

A case of right subclavian aneurism of the third portion, cured by the ligation of the first portion and later of the axillary.

Contributors

Bryant, Thomas, 1828-1914
Royal College of Surgeons of England

Publication/Creation

New Orleans : L. Graham & Son, 1898.

Persistent URL

<https://wellcomecollection.org/works/bw48s9y4>

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**

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

REPRINTED FROM

VOL. FIFTY.

NO.

Published weekly by the Author
except on Wednesdays.

New Orleans
Medical and Surgical
Journal.

Published by the Author

EDITORS:

DR. COLLEGE, M. D.

DR. DICK, M. D.

Subscription, \$2.00 per Annum,
Advance, \$1.00.

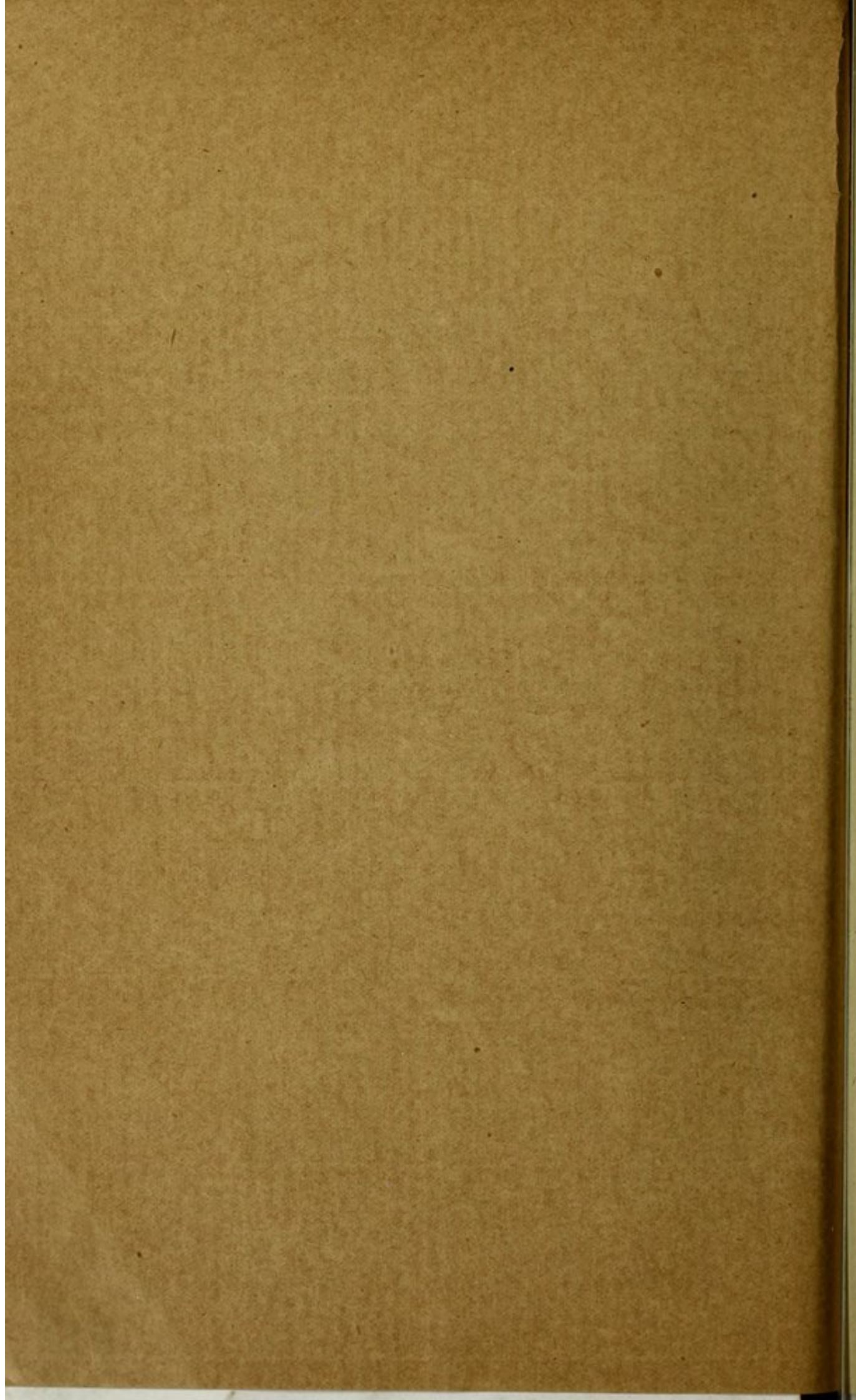
Office
207-213 Baronne Street

COLLEAGUES:

F. A. BARNARD, M. D., Prof. of Obstetrics
and Diseases of Women, St. Louis
Hospital, St. Louis, Mo.
M. J. BRIDGES, M. D., Prof. of Diseases of
the Eye, St. Louis Hospital, St. Louis,
Mo.
R. W. BRIDGES, M. D., Prof. of Diseases of
the Ear, St. Louis Hospital, St. Louis,
Mo.
J. W. BRIDGES, M. D., Prof. of Diseases of
the Throat, St. Louis Hospital, St. Louis,
Mo.
A. W. BRIDGES, M. D., Prof. of Diseases of
the Nose, St. Louis Hospital, St. Louis,
Mo.
A. W. BRIDGES, M. D., Prof. of Diseases of
the Larynx, St. Louis Hospital, St. Louis,
Mo.
A. W. BRIDGES, M. D., Prof. of Diseases of
the Trachea, St. Louis Hospital, St. Louis,
Mo.
A. W. BRIDGES, M. D., Prof. of Diseases of
