A
CASE OF AXILLARY ANEURISM
ON THE RIGHT SIDE,

FOR WHICH THE
SUBCLAVIAN ARTERY WAS SUCCESSFULLY TIED;
THE LEFT SUBCLAVIAN ARTERY HAVING BEEN LIGATURED IN THE
SAME SUBJECT FOR AN AXILLARY ANEURISM ABOUT
THREE YEARS PREVIOUSLY.

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COMMUNICATED BY
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J. P—, æt. 30, was admitted into the Sussex County Hospital under the care of Mr. Furner, October 22nd 1866.

He was a well-made healthy-looking man, with a florid complexion, and had enjoyed good health. He had been employed on the Brighton Railway, his occupation being very laborious, obliging him at times to exert all his strength in lifting heavy weights, such as the carriage wheels, &c. He had occasionally drank freely, principally beer or porter.

In June, 1863, he was first under the care of Mr. Furner, in consequence of an aneurism of the left axillary artery, for which the subclavian was ligatured, and he was discharged cured in about eleven weeks.

The case was published in the 'Medical Times and Gazette' of October 24th, 1863.

For the first twelve months after leaving the hospital he was employed in lighter work, but ultimately resumed his more laborious occupation.

About two months prior to his readmission, whilst lifting a heavy weight, he felt a sharp crack in the right shoulder, and the arm seemed numbed for some minutes, but he was able to return to his work in a quarter of an hour; five days afterwards he observed a swelling about the size of a walnut below the right clavicle; this at first was not attended with much pain, and did not prevent him following his occupation until three days before his admission into the hospital, when the swelling had rapidly increased in size, and then measured seven inches in length by five inches in breadth.

The tumour was situated beneath the clavicle, pushing up the bone; it extended outwards into the axilla, and inwards towards the sternum. It was well defined, firm and elastic, having a loud thrill which could be felt and heard; upon pressing the subclavian artery the pulsation was readily controlled; a loud murmur was audible over the whole of the tumour.

There was considerable pain, but no œdema of the arm. The pulse could be easily felt at the wrist.

He was ordered to lie in bed, and cold evaporating lotion applied to the tumour; to have moderate diet, and an aperient. During the night of the 23rd there was great pain in the tumour, chiefly in the neighbourhood of the axilla; it had considerably increased in size, and the arm was slightly œdematous. Mr. Furner saw the patient about 2 p.m. of the 24th, and determined to operate without delay. The usual incision was made in the line of the clavicle; some of the fibres of the clavicular portion of the sterno-

mastoid muscle were divided, and several small vessels required to be tied; the external jugular vein was secured with a double ligature, and divided. Great difficulty was experienced in consequence of the tumour pushing up the clavicle, and thus causing the vessels to lie at a considerable depth. A large artery in the situation of the subclavian was brought into view, and a ligature passed around it, but not tightened, as pressure upon it with the finger did not control the pulsation in the tumour; this vessel was held aside, and the subclavian reached at a great depth, and ligatured, when all pulsation in the tumour ceased.*

In close contact with the ligature was a large artery, most probably the transversalis colli having an abnormal origin, arising from the subclavian.¹ A ligature was placed upon this vessel also. The pleura which was seen at the inner angle of the wound moving with each inspiration was not injured.

The operation lasted upwards of an hour, and was borne by the patient with great fortitude. Chloroform was not given. The arm was wrapped in cotton wool, and the patient removed to bed; shortly afterwards he had severe pain in the arm, extending down into the hand, which was relieved by change of position.

October 25th.—He had slept at intervals during the night, and had taken beef-tea and milk freely; he was tranquil, complaining only of a pricking sensation in the wound, which looked healthy, and discharged a little serum tinged with blood. The skin was cool and moist; pulse, as felt in the temporal artery, 72. Tongue clean. He had passed urine naturally, and it was healthy in character. Without detailing the daily symptoms, it is sufficient to say that he progressed most favorably, requiring no medicine, except an occasional aperient. The diet consisted of beef-tea, arrow-root, milk, eggs, &c. He slept many hours daily, without a sedative; his skin acting then most profusely. The tumour gradually, but perceptibly, became smaller.

¹ This was also the case in the former operation. See 'Medical Times and Gazette,' October 24th, 1863.

November 1st.—Six ligatures came away in the dressing from the smaller vessels.

4th.—This being the twelfth day from the operation, his diet was slightly reduced, in order that the vessels might not be overcharged. There was no unfavorable symptom of any kind. The tumour had much diminished in size, was soft and elastic, but no pulsation could be detected.

7th.—The ligature from the transversalis colli artery came away fourteen days after the operation.

14th.—The granulations being a little flabby, he was allowed a glass of sherry daily, and his diet was increased.

17th.—The ligature from the subclavian came away twenty-four days from the operation, and he continued progressively to improve.

December 20th.—The wound had almost healed, and his general health was good. His arm being bandaged to the side he was allowed to get up, and to go out of doors when the weather permitted. He continued well up to January 10th, twelve weeks after the operation, when he complained of pain over the sternum. The tumour now began to increase in size, accompanied by pain and fever, with an irritable cough. Leeches were applied without much benefit. The tumour continued to increase in size, and at length, when an obscure sense of fluctuation was experienced, a free opening was made, and about eighteen ounces of most offensive matter, with broken-up coagula, were discharged. After this he made a rapid recovery, and has remained in good health since. When presented to the Fellows of this Society eighteen months after the operation, he was in robust health, and had resumed his former laborious occupation.