On Bronchocele

its

History and Treatment.

by

William Peach

1844
On Bronchocele

"True knowledge is the knowledge of causes."

(Bacon.)
On Bronchocele

"Quis tumidum gulletur minatur in Alpibus?" (Juvenal)

It is usual, I believe, for the writer of an inaugural dissertation, to prefix some statement of his reasons for his choice of the subject upon which he writ, to many points of equal interest present themselves to the notice of the student of medicine. During the pursuit of his profession, that at first sight, it may appear difficult for him to determine in his selection; then in no doubt however, but that ultimately the one side he take, with which he may he, as it were more intimately acquainted, having made that subject more particularly his study than the rest; or it may be, that it presents to his eye certain points of interest, which by others
other would have been lost sight of altogether.

Now naturally then, will it be the case, that a disease peculiar to the district in which he resides, and with which he has been more or less in the habit of coming in contact, will he choose as the subject of his thesis, in preference to other comparatively little known to him. Such has been the case in the present instance, and such are the reasons which I offer with all deference, for having selected 'Bronchitis' as the title of my dissertation. I am well aware that my subject is one upon which the highest authorities have differed; and this fact alone will render the task to a more studious, the more formidable; for it is hardly to be expected that he will adopt his opinions, even if he may have formed them, without considerable hesitation, to the criticisms of members of the profession upon whom the medical world look as the brightest ornaments of the different departments of science they profess. While however, if the mere fact of his having dealt only have the effect of exciting a slight degree of interest among them, regarding an obscure and peculiar disease, an Ind., and maintain, a great one, and one sufficient to repay him for his task is answered.
The disease then, which forms the subject of this Essay, is one peculiarly interesting, not only from its demic character, being confined to certain districts and connected in some way with the tract of country where it is prevalent, but also from its affecting an organ of the body the functions of which in the animal economy are so little known, even in the present advanced and enlightened state of Medical Knowledge. Its situation and external appearances give to it a distinct and positive character, possessed by few other diseases; and yet there is scarcely any known Malady to which the system is liable, the causes of which have given rise to so much speculation and diversity of opinion and which are at the present time so imperfectly understood and uncertain, as the one now under our consideration.

Limited inquiries confined to our own island districts may not be sufficient to enable us to arrive at certain conclusions; the investigations must be carried still farther, through the deep valleys of the Alps and Pyrenees, the vast islands of South America, the highlands of Tibet and Tartary, the damp valleys of the islands of Java and Sumatra, and the yet but partially explored regions.
regions of Africa late, whereas the disease is equally, or even to a greater extent prevalent, while the climate and mode of life of the inhabitants differ so essentially from those of our own country.

As this extended enquiry is out of the question, in the present instance, however, I purpose more particularly to notice the disease as it occurs in this country (England) in general, and that of my own county (Derbyshire) in particular; and in doing so shall take into consideration the different statements of authors concerning the nature of the affection, as occurring in this continent and in other parts of the world; at least as far as the limits of a paper like the present will allow.

Although an essay of this nature, coming as it does from the hands of a type in the profession, can scarcely be considered in any other light than as a mere compilation, and therefore nearly or altogether destitute of original matter—yet I may mention that I have endeavoured to give it a degree of interest by including some information I have been able to collect from various sources, and also a few of the results of my own observations, which I venture to hope may not be altogether devoid of interest—and lastly I may here state...
Obligation I owe under to the various medical men residing in the districts of my own county in which Bronchocele is most prevalent, for the kindness which they have shown me in coming forward to assist me in my undertaking —

With this short prelude then, I proceed to the subject, treating it in the following order: The History and Nature of the Disease — Its Endemic Character — Its connection with Certain Iles — The Causes supposed to give rise to it — and lastly the Medical and Surgical Treatment —

The term “Bronchocele” (Broyxys or xyp.) or Gripe* signifies a swelling on the fore part of the neck, and formerly all tumours in this situation were included under this denomination. This necessarily gave rise to much confusion, as in this region of the body we may find tumours of various descriptions. viz. Aneurismal. Inverted. Scrofulous, and the like. The

Note: (*) Probably a corruption of the Latin word “guttur.”

impropriety of applying a term of this nature to diseases perfectly distinct in their character and origin, and equally liable to occur in other parts of the human frame is obvious, and modern physicians very properly confined it to a chronic enlargement or hypertrophy of the Thyroid Gland, sometimes complicated with a nodular growth of the surrounding tissues. The disease possesses several hyponyms and in England usually takes its name from the particular locality in which it is most prevalent. Thus Potter, from its frequency in the hilly parts of Derbyshire, called it the "Derbyshire Neck"—a name by which it is generally known in all parts of the country; but it has also received the title of "Nechocoele". The disease is being prevalent though to a much less extent in those counties. I may also mention that Potter and others were correct respecting the similitude of this tumour to that observed on the necks of women in the Alps, also termed in the "English Bronchocele". By Sturt it was named "Tachycole"; and by Walter, "Thyrophasia".

The antiquity of the disease is obvious, both Pliny and several make mention of it—it is also described by Celsus (Lib. vii. Cap. 13.) who gives the mode of treatment practiced at his period, which we shall hereafter notice. Albucasis likewise gives an account of the
of the affection. His remark will be found translated in Dr. Lisle's History of Phepsia; he however appears to have confounded it with other diseases.

Batrochocele, in its common or endemic form, has been correctly designated as hypertrophy of the Thyroid Gland. It generally makes its first appearance as a small tumour, sometimes round, sometimes oval, and of an indolent character, on the fore part of the neck, a little above the sternum, or midway between that bone and the chin, in the situation of the Thyroid Gland. The whole of the gland is usually the seat of the disease but it may affect primarily one or both lobes, and occasionally, the middle or connecting portion, (the isthmus as it is called by some) is the seat of the disease at its commencement. Most writers on this subject appear to agree that the right lobe is more frequently affected in the first instance than the left; and as far as my own observations go, this seems to be the case. If a number of cases which I have had an opportunity of examining, and inquiring into the history of, in more than 2-3°° the enlargement was first perceived in the right lobe, and in several, in the connecting portion of the gland. All however are not of this opinion, and in communications
Communications lately received from medical men residing in the Gittenburg district, it is stated, that no remarkable difference has been observed—i am not aware that any author has assigned reasons for the greater frequency in the one like those in the other. The tumour usually makes its appearance without any previous constitutional symptoms; increasing gradually and slowly at first, as a general rule, and after a time more rapidly; though in some cases it has been observed to enlarge with great rapidity from its commencement. Its growth is not attended with any pain, nor does the person affected, experience any uneasiness, excepting from the deformity occasioned by it, while it attains such a magnitude as to press upon the important parts in the neighbourhood. In most instances after reaching a certain size it remains stationary; sometimes decreases; and, now and then, though rarely, totally, and spontaneously disappears. In old persons it has been observed to shrink and become atrophyed, the skin covering it becoming thinned and puckered.

In those countries where the disease abounds most, and in its worst form, the bulk which the tumour acquires is prodigious and beyond all belief. In some of the valleys of the Alps where
Every inhabitant in more or less affected. The tumours are of 28 equal size 70 to be thrown over the shoulders for convenience in carrying them. Albaret mentions a case of a goitre occurring in a man 50 years of age which reached to the middle of the chest, was as large as a gourd and similar in appearance to a felucca pouch; and another where the growth was of a cylindrical shape tapering and extended to the middle of the thigh. Guethier records an instance where a tumour of this nature extended to the Calf. (*). Viret in his "Traité du goître et des Béninisme" mentions a case of a bronchocoele tumour weighing 17 or 18 lbs. A German writer also, one whose the tumour descended to the knees! Mason Darcy in travelling through the Valley of Mauritania noticed that almost all the inhabitants were affected with goitres of various sizes, "whereby the countenances were deformed and the features clouded hideous." The natives of the isles of Darien are said to be deformed in a like manner. Many other instances are on record, besides those just mentioned, shewing the enormous magnitude which this disease sometimes acquires, but it would be superfluous to enumerate these. Happily for us the tumour has never been known.
Vide lectures on Pathology by Prof. Henderson.
that I am aware of) to attain the large size in this country which it does on the continent. The largest bronchoscope I have myself been with about the size of a cocoa-nut, or perhaps rather larger; it occupied the whole of the free part of the back from chin to sterneum, displacing the mastoids, branches and process therein outwards. It appears therefore that there are scarcely any limits which the disease may not attain — it may acquire a very large size, or it may be very minute in fact meeting a fulness or a slight general enlargement of the gland.

The tumour in its recipient state is usually soft and elastic, but as it progresses it becomes of a firmer consistence, though not equally so in every part, being occasionally hard and unyielding, of a cartilaginous or even bony hard- ness; or on the other hand it may be soft and spongy — some writers have divided the growth and progress of the affection into three distinct stages — viz. the I" or early or congestive stage, II" the middle stage of gelatinous effusion, III" the final state of induration (Christieou). This is on the whole a good arrangement and of importance to remember, as influencing the treatment.
Treatment - but at the same time he should hold
in mind that the disease does not necessarily run
through all three stages in every individual, as
many cases are to be met with, in which we find
no indication although the disease has existed
for years. The tumour varies in shape, present-
ing at first but little outline, but becomes
more rounded and full as the disease advances
and frequently assumes a lobulated appearance.
Zöllner states that it is subject to periodical in-
crease and decrease, and although this fact seems to have
escaped the observation of other writers on the subject,
not from the accounts given by some of the Medical
men residing in the gipsy districts of Derbyshire,
it would, that in some respects it is the tumour
in many instances enlarging and diminishing at
times without any obvious or apparent causes.
Again it has also been observed to increase during
pregnancy and parturition, and in some cases also
at each menstrual period. (though this has not as
yet been so well ascertained); afterwards it di-
minishes, and in some few instances has totally
disappeared; but these are very rare. Among
my memoranda I find the following note of
a case, occurring in the village where resides,
Case. — Whittingham, aged 46 years, one of a large family, of which no other member has ever been affected. Has a goitre of the size of a goose's egg, or rather larger, situated on the left side of the neck; it is pendulous & movable and occasions but trifling inconvenience. She states "that it made its first appearance 6 years ago (or at the age of 40) that it came on after a cold, attended with severe cough, and that it has encroached during every child birth since she has been confined (she has been confined 12 times) but it at times nearly disappears." She is a native of the village in which she resides —

The tumour is not prone to degenerate into malignant disease although cases are recorded where it has assumed a cancerous character, running through all the stages of that dreadful affection and terminating in ulceration of the lacerated cavity attended with fatal hemorrhage. Fortunately such complications are very uncommon. Even then the growth has attained the enormous bulk, before mentioned, the integuments covering it rarely ulcerate or undergo any important change, excepting that the superficial skin becomes vascular; as in the case with most tumours of
large hinge. There is also but little disposition to take on inflammatory action, and when this does occur, it may usually be referred to some accidental circumstance, as a blow or other injury.

Bronchitis in our own country is a disease chiefly confined to the female sex and is rarely seen among males; the proportion of the latter to the former of those affected being very small. In Derbyshire, as far as I have been able to ascertain, the average is rather less than 5 males to every 100 females. The late Doctor Maclean of Nottingham, in his Valuable Book on Sphyrae, mentions that out of 120 cases, which came under his notice in the way of treatment, 15 were males. Of 49 cases admitted into the Hampshire Infirmary during 10 years, there was only one male out of the whole number. Doctor Forbes states that out of 170 cases treated at the Bicherte Infirmary and dispensary, only two were males (this was during a period of 9 years) and both these were kept of a feeble habit of body and very backward for their age.* On the Continent, however, and in other parts of the world where the disease is found in its worst form, the proportion is much larger, and in some of the wild valleys males and females are indiscriminately affected.

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*Note*—Of 111 cases of gouta stated by Doctor Daley, only two were males of 993 patients stated at the Receipt Hospital, 19 were affected with gout of whom two were males.

