CASE
OF A
FATAL HÆMORRHAGE
FROM THE EXTRACTION OF A TOOTH.

By RICHARD BLAGDEN, Esq.

SURGEON EXTRAORDINARY TO HIS ROYAL HIGHNESS THE DUKE OF KENT,
ASSISTANT SURGEON TO THE QUEEN'S LYING-IN HOSPITAL, AND
SURGEON ACCOUCHEUR TO THE ST. GEORGE'S AND
ST. JAMES'S DISPENSARY.

Read Dec. 24, 1816.

JOSEPH LANCTON, while a boy, had a tooth extracted, in consequence of which an alarming hæmorrhage took place from the alveolus. The hæmorrhage continued twenty-one days and then ceased. It was observed afterwards, that whenever he cut himself accidentally, or received any other slight wound, hæmorrhage took place to a greater extent than in ordinary persons, and that it was more difficult to stop. In the summer of 1815, being then twenty-six years of age, he received a slight wound on the forehead. A profuse hæmorrhage took place from a wounded artery. Pressure and the ordinary styptics were employed for the purpose of suppressing it, but the bleeding constantly recurred. Mr. Gatcombe, who took

charge of the case, applied a ligature round each of the divided ends of the bleeding vessel, but it gave way behind the ligatures and the bleeding returned. Mr. Gatcombe observed the artery to be very thin in its coats, like a vein rather than an artery. The hæmorrhage was eventually stopped by the application of the kali purum, which produced an extensive slough of the soft parts, and even caused an exfoliation of a small portion of bone. In the spring of 1816 he suffered much from a caries of the second molaris of the upper jaw on the left side. Fearing that the extraction of it would occasion an hæmorrhage, such as had occurred formerly, he for a considerable time delayed having the tooth removed. At length, as he continued to suffer, he determined to submit to the operation, and the tooth was therefore extracted on the 30th of June. The jaw sustained no particular injury by the operation, but there was an abscess at the root of the tooth, which either was in, or communicated with, the maxillary sinus. A profuse hæmorrhage immediately took place from the alveolus. On the evening of the 1st July, as the bleeding still continued, I was desired to see him, and immediately applied the lunar caustic to the bottom of the alveolus, but without effect. I then carefully stopped the socket with sponge soaked in a solution of blue vitriol, and directed that the face should be kept moist with some cold application. The bleeding now ceased, but returned in a few hours. On the following

morning the bleeding was still profuse, and continued so through the whole day, although the socket was again plugged with the greatest care and attention. On the morning of the fourth of July, Mr. Brodie was consulted, and applied the cautery to the alveolus, which immediately restrained the hæmorrhage, and the bleeding did not recur for six hours, but in the evening it returned as violent as before. I again stopped the alveolus, but without success; the cautery was repeated twice, but the bleeding continued notwithstanding. In applying the cautery a large quantity of matter escaped apparently from the maxillary sinus. On the following morning, July 5th, the bleeding still continued; the patient had never fainted, but he became now very low and depressed; his situation altogether was very alarming, and it became necessary to make some further attempt to restrain the flow of blood. The bleeding vessel was evidently out of the reach of surgery. The nearest and the only vessel to which it was possible to apply a ligature, was the trunk of the carotid; and as a ligature on this artery does not seem to be attended with any particular risk, and as the risk of allowing the hæmorrhage to continue was very great, it was determined that the carotid should be tied. Mr. Brodie performed the operation about ten A.M. As the ligature of the carotid produces a cure not only of the common aneurism, but of the aneurism from anastomosis, which is a disease of the smaller arteries, it was fully expected that it would stop the

bleeding in this instance ; but in this expectation we were disappointed. The hæmorrhage still continued. The wound made in the operation bled very little at first, but in the course of a few minutes after the operation it began to bleed profusely. No single vessel could be observed bleeding, but there was a general oozing from its surface. Ice was applied to the wound, and while this was continued the bleeding from it was suppressed, but it returned immediately on the ice being removed. Ice was also applied to the left side of the face, and there was reason to believe that it stopped the bleeding for a few hours ; however the hæmorrhage afterwards returned, and the patient died at five A.M. on the Sunday morning July 7th, a week from the time of the removal of the tooth.

After death the trunk of the carotid was examined. It was found to be of its natural texture, except that there were several opaque, white depositions on the outer surface of its inner coat, such as precede ossification. The temporal and some other branches of the external carotid were also examined ; their coats appeared to be thinner than usual, and nearly transparent.