

**Case of ligature of the common carotid for hæmorrhage from ulceration of the face / by James Spence, Esq., surgeon.**

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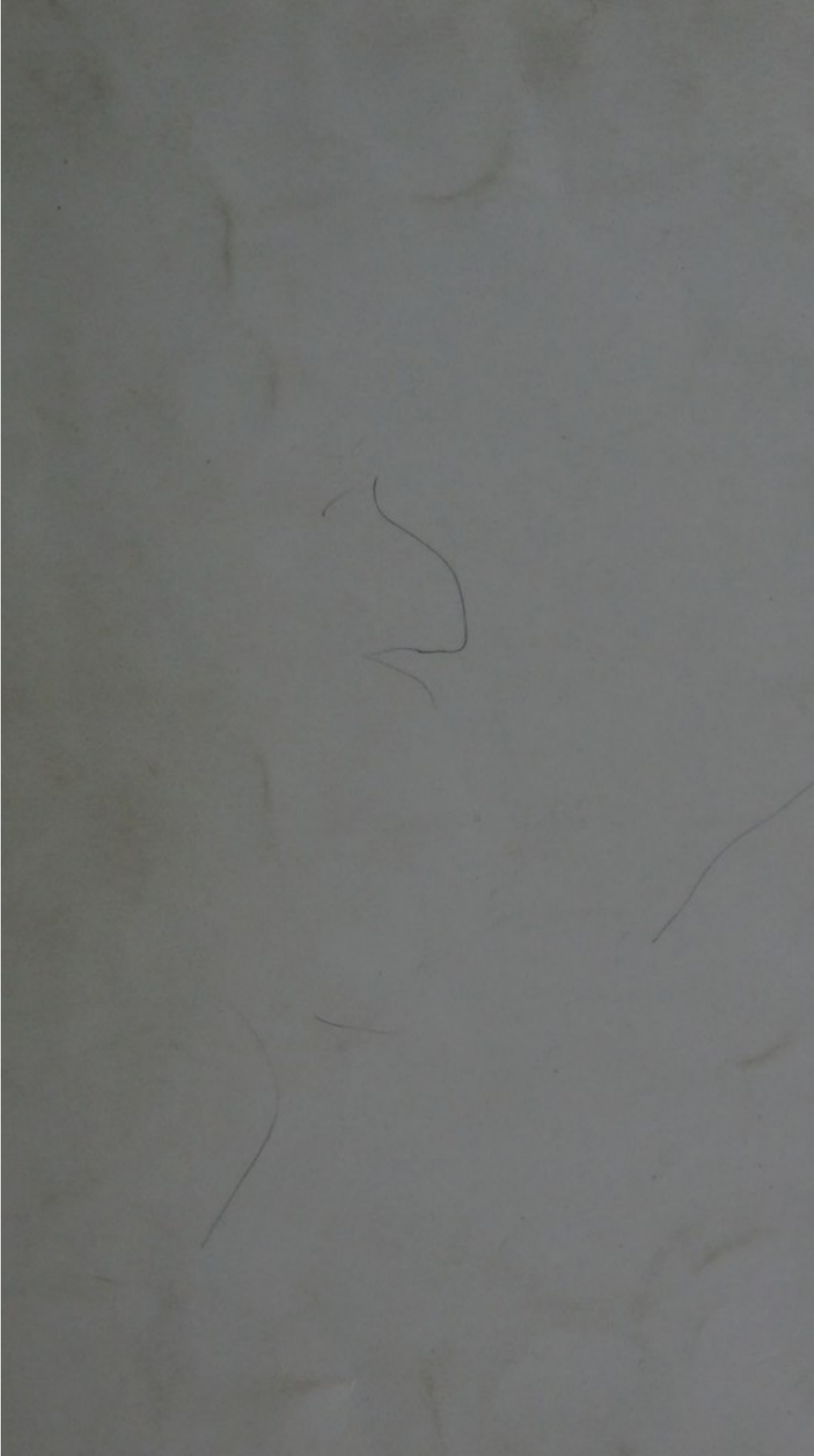
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*Case of Ligature of the Common Carotid for Hæmorrhage from Ulceration of the Face.* By JAMES SPENCE, Esq., Surgeon; one of the Teachers in the School of Anatomy, No. 1 Surgeon Square; Lecturer on Operative Surgery, &c.

