

dependent for success on the mobility of the shoulder girdle, more especially of the scapula.

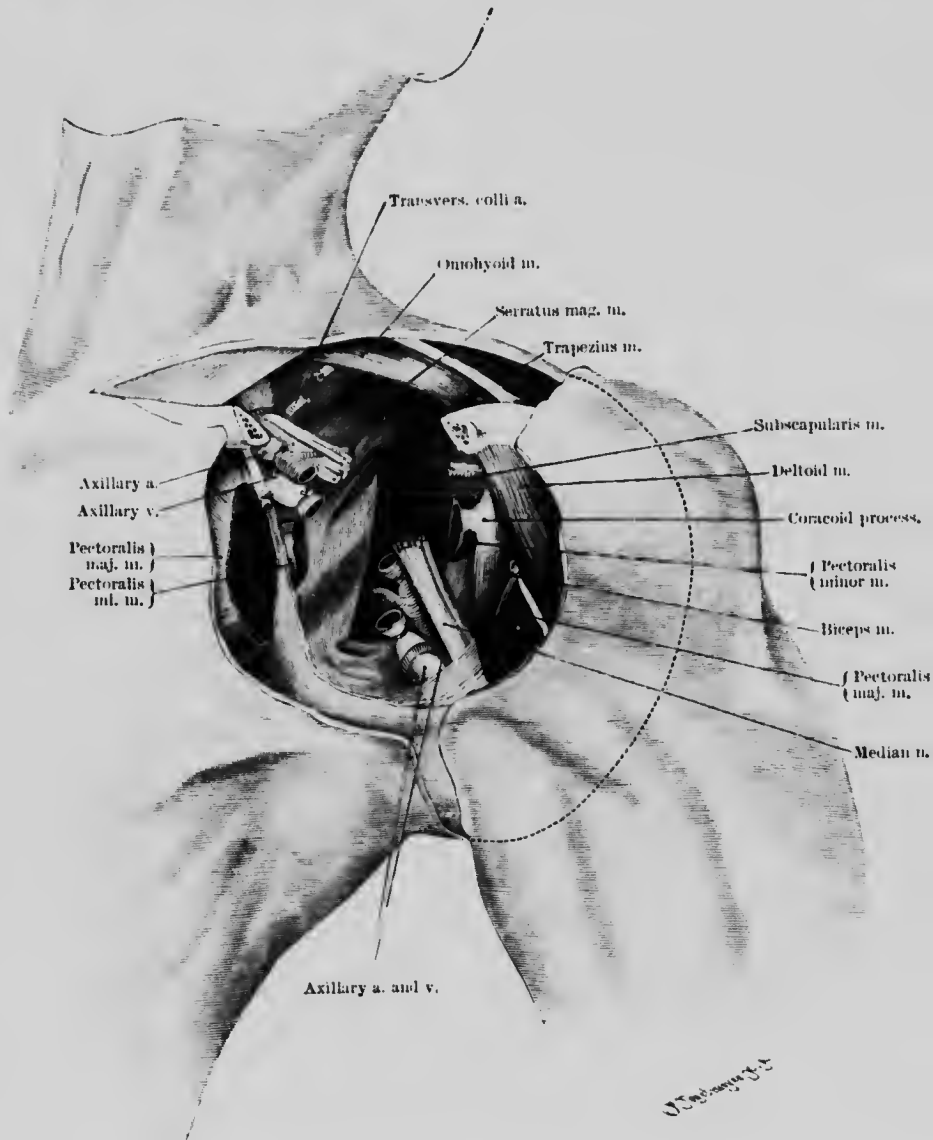


FIG. 254.—Disarticulation of arm and shoulder girdle, anterior incision, followed by division of clavicle pectorals, main vessels, and brachial plexus. The chest wall is seen on the left; the anterior aspect of the scapula covered by the subscapularis occupies the floor of the wound.

In 1898 Berger found that out of 46 cases there were only two deaths directly due to the operation, while ten were alive and well one year after the operation.

Buchanan has compiled an exhaustive list of the cases up till 1900 which were