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SURGICAL CASES OCCURRING IN THE MASSACHUSETTS GENERAL  
HOSPITAL. SERVICE OF DR. HENRY J. BIGELOW.—NO. VIII.

ANEURISMAL VARIX. LIGATION. LIGATION OF COMMON CAROTID. RECOVERY.

Reported by HENRY H. A. BEACH.

[Communicated for the Boston Medical and Surgical Journal.]

S. B., æt. 23. This patient, a young lady of delicate appearance and organization, entered the hospital May 1st, 1867.

When about five years of age, fell and struck her head upon a sharp knife, producing an incised wound of about half an inch, above the superior border of the zygomatic process of the temporal bone and over the temporal artery, probably wounding it, with the vein, there being considerable hæmorrhage at the time, which was checked by direct compression, though without the assistance of a surgeon. Very soon after the wound healed, a pulsating tumor, of the size of a pea, appeared at the point of injury and gradually increased, unaccompanied with pain, until about last March. From that time until May its growth was rapid. Upon examination, Dr. Bigelow stated:—"At the point described, the elevation is about three quarters of an inch above the surface, with a heavy thrill and pulsation, and to the ear a continuous roar. The pulsation and thrill extend over a surface of about three inches and a half in vertical diameter, and two inches transversely, at the broadest point. The tumor is found to consist of tortuous and pulsating veins, the largest of which is of the size of the little finger. These are supplied with blood by the temporal artery, which seems to be more than one quarter of an inch in diameter. The communication between these vessels is free, both at the point of puncture and at their periphery. Compression of the carotid, or at the punctured point, causes a diminution in the size of the tumor, but at the same time greatly enlarges the surrounding veins by obstructing the return of venous blood. It also produces dizziness and a sensation of distress."

*Operation.*—Patient was etherized. A ligature was placed beneath the carotid artery, below its bifurcation, to control the circula-

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tion. The veins were found generally enlarged, requiring some care in reaching the vessel. A straight incision of four inches was then made over the long axis of the tumor, through the integument, and the two flaps dissected from the pulsating surface. Two long, curved needles were passed transversely beneath the pulsating mass—one, half an inch below the superior border, and the other the same distance above the inferior border, after having been entered between the flap and the tumor, at the point where the dissection was discontinued; leaving half of an inch of each needle exposed, and over the reflected flaps of both sides. Compression was now applied by a stout ligature describing a figure of eight over each needle and between the two needles. Even this procedure failed to arrest the pulsation at the periphery. The ligature which had been placed beneath the carotid artery was therefore tied, leaving the tumor still pulsating a little at its upper part. The wound in the neck was closed by five sutures. Cold-water dressing. Diet of oatmeal gruel and milk. Opiate when indicated.

May 5th, 8, A.M.—Pulse 108. Complains of slight sore throat and pain about wound of face. 2, P.M.—Slight oozing of blood from wound of face. 8, P.M.—Comfortable. Pulse 90, regular, and a little stronger in the right than in the left radial.

6th.—Still complains of pain about wound of face. Urine is drawn by catheter. Right cheek and eye slightly swollen.

7th, 1, A.M.—Nurse reported hæmorrhage from wound of face. The bleeding vessel was tied. Wound left exposed to the air. 6, A.M.—Quite restless with pain about wound of face. Pulse 72, and weaker. *R.* Tr. opii gtt. xxx. 2, P.M.—Very comfortable. Edges of wound of face are red and swollen. Tongue slightly coated. 8, P.M.—Pulse 144, but regular and of good strength. "Throat is not so sore." Suppuration has commenced in wound of the face. Strangulated portion is of a dark-blue color.

8th.—Pulse 132, and stronger.

9th.—Pulse 130. Both wounds are discharging freely.

10th.—Pulse 120. Passed a comfortable night without an opiate.

11th.—Pulse 140, regular, but not so strong as yesterday. There is oozing of blood from wound of face upon slightest exertion. Sutures removed from wound of neck. 7, P.M.—Pulse 144, regular, but considerably weaker. Restless. Has pain in head and throat. Extremities getting cool. Countenance anxious and expressive of distress. *R.* Tr. opii gtt. xxx., now. Strong beef-tea in such quantities as she can bear without nausea. Heaters to feet. 9, P.M.—Sleeping quietly. Pulse 130, regular and stronger. Skin hot and dry.

12th, 6, A.M.—Comfortable. Pulse 130, weaker. 10½, A.M.—Hæmorrhage from three separate points in wound of face, which was checked by local application of liquor ferri subsulphatis. Pulse 135, weaker. Continue beef-tea. *R.* Tr. opii gtt. xxx., now. 5, P.M.—

The pulse had now become so small as to give rise to serious apprehension. Integument of cheeks erythematous, with itching and slight induration. Has slight pain in wound of face. 7½, P.M.—Nurse reported hæmorrhage from wound of face. Upon examination, it was found proceeding from six different points, accompanied with a very weak pulse, so rapid that it could not be counted; skin pallid and cool. The hæmorrhage was checked with difficulty by compression and application of liquor ferri subsulphatis. Dr. Bigelow was called, and until he arrived (in twenty minutes), stimulants were freely administered, but with so little effect that it was not deemed by him judicious to etherize her for the following operative measures.