Laughin on English Branches 1838
Those of a weak and low constitution with fair thin light hair and of hypochondrial diathesis appear to be most susceptible to it; and a Welsh male is never to be seen without a bronchitis; at least not in this country—Goitre commonly makes its appearance about the age of puberty, and the greatest proportion of cases occur the commencement of the affection between the ages of 14 and 21. Some writers assert that the earliest period of the enlargement of the gland is 9 years, often 12 years. This however in my experience the case as I have myself seen many children under that age affected with it, and very lately four cases came under my notice where the disease had existed from birth. In the London Medical Repository is mentioned an instance of a child in Derbyshire, who was born with the Thyroid gland enlarged to a considerable size. Dr. Elliotson says, "at different times when I have been in Switzerland, I have made inquiry about it of the country people and of my guides; and one old peasant told me, that he knew an infant who was born with a goitre; and I myself saw one in a little boy only four years of age. However the answer usually received was that the disease seldom appeared before six years of age; nearly agreeing with what is usually stated by authors." (*) Other instances of the disease
*Note* - Bronchitis has also been observed in a congenital form in the human subject, by the following authorities:

Dr. Macleay - *Transactions* Phil. Soc. of Calcutta Vol. vi

Dr. Hodgson - *Transactions* Calcutta, 1826

Dr. Campbell - *Transactions* vol. vii

Dr. Baird - *Flora of the Himalaya*. 
being congenital are mentioned in different works. Professor Mondini records a case of Bronchocle in the fauna. The subject was a male child, born dead, but it was evident that it had been alive to within a short time of its delivery. The tumour was of very large size, and produced great deformity. The particulars of this case will be found in the British and Foreign Medical Review, Vol. XIV, No. 10.

Again we find the disease occurring at an advanced age, though this is by no means common. Thus Dr. Manson met with 6 cases between the ages of 40 and 50; and 4 between 50 and 60; but this account is not to be much depended upon, as some of the individuals had had the affection for some years. I have seen a few instances however of the gland becoming enlarged at an advanced period of life; and in the case of Whittemore, page 121, the disease first made its appearance at the age of forty.

When the growth has made considerable progress and has attained a large size it is apt to become a source of great inconvenience and even danger from its pressing on the important parts in its neighbourhood, as the oesophagus and trachea, producing impediment to deglutition and respiration. This obstruction to the free passage of air into the lungs, is in
Some instances perceived even when the tumour is of small size, and again in others it may be very large without causing it. The difficulty of breathing is in general much aggravated by increased exertion as running, ascending stairs etc. Shapare observes "that this obstruction to the respiration may be highly dangerous, by disorganizing the pulmonary circulation, rendering the pulse irregular and intermittent, and exciting a strong throbbing in the region of the heart, being followed by fatal disease of the lungs themselves; consequences often not suspected to have any connexion with bronchocele, although in reality, it is the immediate cause of them."

By pressure on the carotid arteries and in the way intercepting the supply of blood to the brain, the structure and functions of that important organ may be much affected; and in the same manner by preventing the return of blood by the jugular veins it may give rise to a sense of fulness in the brain; giddiness; headache, and even fatal apoplexy. Again by compressing the important nerves in the vicinity, it may cause disturbance of function of various organs, to the lungs, stomach, by producing dyspepsia, dyspepsia to be. Professor Monro mentions in his lectures that persons affected
large goitres suffer from imperfect oxidation of the blood. Hoarseness of the voice, flushings of the face, wheezing, and coughing are also attendant symptoms, and often when the tumour is of medium size, the following case illustrates well the danger and inconvenience resulting from the presence of a large goiter.

Case.

Jane — No. 34 — admitted into the Hospital of Surgery, Panton Square, 12 James's London, 1824.

In the situation of the thyroid gland is a Frank Ewing, nodule tumour which reaches from the sternum anterior to the sternum and clavicles. The right lobe of the gland is more enlarged than the left and projects from the neck to a great degree. No large arteries can be found pulsating on its surface, nor can the location of the thyroid vessels be discovered. Several large veins are seen ramifying over it, and the external jugular veins are distended to a great size. She complains of great difficulty in respiration, accompanied with cough and a distressing feeling of suffocation, also of difficult deglutition. She has frequent distressing sensations in her head and suffers much from vertigo, even to such an extent that she is frequently unable to walk, and at times is affected both...
[*) Lectures on Pathology by Prof. Henderson.
with most severe headaches. The disease is of several years standing but has lately increased with great rapidity.

(see Lancet, Sept. 1826)—

As lister found it necessary to divide the sternohyoid muscle to relieve the pressure caused by the presence of a large goiterous tumor, on the trachea and the parts in the vicinity. The subject was a man aged 43 and the disease had existed only 6 years.

The operation had the effect of relieving the tension.

(For the particulars of this interesting case, see Lancet, March 20, 1836.)

Dr. Baillie met with one or two instances in which death took place from pressure of the tumor on the diaphragm and trachea—

On section the tumor is found to consist of a number of cells of various sizes, which have been described by Hodgkin (*) to be the natural cysts of the gland deranged by fluid effused into them; these contain a yellowish gelatinous fluid consisting of translucent bodies. Dr. Baillie informs me that he has examined these under the microscope and finds them to be organized necrotic cells. The morbid appearances have been described by Dr. Baillie as follows. "When a section is made of a thyroïd gland affected with goitre, it is found to consist of a number of cells which contains..."
(*) Anatomie du Dr. Bächer p. 87, 88.
contain a transparent more or less viscous fluid. These cells vary in their size in different parts of the same gland, and in different swellings of the same kind in different individuals. Some of these are so large as to be able to contain a small pea, but most of them are of smaller size. The viscous fluid, when the gland has been preserved some time in spirits, is changed into a transparent jelly. From this account of the morbid change of structure which takes place in Bronchocele it seems not unreasonable to suppose that the swelling depends upon a vitiated and increased secretion in the gland. The secretion, being large in quantity, gradually distends the cells, increasing their size and capacity, and the enlarge-ment of the cells forms the general dwelling of the gland.

(*) In some instances these cysts have been found to contain a bloody secreted fluid, and in others stearomatous, fatty, and even bony deposits. The late D. Manson, in his work before referred to, states that he has seen 3 cases of bony deposit in the enlarged gland. The first was a female subject, detected by Professor M'le and D. M'le in Edinburgh, in the winter of 1819. The second, in a female also 30 years of age, an old patient of the Nottingham General Hospital.
"In both these instances the bony tumour was of a peculiar form, and appeared to be produced by the membrane covering the anterior part of the enlarged gland. The third example was found in an old woman, in the substance of the gland, which was but slightly enlarged and contained two irregularly formed bony masses, one of the size of a hazel nut, the other of a cherry stone. Air Lawson in his lectures on this subject is in the habit of exhibiting a piece of a completely bony texture, which was taken out of a Thyroid Gland. I have seen an instance of this myself while assisting at the post mortem inspection of a patient who had died suddenly in the Dickes's Dispensary. In this case the gland although not very much enlarged, was found changed in texture, the latter being bony. The patient was a middle aged man, and during life had not experienced any uneasiness from the presence of the growth. Dr. McMillan also states that this gland or a part of it is occasionally changed in old people into a bony mass, but that this is of rare occurrence. Dr. Hender of Drurie states that he has almost always found the enlarged gland to be in part converted into cartilage or bone. Celius thus briefly describes the appearance on dissection: "Modo caro habes, modo"

Dr. Blumford differing to the great variety of the contents of tumours of this nature says "that there circumstance as circumstane the opinion that the same Cancer may produce most of the different kinds of tumours, the modifications depending on the difference
of late, habit of body idiosyncrasy. In 1851, this opinion may have been received by the medical world. As far as the opinion may be correct, remains yet to be ascertained. At present we have no data on which to found it.

I may state further in regard to the post mortem appearances of the disease, that some supposed cases of bronchoccele have been found on dissection to depend upon a morbid condition of the cellular membrane surrounding the gland, which itself remained unaltered. In all cases where the tumour has attained a large size, the vessels supplying the part, as might be expected, are found enlarged.

The diseases with which bronchoccele may be confused are various, and it is important to distinguish between them in order to form a correct diagnosis, as influencing much the treatment required. Thus in the same situation as the affection of which we are treating, we may find: Carcinomatous disease, Abscess, Enlarged lymphatic glands, Inoperable tumors situated in the course of the trachea. Hence acute inflammation of the gland may for a time present the appearances of a hope, but will in general be distinguished by the swelling progressing more rapidly.
And not attaining so large a size as the other; by its being painful on pressure, and liable to terminate in suppuration, and accompanied for the most part with general disturbance of the system. The Thyroid body too is perhaps less liable to attacks of acute inflammation than other glands of the body, although occasionally the heat of it -

Symptoms of the glands will also be distinguished from goitre, by its greater hardness, the lancinating pains, and by its occurring generally in advanced life. The system too will indicate that something more than a mere hyperplasia of the gland exists. The rarity of the affection must be also taken into consideration, although this has been doubted by some. Thus Dr. Hauksbee of St. John's Hospital stated, at a meeting of the London Medical Chirurgical Society, that it was his belief that the Thyroid body was more frequently the seat of primary disease than is generally supposed. He brought forward a case of this nature in which it appeared that the disease commenced late in life, and the post mortem appearances of which were as follows. The tumour which extended on both sides from the Thyroid gland was found to have attained a large size, and the parts adjacent to the carotids and aorta were involved in its texture which presented all the appear
Aneurism will be known by their hardness after
appearance after removal by their softness and con-
mpressibility in the early stage, and by their strong
turgescence. Enlarged lymphatic glands will be
easily detected, by the tenderness of the parts on
pressure, by being accompanied for the most
just with trembling of the surrounding tissues, and by
the general health being affected. Again, Exposed
Tumours will be distinguished by their possessing
a greater extensiveness of form, often by a sense of
friction produced on pressure, and by their being more
movable and elastic.

Here is also another description of tumours found
occasionally on the face, part of the neck, sometimes
de
described under the name of Bronchocele, and which
has been termed by Morton Lassay, who first pointed
it out, "The Real or True Bronchocele"; as a disease
from of this may not be hematinating and as it appears
upon the subject I subjoin Mr. Lassay's own account
of it: He says "Real bronchocele consists of one or
several tumours filled with air, which during its expan
dion in the upper portion of the trachea, the larynx
or the mouth, had produced small hernia of the
mucous membrane; these tumours rapidly increase
in size, so as not unfrequently to burst a violent jet
from the vessels of the neck. They are situated
in front, or the side of the larynx between the hyoid
bone and the thyroide cartilage, or between the crico
cartilage and the first tracheal ring, and are in-
variably produced by violent exertion. The most
characteristic symptom of this kind of bronchocele

"Asbury"
"Concerning the disappearance of the tumour under cornification - in Egypt we frequently observed this kind of branch from the head, who are very numerous there and who are employed by the priests to channel all the top of the temples. I generally happen that after 2 or 3 years such persons become totally unfit for the office on account of the occurrence and subsequent increase of their tumours. Worsley had also an opportunity of observing two cases of this kind occurring in two hebdomatic officers, who for a considerable time had been employed as military instructors. One of them had near the large two tumours, which were free from pain, and affection or pressure. They were of equal size, of a globular form, and the skin by which they were covered was rather tense but soft and made of alternation of both individuals had almost entirely lost their voice being unable to make themselves understood by words, except whilst forcibly compressing the tumour. They were also obliged to breathe with their mouths wide open. The consequence of the continued pressure on the vessels of the neck the jugular veins had become enlarged and they suffered greatly from congestion within the head. The application of bladders filled with ice, and of graduated compresses with camphorated spirit.

"
Spirit and the lig. thymonealecti greatly reduced the size of the tumours, but did not prevent their reappearance. Once on the lead injection—(Clinique Chirurgicale)

Many of the characters assumed by the above named affection, resemble those of Goiter, but there will be no difficulty from their description in distinguishing between the two—the affection is more one of rare occurrence, and I am not aware of any report of such cases happening in this country. Dr. Crawford thinks that such tumours might well more properly be called "Hernia Gutturis" or "St. Vomachie"—and would rather include such cases among the operation Goiters.

