ON
PULSATING BRONCHOCELE.

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COMMUNICATED BY
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A GENTLEMAN, in October, 1858, consulted me on account of two pulsating tumours, one on each side of the trachea, attended by so much purring sound, as well as vibration communicated to the touch, that the disease at first sight was like double carotid aneurism, for which, indeed, it had been taken. On careful examination, both lobes of the thyroid gland proved to be enlarged, with violent pulsation of both carotids and dilatation and pulsation of the thyroid arteries, which arterial pulsation was communicated to the enlarged lobes. The patient attributed these enlargements to the pressure round his neck of tight shirt-collars. He had grown so thin in an illness in the spring that his shirt-collars were taken in, but in the autumn he grew stouter, and felt considerable inconvenience from their tightness. He took a severe cold, and both these enlargements he became aware of about three weeks before I saw him. He had been under my care in April, owing to great general debility, rheumatic pains, an overloaded and torpid colon, following over-fatigue in hunting, to which he had not been of late years accustomed. This state was attended with an habitually quick pulse, and much irritable over-action of the heart. He was of a nervous temperament, with light hair,

thin skin, and delicate organization, and about forty-five years of age. What was especially striking and new in his appearance now was that unusual prominence in the eye-balls which is often seen in anæmic young women with enlarged thyroid glands, and this symptom was confirmatory of the diagnosis. His heart and vascular system generally were still in a highly excitable state. His pulse (habitually quick) quickened up to 120, with flushing of the face and corresponding increased impulse of the heart, whilst he was under examination. There was much muscular weakness. Dressing in the morning exhausted him. He could not walk without fatigue, and could only ride slowly. I advised him to take much bodily rest on the sofa, to breakfast in bed, to take very little walking and slow riding exercise, with nutritious food and quinine, and to have a liniment, composed of one drachm of tincture of iodine and two ounces of soft soap, gently rubbed in every night, or as often as he could bear it without irritating unpleasantly his very sensitive and thin skin. This plan suited him, and in February, when I again measured his neck, the left lobe had considerably diminished, so that the neck was half an inch less in circumference. But still the pulsation continued, and as aneurism had been mentioned, and his family were anxious, I recommended him to consult Sir Benjamin Brodie, to decide the point. Sir Benjamin Brodie most carefully examined him, and the following is a copy of his letter to me :

“Savile Row ; February 17th, 1859.

“MY DEAR SIR,—After a very careful examination of Mr. —’s neck, I cannot make out that there is any actual dilatation of the carotid arteries themselves. I find an enlargement of both lobes of the thyroid gland, but more of the left than of the right lobe. A part of that enlargement, especially at the lower part, being evidently of solid substance, and the remainder consisting, apparently, of a dilatation of the numerous ramifications of the thyroideal arteries. I have observed the same purring sound to exist

in some of those cases of pulsating medullary tumours which are sometimes to be met with. Many years ago I saw a young man with the thyroid gland, if my recollection be accurate, increased to a much larger size; there being the same thrill and pulsation through the whole mass. I prescribed for him the old remedy of burned sponge (which, by the way, I have often known to do a great deal of good after the iodine had failed). I am not certain whether I ever saw the patient afterwards, as he lived at a distance from London, but the impression on my mind is that I either saw him or heard of him afterwards as being very much better. I enclose the formula which I have generally employed in using the burned sponge, observing that care is required that it be real *burned* sponge, well prepared, and without adulteration. I do not recollect that I have ever seen another case of pulsating bronchocele, but I believe that when I inquired about it formerly I found that it had been described by some writers.

“I am, dear sir, yours truly,

“B. C. BRODIE.

“℞ Spongiae ustæ,
Conf. Rosæ Caninæ, ana ʒj;
Syr. Aurantii, q. s., ut ft. electuarium.
Cujus sumat cochleare j minimum ter quotidie.

“Februarii 17, 1859.

“B. C. BRODIE.”

Whilst in London this gentleman saw Dr. Watson, who was much interested in his case, and who prescribed iron, which he took for some time with advantage. Owing to the bulk of the burned sponge, the patient did not persevere with it, but small doses of hydriodate of potash were substituted, and a liniment of hydriodate of potash and ammonia, instead of the iodine-and-soap liniment, which irritated his skin, were prescribed by his former medical attendant. By these remedies, and a strict attention to his general health as his strength improved, the pulsation gradually diminished simultaneously with the decrease of the enlarged lobes of the thyroid gland. When last I examined him there was a

small, hard enlargement of the right lobe remaining, but no pulsation. His general health was good, but there was still undue prominence of the eyeballs.

In October, 1858, shortly after meeting with this case, a second presented itself, in which both lobes of the thyroid gland were much more enlarged, and the increased pulsation of both carotids and of the dilated thyroid arteries communicated their motion to the gland; but from the large size of the bronchocele, there was no such difficulty in the diagnosis. The patient was a woman, with light hair and eyes and a fair skin, and with the same prominence of the eyeballs. She was fifty-two years of age, and the bronchocele had existed two years, beginning soon after she ceased to menstruate. She observed the pulsation three months after the commencement of the enlargement of the gland. She was now confined to her bed with ascites and anasarca of both legs, and she did not expect to recover. There was evidence of disease of the mitral valve, with dilatation and hypertrophy of the left ventricle. She passed very little urine; the whites of the eyes were yellow; no sleep; dyspnoea, and inability to lie flat. The jugular and superficial veins of the neck were very large and distended with blood, the latter forming a network over the front of the neck; the pulsation of the carotid arteries and of the dilated thyroid arteries was violent, with purring sound and thrill to the touch, and this pulsation was communicated to all parts of the enlarged lobes of the thyroid gland. The appearance was most formidable, and increased by the projecting eyeballs. The case seemed a very hopeless one, from the dropsical symptoms and impaired heart, but it proved to be one of those in which diuretics fully answered their purpose, and with the removal of the effusion there was a general improvement of the health. As there were scars and stains on the legs, as if from old secondary sores, an alterative mercurial and iodide of potassium were combined with the diuretics. A fortnight afterwards, when next I saw her, the copious diuresis had

removed the ascites and anasarca, the distension of the veins of the neck was gone, and the arterial pulsation diminished. She slept better, and was in all respects improved. The ammonio-citrate of iron was added to the diuretic mixture, and a liniment of iodine and soft soap was rubbed into the neck daily. She continued perseveringly with the diuretic and mercurial and liniment for four or five months, diminishing gradually the number of doses, and she steadily improved until all pulsation in the bronchocele had ceased and the gland had considerably diminished in size. The eyeballs remained prominent, but less so.

As Sir Benjamin Brodie, in his vast experience, has only seen one case of pulsatory bronchocele besides one of these, it seems to be worth putting these two on record.

Both were benefited by iodide of potassium internally and iodine externally, and by iron; but in both cases the chief point in removing the pulsation was by improving the general health, in one case by relieving great general debility by tonics, fresh air, nutritious food given frequently, and much bodily rest, and in the other by diuretics removing a dropsical condition and venous plethora. The most important lesson taught by them is in their prognosis. The appearance in both was formidable, and might easily excite the suspicion of aneurism or malignant disease, but in both the pulsation proved to be a harmless and remediable complication. In both the undue prominence of the eyeballs was well marked and a useful diagnostic symptom.