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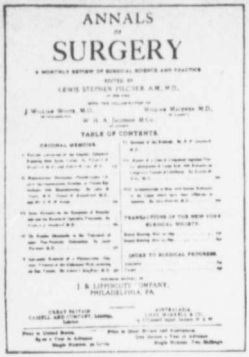
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# *Rupture of the Axillary Vein in Reducing an Old Dislocation of the Shoulder.*

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# RUPTURE OF THE AXILLARY VEIN IN REDUCING AN OLD DISLOCATION OF THE SHOULDER.

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During the reduction of old dislocations serious accidents occasionally occur, though the number of reported cases is small. The nerves may be injured or the bone be fractured, and death may ensue in old and feeble persons from shock, cerebral thrombus, and embolism. Rupture of the axillary artery or vein may occur, and such an accident calls for prompt action on the part of the surgeon and tests his coolness and skill.

In many cases, after most careful and prolonged efforts at reduction, the bone still remains unreduced, and an operation has to be undertaken for its replacement. Even after all the apparently obstructing structures have been divided, the bone cannot be put into place, and excision has to be performed as a last resort; this procedure usually gives very good results, that is as regards the usefulness of the arm.

Tearing away of the greater and lesser tuberosities during dislocation is an accident which occurs more frequently than is generally believed and much complicates the case. Such a separation occurred in the case I shall now relate.

M. W., aged sixty-two years, a tall spare man with an anxious expression of face, was admitted to the Montreal General Hospital, April 24, 1901, complaining of severe pain in the shoulder. He gave the following history: During a drunken

family quarrel five weeks before, he was knocked down and kicked in the shoulder and about the chest. He was semiconscious for twenty-four hours, and on recovery suffered from severe pain in the left shoulder and down the arm. The shoulder was fixed and his arm was useless. Thinking it was a "sprained" shoulder he applied liniments, but all to no purpose; the pain increased, and the slightest jar gave him intense agony, so he came to hospital for advice.

On examination it was found he had a dislocation of the humerus into the axilla, the muscles of the shoulder and arm were much atrophied, the deltoid especially so. The arm was firmly fixed, the slightest attempt at movement giving severe pain. The elbow stood out from the side and the acromion was prominent, the head of the bone could be felt under the coracoid process. He was advised to allow us to endeavor to reduce the dislocation under ether, and he consented.

The patient was placed under ether, and whilst the parts were being cleansed and I was washing my hands, my assistant made a few slight manipulations of the joint to see how fixed the bone was, when suddenly he called out to me that something had ruptured in the axilla. I quickly reached the patient and found the axilla immensely swollen and dusky in color, the arm swollen, cold, and no pulse to be felt at the wrist. I immediately surmised that a large blood-vessel had been ruptured; so at once cut down on the subclavian, passed a temporary catgut ligature around it over a piece of rubber tubing and then cut into the axilla, which was filled with blood-clot. This clot was turned out and the bleeding point sought for. It was soon seen that the axillary vein was ruptured near the point where the basilic is joined by the venæ comites; the vein was attached to the capsule, which was the seat of much inflammatory thickening. It was ligated above and below, and then the head of the bone and part of the shaft were seen projecting into the axilla, the shaft quite bare. On attempting to reduce the bone with one hand in the axilla, it was found to be quite impossible, and then it was noticed that the tuberosities had been torn away. After some further efforts it was decided to excise the head of the bone; and even after this was done the tissues still prevented a return of the shaft to its proper position. The capsule and tissues round about seemed to be a huge mass of inflammatory tissue; so now an

incision was made as if for excision from the acromion down, and then it was seen that the tuberosities were filling the glenoid cavity and firmly fixed there by inflammatory adhesions. They were removed and some of the capsule cut away, and the bone came easily into position.

The ligature was now removed from the subclavian and the wound closed; the shoulder wound was sutured, and also the axillary incision, a small drain being placed at the lower end of the incision and dressings applied.

When he left the table the circulation had returned in the arm and his condition was good. Next day the tube was removed, and the man was sitting up and apparently feeling well; he had no pain and said he was much relieved.

The case went on well, the wounds healing by first intention. He was kept in hospital for some time in order to teach him how to use his muscles. His arm was manipulated daily after the second week, and before he went out on the 15th of May he had fair use of his arm, could feed himself, and the only movement which was difficult was raising the arm, the atrophy of the deltoid still existing. Patient came to hospital to report a month after his discharge, and his arm was much stronger and more useful.