CASE OF
BRONCHOCELE,

IN WHICH
THE SUPERIOR THYROIDAL ARTERY
WAS SUCCESSFULLY TIED.

By HENRY COATES, Esq.
MEMBER OF THE ROYAL COLLEGE OF SURGEONS, AND
SURGEON OF THE SALISBURY INFIRMARY.

COMMUNICATED BY
MR. ASTLEY COOPER.

Read May 11, 1819.

AMONG the greatest improvements in modern surgery, none have exceeded, or perhaps equalled, that of the surgery of arteries. To the enterprising genius of modern surgeons are we indebted for the information which enables us to perform operations on them successfully, in cases which were formerly considered impossible, and by which many valuable lives have and will be saved.

The following case is recorded, not for any extra-

ordinary difficulty in the operation, but in order to shew that in some cases the thyroideal arteries may be tied with advantage; not that such cases are common, nor would I state any thing to encourage the juniors of our profession in attempting this operation, unless the vessels, as in this case, be sufficiently apparent, and readily within reach.

My friend and colleague, Dr. Grove, having mentioned to me a case of an out-patient of his, of the Salisbury Infirmary, with Bronchocele, in which the tumor was pressing on the trachea, and very considerably impeding respiration, and the superior thyroideal arteries being large, and pulsating, suggested the possibility of their being tied with advantage. Elizabeth Spratt, æt. 17, was in consequence admitted an in-patient. The thyroid glands were large, and pressed on the trachea, so as to render respiration and deglutition extremely difficult: and the noise she made was so great that it might be heard at a very considerable distance. The superior thyroideal arteries were large, and pulsated strongly. Her general health was extremely good.

It was agreed, on consultation, that a ligature on the artery afforded the best chance of advantage to the patient. Accordingly, on the 29th of December, I cut down on the left superior thyroideal artery, and having dissected it from its accompanying nerve by means of a bent probe, I passed

under the vessel a small round ligature, which was drawn moderately tight and tied. She passed a tolerable night. The next day she complained of headache, and there was some swelling of the neck and side of the head, with increased difficulty of swallowing, and some febrile symptoms. These, however, gave way to the abstraction of blood, and antimonial medicines; and in three days she was relieved from all unpleasant symptoms.

The ligature separated on the ninth day, and the wound was completely healed on the fourteenth day. Her breathing was much improved, and the size of the tumor reduced nearly half; and she was so materially benefited, that she was discharged on the 14th February quite well.

She was to have returned to the Infirmary should any of her unpleasant symptoms have recurred; but I presume that the tumor has not again increased, and that she remains so well that she is unwilling to submit to any further operation.