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EXTRACTION OF A FISH-HOOK FROM THE NECK.

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THE following interesting surgical case occurred to me at the Massachusetts General Hospital.

Wm. H., *et.* 41, while fishing, in company with another person, for "blue fish," off Cape Cod, on Sunday, Aug. 13th, was wounded by a cod-hook, measuring an inch across from the point to the commencement of the curvature. He gave the following account of the accident. As his companion was throwing round the hook, with a heavy lead attached to the shank by about three feet of the line, preparatory to casting it some distance into the water, the line parted, and the lead and hook were projected with great force, striking the barb into the left side of his neck. The blow was given with such power as nearly to knock him down: and the hook, after burying nearly the whole of the bow in the side of the neck, broke off, leaving a little over a quarter of an inch of the shank protruding from the wound. The portion imbedded was of this size and shape. There was no hæmorrhage of importance, either at the time of the accident or afterwards. An attempt was made by a physician, on the evening of the same day, to pull the hook from the wound; he only succeeded, however, in raising it a little above the level of the skin.

The patient presented himself at the Hospital on Tuesday, the 15th. The hook was then imbedded in the neck, at the anterior side of the left sterno-mastoid muscle, about an inch below the angle of the jaw, and about a quarter of an inch of it only exposed, giving the impression that it had passed under and around the mastoid muscle, and that its point lay deeply seated under the edge of that muscle. The pulsation of the carotid was felt immediately under the entrance of the hook.

In consultation with Dr. Henry J. Bigelow, the only one of the Surgeons of the House present, and to whom I feel much indebted for his readiness in suggesting expedients during this unusual operation, it was decided to cut down upon the hook at its entrance, as there was not

enough remaining externally to enable me to push it through, and the point was also so deeply imbedded, there would be a risk of wounding some important vessel in its passage out.

The following details of the operation are for the most part taken from the records of the House:—

The patient having been narcotized by chloric ether, the operation was commenced by an incision three inches long, extending from a short distance below the left ear, through the wound made by the hook down into the body of the sterno-mastoid, in a direction nearly parallel to the external jugular vein, and half an inch in front of it. The dissection was then continued towards the deep parts of the neck, following the shaft of the hook. The direction of the operation was now necessarily changed, owing to the impossibility of reaching the point of the hook without dividing the muscular fibres transversely. A second incision was then made, extending from about the middle of the first, two inches backwards, dividing the external jugular vein, both ends of which were tied, until the sterno-mastoid was cut across, exposing the point of the barb of the hook bound down by a small quantity of tissue, most of which was lifted over the barb by means of a bent probe, and the remaining minute fibres divided by the knife. The hook was then withdrawn in the direction of its point.

Several times during the operation, upon passing a grooved director into the wound over the hook, there was a free arterial hæmorrhage from a deep-seated point. This hæmorrhage, however, seemed to be checked whenever the hook was drawn upward and the parts made tense across its barb. Immediately on the hook being withdrawn, there was a copious and sudden flow of arterial blood from deep parts, where the point had been imbedded. This was immediately checked by pressure from the fingers of an assistant; and it appearing probable that the hæmorrhage proceeded either from the carotid or a large branch of that vessel, and the bleeding point being too deep for ligature, it was decided to tie the common carotid.

The incision was accordingly continued from its lower angle two inches further downward, along the anterior edge of the sterno-mastoid, the muscle drawn to the outside, and the vessel exposed and tied just above the hyoid muscle.

The patient was entirely insensible, from the inhalation of ether, during the whole period of the operation. Nothing occurred unfavorable to the patient until the 20th, when a free venous hæmorrhage took place, which was arrested by pressing a sponge into the wound. On the 22d the ligatures from the jugular vein were removed, and on the 2d of September that from the carotid came away. On the 7th he was discharged well.

I have every reason to suppose, from the direction which the hook took, that it must have passed between the carotid artery and jugular vein; and when we consider the importance of the vessels in whose vicinity it was projected, his escape may be looked upon as almost miraculous.