We find again other instances, in which cysts filled with various matters, as purulent pustules to have formed around the gland, also tumours in the same fashion, consisting of condensed cellular tissue; and further, the gland has been found to be surrounded with adipose deposit, it, in all these last mentioned cases, suffering no change. Lastly I may mention that Dr. Tant Cooper states that he has been a preparation of Turgor Haematoide, of the Thyroid Gland, which had been mistaken for Goitre.

In the diagnosis of Pencchocele thus we shall find that a little careful discrimination, with attention to the existing state of the patient, and a know...
edge of the previous history of the case, will assist much in determining the character of the disease —

Stracheycelle prevails endemically to a greater or less extent in every quarter of the globe, being found chiefly in Alpine districts and in the plains and valleys adjacent, but to this however there are many exceptions — In our own country it abounds in the northern division or Peak of Derbyshire, where it is not confine to particular spots, but prevails more or less throughout the whole district — It is found also in the Counties of Devon, Nottingham, York, York and Dr Reeve states that it is very common in Suffolk — It is believed comparatively rare in Scotland, although I have heard of cases occurring in the neighbourhood of Berwick and Berwickterick, and we have no record of the disease existing in Ireland — On the Continent of Europe it is met with in its worst form being complicated with Cysticercus (of which we shall speak presently) in the valleys of the Alps, Appennines & Pyrenees — In Carnithia, Savoy, and Valais, (which Doctor James Johnson denominate "The head quarters of Cysticercus") and in the Montane districts of Germany, France & Spain — On the Continent of Asia it has been noticed in
Outline of Medical Jurisprudence by Prof. Male
Various parts of India, particularly in the provinces of 
Nepaul & Behar; in the Himalaya mountains, 
and the mountainous parts of Tibet, China & Tartary, 
the islands of Java & Sumatra &c.

In America both North and South, being frequent in 
the close damp valleys of the South American Cordilleras 
and has also been noticed by Doctors Hope and 
Macfie as a very common disease, but uncomplicated 
with Malaria, in the hot and damp valley of the 
Rio Parana in Brazil (*). Humboldt mentions its 
occurrence in Mexico and the valley of the Urubuq. 
It also prevails to a great extent in the Uthemen of 
Danube, and in our own Canadien Provinces in 
 exceedingly common, and more particularly in 
those along the sea coast.

Lastly it may be mentioned that on the conter-
ment of Africa, the great traveler Brucgo Park observed 
it among the Bega's of Barbary, and in Mambara 
along the course of the Niger.

Such is a brief outline of the various localities 
in the different parts of the world, where the dis-
 ease is endemic; it is however sufficient to 
show that there is hardly any country with which 
we are acquainted which can be said to be 
totally exempt from it — With all have occasion 
then
Then considering the various causes of the affection, 
to particularize more fully on the point of the 
subject—

Regarding the connection of the affection 
with melancholy or stupidity, I may be very brief—so it 
is a combination never, as far as I have been 
able to ascertain, to be met with in this Country 
although exceedingly common in other parts of the 
world. I have said that the two affections are 
never found conjoint in the same individual 
in this country, yet it is a curious fact that in 
parts of the district of the Peak of Derbyshire where 
melancholy abounds, there is a larger proportion 
of persons of weak intellect, than in other parts of 
the country where the disease is absent. I may 
mention the districts in the neighbourhood of 
Matlock and Cromford as an example. The 
following case, which I received a few days ago from 
a medical gentleman residing in Derbyshire, affords 
a good illustration of what I have just mentioned.

——— Col. 15. Of fair complexion. Aureus hair. 
The disease has existed for 8 years. He resided in 
the Peak of Derbyshire until the last few years. 
Her mother and grandmother both suffered from 
a similar complaint, and four other members 
of the
family are affected with it. Her uncle, a youth of about 16 years of age, although he had no goiter, had extremely feeble muscular development, and is idiotic, and several of the brother family have died of consumption.

It is, however, on the Continent of Europe and Asia, in the Swiss valleys and among the Himalayan Mountains, that the two diseases go, as it were, hand in hand together. Thus in the valleys of the Alps, the cretins are rarely if ever, free from goiter, but at the same time it should be borne in mind that all goiterous persons are not necessarily cretics. It seems highly probable, from the fact of the two diseases prevailing endemically in the same district, that the same cause gives rise to both, as will be seen hereafter. Victor James Johnson in his amusing and interesting book on "Soap and Salt" gives the following melancholy picture of the cretins race: he says: "Some common Bouchocleh, and a state of body and mind bordering on health, down to a complete destitution of intelligence and sensibility; in short to an existence purely vegetative. Cretins present an infinite variety of intermediate grades filling up these wide extremes - in general, but not invariably, goiter is an attendant on cretins."
The stature is seldom more than from four to five feet, often much less, the head is deformed in shape and too large in proportion to the body - the skin is yellow, cadaverous, or of a mahogany colour, wrinkled, sometimes of an uncleanly pallor with unlighted veins. The flesh is soft and flabby - the tongue is large and often hanging out of the mouth - the eyelids thick - the eyes red and prominent, watery, and frequently discharging the countenance void of all expression, except that of idiomatism and paroxysms - the nose flat - the mouth large, gaping, slavering - the lower jaw elongated - the belly pendulous - the limbs crooked short, often distorted as to prevent any thing but a waddling progression; the external senses often imperfect - the voice deep and dull. The "ensemble" of this hideous, abominable condition presents the traits of premature old age, such as the disorganising physical exterior of the apparently stretched and sagging, or the comparatively hulking features of the Ceylonese. If we look to the moral man (if man be ever so called,) the picture is still more humiliating - the intellectual functions being as it were, null - while certain of the lower animal functions are in a state of increased activity. The Ceylons are vicious, addicted to
law properties, as marturbation. We sit and sleep, from
their chief pleasures. Hence we see them between meals,
talking, in roost, balance when the sunny sides of the
houses insensible to every stimulanl that agitates
their more intelligent fellow creatures - frequently
insensible to every cook of nature herself! - Happy
may we consider ourselves, that no such complica-
tions exist in our own country. - I may further men-
tion, that in some instances, the bodily deformity is not
so remarkable as that mentioned above; insidious, soft
placidity of the left colic with enlargement of the Hydatid
Gland, constituting the extent of the insensibility.

I have before said that it is extremely probable
that the two diseases proceed from the same cause
or cause, these acting with different degrees of in-
activity; and this opinion is supported by the fact
that in the Valleys, and in the gorges and valleys
opening on its sides, both Osteoide, and Brocho-
cide are found in their worst form; on ascending
the neighboring mountains, cutaneous disappears,
and only is observed; and at certain altitudes
both melanies varnish. Again, as we have the
two disease in this country, in a comparatively
mild form it appears not unlikely that the causes
which give rise to it, would, if sufficient powerful,
produce Monochorie of a worse character and also Catarrh. Other opinions have been advanced as to the origin of Catarrh: independently of its connexion with Gout. Thus Doctor Edistrom states that the cause commonly attributed by the lower orders in Switzerland is the weakness of the parents at the time of begetting the child—of course this is absurd—M. MarCHANT, a native of the Pyrenees, and a physicien who has paid much attention to the study of Catarrh and Gout, in that region, considers too frequent intermarriages as one of the most powerful predisposing causes; according to his account, the inhabitants of a Pyrenean village (in the region of the Naco valley) seldom alloy themselves with those of any other village in their neighborhood, and hence necessarily results a degeneration of the race. He adds, that this influence which this custom exercises, is so powerful that it is not uncommon to meet with Catarrh in wealthy and noble families of the Pyrenees, who in every other respect are placed in circumstances far from having any tendency to invite its occurrence.

Others at Gélier believe to be of opinion that a bad quality of the atmosphere, poor food, the neglect of moral education, and other evils necessarily attendant on poverty...
an cause quite sufficient to account for the existence of Cysticism. Whether these can be considered as really so, will be seen when discussing the general cause of Brunchocele.

We now proceed to investigate that part of our subject which may be considered as by far the most interesting, but at the same time the most difficult, viz.

"The Causals of Brunchocele."—It is here that so much diversity of opinion has existed, and notwithstanding all that has been said and written on the subject, little doubt, each new theory which has been advanced, or accounting for the disease, tending to all appearance only to overthrow those preceding it, without itself laying any ground work for a more tenable hypothesis. To little indeed is known regarding the nature and functions of the organs which forms the basis of this affection, that it is not to be wondered that its own peculiar diseases, and particularly the one now under consideration, should also be involved in obscurity, and hence the discrepancies and many conjectures which have arisen regarding it.

The alleged cause of Brunchocele may with surprise be classed in I. General and II. Local.
or endemic - in which order he proposes to consider them, and in his doing shall mention the different views of the various writers on the subject, and the objections to which they seem liable. Before however proceeding to treat of these latter, he may briefly state that whatever may be the primary source of the affection there appears to be but little doubt as to the hereditary disposition to it, and that it is capable of being transmitted through successive generations for we find it occurring in individuals to all appearance removed from every known cause liable to produce the affection, and where we have no other means of accounting for its existence; and further we have instances of the disease affecting various members of the same family, although separated from each other, living in different parts of the country, and in situations where no gouty had previously existed. This strong predisposition may no doubt be acquired by individuals, and in this manner be transmitted to their offspring. Thus in the case mentioned at page 30 - we see that the grandmother, mother, and four other members of the same family, besides the subject of the case, were affected, and Doctor Crawford states that he has become a woman with gout, whose grandmother, father, paternal aunt,
and consus also had it — Of 43 cases lately examined by myself in one day in 17, other members of the family were affected — among these were two remarkable instances: in the one, the tumour was congenital, and the mother, three sisters, and two brothers were also goitrous; in the other, the disease appeared at the age of 59, and the father, mother, and four sisters were similarly affected. Thus the strong hereditary disposition in the two families. In fact, unless we bear in mind this hereditary tendency, we shall have difficulty in accounting for some of the various alleged causes, which appear comparatively simple when we consider that they are merely excitants of the disease in a constitution previously disposed to it. — Such in the case were apprehended in most or all of those which he has comprehended in the third class, which he has proceeded to consider: —

I. Of the General Exciting Causes. Under this head may be classed those agents liable in a greater or less degree to affect individuals in every class of society and on the essentially dependant on any peculiarity of climate or country, diet, habits of life, etc. which come more properly under the second class.

Violent exertion, as the lifting and carrying of heavy burdens, particularly on the head, has been frequently alleged.
alleged as a cause of Bronchocele - this however is open
to much objection inasmuch as we have the disease
affecting females chiefly, who are, comparatively speaking
little exposed to the influence of such a cancer, and
we would expect, if such was the case, to see the Malady
prevailing amongst the fish wives of London, who are
known to sustain enormous benefits from the forehead
by which the vessels of the cheek are thrown much into
action - Indeed it is not improbable that this, instead
of giving rise to the disease, might have an opposite
effect, by increasing the strength and development
of the parts around the gland, which would thus be
subjected to a certain increase of pressure I have
before mentioned two cases, one of a lady, the other
a stout, healthy nursemaid, neither of them previous-
ly affected, nor any known predisposition, in whom
the tumour was supposed to originate from the
carrying and nursing of a heavy child, but I think
that other causes must have been acting here
and particularly because other residing in the neigh-
bourhood were affected. I am told also that the
Carcinomias is not uncommon among the frame work
Kniestos of Leicester and Nottinghamshire and my
informant states his belief that it is from
the violent motion assumed in working the machinery
Perhaps however the more probable mode of accounting for its prevalence among this class would be, that the confinement want of exercise and poor living to produce a debilitating effect upon the system and to allow other causes to act with facility. Again, vomiting and violent coughing, from straining the muscles of the neck to and causing congestion, have been said to give rise to the disease. We have in fact of authenticated cases to prove this.