the Bronchi, St. Louis Hospital, St. Louis,
Mo.
A. W. BRIDGES, M. D., Prof. of Diseases of
the Lungs, St. Louis Hospital, St. Louis,
Mo.
A. W. BRIDGES, M. D., Prof. of Diseases of
the Pleura, St. Louis Hospital, St. Louis,
Mo.
A. W. BRIDGES, M. D., Prof. of Diseases of
the Peritoneum, St. Louis Hospital, St. Louis,
Mo.
A. W. BRIDGES, M. D., Prof. of Diseases of
the Intestines, St. Louis Hospital, St. Louis,
Mo.
A. W. BRIDGES, M. D., Prof. of Diseases of
the Rectum, St. Louis Hospital, St. Louis,
Mo.
A. W. BRIDGES, M. D., Prof. of Diseases of
the Urinary Organs, St. Louis Hospital, St. Louis,
Mo.
A. W. BRIDGES, M. D., Prof. of Diseases of
the Genital Organs, St. Louis Hospital, St. Louis,
Mo.
A. W. BRIDGES, M. D., Prof. of Diseases of
the Skin, St. Louis Hospital, St. Louis,
Mo.
A. W. BRIDGES, M. D., Prof. of Diseases of
the Nervous System, St. Louis Hospital, St. Louis,
Mo.
A. W. BRIDGES, M. D., Prof. of Diseases of
the Mental Organs, St. Louis Hospital, St. Louis,
Mo.

JANUARY, 1898.

A CASE OF RIGHT SUBCLAVIAN ANEURISM,
OF THE THIRD PORTION, CURED BY THE
LIGATION OF THE FIRST PORTION AND
LATER OF THE AXILLARY.



A CASE OF RIGHT SUBCLAVIAN ANEURISM OF THE THIRD PORTION, CURED BY THE LIGATION OF THE FIRST PORTION AND LATER OF THE AXILLARY.

This brilliant and unique achievement is reported by Mr. H. H. Clutton, M. C., Surgeon and Lecturer on Surgery at St. Thomas' Hospital, London, in volume 80 of the *Medico-Chirurgical Transactions* of 1897.

