

or to leave her to a certain and painful death. The former having been determined on, the operation was performed on the 14th, the mode of proceeding being as follows:—A large flap was first cut on the outer side of the arm, rather longer than the deltoid, the incisions being made from without inwards to remove a greater substance of muscle. This was raised, and the head of the bone disarticulated in the usual manner; the separation of the limb was then completed by carrying the knife into the axilla through the diseased glands, amongst which the main artery was secured. Several small bleeding vessels were then taken up. For the next part of the operation a semicircular incision was made, connected with the ends of the upper flap, and including all the affected portion of the skin of the axilla; this, together with the mass of diseased glands, was drawn outwards, and dissected away from the wall of the thorax, from below upwards, until the axillary artery was reached, just beyond the border of the first rib, where it was secured a second time by a ligature passed round it by means of an aneurism needle; it was then divided, and the whole contents of the axillary space removed together. After all bleeding had ceased, the flap was brought down, and found exactly to supply the deficiency caused by the removal of skin of the axilla and wall of the chest, so that when the sutures were brought together there was no strain at any part, and a good muscular pad covered the glenoid fossa. Not much blood was lost, and the patient appears to be progressing very favourably, and declares that she is far more comfortable and suffers less pain than she did before the operation.

Although every visible portion of the disease was fairly removed, of course there is every probability of its returning, either in the original cicatrix, of which very extensive portions had to be left, or in the glands of the neck; but if she recovers the effect of the operation, there is every chance of her life having been lengthened by it, to what extent remains to be proved.

#### ST. GEORGE'S HOSPITAL.

##### MALIGNANT TUMOUR OF THE ARM AFTER FRACTURE ; AMPUTATION AT THE SHOULDER-JOINT.

(Under the care of Mr. H. C. JOHNSON.)

THE important operation of disarticulation of the shoulder-joint was performed at this hospital on the 24th of February, upon a man of about twenty-eight years of age, for a malignant tumour of the arm. The patient sustained a fracture of the right arm nine months ago at about its middle, which united in a satisfactory manner. Shortly afterwards some thickening appeared around the seat of fracture, which gradually increased in size till a fortnight ago. The tumour has since enlarged fully one-third, and now forms a prominent pyriform swelling, nearly equal to a cocoa-nut in extent. A consultation was held between Mr. Johnson and his colleagues, who looked upon the tumour as malignant, and it was considered that the most prudent course would be to take off the arm at the shoulder-joint, as preferable to amputation below it, because the man would thus have a chance of recovery without the reappearance of the disease in the stump. This was also thought less likely to occur when the whole length of the bone was removed. The patient's health had declined since the growth of the disease, and he had become exceedingly thin.

Amputation was performed, under the influence of chloroform, whilst sitting in a chair, by means of lateral flaps, Mr. Prescott Hewett compressing the subclavian artery with his fingers. The external flap being first made from behind forwards, the articulation was opened, and the head of the bone pushed out of its socket, and the internal flap completed. There was very little blood lost, all the vessels being quickly secured.

A section of the tumour and bone showed the former to spring from the latter, which was involved for two-thirds of its extent. The growth was malignant, and contained a large cystic cavity. Several smaller tumours were commencing from the bone lower down.

The patient has been going on remarkably well ever since the day of the operation, and for the last fourteen days has been walking about the wards. About an hour after the limb had been removed, secondary hæmorrhage ensued; and on opening the wound, a yellow clot as large as a goose's egg was found, and as many as thirty ligatures were required to arrest the bleeding. All are now removed, the entire wound has healed, and the patient's general health and strength are very much improved.

#### GUY'S HOSPITAL.

##### STRICTURE OF THE ŒSOPHAGUS IN A CHILD, FROM SWALLOWING A CORROSIVE FLUID; THREATENED STARVATION; GASTROTOMY; DEATH.

(Under the care of Dr. ADDISON and Mr. COOPER FORSTER.)

A DELICATE child, Jas. G—, four years of age, was admitted into the hospital on the 2nd of February, under Dr. Addison's care, in an extremely weak and emaciated condition. About nineteen weeks before his admission, he had swallowed some corrosive alkaline fluid, which most probably destroyed a portion of the mucous membrane of the Œsophagus, and terminated in an almost impermeable stricture of this important tube. The consequence was, that scarcely any nourishment could be got into the stomach; he was becoming emaciated to the most extreme degree, and was, to use the expression of one of the staff, "gradually sinking under one's hands from starvation." He was apparently dying on Saturday, the 12th of March, and on the Sunday morning following, at eleven o'clock, Mr. Cooper Forster performed the important operation of gastrotomy, at the request of Dr. Addison. From that moment he took nourishment freely, but of course in proper and carefully-regulated quantities. His extreme sense of hunger being diminished, he became a little more lively, and seemed to be progressing satisfactorily.

March 16th.—The child went on pretty well until eleven o'clock to-day, when he suddenly complained of great pain in the bowels, and died at a quarter to four.

At the autopsy, traces of recent peritonitis were found, resulting from ulceration around the margins of the wound, and extravasation of the contents of the stomach into the peritoneum. The mucous membrane of the Œsophagus was destroyed in several places, close to the bifurcation of the bronchi, and had so constricted the tube as scarcely to permit the passage of an ordinary probe.

On due reflection, it will strike the reader that the operation should have been performed somewhat earlier, when there was more strength to bear its consequences; for if early operative interference is necessary in cases of strangulated hernia, we think it equally so in positive starvation from such a stricture of the Œsophageal tube as was present in this child.

This is the second time this operation has been performed in England, and, as it happens, by the same surgeon. The report of the first case appeared in a former "Mirror," (THE LANCET, vol. i., 1858, p. 364;) the result was a fatal one, but the operation was performed to afford merely temporary relief, as the patient's malady was epithelial cancer in an advanced stage. The operation of gastrotomy brings to mind the well-known case of the Canadian *voyageur*, Alexis St. Martin, who had a fistulous opening into the stomach, the result of a gun-shot wound in 1822, through which various experiments were performed by the late Dr. Wm. Beaumont. We have seen this man, and believe he is still alive and in good health, thus showing that the presence of a gastric fistula is by no means incompatible with health. His age is now about fifty-five years.

#### CLINICAL RECORDS.

##### AMPUTATION FOR ERYSIPELATOUS INFLAMMATION.

A CASE of some interest was lately admitted into Guy's Hospital, under the care of Mr. Cock, in the person of a spare, aged man, having his hand much swollen from a poisoned wound. The swelling shortly after partook of the character of phlegmonous erysipelas, with the extension of the inflammation along the cellular tissue of the forearm, and the formation of numerous small abscesses. The hand and fingers became greatly enlarged, and from the forearm an offensive odour exhaled, as if gangrene were setting in. Under such circumstances, and particularly as the disease was beginning to tell upon the patient's constitution, amputation of the arm above the elbow-joint was resorted to on the 2nd of March, with good results up to the present time. The nature of the poisoned wound was not ascertained in the present instance; the severity of its effects, however, were of the most marked character.

Amputation of the right forearm was also performed at