Further, Brachycele has very frequently been observed to make its appearance in females, either during the time of utero gestation or soon after parturition. I have by one several cases in proof of this, one of which I know transcriber, as it came under my own particular observation (the woman being a resident in my own village); it appears to me a very remarkable one, and there at the same time the strong disposition to the affection in different members of the same family; the same cause giving rise to its development in all.

Jane Taylor, age 46, of a weak and nervous habit—case.
Married, with a large family. First perceived a swelling of the thyroid gland at the age of 29, or 39 years ago, after her first confinement. States that she has two sisters similarly affected, and in each, the disease...
Note - Dr. Copland states that in two cases occurring in industrious females under his care, the healthy or irregular menstruation had existed during the continuation of the gout, in one case for 8, in the other, for 5 years, upon its disappearance, pregnancy took place in both.

(Doc. of Practical Medicine)

The same author states further that suppression of the menses has sometimes caused its sudden appearance and rapid development.
also commenced after their first labours. The right side was first affected. The swelling now occupies both lobes of the gland, is of large size, occasions but little pain, but she sometimes complains of fulness of the head, giddiness &c. I may state further that the disease has not yet shown itself in any of the children of this female. She was originally a native of a small village about 8 miles distant from her present residence.

There seems little doubt of the correctness of the supposition that the disease is liable to be influenced in its origin and growth, by the changes which take place in the uterine system, acting probably as exciting causes — for as before shown the tumour is liable to increase and decrease during the appearance and intervals of the catamenial discharge in some cases, and this idea is I think borne out by the fact, that in the majority of instances the tumour makes its first appearance at the age of puberty, and also that it chiefly affects females. (*) I wrote.

Cold has likewise been ascribed as an exciting cause of growth, but its prevalence in the tropical regions of the globe as for example Bengal &c. &c. lends the opinion fallacious.

The late Doctor Parry of Bath mentions that he
had often observed Broucheville to follow epilepsy and
the Maladies in which the blood is impelled with
Insensine momentum to the head, and has also
remarked a frequent coincidence either as a
cause or effect between Enlargement of the Thyroid
Gland and Cardiac Disease - and another Modern
writer mentions three cases of this complication.
Hajani also details a case where this disease
was accompanied with extraordinary palpitation
of the heart; but here too, even remonstrance may be
brought to bear (as quoted page 16) of that the obstruc-
tion caused by tumours situated in the Throat, to
expiration, may be highly dangerous by disordering
the Pulmonary Circulation, rendering the pulse
Intermittent, and exciting a strong throbbing in the
region of the heart. - Thus much then for
the alleged general exciting cause - in all of which,
and many many others which it would be tedious
to mention, we repeat, there is reason for believing
that some predisposition to the affection exists.
And that such causes only tend to its development.

II Of the Local or Endemic Cause—To this class may
be referred those causes affecting, not merely individuals
but whole communities according to the circumstances
in which they are placed being favourable to the
production
production of the disease, or otherwise — of these are diet and habits of life of a particular tribe. The use of rice, water and of water impregnated with calcaneous and other mineral matters, and finally, peculiarities of climate and country.

First of all, with regard to particular diet and habits of life, as a cause producing Broochocal — Doctor James Good observes the prevalence of this disease in Derbyshire to the general use of the oat cake as an article of food among the lower orders — the disease being however comparatively rare in Scotland, and in other districts where the oat cake is not common made use of to a far greater extent than in Derbyshire, and therefore being common in countries where no such food is ever eaten, will render this argument unavailable. Dr. Good states further that the poorer inhabitants are only affected. This is necessarily not the case, and perhaps if he had used the word chiefly in place of only, the remark would have been more correct. For Broochocal is to be found amongst the rich as well as the poor, though certainly to a less extent, which, it is probable, is owing, in some measure, to the former seeking medical advice immediately upon the first appearance of the complaint, leaving
greater facilities for its doing—while the latter, in
this, as in other cases, are too apt to allow the disease
to run on to a greater length, more particularly from the
general health being little or not at all affected, before
applying for relief, and then this is afforded too
often neglect the means necessary for its removal.
At the same time there is no doubt that the ad-
vantages of good living and clothing with regular
habits, will have the effect of lessening the tendency
to the development of the malady. It has been
asserted that the frequency of the neck in females in
the cause of the greater prevalence of Goitre among
that sex; but it however very doubtful whether
this has any influence over it, and further observa-
tion is necessary before such a proposition can
be received—for if such were the case—why should
not the effect be more general?

Respecting the effect produced by the habits of
life of different classes of individuals on this disease,
Doctor Elliotson makes the following remarks from per-
sonal observation of the habits of gouty persons
in Switzerland—he says "it is found to prevail
most where the people are badly off. It prevails in
a particular valley in Switzerland most frightfully,
and there is been more poverty andretchedness than
in almost every other part. The inhabitants are dirty and ill fed. In the countries where it is prevalent, the inhabitants have a dirty and brown look and appear wretched, as if they were in prematurer old age. It seems that the causes which produce the disease, are those which poison the habit generally, and under it more liable to be affected by the causes of this particular disease.

"My own guide told me that when the people were dirtiest and the worst fed they were the most subject to the disease." He further states that the malady prevails more among the Catholics than the Protestants, which he conceived to arise from the latter being better off, and much more cleanly in their habits than the former. Dr. Renee also observes the prevalence of Orthomania to the same causes and form the individuals affected living in houses built up under ledges of the rocks, and all of them very filthy, very close, very hot, and miserable habitations. He states that it is looked upon as a disease belonging to indigence and poverty, and that it may be prevented by removing children away from the confined and dirty places when it prevails, and nursing and educating them in the higher parts of the mountains.

Sawyer
have adopted the same views, as the above mentioned gentlemen respecting the influence of filthy habits and uncleanness of person on Goiter and Cysticism—That these may tend to the development of the Maladies in question, where there is a predisposition to them, and where other causes are acting, may be probable—but it is to be feared that in our own country even they would prevail to a much greater extent, if bad food and want of personal cleanliness were the true causes of Goiter and Cysticism—Besides, a further objection to the above opinions may be mentioned, that it is a fact now well established from various observations and researches, that Pseudochorea is found much more extensively in the rural districts, than in large towns and cities, which is quite contrary to what we should expect to see, if the origin of the affection depended so exclusively on filthy and destitution.

Pseudochorea has been supposed by some to be influenced in its origin and growth by the associations of those affected, and it has been said, that the young children are more disposed to the affection than those following out door pursuits. In answer however to some questions on this subject,
the following statement from Mr. Oyarpe, a medical
gentleman residing at Worksworth, who, from his
attendance on the working people employed in the
extensive establishment of the Messrs. Darwight, has
had ample opportunities for observation. He says,
"I am at once aware that Bronchocele is peculiar to
any employment - it is certainly not more common
among factory children than others I examined a
few months ago the whole of the work people,
employed at Mr. Darwight's mills (early 1809) at
the request of Mr. Phillips, one of the Factory
owners, with whom I have had a good deal
of correspondence on the subject of Brachyphalos. The
result of this examination satisfied me that neither
Brachyphalos nor Bronchocele prevailed so much
among the older or among others of the same
grade, whose earnings did not enable them to be
as well fed, or clothed, and who were more exposed
to the inclemency of the weather."

From the time of Pliny until Mr. Marshall pub-
lished his History of Sumatera, the use of Snow Water
was conceded by many as a cause of Spite - a thing
which is at once overthrown by the following ob-
jectives - that Bronchocele prevails, to a greater
or lesser extent in the islands of Java and Sumatera.
* See further on this subject. D'\textsuperscript{\textregistered} Richardson's observations mentioned pages 48-49.
in parts of South America and Africa where snow has been never known to fall—the natives of Greenland and Lapland too, make use of melted snow water, both for drink and culinary purposes, and yet we have no evidence of the existence of this disease among them, indeed it is pretty well as certain, that such is not the case. It is like some unknown in some parts of Northern Asia and America where the rivers are exclusively supplied by the melting of snow on the mountains. Again the Indians who drink snow water are free from this disease, whilst those who use hard spring water are commonly affected. Further, it has been remarked that in the Alps and in other high ranges of mountains, the inhabitants of the higher regions, and those consequently living nearer to the glaciers are least liable to attacks of this disease. In the Alps of Dachstein, where the disease is so universally prevalent, the falls of snow I need scarcely mention, only occur during a portion and that of a very small one of the year—lastly, snow water itself is naturally pure and free from these mineral impregnations or generally found in the waters of springs and rivers.*
have to notice is, the use of water impregnated with calcareous and other matter. For a long time this has been the opinion most generally adopted by the profession, and has met with many supporters, and certainly the facts stated in favour of it are very strong. To detail the whole of these would far exceed the limits of a paper like the present; I therefore propose to notice three of more particular interest, and the results of more recent observations on the subject.

The late Doctor Manson of Nottingham expressed his belief "that scrofula is occasioned by something in the well or river water used by persons residing in the district where the disease is prevalent, and not by ice, or snow water, as formerly supposed" and as a proof of the correctness of his assertion, brings forward the following statement of Doctor Richardson, who accompanied Captain Franklin in his arduous expedition to the American Polar Regions—"Bone-chestle or Ysotie," he says, "is a common disease at Fort Edmonton, on the banks of the Saskatchewan River. I examined several individuals affected with it, and endeavoured to obtain every information on the subject from the most authentic sources. The following fact may be relied on. The disorder..."
only attacks those who drink from the water of the
river. It is indeed, in its worst state confined to the
half breed women and children who reside constantly
at the fort, and make use of river water, drawn in
winter through a hole made in the ice. The men
from being often from homes on journeys through
the plains, where their drink is melted snow, are
less affected, and if any of them exhibit during
the winter, incipient symptoms of the complaint
the annual voyage to the coast generally effects
a cure. The natives, who confine themselves to
drink water in the winter, and drink of the small
Dinwoody which flows through the plains, in summer
are exempt from attacks of the disease. A residence
of a single year at Edmonton, is sufficient to cause
a family Bronchoceleus. Many of the Gnites
acquire a large size, and burnt snake has been
tried, and found to remove the disease, but
throwing the water again cures it. (1) Captain
Franklin himself says, that these inhabitants who
live 60 miles nearer the source of the river than
Edmonton, are said to be more severely affected
than those at Edmonton, and that gothia is unknown
at a distance from the river, where nothing but
river water is drunk for nine months in the
year.
year; and he adds that still further from the source, 
then Edmonton is situated, when the water is still 
turbid, the disease is unknown also—Fort Edmonton, 
according to the account of his gentlemen, is at a 
distance of 130 miles from the rocks and Mountains. 
The neighboring plains is alluvial, and the soil 
calcareous, both many fragments of Magnesian 
lime stone. Dr. Westmore states that when in 
Switzerland in 1826 he was told by his guides 
that those who drank spring or surface water, which 
did not run along a bed of lime escaped the 
effect, as also did those who drank carcass 
water. He further said that the bad water usually 
took about a year to produce the disease; but the 
instant this bad water was drunk by those unaccustomed 
to it, they found unpleasant effects; and sometimes, 
he said, they were prevented by putting a bit of ice 
or snow to it. This account therefore agrees exactly 
with the statements of Captain Franklin & Doctor Reid 
Cardson.

