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LIGATION OF THE INTERNAL JUGULAR VEIN FOR  
PROFUSE HEMORRHAGE CAUSED BY A  
SLOUGHING ADENITIS, WHICH  
FOLLOWED MALIGNANT  
SCARLET FEVER.

THE following case occurred in the practice of Dr. Johnston, of Philadelphia, and was seen in consultation by Dr. De Forest Willard. I am indebted to the latter gentleman for permission to place on record the interesting particulars of the case.

A. McC., a female, aged two years, had been suffering for three weeks from malignant scarlatina, associated with extensive adenitis of the left side of the face and neck. The glandular inflammation finally ended in sloughing, which involved not only the structures of the glands, but also the platysma myoides muscle, the greater portion of the integument and the connective tissue of the affected side. In fact, at the time Dr. Willard first saw the patient, the deep structures of the neck were entirely exposed—the sloughing process having removed everything from the anterior median line to the edge of the trapezius muscle, and the child was covered with blood from a recent hemorrhage, which had even saturated the clothing. She was *in extremis*.

On Dr. Willard's arrival the flow of blood had ceased. The internal carotid artery was visible within its sheath, also the internal jugular vein, the pneumogastric, the descendens noni and the phrenic nerves, as well as the scalenus and other deep muscles of the neck. The subclavian artery and vein were also noticeable.

At first no source of hemorrhage could be discovered. The child being in a desperate condition, a cautious search was made for the injured vessel; a small red spot was noted upon the anterior face of the internal jugular, about a line in width and three lines in length, which presented, at the first glance, the appearance of a blood-clot. A closer examination showed that it was a clot filling an aperture in the vein mentioned.

Every preparation was now made for the ligation of this vessel, the coagulum, in the meantime, being left undisturbed. Two broad hemostatic forceps

were made ready to grasp the vein the moment the clot should become loosened, as it seemed in danger of doing every moment. A ligature was cautiously carried around the vessel, both above and below the seat of rupture, and a loose loop-knot was made in each ligature.

Everything being in readiness for the operation, the spot in question was determined positively to be the source of the previous hemorrhage, by carefully removing the clot; instantly a gush of blood followed; but clamp-forceps, applied above and below, immediately arrested the hemorrhage, and the ligatures, previously applied, were at once tightened.

The clot was exceedingly small and completely filled the aperture in the vessel, though it was remarkable that for nearly an hour it had withstood the internal blood-pressure. It shows the wonderful efforts of nature to control and to arrest hemorrhage even in cases where large vessels are injured.

No ether was used during the operation, as the child was too feeble to permit the use of an anæsthetic; in fact, it was too weak to recognize anything, and did not seem to suffer any pain during the necessary manipulations.

Subsequent to the operation the child's condition improved, and sleep soon ensued. It lived throughout the following day, no further hemorrhage occurring; unfortunately, the extreme exhaustion caused by scarlatinous poisoning, followed by the enormous loss of blood and its attending shock, prevented any permanent improvement, and it died on the next night.

The medical features of interest in the case are:

- (1) Suppurative adenitis and cellulitis as sequelæ of scarlet fever.
- (2) The extensive area of destruction which may be involved in such a process.
- (3) The liability of important vessels becoming injured in the necrotic changes produced, causing rupture and death.
- (4) The wonderful action of nature in the arrest of hemorrhage by coagulation.

LEWIS H. ADLER, JR., M.D.,

*Instructor in Rectal Diseases at the Philadelphia Polyclinic  
and College for Graduates in Medicine.*

1610 ARCH STREET, PHILADELPHIA.