*Operation.*—Dr. Bigelow removed, with scissors, the whole strangulated mass, including needles, dried coagula and ligatures, tied the bleeding points, and applied direct compression, by means of sponges soaked in liquor ferri subsulphatis, to the whole raw surface. The administration of stimulants was continued, the temperature of the apartment kept at 70° F., head of bed raised five inches, and heated sand-bags applied to extremities, until her pulse could be counted, at 1 o'clock, A.M., of the 13th, 200. 6, A.M.—Pulse stronger. No more hæmorrhage. 8, P.M.—Pulse 144, stronger and regular. 10, P.M.—Pulse 168, weaker; extremities cool. The administration of strong beef-tea and brandy was continued.

14th, 3, A.M.—Pulse 144, stronger. No pain. 5, A.M.—Pulse 135. Integument about wound of head swollen and indurated.

15th, 7, A.M.—Pulse 144, regular, and of good strength. Good appetite. Asks for ale, with ice. Six ounces of ale. 12, M.—Pulse 150, strong and regular. More swelling about wound of face. Complains of sore throat. 7, P.M.—Pulse 150. Very comfortable, with exception of sore throat.

16th, 7, A.M.—Pulse 144, full and regular. Free discharge of pus from wound of face. Passed a comfortable night. 7, P.M.—Pulse 132.

17th, 7, A.M.—Pulse 132. 4, P.M.—Pulse 144, full and regular. Slightly delirious. Discontinue opiate. 8½, P.M.—Pulse 160, full and strong. Still delirious. Apply heaters to feet and compress wet with cold water to head.

18th, 7, A.M.—Slight epistaxis; checked by local application of solution of tannic acid in water—gr. x.— $\frac{3}{4}$  i. 7, P.M.—Pulse 120. Skin moist and warm. Free discharge from wound of face, with fœtor. No delirium.

19th.—Compression removed, displaying a fresh granulating surface, which fully occupied the area of the former pulsating tumor. Pulse 120. Good appetite. Simple water-dressing to wound of head.

20th.—Pulse 114.

29th.—Improvement in every respect since last report. Wounds look well and discharge freely. Ligature of the carotid removed.

June 13th.—Pulse 120, regular, and of good strength. Good appetite. Both wounds still discharge, freely, healthy pus, and are gradually closing. *R.* Tr. ferri chloridi, gtt. v. ter in die. Steak, chop, eggs, &c., for diet.

21st.—Up and dressed for the first time.

26th.—Granulations of the wounds are pale. *R.* Ferri et quiniæ citratis, gr. lxxx.; syrupi, ʒ ss.; vini Xerici, ʒ viiss. *M.* ʒ ss. ter in die.

29th.—Is gaining strength rapidly. Wounds are slowly closing. Allowed to go home and continue treatment.

23d.—Has continued to improve, both in strength and appearance, since last report. Only a small portion of each of the wounds remains unhealed. Appetite good. Takes moderate exercise daily.

Aug. 29th.—Has gained strength since last report. Wound of neck has entirely healed. That of the head has a small granulating surface of about one inch long by one quarter of an inch broad. Omit prescription of June 25th, and take of Blancard's pill (iodide of iron) one, night and morning. *R.* Olei morrhue ʒ ij. ter in die.

Oct. 1st.—Has gained twenty-seven pounds since July 1st. Wound has nearly healed.

28th.—Wound has entirely healed. The patient says:—"My general health is much better than before the operation." There is no deformity nor pulsation; the scar on the head is covered with the hair, and that of the neck is easily hidden by the collar. There is partial paralysis of sensation in the supra-orbital, superior maxillary and inferior maxillary regions of the right side of the face.

#### RECENT CONTRIBUTIONS TO THE ANATOMY OF THE TYMPANUM.\*

By J. ORNE GREEN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE dermoid layer of the tympanum is merely a continuation of the dermoid covering of the external meatus, which, at the external ear, contains all the elements of the cutis in full quantity, but gradually loses some of them as it proceeds inwards, and possesses the others in diminished supply, so that the layer becomes thinner and thinner as we examine from the outer ear towards the central point of the tympanum; the thinnest part is that a short distance from the hammer. Around the hammer itself this layer apparently becomes thicker; but, as we shall see, this thickening is due to a collection of

\* Anatomisch-physiologische Studien über das Trommelfell und die Gehörknöchelchen. Von Dr. Josef Gruber, Docent der theoretischen und praktischen Ohrenheilkunde und Ohrenarzt des k. k. Allgemeinen Krankenhauses in Wien. 1867.