Doctor Oder of Geneva gave credit also to the theory 
of the production of scrofula by certain chemical 
properties in the water of the districts. There it abounds, 
and observes that the use of distilled water not only 
prevented the increase of the dwelling, but also 

truded
Excited to lessen its bulk—Doctor Carrel mentions that the use of hard or pump water of the lower streets of Geneva brings on Goutie very speedily. Humboldt states that the waters drunk by the inhabitants of Marigua, Honda, and Santa Fe de Bogotá, where goutchocoles occur are not those of snow, but come from rocks of granite, freestone and lime. The temperature of the waters of Santa Fe and Bogotá, which by such as have the disease, varies from 9 to 10 degrees. He however further observes that goutchocoles are more favour’d at Marigua where the springs which flow over granite are according to my experiments chemically more pure. Bally and Rankestein both show that chalk is owing to the water in the constitution of both Cretaceous and Goutie. Mr. Bally who is a native of one of the goutious districts of Switzerland says, "goutchocoles appear to me to be produced by certain waters which rise from the hollows of rocks, trickles along the cliffs of mother pearls, or spring from the bowels of the earth. That this is the case I may instance some fountains in my own country, (Département du Leman et d'Hauteau de Thuc.) the use of whose water boil in 1 or 10 days, produce or aggravate goutious dwellings. Each of the inhabitants of the above villages on avoid..."
these waters are free from Gösre and Coccinus. On the other hand, Bavaria and France deny that the water is concerned in the production of the deformity. The only idea of the cause of this disease in Bavaria and Nottinghamshire is the hardness of the water, and I may mention that much of the water of the former county contains lime in the form of carbonate, while that in common use in the neighbourhood of Nottingham exhibits traces of sulphate of lime. Most, if not all of the medical gentlemen residing in the gouty districts of my own county, with whom I have been in correspondence on the subject, agree as to the greater prevalence of the disease among the limestone districts, and to the water exhibiting, when tested, slight traces of lime. The geological structure of these districts, more properly expressed in, Mountain limestone stone near to its dip under the Grit stone — Mr. Pozer, whose name I have formerly mentioned, and to whom I am indebted for much valuable information, states however, that the water in Pickworth comes from the Grit stone; and is very soft and remarkably pure. I have frequently tested it with various reagents without being able to detect any extraneous matter, and its density is the same as distilled water, or within a fraction. The water of Matlock, as you know, is said, and coming from
The limestone contains a good deal of calcareous earth, and the same may, I believe, be said of that of Monsal. In Pickworth, the disease prevails almost 10 or 15 years, as in the two places mentioned. The geological condition of the country may be considered as favouring, consisting of limestone rocks containing lead and other minerals. These remarks of Mr. Pope, taken altogether, would rather lead us to cast aside the idea of the water having any influence on the affection; he has however omitted to state, what I believe to be the case, viz. that the town of Pickworth is supplied by other water, besides that coming from the Grit; what the nature of that water is, however, not been able yet to determine.

Of late years a Mr. M'Gillan, of the Bengal army, has published some exceedingly valuable observations and facts relating to the subject of Mawkorche and Bilatura as occurring in India, and which tend much to prove the great influence which the water has in the production of these diseases, in the districts where they are most prevalent. The gentleman's researches extended through a district of nearly 1000 square miles of wild mountainous country, intersected by dells and healthy valleys, in the province of Himalae. The following is a statement, in his own words, of his opinion.
as to the causes of scrofula and the course of enquiring
by which he was led to form them.

"During the course of the inquiries into the Geology of
the province" he says, "I was struck with the frequency of
scrofula in one portion of the district, while the other was
almost exempt from the complaint, although an equality
of moral as well as physical circumstances appeared
to affect the whole. The external Alpine character
of the province as the land in every part; the in-
habitants are all born to the same tribe of Haidors, and
are subject to fewer irregularities in their mode of life
than any other people in the world: on such a field
there could be little merit in stating highly important
facts connected with the intricate subject.

That portion of the district of Kerman which lies
on the south of the Ramara river is composed of fusileous
and argillaceous rocks of the Primitive class — (gran-
ite, hornblende, slate, greens, mica, + clay slate. The sides of
the mountains usually precipitous, covered with a thick
vegetative coat & giving support to a poor and scanty
population.) In the centre of the ridge there are
numerous small valleys some of them 7000 and
others as low as 3000 feet above the sea, inhabited
by Persians, who, come to avoid the constant cold
of their native mountains, and home to avail
themselves of pasture for their cattle remained in the plains and are absent from their villages 5 months of every year. From inquiries made among these people Mr. W.C. found them to be affected with goitre in the proportion of 1 in 500—but as they do not constantly reside in the mountains, he has excluded them from the more minute statistical details.

"The north eastern acclivity of the chain of mountains is intersected by numerous deep river valleys and canyons, as well as by low mountain ridges which afford a climate more congenial to the feelings and wishes of the inhabitants; who here reside constantly in their villages." These villages amount in number to 153 and contain a population of 3,500 of whom 17 only were affected with goitre, and these were exclusively adults. The various localities of the villages are so diverse as can well be imagined—some are erected on narrow ridges, others in deep valleys surrounded by abrupt and lofty mountains; others again, on rugged declivities between lofty peaks on the one side, and dark caverns, on the other into some of which the sun can scarcely penetrate. The altitudes vary from 2,000 to 6,000 feet above the sea level.

Putting the facts into a statistical form it appears that the whole population south of the Ramoza..."
River, inhabiting the Primitive Mountains, amounts to 7,700; of these 25 only are Goutious or 1 in 308.

Of these 7,700,

3,700 reside in villages which are situated on banks composed of clay state, Kauailou state - delicious sandstone and Honululu state - Carrying the analysis state for: the we find that, of these 3,700,

3,330 are high caste inhabitants, 14 of whom are Goutious.

370 are low caste do - — 3 — — are affected.

3700

The remaining 4000 are those who inhabit the sporic and granite districts, and who as before mentioned reside 5 months of the year in the plains - of them, 8 only were affected, or 1 in 500 —

"Crossing the Namocai River and entering the district of Taroa, we found that one 8th of the People are affected with Gout — Yet the whole of the inhabitants of their province are equally circumstanced with respect to religion, they intermix, have the same customs and are affected alike by moral and political influence; and finally, the tract in which the disease prevails is the richest and most fertile portion of the province."

"The Natives themselves impute to the quality of the water a powerful influence over their health; and when it is recollected that water and farinaceous vegetables constitute..."
constitute the chief diet of the Hindoos; any impurity of that species would produce effects more readily upon them upon persons whose food and habits are less simple, but whether they be right or wrong, in assuming the prevalence of Guttae to the impurity of particular waters, I shall not here stop to inquire — A subject on which so many conflicting opinions exist, requires to be elucidated by such facts as, from their unerring force and simplicity, can lead to no erroneous interpretation: and in collecting these facts, the method I adopted on observing the prevalence in one great section of the district, and its absence in another, was to mark the physical characters by which these places were distinguished from each other — the consequence was, a perfect agreement in external aspect, altitude and climatology, but a very marked difference in the geoprotic relation; and this distinction, which was even traced down to the petty villages in which the disease is found, with such perfect nicety, as to enable one almost to predict "a priori", on examining the rocks of a neighbourhood, whether the inhabitants are affected with Gout or not.

Throughout the district of those and the neighbouring villages, it appears that the prevalence of Gout follows in a remarkable manner the distribution and
nature of the strata, the affected villages running along the limestone rock parallel to the central ridges composed of clay slate, and which are nearly or altogether exempt from the disease, except in some instances where the inhabitants are supplied with water from springs rising in the limestone rocks — This last is a very important fact in the consideration of this subject. Having endeavoured again to reduce the facts afforded by Mr. Mc'Alland from this district to the following statistical form:

It appears in the first place that the whole population of 40 villages in which the investigations were instituted in the district amounted to 1740, of which, 210 were gouty — of these —

1372 were high caste inhabitants, 100 being affected with gout —

360 low caste — 110 — — — — — — — — — —

1740 210

Of these 40 villages, 21 derived the water used by the inhabitants from rocks composed principally of clay slate and vertical Brecstone. The population of these was 1045 of which 44 only were gouty, or 1 in 241/4 — on the other hand, those villages, 19 in number, deriving their water from limestone, present a population of 695, the number of gouty being 206, or 1 in 3 1/3 — a fact strongly in favour of the opinion of the disease being influenced in its origin and growth, by the quality of the water.
These statistics, which I have collected as well as I have been able from Mr. C. C. Leithead's work, are I think very conclusive - but he also shows that this relation which is of a striking nature when the grand divisions of the country are considered, is equally so when neighboring villages are examined, may, even when different portions of the same village, or different classes of the inhabitants, like the water of springs issuing from different rocks. To give a few examples.

The valley of Bocskerek is situated at an elevation of 4000 feet above the sea level - The eastern extremity of it is composed of clay slate, and in 5 villages containing 152 inhabitants there is not one goiter. The other extremity of the valley is partly composed of limestone and of 192 inhabitants of 6 villages here situated, 70 are affected with goiter - and curious enough, one of these villages (Daggy Zong) bubbled with water from the clay slate. Here not a single case of the disease; while aager at a distance of only half a mile, containing 370 inhabitants has no less than 40 goiters and 20 of these areceutical. The water used by them flows from a copper mine in the limestone and contains Carbonates of lime & soda. Also, again, the village of Petosaper stands on the summit of a low ridge extending into the shore valley, throughout the whole of which Potomoecele prevails to a great extent.
The geological formation is clay slate, with extensive deposits of limestone, basalt, diabase, and chert. Copper and other deposits being intercalated between these and in the sides of the limestone. As Mr. C. examined the waters of 14 springs here and also of others where goitre prevails, and found them to agree nearly in character — it caused from the earth with calcite, was crystalline & sparkling, depositing large quantities of calc tuff eround the springs — and contained carbonic acid and caustic, with 10% earthy alkaline mixture, also in small proportion. No sulphuric acid could be detected.

Mostly in a village situated on a low group of clay slate hills in the centre of a valley, and contains 60 inhabitants, all high caste. Only one goitre was found here in an old man who was a stranger, and the humour had diminished since his residence in the village. On the other hand, the village of Governing contains 10 inhabitants, 10 of whom have goiter of enormous size, and one had lately died of the disease before Mr. Mellon visited them. The inhabitants assured him they were generally cut off by the disease before the age of 50. This village stands 200 feet above the level of the valley, on a coarse conglomerate of calc tuff, and lofty banks of limestone rise abruptly behind it, to the height of 2000 feet, causing
the atmosphere to be confined and hot, but in this respect it does not differ materially from other vil-

ces perfectly healthy.

The village of Nile, consisting of 2 barracks, is perfectly surrounded by limestone mountains - of 25 inhabitants 13 are gouty; 10 of whom are old men and of these a whole family are deaf and dumb.

Further, while B. gives an instance of a village containing 120 inhabitants, who making use of water from the clay plate have not a single instance of gouty among them, while in 3 others bearing a strong resemblance in external aspect & geological structure, 22 out of 35 inhabitants are affected. The altitude, aspect, temperature, religion, morals, & of all are the same, but these 3 last are supplied with water from the limestone.

Lastly - the village of Ramorah contains 70 high caste and 20 low caste inhabitants - of the former one only has gouty, while of the latter 6, or iin 3% are affected - while this accounts for the fact that the Bolskmin or high caste drink use of the water coming from the clay plate; but on the prejudice of the Hindoos denies to the low caste the privilege of partaking of the water from the same spring. Then bottled water is found in

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59
the, as in many other instances in Lebanon, to use the water coming from, what they call, the Lebanonia, known to be limestone strata, viz., from the limestone. The Lebanonia, however, are not exempt from the disease of using water from the limestone also—Dr. McLeod has further shown (and in this connection his observations agree with those of Dr. Echternach in Switzerland) that a stream coming from the limestone area is a great measure its pronounced qualities as it flows, as one example of this, he mentions the valley of Doi'snide, wherein are two villages only, each containing 25 inhabitants—the first is supplied from the limestone with water from a stream falling over limestone precipices and 1-3 of its inhabitants are almost Cretins & of them being goutous. The second village, deriving its water from the same stream but situated a mile and a half further down the only one goutus.

