the scapula. The arm and the scapula being now drawn away from the trunk, the trapezius is separated from the spine, and the omo-hyoid from the upper border of the scapula, and the arm and shoulder girdle are removed without appreciable loss of blood.

We performed this operation in 1902 on a boy for a diffuse sarcoma of the scapula, which involved the shoulder-joint and the upper portion of the humerus. Only two teaspoonfuls of blood were lost, and in five days the wound was simply covered with a strip of collodion, a single glass drainage tube having been inserted through a special opening in the posterior fold of the axilla.

Our description thus corresponds essentially to the interscapulo-thoracic disarticulation of Berger, who, along with Farabœuf, Adelmann and Chavasse, has gained distinction for the development of the best procedure. Bergmann also, according to Nasse, performs the operation in the same way as above described. Esmarch has added to the method the sawing of the clavicle and preliminary ligature of the subclavian vessels. If the tumour has invaded the skin extensively, Keen's plan of utilising the skin from the whole length of the upper arm may be employed.

END OF VOL. I

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