observed for the first time only a few months before, and stated that this feature was observable in the history of various instances of a like kind. He had met with certain tumours of this bone, as slow in their progress as in osseous structure elsewhere, but he had been impressed with the apparent rapidity of development in some of these cases. Removal of the scapula, with at the same time preservation of the arm, was entirely a modern achievement in surgery, and for which we were indebted to Mr. Syme of Edinburgh. Since the time of Cheselden it had been known, by repeated illustrations, that a person might survive after such a fearful injury as the wrenching off of the whole upper extremity, including scapula and clavicle; and, acting on such a knowledge, surgeons had from time to time actually performed such operations on the living body with perfect results. He had himself many years ago removed the whole scapula, with the greater part of the clavicle, in an instance of chronic caries following an ill-judged amputation of the arm at the shoulder-joint for a chronic disease of that articulation, and that he believed was the first instance in which the operation had been performed in this country. The operation recently performed was, however, of a different, and, in his opinion, very superior character, for it was done with the view of preserving a useful upper limb. Only three cases of the kind were known to have occurred in British surgery—two by Mr. Syme, and one by the late Mr. Jones of Jersey. The present case was the fourth, with which he was acquainted, and the first of the kind in London. The onlookers had an opportunity of judging for themselves regarding the difficulties and dangers of the operation. In a strong muscular young man, not emaciated by long-standing disease, the incisions seemed long, deep, and difficult, and the bleeding had been very considerable. These features had been the more remarkable in this instance, perhaps, because of the method of operation. In accordance with the description of Mr. Syme, he had disarticulated at a somewhat early period; his intention being to take the tumour and bone out from before backwards. In disarticulating and also separating the coracoid process, the difficulties were greatest, and vessels were divided near the axilla at points where they could not readily be compressed. In consequence of what he now referred to, he should be disposed, if called on to perform this operation again, to isolate the back part of the mass first, and so leave the disarticulation to the last; both because the parts could be more readily got at by holding the scapula forwards, and because the larger bloodvessels would not be cut until the time when the growth was about to be finally separated. One feature Mr. Fergusson particularly dwelt upon—that he had preserved the acromion process; partly because it was not diseased, but chiefly because the shoulder would thereby be left more perfect both as to appearance and use; for by so doing the portions of the trapezius and deltoid attached to that process were left entire; and, in addition, that the incisions were thereby less extensive and less destructive.

TUMOUR CONNECTED WITH THE SCAPULA; REMOVAL OF TWO-THIRDS OF THE BONE.

(Under the care of Mr. FERGUSSON.)

The notes of the following case were taken by Mr. J. B. Welch:—

Mary P—, aged nineteen, single, a healthy-looking girl, was admitted on the 4th of January last. Four years ago, without any assignable cause, she began to feel a continuous gnawing pain at the back of the right shoulder. The pain, she stated, was more severe in damp or cold weather. After a year she noticed that the shoulder began to swell. This swelling never assumed the form of a distinct tumour, but appeared to be a swelling of the whole bone, and has increased up to the present time. On examination, a very hard and somewhat oval swelling was seen at the back of the right scapula. The skin was freely movable over the tumour, which seemed to be firmly united to the scapula, and freely movable with it. The swelling extended over the whole of the dorsum of the bone, from its inferior angle to its spine, and somewhat beyond the bone into the axilla. The spine of the scapula could be distinctly felt. All the motions of the shoulder-joint were perfect.

Jan. 13th.—The patient was taken into the operating theatre, and chloroform having been given, Mr. Fergusson made an incision across the tumour, almost parallel with the inferior border. By this incision a fibrous mass was exposed. He next deepened this incision, in order to examine the condition of the bone, and, finding it implicated by the tumour, extended the cut to the lower angle of the scapula. A second incision was then made parallel with the spine of the scapula, meeting

the first near the acromion, thus enclosing a flap a little less than a right angle. The flap having been dissected back, the bone was sawn across just below its spine. The tumour was then seized with the lion-forceps, and dissected from the parts around, together with the portion of the scapula sawn through. Several small portions of the bone that appeared to be affected were then clipped off with the bone-forceps. Some vessels were ligatured, the loss of blood being very slight.

On examination after removal, the tumour was found to be about the size of a large orange; and, on section, it seemed to be of a recurrent fibroid nature. At one spot the tumour had caused the absorption of the scapula, and appeared on its ventral aspect.

Jan. 18th.—She is getting stronger daily. She sleeps well; her appetite is good; the wound discharges a little healthy pus; the margins of the wound are uniting rapidly. She suffers little or no pain.

Feb. 8th.—Discharged. The wound has healed nicely, and she can move her arm freely. There is no deformity.

ST. GEORGE'S HOSPITAL.

TUMOUR CONNECTED WITH THE SCAPULA; REMOVAL OF THE ENTIRE BONE: CLINICAL REMARKS.

(Under the care of Mr. POLLOCK.)

CHARLOTTE T—, aged sixteen, admitted Jan. 30th, 1865. She stated that about twelve months ago her shoulder began to ache very much. This first drew her attention to the part, and she noticed a small lump, which has gone on steadily increasing ever since, and has occasionally caused great pain.

On admission there was found to be a circumscribed tumour in the infra-spinous fossa of the scapula. It was hard, quite smooth and uniform on the surface, and firmly adherent to the bone, moving with the bone.

Feb. 1st.—She was placed under chloroform, and a free incision was made into the tumour. The finger, upon being introduced, after passing through a considerable wall of solid matter, entered a cavity, at the bottom of which the dorsum of the scapula could be felt exposed and carious.

This operation was followed by very violent febrile symptoms and immense discharge, and she rapidly lost flesh. After a time she began to improve, when, on March 12th, she had a fit, probably of an epileptiform character, though she was not subject to this disease. This was followed by a second fit on April 2nd. During the whole of this time the tumour remained almost stationary, and the wound assumed a healthy aspect. Early in May, however, the tumour began to increase, and an operation was now proposed, but was not consented to. She also began to suffer more pain. On May 27th she had a violent attack of hæmorrhage, which exhausted her very much. The wound now took on a very foul and unhealthy aspect, and the tumour increased rapidly. Towards the latter end of June the wound again became healthier, the foul surface became clean and began to cicatrize, and her general health improved.

On July 27th the wound was nearly healed. The tumour had now reached the size of a foetal head. She was placed under the influence of chloroform, and, the subclavian artery being compressed by an assistant, an incision was made along the vertebral border of the scapula, and the tumour freed by tearing through its attachments on this side. An incision was then made down the axillary border, and extended in a semi-circular manner over the top of the tumour to meet the former one. The acromion process was then cut through, and the whole mass forcibly torn, with the occasional aid of the knife, from its attachments.

Upon examining the mass after the operation it was found to be confined to the infra-spinous fossa: it was soft and easily broken down with the finger, and the bone in this situation was roughened and exposed, being entirely denuded of periosteum. Under the microscope it was found to consist almost entirely of cells, circular in form, uniform in size, and containing both nucleus and nucleolus.

Since the operation the patient has gone on remarkably well. At present (Aug. 17th) the wound is all but healed, and she seems extremely well in herself and is gaining flesh.

In his remarks upon this case Mr. Pollock observed that, from the growth of the tumour and the disastrous effect it produced upon the girl's health, it was felt that her only chance of life consisted in its removal. He drew particular attention to the small quantity of blood which was lost during