These then are some of the most interesting and important facts upon which this gentleman founds his opinion as to the influence of water impregnated with calcareous salts on the origin and growth of the disease in question, and he states that in the course of his personal enquiries extending over 1000 square miles, without a trial to any theory, no instance
Note. Doctor Ingles has of late years proposed a new theory being discomforted with the suppositions of other authors. His opinion is that the disease is caused by the use of water which has passed over strata of magnesian limestone. His arguments however do not seem to be available and require further elucidation.

For further information see "Practica on English Parochial Cere" by James Ingles M.D. 1838.
war occurred in which goiter prevails to any extent then 
the villagers were not situated on, or close to, limestone 
rocks—He, however, adverse to the opinion of 
hereditary predisposition, had hardly given good 
reasons for his objection—
As a further proof of this opinion I may here mention 
that the water of certain wells in Geneva, excavated 
in the calcareous breccia, but now filled up, was 
known to produce goiter in a very short time in 
the natives and in the French soldiers quartered near 
them, while those who drank the water of the lake were 
excepted from it—(*) Note)
On the other hand in objection to the theory it 
may be asked Why is it that the disease is unknown 
in many districts where lime is found in abundance 
in the waters? It is certain that goiter is not 
seen among the poor peasantry of the Roman states 
where marble is depozed from the cascades of 
Nivôse and Jermi—neither in the territory of 
Naples, where the river Jermi and Salco leaded 
with lime flows slowly through a rich and healthy 
tract of country—The same may also be said 
of many parts of our own country—
These are some of the principal facts in favour 
of and against the opinion of the production of 
}
by some peculiarity in the water, supplying the districts in which the affection is prevalent - that peculiarity depending upon the presence of lime and other mineral subnitrations. I now pass on to the consideration of the local instances caused by the influence of climate and country, which will occupy but a very brief space - deserving any remarks I may have to make upon the foregoing facts, until their accomplishment.

The situations said to be the most favourable to the development of the disease, are low, damp, and warm valleys; the inhabitants of dry and elevated regions escaping in a great measure from its attacks. Thus Todezi, from observations made in the Maritime Alps, came to the conclusion that the affection was peculiar to low and moist situations. He says: "In the chief village of the valley La Roja, which is situated on high ground, there is not a Poitec to be seen; though it is very prevalent in the immediate neighbourhood which is comparatively low." He (Todezi) found indeed that all dry situations and elevated regions, whether warm or cold were exempt from the disease and he concludes that throughout all climes, it takes its rise from the same cause - viz. the humidity of the valleys.

Sir James
Notes on Climate
Sir James Clarke holds the same views in many respects as the last mentioned author, and thinks it probable that if the villages situated in the low close marshy districts of the Vallaic were destroyed and the inhabitants removed to elevated clay situations, Cysticism and Goitre, which he believes both to arise from the same cause, would disappear. According to Doctor Gibbons, an American Physician, Bronchoccele is endemic in all mountainous and marshy districts of the United States, being generally prevalent in valleys at the bottom of the highest mountains in the neighborhood of rivers, falls, lakes or of the sea, or where the soil is rich and sheltered. In Canada the disease is found along the coast, and among the woods. No other places is of opinion that deep valleys, damp and warm, without a free ventilation are the localities most favorable for the development of this malady. He mentions likewise that at a certain altitude above the level of the sea Cysticism ceases to exist and that almost all the inhabitants of the higher ranges of mountains are free from the disease while those of the neighboring valleys and low-lands are much afflicted by it. This fact, he thinks, will prove that Cysticism at least owes its origin to a physical rather than a moral cause.
* Some, I fear amongst the number, have supposed this to be the case.

or series of causes*—"There can be no material difference in the moral habits of peasants residing at the base and top of the same mountain, and if the former be more subject toety and Chilomicron than the latter, it
must be owing to some thing in the air they breathe, the
water they drink."

Doctor Spur and Thirsole describe
the valley of the Opucka about Jacarey in the Brazil, where
they found gout more common, as though in mist and
vapors, which descend during the night, and are again
elevated by the sun in the morning, without the heat
rounding mountain ridges permitting a free passage
to the exhalation; re.

D. Reece holds the same
views as the above mentioned authors, on the influence
which close hot and confined situations, have on the
production of Chilomicron and Goutic. Further, accord-
ing to Spurine and others, both these diseases, dis-
appear at a certain height (5 or 600 toises above sea
level) among the Alps.

The above mentioned facts are certainly very striking
and much in favour of the idea that climate tends
to produce Brychocele. All these explanations are
however stronger factory, particularly when we call
it mind the following passage from the writings of the
celebrated Humboldt—"Persons affected with Bry-
chocele," he observes, "are met with from the Amazon

To the
to the confluence of the Lausca; in the upper part of the course of the Magdalen River (Sarminen); and on the high flat country of Brigton. 6000 feet above the bed of the River. 
Now the first of these 3 regions is a thick forest, while the second and third have a soil destitute of vegetation; the first and 3rd are particularly damp; the second is particularly dry—In the second and third regions the winds are very temperate; in the first the air is stagnant.

Temperature
First and second regions — 22 and 33 centigrade.
In the third — — — 4 and 17 — —
Here we see very variation in temperature, climate, soil, and situation, and yet Bronchocele prevailing to the same extent in all facts which are strongly in opposition to those previously mentioned.
Again, Raymond in his observations on the Pyrenees, in 
focus us, that Bectania and Gothic exist among these 
mountains even in greater extent and degree than in the Valais, and under circumstances of locality widely different, namely, in open, well watered and 
well ventilated districts.
In localities in Derbyshire in which Bronchocele 
moss prevails are valleys through which a stream of water flows, surrounded by rocks or Hills — As
* W. Yeo, Seymour Haden, M.R.A.S. London.
As example - the villages of Montale, Hatfield and some parts of Bloomsford are thus noticed, and the disease is common in these places, but again the village of Middlesex is on an eminence, and Bronchocele prevails there also, though perhaps to a less extent than in the above named places. I may here mention that the disease with us is confined principally, though not entirely, to those who are born and brought up in these localities. It is very unusual to find Bronchocele in the boarding schools in the neighborhood, in either boys, or among servant girls or boys coming from a distance.

During the progress of this essay, I have received from a very intelligent friend* the following account of the disease as observed by him in Switzerland, and which, as it is both original and valuable and moreover bears strongly on that part of the subject which under consideration I ventured here to insert. I give it in his own words.

*During a ramble of about two years in various parts of the Alps of Dauphine, Savoy and Piedmont, and on the Jura, the child and overhanging the lake of Geneva, I had frequent opportunities of examining Bronchocele and the other diseases incident to a mountainous district. With respect to Goethe, in addition
addition to all that has been said and written as to
the prevalence of the disease - the enormous dimen-
sions and weight of the tumour in some cases and
the various modes of cure employed - together with
the numerous speculations on the supposed causes
of the affection. I think I have observed something
with reference to its local locality, which it may
not altogether be uninteresting to detail -

"In our Peak of Derbyshire, though the disease is
undoubtedly more commonly met with in some parts
than in others - it is yet a deformity sufficiently evi-
dent throughout the whole northern division of the
country. It is truly a "Derbyshire Peck" - the af-
ficulation is not too wide - but so far as my obser-
vation goes, this is by no means the case in the
Alps; there, as certain valley or mountain side
may be peopled with Goitreux, while a neighbour-
ing valley or an opposite mountain side may be as
free from them - In the town of Grenoble, which
is situated at the very foot of the high Alps
not a goitreux is to be seen, while at the hamlet
of Vizille (5 miles distant from Grenoble) the whole
female population is found affected - At the
town of Briançon (high Alps) I never saw a
Bronchocèle; while, during my excursions in
the neighbouring mountains. Indeed, passed a female peasant who was not the subject of the Malady, in a greater or less degree. The same was observed of the Towns of Gap, Embrun, and Bourg D'Oisans in Dauphine; of Decines, Brusson, Talayez, Tignières, and Suse in Piedmont; and of Chambéry and des Échelles in Savoy, as well as of their neighbouring mountain chains.

"Leaving the towns and confining my attention to the mountains around, I remarked that the inhabitants of the granitic regions were always free from Goiter, while those of the secondary and tertiary formations were often the subjects of it. I remarked that in the latter localities, 213 metres above the level of the sea was the mean elevation at which the Goiter most abounded; that it was more common in the valleys and gorges, than in the mountains; and that above an altitude of 300 feet it was rarely, if ever, met with. That district watered by mineral springs are certainly favourable to the development of Bromocele, and I believe this cannot be rationally disputed, although what peculiar effect mineralized water has on its production, it is not easy to determine. At the baths of
Uriage, Paulnavey and Alleward (Department of the Jura) and almost everywhere else in the High Alps, where fennugwoonaceous and salinaceous sources abound, Goître exists apparently in a proportionate ratio. And coupling this fact with another equally indisputable, that all three situations are on the Calcareous and Sericite strata, I am inclined to think that the old "Salts of Sene Theory" is not without some foundation.}

"I have now only one more point to notice, viz. the existence of a facetitious state of the intellect in connection with Goître—The narrow gorge of Paulnavey is separated from the extensive valley of Gavirandon, by a range of Alps varying from 2000 to 3000 feet in height. In the valley of Gavirandon there are few Goîtrets and no 'Céliens', while the very reverse is the case on the other side of the chains. Indeed, Paulnavey has received the sobriquet among the peasants of the 'Fleu des Céliens', from the universal belief which reigns amongst its inhabitants, who, as I have already said, are all Goîtrets. Now it happens that the same state of things exists at Uriage and at Alleward; the children look sickly; adolescents are knock-knee'd, thin visors arch.
a sandy valley known in winter as
the 'Gardens'. The 'Gardens' are
so-called because of their shade-giving
character. They are an essential
feature of the different authorities. For
its beauty and grandeur, the valley
is quite delightful. The valley of
the Hulul is, in conclusion, the
account of the
Alpers, for the
phrenological
sources which
philosophies,
known to
ear

Whereas it is generally
accepted, it seems to
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My friend's

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in a more direct to offer his opinions, even supposing her
her them, in any way contradictory to these—
Putting aside, however, all minor speculations re-
garding the influence exerted by gross water, cold, to which
have been already sufficiently disproved—and attend-
ing more particularly to the more weighty causes, last
mentioned viz. certain peculiarities of the water, and of
climate & county, and bearing in mind at the same time
the fact of there being an hereditary predisposition to the
disease, we may, I think, without any impropriety,
draw from these the following inferences—
I.—That there is a certain latent cause influential
in preventing the prevalence of Gout in large towns
and cities—
II.—That the theory of the influence of water impre-
sed with mineral matters in causing and
discriminating the disease is on the whole the
most satisfactory, but requires still further
elucidation and inquiry—
III.—That as the disease is keen prevailing to a great
or extent, and of a worse character, near to the
sources of mineral springs, it is probable that
the water, as it flows loses a part of its per-
icious qualities.
IV.—That the disease is more general in situations
low and confined in comparison to the surrounding surface, as in valleys and gorges in mountain districts, than on the heights themselves.

V. That bad food, poor clothing, filth, and other attendants of Poverty, with damp foul air and an deficiency of pure ventilation, although not capable of originating disease, still, by weakening the system, may allow other causes to act with greater vigour.

VI. That Goitre and Otitis often go hand in hand, and that in certain situations, where both are prevalent, they appear to be more or less associated in their intimate nature; in short, that they are, as it were, children of the same parent, with whose constitution we are as yet unacquainted.

Still however much is required before any conclusions can amount to certainty, and it is only by a very extensive series of statistical observations at home and abroad, with a strict inquiry into the geological formation of the goitre districts, along with correct analyses of the waters, and a knowledge of their sources, that this can be effected. The peculiarities of country, and climate must also be taken into con-
For example, the rare occurrence of Goiter in the mountainous districts and Highlands of Scotland—a correct account of the affection as it prevails to the north of the Dartmoor Hills, while the southern counties are exempt from it—would be a valuable addition to our knowledge.
and we have yet much to learn on this point in our own island.* All these however are merely hints which I throw out, in the hope that they may attract the attention of more learned members of the profession than myself, and lead them on to a closer investigation of this truly interesting, but obscure disease.

