Amputation at the Shoulder-joint.

(Under the care of Mr. Bransby Cooper.)

We recently witnessed this important operation performed, by Mr. Bransby Cooper, on a woman, twenty-five years of age, who had been suffering for years from necrosis of the humerus. The history of the case, as noted down by Mr. Stocker, the dresser of the patient, is as follows:—Harriet S., a servant, of dark complexion, was admitted into Dorcas ward, in May, 1848, under the care of Mr. Aston Key. She stated, that for no less than twelve years she had been suffering from necrosis of the humerus, and that the disease had originally been caused by a fracture of that bone. She had been a patient in Guy’s Hospital eight years previous to her admission in 1848, when Mr. Key had operated upon her, and had removed two pieces of dead bone. During this interval she had otherwise enjoyed good health, and the arm being now carefully examined, Mr. Key determined to remove the necrosed portions of bone. The patient, having been placed under the influence of chloroform, a crucial incision was made over the upper part of the external condyloid ridge of the humerus, and the integuments dissected back. The bone being thus laid quite bare, several sequestra were removed to her bed. From the remarkable celerity with which this amputation was performed, we should be inclined to assert, it is almost a pity that pain should be endured when we possess such a ready means of avoiding it. The patient being seated, Mr. Cooper made his first incision, with a large-sized knife, in a longitudinal direction, commencing a little externally to the acromion, and descending in a curved manner to about four inches from that process near the insertion of the deltoid. The second incision was made with the left hand, and began a little internally to the acromion, run downwards, and terminated at the extremity of the first cut. The deltoid being thus comprised by these two incisions, was rapidly dissected upwards towards the head of the humerus, and the flap being held by an assistant, the tendon of the biceps, those attached to the head of the bone, and the capsule, were divided with a similar celerity. The humerus having been disarticulated, Mr. Cooper inquired whether the assistants were ready, and with one sweep of the knife divided the soft parts situated internally. From the beginning of the operation, Mr. Birkett exercised steady compression on the subclavian artery with a padded key, and the flap containing the axillary artery being seized immediately the muscles were divided, the circulation was thus so completely commanded that the haemorrhage was very trifling. The axillary artery was immediately secured, with a few other vessels of lesser importance. The flap brought into contact with the parts next to the skin, the wound lightly dressed, and the patient carefully removed to her bed. From the remarkable celerity with which this amputation was performed, we should be inclined to assert that there never was the slightest necessity to this extent where the operation is performed, there seems to be more certainty in making a square or circular flap at the shoulder than to thrust the double edged knife through the base of the deltoid, and run it downwards to the insertion of the muscle. The nature of the injury for which the operation is performed will very often leave the surgeon no choice, and oblige him to take a flap where he can; but when there is a choice, the advantage lies to lie on the method which Mr. Cooper adopted. The patient has progressed very favourably up to this day; most of the ligatures have come away, the wound has healed by first intention, and the stump is of a very regular form. On examining the limb, it was found that from the condyles up to the centre of the shaft, the bone was pretty healthy; the rest of the shaft was perforated by three large holes, in one of which lay a loose sequestrum. The head of the humerus was severely attacked, the cartilage partly gone, and the neck almost destroyed. The two upper perforations communicated with each other, the medullary canal being thereby much encroached upon. The glenoid cavity was, however, free from disease.

Royal Free Hospital.

Endocarditis and Cirrhosis of the Liver.

(Under the care of Dr. Heale.)

Dr. Heale had lately in his wards a patient whose case afforded various features of interest. The patient was only twenty-three years of age, and presented a series of affections...