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ACUTE ENLARGEMENT OF THE THYROID GLAND; ANGIO-NEUROTIC ŒDEMA.

(Reprinted from the International Medical Magazine, April, 1892.)

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KATE H., a large-framed Irish servant girl, early in September, 1888, had an attack of nephritic dropsy with an albuminous urine, from which she apparently entirely recovered, as the dropsy disappeared, and the urine was free from albumin. The treatment at this time had consisted of Rochelle salt, Basham's mixture, and compound jalap powder. In October of the same year she consulted Dr. Walter F. Atlee,* of Philadelphia, on account of a great swelling in front of her throat, which moved up and down to some extent in swallowing, as if connected with the thyroid gland. Compound iodine ointment was applied and pil. ferri iod. given internally. By November 16, the enlargement was much greater, and by December 5 the swelling had extended all over the front of the neck, even to the shoulder-blades. On the 8th there was much expectoration of tough phlegm tinged with blood, great difficulty in swallowing, and pronounced apnœa. On the 9th she became moribund and died on the 11th. The enlargement of

* Through whose courtesy I am enabled to report the case.

the thyroid was great and rapid, so that the neighboring parts did not have time to accommodate themselves to its increased size; consequently the pressure exercised on the larynx, the upper part of the trachea, the carotid arteries, and the internal jugular veins produced a fatal result. Her voice was hoarse, feeble, and finally absent entirely; dysphagia existed to a marked degree, and the respiration also was so much interfered with that she perished by slow suffocation and starvation. The swelling was painful only to palpation, and at such times the pain extended to the shoulder and the back of the neck. The arteries of the neck beat violently, and the veins were greatly swollen; there was much fever, sleeplessness and restlessness. The expectoration was bloody and muco-purulent, as if the trachea had been opened.

This case is one of extreme rarity; indeed the paucity of like cases in medical literature renders it difficult to make any deductions upon its relative frequency of occurrence. A somewhat extended search, as careful as the means at my disposal would permit, has failed to show its counterpart. Of course we recognize the fact that in cases of chronic parenchymatous nephritis of which this was an example, effusions are the rule rather than the exception, but it is usually the serous cavities that are the selected sites and not the parenchyma of organs. We are unable to account for the unusual condition present in our case, the more so from the fact that the dropsy was so local and at the time of its fatal occurrence was the only effusion present. As far as could be ascertained all the serous cavities were free from serum. It was this sudden outpouring in the vital structures at the base of the neck which caused such a rapidly fatal termination.

This acute swelling of the thyroid gland in Bright's disease does not seem to have attracted much attention from observers. Barlow† has reported an illustration of acute enlargement of the gland in a child just recovering from an attack of erythema nodosum, in whom slight and gradually-increasing enlargement of the thyroid gland occurred, accompanied by pain, dysphagia and fever, which yielded at the end of two weeks to leeching. Notwithstanding the association in this case with erythema nodosum, which, according to some, would place the case in a rheumatic light, Barlow is inclined to agree with Lucke that it had an idiopathic origin; a slight nasal catarrh and exposure to cold when in an anæmic condition might have

† Annual Universal Medical Science, 1889.

been factors in its production. In the discussion of Barlow's paper, Berry referred to several fatal cases of acute enlargement of the thyroid, which usually occurred at or about the period of puberty. Access to the original paper has been denied me, and I am not aware whether the pathology of these cases of Berry's was considered or not. This case in many respects resembles those somewhat odd cases described as acute local, acute circumscribed, or angio-neurotic œdema, a disease, as Osler‡ remarks characterized by the sudden onset in various regions of œdematous swellings, more or less limited in extent, and of transient duration. This writer briefly states the following characteristics in the cases that he has studied, the occurrence of local swelling in various parts of the body—face, hands, arms, legs, genitals, buttocks and throat. In one instance, possibly in two, death resulted from a sudden œdema glottidis. One of the cases in this report died, aged sixty, of Bright's disease, who had had from the age of twenty many very serious attacks of local œdematous swellings.

We are inclined to regard our case as a vaso-motor neurosis in association with Bright's disease, a grouping that is not at all unusual, and under whose influence the permeability of the vessels is so altered that leaking occurs. Unfortunately, however, at present our knowledge of the process of transudation is not at all complete, and as these forms of œdematous swellings come under this heading we can but agree with Cohnheim,‖ "that we have to do here with clinical facts and observations which urgently call for scientific investigation, and that we possess at present but extremely scanty material for an adequate explanation of neurotic œdema."

‡ Allgemeine Pathologie. Bd. i. p. 500; Osler, ibid.
‖ American Journal of the Medical Sciences.