Before proceeding to the treatment of Bronchocele, it is necessary for me, in order to render this essay more complete, briefly, to advert to two points of some importance, and which perhaps I should have noticed somewhat earlier — these are: The supposed connection of Goutie with Scurfule; and the existence of the disease among the lower animals. Goutie was long looked upon by many of the older authors, and indeed by some practitioners of more recent times, as a truly scurfulous affection. There is but little doubt, however, that this opinion is altogether erroneous, and that it has in all probability arisen from the obscure nature of the disease and the want of a correct knowledge of its pathology — that Bronchocele is very com-

* Mosty Combined with Scurfule in the Same Indi-

vidual is not to be doubted; indeed, as the same

thetic prevails in both affections it is very

usual
usual to see tuberculous disease in other glands coexist
but with enlargement of the Thyroid—At the same
time it is highly improbable that such enlargement
is of a tuberculous nature; for as we have already men-
tioned, regarding the appearances under the microscope,
the contents of the enlarged cells of the gland were
found to be organized nucleated particles, nothing
like tuberculous deposit being indicated. Besides
this, we have not the disease running the course of
tuberculous affections, for, as before shown,
there is very little tendency in the disease to take
an inflammatory action, or its results, suppuration
and ulceration—indeed, we have no case recorded,
in this country at least, where such has occurred
spontaneously, and where it has taken place, it
would generally be referred to some direct injury
or a blow to. Again we have the tumours exis-
ting for many years, and even the whole life of
the individual without affecting the general health
or producing any constitutional disturbance; the
ill effects occasioned by its presence, when these
occur, being purely mechanical.

Possibly therefore, the mistake has arisen from
the frequent occurrence of the affection in young
children, and especially those of the female sex.
An account of the Monarchies of Nepal &c. by the late Dr. J.
Muir, Principal of the Calcutta Medical College.
(See Transactions of the Medical and Physical Society of
Calcutta Vol VI - 1835.)
Drupelous habit; these, from the general laxity of fibre and absence of tone throughout the system being more liable to its attacks—Mr. Brancley (*) is of opinion that the want of toxicity, combined with some defects in the lymphatic system connected with a duller habit of body in the predisposing cause of the disease, and the same view is little more strongly advocated by Dr. McClelland. Within the last few years a somewhat strange and novel doctrine has been upheld by Eckstein, a Bavarian Physician—viz. the incompatibility of the coexistence of goitre with Tuberculous disease, or Phthisis—The gentleman regards the endeavour to remove goitre in subjects who would otherwise be constitutionally predisposed to consumption as a wicked attempt. He states that for 14 years he has had under his care a woman with a cancer in the upper lobe of the right lung, and pectolocy with habitual cough and expectoration; yet the patient has remained in a stationary condition during the whole of the above period, which he considers due to the conjoint presence of a large goitre, and he adds that he never knew a patient affected with the latter disease to die of Phthisis—Other Physicians in the Mountainous Regions of
Delivered in the University of London 1931-32.
Regarding the existence of Pusten among the lower animals, Dr. Young in his lectures on Veterinary Medicine states: "That he has in two or three instances seen some enlargement of the Thyroid Gland in the Colt and in the Calf - in the Sheep it is far more frequent." 

"In the horse and dog however we have the most frequent opportunities of observing this disease. The fluid is not indeed often submitted to medical treatment, but you cannot have failed to observe in young foals neglected half fed and ricketty, ulcerous patches of a considerable size on each side of the upper part of the neck."

"In the dog it is almost daily forced upon our notice. Of a Spaniel, or a Pug Puffy in Mange, not seliced, ricketty, or deformed in the joints, he seldom fails to have some enlargement of the Thyroid Gland; the Spaniel and the Pug are most subject to this disease." Dr. Young further states that in many cases the enlargement of the Thyroid Gland is plainly connected with a general debilitated state of the constitution, especially if the animal has been a Puffy who has had a severe attack of the Mange, especially if this Wire..."
of the
potious District of Derbyshire, particularly in the
neighbourhood of Middleton, the cattle drinking the
water from certain springs, have their glandular
system affected in a peculiar manner

The Treatment of Bronchocele

Notwithstanding the complexity of the disease and of the
cause giving rise to it, and the imperfect knowledge
which we yet possess of the functions of the organs
affected by it; and although there is scarcely any
malady throughout the whole catalogue of "ills which
human flesh is heir to" upon which so great a variety
of remedies has been tried and till recent times has
been successfully, yet at the present day the Treatment
although in a great measure empirical, is never the
less comparatively simple and satisfactory.
This may be divided into Medical and Surgical,
of which the former is of the greatest importance
as the means generally employed for the removal
of the disorder; the latter being an extreme mea-
ture, a "dernier ressort" only to be had because
so when all other fail, and a fatal result
would otherwise be inevitable.
as recommended by W. Benjamin Bell
I. Of the Medical Treatment which may be considered in consists of local and constitutional.

If Local Measures, or the external application of remedies in order to promote the absorption of the tumour. Formerly the means employed to effect this, consisted chiefly of dry friction, or friction assisted by various stimulating lotions, liniments, and macerations, applications of hot or cold water. More lately the repeated application of leeches has been much adopted. And in many instances found extremely useful, in the early or congestive stage of the disease, in retarding the growth and diminishing the bulk of the tumour. A succession of Blisters(*) have been observed to have the same effect though in a less degree, and both of these means are sources of considerable relief. Then there is much difficulty in breathing produced by the pressure of the swelling on the surrounding parts, or when there is much throbbing showing a degree of vascular excitement. The most efficacious, however, of all local measures, and the one most commonly in use in a majority of the English & Continental Hospitals is the application of an ointment containing iodine in some form (generally as iodide of potassium) aided by friction. Other stimulating substances have been used.
been recommended, as the Oleum Camphoratum, the
Aquaeum Mercurialis, lotions of Mercurius of Aurasia
and the like, but these are all now quite super-
seded by thelodine ointment—of the good effects
of the application we have undoubted proof from
the observations and statements of various authors.
Doctor Candido of Genoa, Professor Bensa of Padua
and the late Doctor Manson of Nottingham have all
made use of this ointment very extensively, and with
the best results—During a period of nearly 5 years
that I was a Doctor at the Derby County Hospital
a great number of cases of Pneumonia came under
my observation. Here the common mode employed
in the way of Treatment was the application of this
ointment of Solnol of Potassium, aided by Punction,
and I may assert with confidence, that this alone
was almost invariably successful, when the disease
had not existed for a great length of time, or more
particularly when cold and compressible, the patient
being at the same time young, and being alleviated
by the Means recommended—in old standing and
incurable cases this Treatment was combined
with the internal Substitution of Solnol, of which
we shall speak hereafter—the ointment may
be of a strength to hurt the patient, for it is found
that
that in persons with soft and delicate skins a strong application is apt to cause great irritation, which is objectionable from preventing the regular use of the remedy; while on the other hand in patients whose skins are rough and thick, a very powerful request may not produce any inconvenience. The formula employed by Doctor Coudet is the following.

Rp Potass. Hydridea; 3;
Atriplex pent. 3 by 12.

An ointment of which was directed to be well rubbed into the tumour night and morning. Professor Beral's treatment is of greater strength. Doctor Manson made use of a liniment composed of

Tinct. Indinice; 3;
Liniment Spous 6. 3.

The form of treatment in general was at the Derbyshire Hospital consisted of a drachm of the bath to an ounce of arringe being a 37 stronger than that employed by Coudet, and the wound directed to be used three or four times daily. It is the custom with some practitioners to add iodine ales to the above treatment. Others again make use of a little more complicated preparation adding the Magnesia Mercuurialis Oxy. Cyp. Borea, in addition to the preparation with the Lodge of Potassium, occasionally employed anc ointment composed.
I may also state that Doctor Campbell has found friction with
Boston oil occasionally successful in removing bronchoscles among
the natives ofhipant.  See Medical Journal of Medicine 1839.
if the abacter of pure water to an ounce of water. All these last named preparations are however attended with the disadvantage of staining the skin, and I am not aware that they are so much more efficacious in destroying the scablin as those who advocate them. Have represented them to be; and moreover they are very liable to cause derangement of the body of Ussur ointment is directly to the cuticle area, or by the endermic method, the cuticle having been previously removed by the application of a blithe. Simple friction with the ointment is however the plan usually adopted, and indeed seems to be all that is sufficient in ordinary cases of the disease. I may mention that some practitioners have preferred the application of the ointment of soothing balm, by means of a camel's hair brush; but then like some of the other modes already mentioned is apt to irritate the skin, particularly if the case is delicate, and in like wise objectionable from its staining and disfiguring the patient. (*) Electricity and Galvanism have both been employed for the cure of scabies, and it has been said, in the hands of some, with success; but I am aware of several cases in which they failed altogether although a fair and patient
trial was afforded them—laetitia, humane and
steady, lussus, with a degree of presence, so far as
the facts will allow, will be found of great use.
The constant wearing of neckclothes, some what tight
has been said sometimes, in the lower orders not
otherwise accustomed to them nor, to have checked
the disease, then resorted to early; and Italian
Physicians describe the want of the lussus to the
neck as one of the causes of the greater frequency
of goitre in the female—again, Valentin supposes
the desire to be more common in women than in
men, chiefly because the former more frequently
have the neck uncovered. It has also been affirmed
that young females who have taken the veil
in Catholic countries, have lost their goitres in con-
sequence of the change they made in their costume,
and a Physician in Guatemala asserts that
the same influence has decidedly diminished among
the men of that part of the world since covers
became fashionable there. We then, as in
many, presence is an agent which although not
at present much employed, will, in my opinion
he found a very powerful and efficacious one,
either alone or in combination with other means.
Doctor Watton * suggests the covering of an inci
College London 1845.

* Botched water. According to Prof. Reid of Glasgow the
her approach, with made use of, to prevent the increase of
the swelling, and even lessen its bulk.
spiret Monochroid, continually with flannel to check its growth and gradually to cause its tubercle." Bouilland also mentions the same plan according to the curative indications.

And then are the principal local measures to be adopted — he now goes on to the considerations of the general or constitutional treatment of Monochroidis, as the internal administration of medicines supposed to have a specific effect on the disease, together with some form of regimen, generally of the boric acid, suited to the particular habits of the patient under treatment.

Of internal medicines, formerly supposed to have some specific action in causing the removal of epidermic swellings, he finds a long catalogue. Of these he may mention Sanguisorba combined with Digitalis; various preparations of Mercury, Muriate of lime and Paraka - egg shell - burnt hoof - burnt toast! - Icatic - belladonna - the use of tea or distilled water.** Preparation of these to be used many others. For a great length of time Burnet through held a conspicuous place as a favourite remedy in Monochrodes for which, it was indeed thought a specific - this medicine, although its efficacy in many cases was undeniable, was yet found not...
to be very partial and uncertain in its effects. — Doctor
Dr. Gardiner remarks that to the great amount of adul-
teration with charcoal, which the drug was subjected
to by Chemists, and States in an underwritten proof
of this, the fact that the preparation was held at
a less price than unburnt sponge could be bought
for. In this manner Dr. Gardiner explains the ineffec-
tiveness of this medicine in the hands of English prac-
titioners, whilst its virtues are so palpable and evident
at Geneva, that not only Physicians, but also the
inhabitants, are convinced of their reality. (**) Then Mr.
Mr. Davies of Arlesford, in the 18th volume of the Medical
and Physical Journal, relates an instance in which
no less than two pounds of burnt sponge had been taken
without effect. — This remedy was usually adminis-
tered in the form of electricity on account of its heat, or
in moles which were directed to be placed under
the tongue and allowed to dissolve gradually.
Mercurel preparations were generally exhibited in
attractive doses, withConsider, at the same time;
and it is stated by Doctor Beanford (**) that these
occasionally had the effect of removing the swelling
after the burnt sponge had entirely failed. — Mr.
Mr. Davies's case, above mentioned, the tumour
 Entirely disappeared in 10 days under a course
* Decription on the use of her Water 5* Dec 19

of Mercury for some other ailments. The "vegetable
Atropine" prepared by incinerating the cursed cactus
was a marine plant and also been recommended in the
treatment of the disease and Doctor Russell (m) states
that for the purpose it far exceeds boiled eggs
in virtue. Since however the discovery has been
made that the active properties of these substances
may depend altogether upon the poison contained
in them, they have altogether fallen into disuse,
and at the present time Borax is the great
and it may be made the only specific thereby
employed internally for the cure of Bronchitis.

