

**CONTRIBUTIONS TO
PRACTICAL
SURGERY**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649251018

Contributions to practical surgery by Daniel Ayres

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Cover @ 2017

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DANIEL AYRES

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PRACTICAL
SURGERY**

CONTRIBUTIONS



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Practical Surgery,

BY

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Reprinted from the New York Journal of Medicine for Jan., 1857.

NEW YORK:

MILLER & HOLMAN, BOOK AND JOB PRINTERS AND STERBOTYPERS.

1857.

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1857

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DR AYRES' CASE OF DISLOCATION



ON STORE by SHYDER, BLACK & STURM N.Y.

APPEARANCE AFTER REDUCTION.

OF THE CERVICAL VERTEBRÆ.



DAQUER ^{ES} BY WILLIAMSON

APPEARANCE BEFORE REDUCTION.

Contributions to Practical Surgery.

Case 1.—Complete Dislocation of the Cervical Vertebra— Reduction on the tenth day—Recovery.

E. K., the subject of this accident, was a laboring man, thirty years of age, tall and muscular, but not fat, with a neck longer than the average among men of equal height. On the evening of the 2nd of October he became intoxicated, was brought home insensible, and did not recover from the combined effects of the shock and his libations until the following morning, when he was supposed by his wife to be laboring under cold and a stiff neck. She made some domestic applications to the affected part, and administered a dose of cathartic medicine. When it was thought sufficient time had elapsed without obtaining relief, he was seen by Dr. Potter, of this city, and afterwards by Dr. Cullen, both of whom recognized a condition which was not only very unusual, but one which they had never before observed. I was then requested to examine the case, which I did on the ninth day after the accident. With some assistance and great personal effort, he was able to get out of bed, moving very slowly and cautiously. Desiring to expectorate, he was obliged to get down on his hands and knees, which he accomplished with the same deliberation. When seated in a chair, the head was thrown back and permanently fixed; the face turned upwards with an anxious expression. The anterior portion of the neck, bulging forwards, was strongly convex, rendering the larynx very prominent. The integu-

ments of this region were exceedingly tense and intolerant of pressure. The posterior portion of the neck exhibited a sharp, sudden angle at the junction of the fifth and sixth cervical vertebræ, around which the integuments laid in folds. It was difficult to reach the bottom of this angle even with strong pressure of the fingers, and of course the regular line formed by the projecting spinous processes was abruptly lost. He complained of intense and constant pain at this point, which was neither relieved nor aggravated by pressure. With difficulty he swallowed small quantities of liquid, pausing after each effort, and could not be induced to take solid food, since the first attempt to do so after the accident was followed by violent paroxysms of coughing and choking. His breathing was obstructed and somewhat labored, being unable fully to clear the bronchia of their secretion. This, however, seemed rather an effect of the tense condition of the soft parts of the neck, than the result of pressure upon the spinal cord, since he presented no evidence of paralysis, either of motion or sensation, in parts below the neck. The sterno-cleido-mastoid muscles of both sides were felt quite soft and relaxed.

But one conclusion could be formed upon this state of facts, to wit: that the oblique processes of both sides were completely dislocated. The marked rigidity of the head seemed to preclude the probability of fracture through the vertebral bodies, and although the cartilage might be separated anteriorly, yet, the body not pressing backwards sufficiently to produce paralysis of the cord, it was hoped that the posterior vertebral ligament remained uninjured; it was, therefore, determined to make an effort at reduction on the following day. In addition to those originally connected with the case, I am under obligations to Drs. Ingraham, Turner, Palmedo, G. D. Ayres, and a number of other medical gentlemen who were present by invitation, all of whom confirmed the diagnosis, and rendered efficient services:—

The patient was placed upon a strong table in a recumbent position, with a pillow resting under the shoulders, the