The profession of New Orleans should feel a special interest in aneurism of the third portion of the subclavian artery, because it is in this city that the first announcement was made to the surgical world of a successful case operated in 1864 by Dr. Andrew W. Smyth. It is also here that, for the first and only time, a provisional ligation has been successfully applied, by the lamented Miles in 1893, on the first portion, until the divided ends of the third portion, sectioned by a bullet, were secured. Lastly, it was in the Charity Hospital that the first and only much needed dissection of the collateral circulation of those aneurisms was made by our fellow-townsmen, Dr. Edmond Souchon, on the patient of Dr. Smyth, who had finally succumbed after ten years, to the return of his aneurism. The relation was published in the *NEW ORLEANS MEDICAL AND SURGICAL JOURNAL*.

This memorable autopsy showed that after the innominate, the common carotid, the vertebral and the internal mammary had been effectually ligated the return of the aneurism was due to the anastomoses of the intercostals with the branches of the subscapular. These channels of communication were so numerous, so large and so direct that Dr. Souchon, in his report of the case, at once concluded that if the axillary had been ligated above the subscapular, the patient would have been cured a second time. This logical view was not accepted by the celebrated operator, and there this grave question rested for nearly twenty years.

In an elaborate paper read before the Louisiana State Medical Society by Dr. Souchon in 1895, he reasserts his views, and further states, from an exhaustive study of the modern advances on the ligation of arteries, as demonstrated by Senn and Balance and Edmunds, that the successful treatment in the future, and freedom from terrific and lethal hemorrhages, will depend upon ligation of the first portion with a double ligature and without rupturing the coats, and that if the pulsations returned, the axillary should then be ligated above the origin of the subscapular.

These advanced precepts are vindicated beyond dispute by the details of the remarkable occurrences in Clutton's case.

The aneurism was on the third portion of the subclavian. A double ligature was first applied on the first portion immediately to the inner side of the anterior scalene. The material used was carefully prepared goldbeaters' skin. Sufficient force was used to completely stop the pulsations in the parts beyond, but no attempt was made to divide the coats. The wound practically healed by first intention.

About six weeks after the operation the pulsations in the aneurism and in the radial could be felt as they did before the operation. It was thought that the ligatures had been prematurely absorbed.

The first portion was religated. In performing this second operation, the artery, at the spot where the artery had been previously ligated, was easily recognized and was normal in size. The ligature had therefore truly been absorbed before the artery had become obliterated. Had stout catgut or kangaroo tendon been used it is not probable that this result would have taken place. The second ligature was applied to the inner side of the first, between the vertebral and the thyroid axis; it was also double and the coats were not ruptured; the ligatures this time were of floss silk. The wound healed also practically by primary union.

Upon removing the dressing six days after the second operation the aneurism presented distinct pulsations and a bruit.

The next day the first portion of the axillary was tied immediately below the clavicle with a double floss silk ligature without rupturing the coats. The pulsations diminished considerably, but it was only gradually that they finally disappeared

entirely. About two months after the operation the patient returned home. This is the first and only case in which the first portion of the subclavian has been successfully ligated. It is also the first and only one which escaped the usual fatal hemorrhage. This was undoubtedly due to the fact that the coats of the artery had not been ruptured and to successful asepsis.

The operator at the end of his relation of the case remarks: "For any one who is interested in the history of the operative treatment of aneurisms of the third portion of the subclavian artery, there is a very interesting article by Dr. Edmond Souchon, in the *Annals of Surgery* of 1895, Vol. II, pages 545 and 743. Here also the treatment in the future is foreshadowed."

3

The first of these is the fact that the
 composition of the atmosphere has been
 altered in such a way as to render the
 air more and more oxygenous. This is
 the result of the gradual extinction of
 the plants which have lived on the
 earth. The oxygen which they have
 produced has not been absorbed by
 the animals which have lived on the
 earth. It has accumulated in the
 air, and it is now so abundant that
 it is necessary to dilute it with
 nitrogen in order to make it
 breathable. This is the reason why
 the atmosphere of Mars is so
 poisonous. It contains too much
 oxygen for the animals which live
 on that planet.