operation, but he could only perform it in those cases in which he obtained the consent of his patient. With the use of an anæsthetic, which he can confidently recommend on all occasions, however, he is able to perform almost every operation he recommends, and at the time, also, when it is most advisable.

It would, moreover, be very inconsistent to confine the employment of chloroform to great operations, as the only reason for giving it in any case is to avoid the strong odour, and other inconveniences, of sulphuric ether. It should be recollected, that the prevention of the pain of operations did not commence with chloroform. It was as thoroughly and completely established with sulphuric ether as ever it can be. The insensibility was induced in almost every operation in St. George's and University College Hospitals during the greater part of 1847 without a single failure, and in the time which is most desirable in employing chloroform, viz. in about four minutes. Sulphuric ether is apparently altogether incapable of causing sudden accidents like those which have occurred from chloroform. It is still very extensively used in America and some parts of the continent of Europe, and I believe that no accident has ever occurred from its use, unless it be one in France, which is, however, doubtful. It is a matter both for surprise and regret that those surgeons in England who do not feel that they can use chloroform with safety, do not again resort to the use of sulphuric ether. It should be used alone, not mixed with chloroform, which, being less volatile, would be left to the last, and inhaled when its great strength would be most objectionable. Indeed, one accident has been recorded as occurring in America from a mixture of ether and chloroform.

18, Sackville Street, 13th March, 1858.

REMOVAL OF THE ENTIRE BODY OF THE SCAPULA, FOR SARCOMATOUS DEGENERATION OF ITS STRUCTURE.

By ALBERT G. WALTER, Surgeon, Pittsburgh, America.

JOHN KLING, a farmer, residing in Franklin Township, Westmoreland County, Pennsylvania, aged 44 years, of hepatic constitution, had enjoyed good health until some two and a half years ago, when pains of a rheumatic character were felt about the left shoulder, not, however, so severe as to interfere for a considerable time with his daily duties. About a year ago, a firm tumour became perceptible on the body of the left scapula, with occasional dull and lancinating pains. The tumour steadily and gradually increased, and with its increase the pains became more severe and constant. When he applied for admission into my hospital, it had attained a size as large as the head of a child three years old, was hard, immovable, and firmly attached to the body of the scapula; the skin covering it was slightly red, and traversed by enlarged veins. There were two fistulous openings on its surface; one caused by a seton which had been passed by a medical practitioner some time before; the other the result of an abscess which opened spontaneously. This latter led to a cavity in the diseased structure, exuding a glairy mucous fluid in small quantity. His sleep had become so broken by continual pain, and his appetite so injured, that his strength was much reduced, and his pulse small and rapid.

On a careful examination of the tumour, from its nature and firm attachments, I determined on resection of the scapula, assisted by Drs. Henderson, Lusk, and Gunster, on September 12th, 1854. A long and free incision was made from the acromion process horizontally to the posterior border of the scapula, and another from the centre of the first directly downwards below the margin of the tumour. The flaps of skin thus formed were reflected; the neck of the scapula, being found sound, was freed by touches of the knife; a chain-saw was passed underneath, and the body of the bone severed from its neck: the whole mass and body of the scapula was then detached from the thorax. Profuse bleeding from the subscapular artery occurred, which was arrested by ligature. The wound was lightly filled with lint; the flaps of skin approximated, and retained by a few stitches, a linseed-meal poultice covering the whole: and the patient was removed to bed.

It is worthy of note, that before commencing the operation, chloroform was administered, but discontinued, from its effects on the pulse and respiration, causing a sudden corpse-like appearance of the patient. All danger was, however, averted by artificial inspiration, with the tongue drawn forward; and

the operation began while the patient was yet partially insensible to pain. For several days, the injurious effects of the anæsthetic continued, the patient feeling very sick, with frequent vomiting; the circulation very feeble. Recovery, however, gradually took place; the wound suppurated duly and kindly; appetite returned; all functions became healthy.

At the end of four weeks, the large wound had entirely closed in part by first intention; the residue by suppuration. A week later, the patient left the hospital, being able to make considerable use of his arm. A year afterwards I heard from him, expressing his gratitude and delight at being freed from a painful disease, and able to follow the laborious duties of a farmer. Such was the freedom of motion and restoration of power in the arm that he deemed it no longer necessary to observe the advice I gave him on leaving (to give it all possible rest, and to attempt no exercise but of a gentle kind).

The extirpated tumour, upon examination, was found to consist of a cartilaginous mass filled with spiculæ of bone, the periosteum of the scapula being absorbed, and its surface corroded and covered with stalactiform excrescences.

The success of the operation in the foregoing case, though less in extent than that of Professor Syme, in which the entire scapula with its neck was successfully removed, is not the less interesting on account of the great freedom of motion and free use which the arm retained after the whole of the scapula up to its neck had been removed.

Clinical Lecture

DELIVERED IN THE

QUEEN'S COLLEGE, BIRMINGHAM,

ON MARCH 13TH, 1858.

By JOSEPH SAMPSON GAMGEE, Esq., Surgeon to the Queen's Hospital.

BONY TUMOUR OF SCROTUM: LIGATURE OF HÆMORRHOIDAL TUMOURS: COMMINUTED FRACTURE OF BONES OF LEG: REMOVAL OF EPITHELIAL GROWTH FROM ANUS: FATAL CALCULUS OF BLADDER.

GENTLEMEN,—Before entering into the consideration of the cases now in hospital which I have selected for comment this day, I wish to call your attention to a case of bony tumour formed in the scrotum, related in the last number of the *North American Medico-Chirurgical Review* by Dr. Kerr. The case is especially interesting to us at present, as supplementary to the lecture I recently delivered to you on Calcification and Ossification of Tissues and Organs, as pathological conditions.

Dr. Kerr's patient was a young man, 28 years of age, in good health, admitted into hospital at Canton, September 1856, with a tumour in the scrotum as large as an infant's head, which had been growing twenty months. It felt hard and dense, like a mass of stone or wood beneath the scrotum; the skin—healthy—moved freely over it. Both testicles were healthy, but it was necessary to remove the left one in dissecting away the tumour. "The weight of the tumour was five pounds, and it was found to consist of numerous cartilaginous lobes, of various sizes, densely impacted together with cellular tissue, in which large quantities of bone were deposited. When macerated and cleaned, it presented somewhat the appearance of a coral formation, springing from an irregular semicircular base. Numerous spiculæ of bone were scattered throughout the tumour, where, apparently, several points of ossification had been established in the different lobules. So numerous were these spiculæ, that the knife could scarcely be put into the tumour without touching them. No adequate cause could be discovered for the development of such a tumour in such a place. Not only was his general health good, but no alteration of the tissues of the scrotum had taken place. A subsequent microscopic examination of the specimen proved it to be true bone."

From these facts we are forced to the conclusion, that in twenty months a cartilaginous tumour was developed in a young man's scrotum to attain the weight of five pounds, and that the cartilage underwent transformation into true bone. Cartilaginous growths in and connected with the testicle are extremely rare; and this case is, on the whole, the most extraordinary I have seen on record.