HISTORY
OF
A CASE
OF
WOUND IN THE FACE,
REQUIRING THE OPERATION
OF
TYING THE COMMON CAROTID ARTERY,
WHICH WAS PERFORMED WITH SUCCESS.
By **CHARLES COLLIER, Esq.**
SURGEON TO THE FORCES.
COMMUNICATED BY
SIR JAMES MACGRIGOR.

Read Dec. 26, 1815.

WILLIAM BALL, drummer, belonging to the 44th regiment, aged between nineteen and twenty, of a spare habit, was wounded by a spear or sword, on the 17th of June, which passed in at the angle of the left jaw, and penetrated the mouth, lacerating the tongue severely; in three or four places. He was brought into St. Elizabeth's Hospital on the 19th, and had, by his account, lost a considerable quantity of blood on the way; but from this time, until the 22nd, nothing remarkable occurred. On the evening of the 22nd, I was sent for to see him, and I found arterial blood jetting up with considerable force from the bottom of a narrow,

deep wound, and flowing in directions as if from several branches of the external carotid. I attempted dilatation; but all efforts to trace the sources of bleeding were fruitless, and I applied steadily and forcibly graduated compresses, moderating the flow of blood, by pressure on the carotid. Although the hæmorrhage yielded for three or four minutes, it was soon evident it had only changed its channel, for it began to flow as furiously through the mouth as it had before done through the wound, and the coagula required constantly removing to prevent suffocation.

The patient's countenance had now become pale; the pulse was hurried and feeble; every appearance indicated the rapid sinking of life from the loss of blood, and my opinion that the patient's preservation depended on securing the common carotid artery, being sanctioned by a consultation which I held with Mr. Cavanah, surgeon, royal staff corps, and my friend Mr. S. Cooper, staff surgeon, I performed the operation, in presence of these gentlemen, at eight o'clock that evening.

The patient being laid on a table, and his neck a little on the stretch, I made an incision of rather better than two inches, on the inner and lower surface of the sternal portion of the sterno-cleido-mastoideus, dissected off the platonic and cellular substance, and detached from its border the thyroid vein, after having exposed it. The dissected muscle was

held aside by Mr. Cooper, while I detached the jugular vein from surrounding connections, and took off so much of its cellular covering as should leave sufficient indication of its coat;—this difficulty removed, I laid open the sheath of the artery, pushed aside the par vagum, and a little dissection enabled me to pass a blunt probe, armed with a ligature of two threads, round it. The vessel was then secured at about three-fourths of an inch from the sternum, and the wound approximated by two interrupted sutures. The operation occupied nearly an hour; delayed, in some degree, by its being performed by candle light, and by the necessity we were under of raising the patient up, occasionally, to clear his mouth of coagula;—he lost no blood from the operation;—the hæmorrhage ceased the instant the ligature was fastened.

In two hours after the operation, the patient was quite tranquil, and sensible;—the pulse feeble; countenance very pale;—on the following morning (23rd) I found him perfectly sensible, and easy, with the exception of some sense of heat in the throat, rather increased since the operation;—the pulse was 96, with slight sharpness; no appearance of hæmorrhage; the bowels were opened by small doses of calomel and jalap. The wound was dressed on the 25th, and looked healthy;—pulse feeble, and varying from 112 to 120. On the 26th he complained of a ringing noise in his left ear, and some sense of numbness on the left side of the face.

From this time until the 2nd of July, nothing occurred which could cause much alarm :—the pulse was seldom below 110; the skin was of its ordinary temperature; the right carotid pulsated with greater force than ordinary; the sensorium was no way disturbed; there did not appear to be any want of blood on the left side of the head. The patient's bowels were kept open by neutral salts, and his diet was of the lightest kind. On the 2nd of July, slight erysipelas commenced over the parotid gland on the left side, spread over that cheek and eye-lid, causing some tumefaction, and slightly affecting the opposite side.—It was mild,—vesicated in a few places,—and subsided in five or six days under a treatment of mild purgatives, and cooling applications. On the 5th of July the ligature came away from the artery, and the cure appeared to be more progressive, and steadier than could well have been expected from a constitution, shaken by former illnesses. On the 12th of July a second attack of erysipelas commenced, in its scite, and degree, similar to the former, and yielding, like it, to mild treatment.

The wound of the operation soon healed, with the exception of the spot through which the ligature had passed, and this discharged slightly for some few days after it came away; the original wound closed shortly after the operation.

The patient's health being restored, and the

wound quite healed, he was discharged from the hospital on the 12th of August.

No pulsation could at that time be perceived on any part of the course of the artery, above the ligature.

The sleep was good, but I am not aware that it was longer, or deeper than ordinary.