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(Extracted from the Lond. and Edin. Monthly Journ. for May 1843.)  
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Bernard Macphee, aged 38, the subject of the present case, had been afflicted, since childhood, with a discharge from the left ear; for several years back there had been a considerable increase of pain, the discharge had become more profuse and fœtid, and about eighteen months before he applied to me for advice, pain and swelling had commenced on the left side of the face.

When I first saw him, in the commencement of March 1842, the whole of the left side of the face, over the parotid and temporal regions, and also the upper part of the neck, were greatly swollen and discoloured. The swelling was hard and tense, but deep-seated fluctuation could be distinguished over the zygoma, whilst the temporal artery was seen pulsating on the surface of the tense swelling in the temporal region. There was a thin sanious and very fœtid discharge from the external meatus of the left ear, and that opening was nearly filled up by a large fungous excrescence.

Owing to the swollen and painful state of the face, he had been for some time unable to eat any solid food. The pain at night was so excessively severe as to prevent him enjoying the slightest repose, and, consequently, his general health had suffered very much. I made a free incision into the swelling over the zygomatic region, and evacuated a considerable quantity of very fœtid pus; this afforded him considerable relief, and afterwards his general health seemed to improve; this improvement, however, was of very short duration, abscesses formed at various points in the parotid and temporal regions, and required to be opened, the zygoma could be felt bare, the discharge was exceedingly fœtid, whilst the edges of the incisions were pale, flabby, and everted. He had profuse night sweats, and occasional attacks of diarrhœa, and was evidently becoming weaker every day. In the beginning of April slight arterial bleeding occurred from one of the old incisions, but was stopped by compression; from the situation of the disease, however, I then apprehended hæmorrhage from ulceration of the branches of the internal maxillary artery, or of the superficial temporal, and desired the friends to send for me immediately, in the event of any serious hæmorrhage recurring; no further bleeding, however, occurred at this period. Shortly after this I advised him to go to the country for the benefit of his general health; and did not see him again till his return about the end of April. I then found him rather worse; he had been applying caustic to the

fungoid excrescence in the external meatus of the ear; this had caused it to take on ulcerative action, apparently of a malignant nature, which was extending rapidly; there was also considerable swelling in the submaxillary region of the neck. Owing to his obstinacy in continuing the use of caustics to the ear, and in other respects not following my directions, I ceased to attend him, and did not again see him until the morning of the 29th of May, when I was summoned in great haste to visit him, as violent bleeding had taken place from one of the old incisions in the face. I found him laid on the bed faint, and almost pulseless. The hæmorrhage, which had taken place from the incision over the zygoma, had almost entirely ceased, but he had lost, already, between two and three pounds of florid blood, and, from the weak state he was in, it seemed evident that any recurrence of the bleeding would speedily prove fatal; and as this was likely to occur when reaction took place, I considered that ligature of the carotid would be his only chance of safety. Having left the patient in charge of my friend Mr H. Reid, I called on Sir George Ballingall, and requested him to see the case, which he very kindly did at once. Sir George concurred in my opinion that ligature of the carotid artery was the patient's only chance of safety from the immediate danger of hæmorrhage; at the same time, however, it was distinctly stated, both to himself and his friends, that there was no hope of any ultimate cure of the disease of the face.

The patient having consented to submit to the operation, I performed it in presence of Sir George Ballingall, assisted by Mr Richard Mackenzie and Mr H. Reid. As the upper part of the neck was somewhat infiltrated and swollen, I made my incision so as to reach the vessel below the omo-hyoid. Owing to the want of light, and proper instruments to hold aside the edges of the incision, the operation was somewhat protracted, but I took great care to avoid disturbing the connections of the vessels on opening the sheath. It was opened immediately over the artery, and to no greater extent than a quarter of an inch; the aneurism needle was carefully passed from its external towards its tracheal side, and whenever its point was seen on the inner side of the artery, I laid hold of the ligature with the dissecting forceps, and gently withdrew the needle, so that the vessel was scarcely raised from its sheath at all; the artery was then tied, both ends of the ligature left hanging out of the wound, the edges of which were brought together by three points of interrupted suture. The patient was laid in bed with his head raised, so as to relax the neck, and a pledget of lint, dipped in cold water, applied over the wound: directions were given to the friends to keep him perfectly quiet, and to change the wet lint frequently. The operation was performed at a quarter past eleven o'clock, A.M.; at two P.M. there had been no further bleeding from the face, the pulse was 98,

and pretty full; he complained of pain in the wound on swallowing, but there was no cough, and the respiration was easy and natural. He was ordered some antimonial solution every second hour, and half an ounce of castor oil in the evening, as his bowels had been rather constipated for some days.

