

A case in which the common carotid artery was successfully ligatured / by James McNicoll.

Contributors

McNicoll, James.
Smith, Samuel.
Royal College of Surgeons of England

Publication/Creation

Castlemaine : Printed at the Advertiser office, 1861.

Persistent URL

<https://wellcomecollection.org/works/dvuf3hen>

Provider

Royal College of Surgeons

License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

5

A CASE

IN WHICH THE

COMMON CAROTID ARTERY

WAS SUCCESSFULLY LIGATURED.

BY

JAMES McNICOLL, ESQ., M.R.C.S. LONDIN.,

CONSULTING SURGEON TO THE CASTLEMAINE HOSPITAL.

LATE MEMBER OF COUNCIL OF THE MELBOURNE UNIVERSITY.

Castlemaine :

PRINTED AT THE ADVERTISER OFFICE.

1861.

and nearly dead. He was taken to a Doctor who
relieved the symptoms by plugging the external
wound, and thus preventing, for a time, the
hemorrhage. At least, bleeding
was stopped, but surgical interference was often
required to prevent

A CASE

IN WHICH

THE COMMON CAROTID ARTERY WAS SUCCESSFULLY LIGATURED.

~~~~~  
*Reported by Samuel Smith, M.R.C.S., Assistant Resident  
Surgeon at the Castlemaine Hospital.*  
~~~~~

NAME, ETC.

ALEXANDER MONIGITTI, aged 28 years, a native
of Switzerland, residing at Daylesford, was
admitted into the Castlemaine Hospital, 21st
November, 1860.

HISTORY OF PRESENT ILLNESS.

He states that about three weeks ago while gam-
bling with some Italians a dispute arose about the
payment of some "nobblers," and a fight then
ensued, in which Monigitti was severely wounded.
In about half an hour afterwards Monigitti was
found outside the shanty weltering in his blood,

and nearly dead. He was taken to a Doctor who alleviated the symptoms by plugging the external wound, and thus preventing, for a time, the hæmorrhage. For a few days, at least, bleeding was stopped, but surgical interference was often requisite to prevent the hæmorrhage, and although a healthy suppuration had commenced in the wound, yet as the general health improved, a fresh attack supervened; in fact, hæmorrhage had occurred so often, and to such an alarming extent, that the poor fellow was a walking spectacle of approaching dissolution on the date of his admission.

PRESENT CONDITION.

Upon examination, the body was found emaciated, face deadly pale, with an anxious expression of countenance—several marks of secondary syphilis were observable over various parts of the body—paralysis of the left facial nerve, with a twisting of the mouth to the opposite side; and on examining the left cheek, a considerable puffiness is observed, with some degree of inflammation extending down the neck, and at a point about an inch above the left angle of the jaw there is an oval flabby wound about an inch in length, and of a pale blue color at the edge, emitting a sanguine purulent discharge, with a very offensive odour. On examining the wound with the finger,

a soft substance resembling crassamentum is felt, and on applying the dressing forceps, several large pieces of sponge were brought away. The finger being again introduced the direction of the wound was ascertained to be directed upwards, inwards, and backwards, in the direction of the stylo-mastoid foramen. The stab had evidently wounded the carotid artery about the point where the branch to the orbicular and zygomatic muscles are given off.

PROGRESS OF CASE.

A consultation being called, it was decided that as the wound looked sluggish, and no appearance at present of hæmorrhage, some stimulating application should be applied, with a view to raise healthy granulations. Accordingly Unguentum Resinæ was inserted into the wound below the poultice. For a day or two the case seemed to improve, but the fluctuation increased below the ear, and two openings had to be made, and a discharge of unhealthy pus issued. On the 27th hæmorrhage appeared, but with proper means was suppressed. On the 4th day of December hæmorrhage re-appeared to a most alarming extent, and during the night of the 9th, about 2 a.m., being summoned by the night wardsman, I found him bleeding from the mouth, nose, and wound; he had lost about a quart of blood, and was cold and

almost fainting. I immediately put one finger into the wound and the other into the mouth, applying pressure as near as possible to the erring point. The patient getting weaker and evidently sinking, a consultation was called of the members of the Medical Staff of the Hospital, and about two hours afterwards the operation was commenced.

OPERATION.

Dr. McNicoll operated, assisted by Drs. McGrath and Hutchinson. I administered the chloroform. The operator commenced by making the usual incisions, about three inches in length, along the inside of the sterno-mastoid muscle, dissecting cautiously, until when coming to the deep cervical fascia, when the pulse became so frequent and weak that it was decided that the chloroform should be discontinued. The operation was continued but for a few minutes only, for most unexpectedly, bleeding commenced afresh from the mouth and nose to a most alarming extent—in fact one could hardly believe that a human being could survive so sudden and great amount of bleeding. Dr. McNicoll laid down the knife for a moment, but saying that the operation must be finished at all hazards—even while the patient was pulseless—continued the operation, and in order to bring the artery easier and sooner into view, he made a

transverse cut through the sterno-mastoid muscle. This being done with great skill and perseverance, the artery was ligatured in the usual manner.

TREATMENT, ETC. AFTER OPERATION, AND DISCHARGE.

When finished, it was difficult to say whether the patient was dead or alive. Brandy was attempted to be given, but in vain; the patient showed no consciousness. After a few minutes, however, our hopes were renewed—the pulse being distinctly felt. Next morning he was removed from the table to his own ward. The case improved daily: no bad symptoms. The ligature came away in a week. In a month after the operation he was discharged cured.

REMARKS.

The operation was rendered unusually protracted and difficult by the alarming hæmorrhage from the mouth; but another cause arose from the circumstance that the cervical adipose tissue was greatly developed, so that the artery was situated unusually deep—so much so that a candle (although mid-day), was ordered, to throw, if possible, more light into the cavity previous to the ligature being applied. It is remarkable that the ligature should have come away so soon as the seventh day.

