

CONTINUATION OF THE CASE OF
CAROTID ANEURISM,

*Successfully treated by tying the Artery above
the Aneurismal Tumour.*

By JAMES LAMBERT, Esq., Surgeon,
Walworth.

On the 24th of March I published in this Journal an account of a case of aneurism of the right carotid artery, which I had cured by applying a ligature on the vessel *beyond* the aneurismal tumour. Subsequently to the publication of my report of the case, and five weeks after the performance of the operation, the cicatrix ulcerated at its centre, and a small, shining, spongy granulation presented itself, which, in the course of a few days, became considerably raised above the level of the surrounding parts. I found much difficulty in subduing this fungous growth, for although I repeatedly used escharotics, it recurred again and again during the space of a fortnight, and proved a great source of annoyance to me, inasmuch as the patient was, in every other respect, *perfectly well*. Indeed, had she not been prevented, by the occurrence of gout, which, at one time, attacked the stomach, producing violent vomiting, she would have gone into the country to visit her friends, being, as she herself stated, "in better health than she had been for many years past."

I visited her on the 17th of April, and found, on looking at the neck, that there was still a luxuriant granulation in the centre of the cicatrix; it was not, however, much larger than the blunt end of a probe. I applied a small piece of lint and a strip of adhesive plaster to the part. It is worthy of remark that the patient on this occasion complained of uneasiness and tingling about the wound; but there was nothing particular to be observed.

On the following day, April 18th, I was sent for in haste, and on my arrival, found that the patient had lost a considerable quantity of blood from the wound in the neck. It was checked by the immediate application of wet cloths, on removing which, the bleeding did not recur, and the wound, I observed, differed but slightly from the appearance it presented on the previous day. I applied a dossil of lint with strips of adhesive plaster, and directed her to be kept in a state of perfect quietude. Notwithstanding, the patient had vomiting and violent retchings (nausea being at all times easily produced); there was no further bleeding from the wound during the day. The hæmorrhage, however, recurred on the following day, 19th, and occurred at inter-

vals until the 23d, from which time, until the 30th of April, a period of eight days, it did not return. On the morning of the 1st of May, the hæmorrhage returned, and with so much violence, that on my arrival, which was soon after its commencement, it was evident that the patient's dissolution was at hand. I endeavoured, in vain, to rally the almost exhausted vital powers; she died at eleven o'clock in the forenoon.

The body was examined twenty-four hours after death; Mr. Callaway was present, and my friend Mr. Pilcher, lecturer on anatomy at the Webb-street school, who conducted the examination, has obliged me with the following memorandum of the appearances observed on dissection. "Externally in the neck, no tumour was perceptible. More than half of the cicatrix resulting from the operation had ulcerated, leaving a glossy, sloughy-looking ulcer. Upon removing the sternum, the arch of the aorta, through the pericardium, appeared to be enlarged; having opened the pericardium, there was exposed a thin layer of fibrine, upon the investing portion (said to be common to rheumatic patients). The lungs and heart were perfectly healthy. The descending aorta, two axillary and two internal mammary arteries having been tied, coloured size was injected into the arch of the aorta, and the injection found its way through the wound in the neck. The right common carotid artery, internal jugular vein, nervus vagus, sheath, and surrounding cellular membrane were very firmly united, especially below the wound. Immediately under the lower half of the cicatrix, consequently a little below the external wound, there was ulceration extending through the platysma myoides, to the artery.

"Upon tracing the large vessels upwards from the heart, the arch of the aorta was found to be slightly, but not unusually enlarged; the *arteria innominata externally*, quite natural; when opened, a few small patches of curdy matter were seen under the lining membrane, an appearance common in subjects of this age. The right subclavian artery was perfectly healthy.