*May 30th.* Continued doing well; pulse 98, but soft; skin moist. The oil had not been given, and his bowels had not been moved. He was ordered to have the oil, to continue the antimonials, the cold water dressing to the wound, and to have milk diet. On the 31st his bowels had been freely moved; the pulse was 90 and soft; the skin of natural heat; he had no cough nor uneasiness in the chest, and his tongue was pretty clean. The stitches were withdrawn, and the edges of the wound were found united, except in the immediate neighbourhood of the ligature, where there was a very slight discharge. The former treatment was directed to be continued. The swelling of the face was considerably diminished, and the discharge of more healthy appearance; and, although ulceration of the external ear continued to extend, there had been no further bleeding from the diseased parts.

The patient continued to go on favourably till the night of the 5th of June, when I was summoned to visit him, as a secondary hæmorrhage had taken place. Before I saw him the bleeding had been arrested by a gentleman placing the point of his finger on the wound; but a considerable quantity of blood had been lost previous to this having been done. I separated the recent adhesions between the edges of the wound, whilst an assistant pressed on the bleeding point with his finger. On thus exposing the bottom of the wound, the parts were found in a state evidently indicating a want of action; there was no matting of the parts together by effused lymph, as is usually the case in wounds at that period; the muscles and other tissues were pale and easily distinguished; there was no purulent deposit in the wound; the ligature had not completely separated; and the bleeding seemed to proceed from the lower part of the artery. Under these circumstances, it was deemed advisable to apply compression instead of tying the vessel nearer the heart, as it seemed probable that rapid ulceration and secondary hæmorrhage would soon follow the application of ligature to the artery. A dossil of lint was placed immediately over the bleeding point, then a graduated compress, and the whole secured by several turns of a roller brought obliquely across the neck and under the arm-pits. By these means the hæmorrhage was completely arrested. Next day his pulse was 98, and soft, and he felt easy. He was ordered milk diet, and a gentle laxative was prescribed.

On the morning of the 8th there was a slight oozing of blood, which stained the bandage; but a fresh compress was applied, and thus further hæmorrhage was prevented.

No more bleeding took place from the wound. On the 14th

of June the compresses were removed, and the edges brought together by adhesive plaster. A slight compress of lint was secured over this dressing by two additional slips of plaster, and he was ordered beef-tea and calfs'-foot jelly for diet. Under this treatment the wound continued to contract gradually, though slowly; but the ulceration of the ear progressed with fearful rapidity. The fungoid excrescence which formerly occupied the meatus had entirely disappeared; nearly one-half of the external ear had ulcerated away; the articulation of the lower jaw was laid bare; and the finger could be passed readily inwards for nearly two inches towards the base of the skull. Cerebral symptoms soon afterwards commenced; he was drowsy, raved in sleep, and gradually fell into a state of almost complete coma. On the evening of the 25th of June a profuse discharge of foetid matter took place from the ear, and shortly afterwards this was followed by a gush of dark-coloured blood. The bleeding was arrested at the time by plugging the ear with lint. Next day, instead of being more depressed, he seemed relieved. Before, he had been quite insensible; but now, he answered questions readily, spoke rationally, and took some beef-tea and other food with relish; but this favourable change continued only for a few days, for he again gradually relapsed into a state of insensibility, and died comatose on the 4th of July.

The relations would not allow the head to be examined, and it was only with great difficulty I could obtain leave to inspect the state of the carotid. The edges of the incision were still open for about an inch in extent. The deeper parts of the wound were healed by granulations, and the divided ends of the vessel were connected by a quantity of firm lymph effused around them, whilst the par vagum and internal jugular were of their natural appearance. On laying open the artery, the internal coats were found fairly divided, and their ends retracted to some distance from each other, and adhering to the external cellular coat. There was no appearance of a clot in the vessel, either above or below the ligature, so that the lymph effused around and between the cut ends of the cellular coat seemed the only obstacle to hæmorrhage taking place. Unfortunately I was not allowed to remove the parts for further examination.

In reference to the case now detailed, there is one question connected with the after-treatment which I think worthy of consideration, viz. how far might a cautious use of nutritive diet, with a view to increase the plasticity of the blood, have been a preferable mode of treatment, to the exhibition of antimonials and the other means used to diminish the force of the circulation; as it appears to me that in this case the secondary bleeding was owing to the weakened powers of the patient being inadequate to effect the healthy changes necessary to procure obliteration of the artery.





