A CASE
OF
AXILLARY ANEURISM,
FOR WHICH THE ARTERY WAS TIED BELOW THE
CLAVICLE.

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Read June 20, 1815.

A MUSCULAR and healthy looking negro-man, about twenty-five years of age, belonging to James Farquharson, Esq. (of Job's Hill, in the parish of Saint Mary) was sent to Kingston on account of an aneurism in the left axilla, occasioned by a wound which he received from the point of a cutlass in the axillary artery, as he was carelessly carrying it, on or about the 5th of October, 1814. The hæmorrhage from it was, as I was informed, profuse, and ceased in consequence of long continued syncope. The wound of the skin healed in three days without any recurrence of the bleeding.

It was nearly nine weeks after the accident when he was first shewn to me. The cicatrix was scarcely perceptible. The tumour was the size of a large orange; and the pulsation in it very strong. The pain in the axilla from the pressure on the nerves was very distressing, but there was no œdema of the arm, nor any elevation of the clavicle. The pulsation in the radial artery was not so firm as in the other arm. He remained two weeks in town, during which time I had frequent opportunities of seeing him, and the tumour appeared to me to be evidently increasing, was pushing out the latissimus dorsi, and shewing itself behind. At this period he went into the country to visit his relatives, and returned to town in ten or twelve days after, January 10th: the tumour had now considerably increased, and become much firmer, for when I first saw him I could express the blood from the prominent part, which was in front of the axilla. The pulsation in the radial artery was becoming indistinct, and the pain in the axilla so severe as to deprive him of rest both night and day. The integuments over and about the aneurism were perfectly healthy in appearance. Upon a review of all the circumstances attendant on this case, it occurred to me that the operation was the only possible means that remained to rescue him from inevitable death, and that much danger was to be apprehended from a further postponement of it. Under these impressions, it was undertaken on Tuesday, 17th January, 1815, in the presence of

Mr. Garcia and Mr. M. Bravo, surgeons in this city. The patient was placed upon an operating table, with a pillow under his shoulders, and his head supported. A transverse incision of three inches in length was made through the skin and *platysma myoides* along and upon the lower edge of the clavicle, three fingers' breadth from the sternal extremity of that bone, and terminating about an inch from the acromion scapulæ. This incision divided a small artery, which was immediately secured. A second incision of three inches in length was also made obliquely through the integuments over the deltoid and pectoral muscles, meeting the first nearly in the centre. The cellular membrane and fat lying between them at the upper part were now removed. The next step in the operation consisted in detaching the clavicular portion of the pectoralis major, and taking away the fat and cellular membrane lying over the subclavian vessels. The artery was now brought into view, and its pulsations made it clearly distinguishable from the contiguous parts; but I could not detach it, nor pass the ligature underneath it with the facility I expected, from its depth. After several ineffectual efforts, I succeeded in conveying the ligature under it, by means of an eyed ball probe previously curved for the purpose, and bringing up its point with a pair of forceps, tied the artery as it emerges from under the clavicle to proceed to the axilla. The drawing of the knot was attended with little pain;

the wound was closed by the dry suture, and the patient returned to his bed.

Evening visit after the operation.—Pulse natural; skin cool; affected arm appears much warmer than the other; complains of pain in the wound.

Jan. 18.—Patient had no sleep all night from pain in the wound; temperature of the arms alike; aneurismal tumour appears less; pulse natural; skin cool; tongue clean and moist.

6, *p. m.*—Patient had no sleep in the forenoon from pain in the wound; complains of headache; an antimonial opiate ordered for him.

Jan. 19.—The patient had some rest during the night; pulse full and natural; tongue white; complains of headache; affected arm appears much warmer; tumour softer; feels no pain in the axilla since the operation; a purging mixture was ordered for him.

2, *p. m.*—The dressings were removed; wound has a favourable appearance; has had three stools from the mixture; tongue clean and moist; pulse regular; has also had some sleep during the forenoon; tumour evidently less in bulk.

Half past 6, *p. m.*—The patient slept after the wound was dressed; complains of having no feel-

ing in his fingers, and a gnawing in the wound; pulse fuller, yet regular; bowels open; opiate repeated.

Jan. 20.—The patient passed a good night; the affected arm appears much warmer than the other, and is covered with perspiration; feels no pain in the wound; pulse regular and soft; skin and tongue as before; and complains only of inability to bend the fingers; opiate continued.

Jan. 21.—Temperature of the arms corresponds; passed a good night; and is much the same in other respects as yesterday.

Jan. 22.—The dressings were removed again this day; the wound is filling up with healthy granulations; patient passed a good night, and says he feels no pain in the wound or in the axilla; opiate continued.

Jan. 23.—Tumour appears considerably less to-day; arms are the same in temperature; slept well last night; pulse natural; bowels regular; opiate continued.

Jan. 24.—The dressings were removed again to-day, and the wound is covered with healthy granulations; patient passed a good night; other symptoms and appearances the same as yesterday; opiate continued.

Jan. 25.—The patient sat up the most part of the day, and appeared more cheerful than at any period since I saw him ; arms continue to correspond in temperature ; in other respects he is the same as yesterday ; opiate continued.

Jan. 26.—Going on well; discontinued the opiate.

Jan. 27.—The wound was dressed again to-day, looks well, and is cicatrizing from the edges ; the arm is much weaker than the other, and cannot grasp firmly with it ; tumour considerably smaller, and does not project behind.

Jan. 30.—Ligature came away spontaneously, and was found in the dressings. The granulations having risen much above the surface, the sulphat of copper was applied to them ; temperature of the arms alike ; the patient got out of his bed and walked about.

February 22.—The wound healed this day; the aneurismal tumour is now nearly as large as a turkey's egg, and very solid, but no pain is felt when it is roughly handled. Upon comparing the arms the left is rather smaller; the muscular power of the arm is much improved, inasmuch as he now grasps with a greater degree of firmness and strength ; temperature of the arms is the same ; discontinued to visit him.—N.B. The temperature of the axilla was always ascertained by a well graduated thermometer.

As I am not aware that the subclavian artery has ever been tied below the clavicle by any regular surgical dissection, I hope I shall be excused for having described the method I adopted in the present instance in so particular a manner. Passing the ligature beneath the artery constitutes the chief difficulty in the operation either above or below the clavicle; but this is completely overcome, I conceive, by the surgeon being provided with the instruments represented in Mr. Ramsden's book on Sclerocele and on Aneurism. These I had not, nor could they be procured here, the want of which was therefore the cause of much delay in the performance of the operation; together with the want of resolution in the patient, who made several attempts to extricate himself from me whilst I was endeavouring to convey the ligature underneath the artery. The incision over the pectoral and deltoid muscles greatly facilitated the tracing of the subclavian artery. This case affords, I think, a striking example of the competency of the anastomosing channels to nourish the limb, when its principal artery has been obliterated at nearly the highest possible point that dissection can reach it, and that too at an early period of the disease.

*Kingston, Jamaica,
12th March, 1815.*