"At the root of the right common carotid artery was a consolidated tumour, of a pyramidal shape, its base below and extending two inches up the artery, and was at its lower part about half an inch in breadth. A probe could not be passed upwards, from the *arteria innominata*, and water forcibly injected at this part would not pass, so completely and effectually closed was the lower part of the carotid artery. On making a longitudinal section of the tumour, we observed at its lower part a firm coagulum of blood, of about the size of a French olive; it accurately closed the opening at the base of the carotid, and it was this which afforded

the resistance to the probe and injection of water passing upward from the arteria innominata. The coats of the artery, where surrounding the coagulum, were thickened to about four times their natural size, and lined by a thin layer of fibrine. Above the coagulum the coats of the artery were thickened to the extent of at least six times their natural size, and in addition to a layer of fibrine closely adherent to the inner surface of the artery, and continuous with that surrounding the coagulum at the lower part of the tumour, there were three other layers of coagulated lymph. They were evidently adapted to the cylindrical shape of the vessel, and appeared to have been formed successively, thus gradually encroaching upon and at length obliterating the entire calibre of the artery. At the upper part of this thickened state of the artery, and just above the omo-hyoideus, where the ligature was applied, was an ulcerated opening on the anterior and tracheal surface of the carotid artery, a quarter of an inch in length and rather less in breadth, covered by a coagulum of dark-coloured lymph, communicating with the opening in the integuments. The posterior surface of the artery, corresponding with the ulcerated opening on the anterior part, was covered with a coagulum, and on removing this the division of the internal and middle coat produced by the ligature was observed.—Above the ulcerated opening the carotid artery was pervious and healthy, with the exception of a few spots, resembling those observed in the arteria innominata; and there did not appear to have been any attempt made to effect obliteration. The superior thyroideal artery, given off a little higher than usual, was readily distended by throwing water into the arch of the aorta, which passing through the left carotid artery, regurgitated by means of anastomosing branches, through the right external, internal, and common carotid artery, and flowed out at the wound. The trunk of the superior thyroideal became *very* manifestly enlarged on injecting the water from the aorta.”

Remarks.—After this dissection, the propriety and expediency of applying a ligature beyond the tumour in certain cases of aneurism, *can no longer be doubted*. The rapid decrease of the tumour, after the operation, was a remarkable circumstance, and clearly demonstrated the powerful influence of the ligature in restraining the circulation of the part; and it is a curious and highly-important fact, that the ligature not only stayed the afflux of blood into the aneurismal sac, but apparently forced it from that position, in direct opposition to the powerful current from the heart. The entire subsidence of the local disease, as well as of a numerous train of distressing symptoms consequent

thereon, the return of appetite, cheerfulness, and comfort, with the patient's constant and grateful expressions of ease, are highly important features in the case, clearly showing the advantages which accrued from the operation. I must confess that I am as incapable of satisfactorily explaining the cause of the ulceration which took place in the carotid artery, as of explaining the cause of the formation of the aneurismal tumour. For although ulceration of arteries is a morbid phenomenon of frequent occurrence, yet there is but little known with regard to it; it remains a prolific source of inquiry for future pathologists. A few months since a case occurred in the practice of Mr. Travers, at St. Thomas's Hospital, in which that gentleman applied a ligature to the carotid artery, in consequence of profuse hæmorrhage from a wound beneath the angle of the jaw. The operation was effectual in restraining the bleeding, but at the end of the tenth week the patient died from secondary hæmorrhage, in consequence of ulceration of the entire circle of the carotid artery, the blood flowing from the upper portion (as in my case) by regurgitation. Now the patient, in this instance, was a stout healthy man, in the full vigour of life, and, as we may fairly suppose, without any predisposition to disease in the artery; and it is on this account I briefly mention the case in connexion with mine, in which such predisposition might with more justice be supposed to have been in operation.

In conclusion, I think I am fully justified in saying, that the death of the patient was the result of an entirely fortuitous circumstance, not in the slightest degree affecting the principle of the operation.

ROYAL COLLEGE OF SURGEONS.

“At a numerous and respectable Meeting of the Members of the London Royal College of Surgeons, convened by public advertisement, and holden May 8th, 1827, at the Bath United Hospital;

WILLIAM TUDOR, Esq. in the Chair:
It was resolved unanimously,

1. That the Royal College of Surgeons, as at present constituted, has not the power to protect the interests of its own Members, nor of the Public at large.

2. That in the opinion of this Meeting, it would be advantageous both to the Public, and to the Members of the College, that powers should be given to that Body to enforce examination as to their qualifications upon all persons who shall hereafter act as Surgeons; such powers to be defined and secured by Legislative Enactment.