It has been disputed whether the merit of this di-
covery is due to Doctor Bouquet of Jamaica, or to Doctor
Sudan of St. Petersburg. Without entering into this question
on the present occasion, the writer may merely state that
whosoever may claim the merit of the discovery, this
is little doubt that the credit of its introduction
into practice for the cure of Bronchitis may be
fairly given to Doctor Bouquet.

Of all the medicines yet proposed for the relief
of the disease this has been by far the most
efficacious and successful. It is not necessary
to bring forward single examples in proof of this,
as the following facts are far greater the results
* Transact. of Med. & Physical Society of Calcutta, already referred to

† Med. Pract. Medicine

© See also cases of Grippus caused by the \textit{DEFINITION OF DISEASE} and the \textit{HYPOODICE OF PETERS} by M.D. Hopland & Mause
Report of the Polytechnic Institution of Berlin 1820-1

‡ Hospital Facts and Observations. p. 121.
of the employment of this remedy in the hands of various authors and practitioners. Thus, Baily gives
a summary of the cases published by Coiter, Rancour, Smearge, and Bany, from which it appears that
36.4 patients affected with typhus and treated
with lodine 240 were cured. Of the 120 cases re-
ported by Doctor Marrow 89 were cured, 10 much-
improved and only two or three discharged without
relief. Doctor Blandish was successful in about the
same proportion of cases. Of 116 cases of all kinds
reported by Mr. Blandish (**) only 30 or 25 occurred in which
the patients were not either cured or as much relieved
as to show that perseverance in the use of the lodine
would have been ultimately successful. According
to Doctor Copland (†) from observations on several cases
of the disease which have come before him since
the introduction of lodine into practice, “there has
not been one which has not either been cured or
remarkably relieved by it.” All this, therefore, is
strong evidence in favor of the efficacy of lodine.
But then, on the other hand, it is true, in the hands
of the practitioners, it has not been attended with the
same happy results. Thus Doctor Blandish cured
only nine and relieved his out of 30 cases. (†) Doctor
Percival also states, that “he has several times been
lodine.
Indian Journal of Medicine, 1837.

Dispensatory, Bactria India.
Iodine given in conjunction with lodine of Potassium, said in curing Bronchoclese (**) Doctor Campbell alleged three times that he has seldom been able to remove this disease with Iodine * and Dilutucent makes a similar observation in his Clinical Lectures. How are these variable results to be accounted for? When we remember that the terms Bronchoclese Goutie Dilatation, lock or may be, and are no doubt, applied to very various conditions of the gland, we can have no difficulty in imagining that although in a majority of cases Iodine will be serviceable, yet that there are cases in which it would be useless, or even injurious—For instance, it should hardly expect much benefit to result from its employment in those cases in which the gland was instead of exudative, earthy or bone deposits. We have mentioned, on a former occasion that these tumours of short standing and which are soft and comparatively are the most easy of removal; and Professor Christian states that Iodine is most serviceable in the early congestive stage, or in the middle stage of obstructive effusion; and that in the final stage of induration of the laryngeal glands it is of little benefit; but in these cases, reported by Mr. Brumby, above mentioned, in which the treatment was only partially successful the disease was of long duration.
* Dr. Dickson relates an instance in which he succeeded in reducing a gunshot humour in a female 70 years of age, in the "London Medical and Physical Journal," 1828.*
And of cartilaginous hardness, and the patient, old-
shake however been several instances in which the
volume, although existing for many years, in fact bears
the whole life of the individual affected, and of almost
long time. Bone hardness, has given way to a great
extent to the internal administration of Codlins along
with external friction as before described. * It is however
not unreasonable to suppose that in cases where
the tumour had existed long, and at the same time
much indicated, the cure would be protracted, and
perhaps impossible; neither is it improbable that
the supposed ill success in the use of Codlins, in many
cases of the disease, has depended rather upon
a want of perseverance in, than inefficiency of, the
remedy. Doctor Copland accounts for it in a different
manner and thinks that when the remedy fails it
has been given "in too large and irritating doses, or
in an improper form" and without due attention
having been paid to certain morbid and consti-
tutional relations of the disease during the treatment."
Codlins has been administered in various ways
for the cure of Monochleo, some practitioners pre-
serving the simple alcoholic solution of this substance,
then combining it with the carbonate of Potassium and
then again making use of the last named preparation.
alone. The combination of the lodine with the lodine of chloroform is considered by Coindelet to be the safest and most efficacious preparation for internal use, and from the observations of other writers this seems to be fully justified. The formula recommended by Coindelet is the following.

R. Lodine 9. x
Potassa lodica 3. iii
Aqua destillat. 3i. dier.

In doses of 5 minims three times a day gradually increased. He also made use of an alcoholic or alcoholic solution containing 40 grains of lodine in an ounce of spirits, the dose being from 10 to 20 minims. Doctor Monneron employed a less powerful solution containing only 24 grains of pure lodine in an ounce of alcohol; and this he usually administered in doses of from 15 to 30 drops three times a day in distilled water. Dr. Gardiner considered the hydrocure as the most objectionable form and preferred the simple solution of lodide of potassium in distilled water to any other preparation.

R. Potassa lodica 3i.
Aqua destillat. 3i. dier. from 45 x to 47 x three times a day. Again Prof. Green gave the substance itself in the form of pills. Prepared
poison

Both powder of digitalis be... At the Dechcliche Hospital.
the Alcoholic Extract of the simple substance, or the compound
extract of the London Pharmacopoeia were the forms generally
employed... and in many cases the Sodio of Potassium in
any strength was found to produce very desirable effect.
whatever may be the form in which digitalis is admin-
istered, care must be taken in its exhibition to avoid
contaminating it with any substance liable to cause the
composition. Its effects too upon the system must
be strictly watched, as there vary much in differ-
cent individuals, and therefore the doses must
be regulated according to circumstances, and the
constitution be of the patient; for the same quantity
which may produce little or no effect on some indi-
viduals, may in others give rise to alarming symp-
toms... It is not to the present purpose, neither is
it necessary to dilate upon the diverse constitu-
tional effects which have occasionally been produced
by over doses of digitalis. Suffice it to say that in
does cases the disassociation produced by the unpro-
per use of these medicines has been rapid and extensive.
has also given rise to tremors, trembling, much
those of chorea... Also to convulsions of pain, tears and
bubbling, and to mucous palpitations or to, in short
to a combination of symptoms to which the

term
May be the effects of doctrine.

† la. Réflexions sur l’emprise de l’ode 1824. et
term "Polido" has been applied, and for an excellent account of which they have to refer the reader to Professor Creighton's "Valuable Dispensatory." Writing of the Mammce in women and of the testicles in males has been stated by some authors to have been observed even when Lodicum has been cautiously administered; but others have decided this to great indeed it is said here the savages cures -- melted by the superfluity use of this medicine in the Paps the people that the government of that can be viewed an injuncion against its sale except under the signature and responsibility of a Physician to be in contra indication according to Dr. Holley of Philadelphia who himself had the disease 10 years, where there is a disposition to congestion in the head or other extremal parts; also in cases where there is diarrhea, dyspepsia, or hepatic disorder present to when there is a disposition to hydrocephalus. For the prevention of all bad effects from the remedy it is an excellent rule to commence with very small doses, and increase them gradually so as never to exceed the minimum quantity required for the removal of the disorder, and there is little doubt that some benefit will result from a quiet and steady perseverance with small doses.
more, than by urging the remedy at once to its full extent, in the practice with success.

During the course of treatment the bowels are to be preserved in a proper state by the use of alteratives and mild laxatives - and in females, their sanitary may, the regularity of the catarrhal discharge is indispensably, from the influence which that has been observed to exert on the disease in some cases at times on a former occasion. The general health and tone of the system are also to be carefully preserved, and when the discharge is compound, as it often is both feculent or with much debility, the tonic regimens are strongly indicated, and much benefit has accrued in cases of this description from the use of the compounds of iron and iodine, more particularly in the form of the Supposita Iodi Iodca and the Edinburgh Pharmacopeia. Of the swelling, in the other hands, is tender to the touch, with many indications of inflammatory action, and combined with a phlegmonic condition of the system, the action of the remedies has been observed to be much increased by moderate and perhaps repeated blood letting, that cases requiring this are rarely to be met with.

The period of time required for the removal
Lee lectures on the Theory and Practice of Medicine delivered at the London University.
of a gigantic tumour by the internal use oflodine
macerated in 4 or 5 hours, commonly within three
weeks, but oftener last until 5 weeks if unde-
terrupted treatment: and that they are most ma-
ticipated when done of the Physiological Pharma-
cists, showing the action of the medicines on the
system, as produced. Doctor Alcoston * says
what with respect to the length of time during which
this remedy may be taken. I have been obliged
in Brougham to give lodine a whole year
before the disease was cured, seeing that the
disease was arrested, I persevered and some
gain was for 12 months, & indeed above that time.
I think in one case, 16 or 18 months before
the disease went away. Again, as an instance
of a rapid cure. Mr. Macleay gives the case, in
Which lodine was given in the form of the Chlor-
ate, and produced great and alarming con-
stitutional disturbances, and the tumour was
observed in 5 days, during which the
medicine was not given.
We have thus far mentioned the use of medicine and its preparation, locally and constitutionally, in an separate manner. Tho' it must however be understood that by this, the two modes are not to be made use of conjointly, but in the other hand. The best effects are been by combining the two together, and in this manner, as before mentioned, the most immediate and old standing cases may be healed with success. At the same time when there is any probability of the disease going away by external applications alone, there are to be preferred, as then the danger of constitutional arrangement from the use of medicine is avoided. These then are the principal measures to be resorted to by the Physician for the removal of external tumors and are those most almost universally adopted, and indeed are the only means to be relied on, and it is therefore hardly necessary to occupy space by describing other of the many modes proposed. Before however leaving the part of the subject it is perhaps as well to state that Doctor Gallon of Baltimore (united States) has found the affect of Exhume, "when well prepared and taken gently, the patient not above 20 years of age, and the humour strongly and 54 of long standing, to
Elements of the Theory and Practice of Medicine
5th Edition - 1839 - p. 730 -

Nuslogie Naturelle - tome 1 - p. 478 -
In very useful... Doctor George Gregory likewise observes that some benefit has been derived in Morbo Cordis from the use of other medicines of a stimulant quality, more particularly the rigorous posture and the carbonate of potash in conjunction with small doses of calomel, and such gentle regimens as regulate the functions of the bowels without breaking up the system.

As Morbo Cordis is produced without our being as yet able to trace either very remote or very determinate its cause, so well in some cases suddenly and unexpectedly disappear, without any assignable cause or reason, even after having all approved medicines... Brindley mentions a case of a woman which was exceedingly developed during the pregnancy of a young female, twelve days after her confinement it had totally disappeared. Further, change of residence will oftly have the effect of causing the disease to disappear when all external and internal remedies have totally failed. Thus, Dr. Westlake states that he has known many ladies, in whom the tumours have disappeared after a residence of some time in Paris. Lastly, as this disease, even after having been totally removed by the use of medicines, is exceedingly liable to recur.
Mr. Pardoe - ease of cholera patients fluid warmest seat
removal from the supposed exciting cause, when this can be accomplished in proper and safe order. This brings up the circumstances of a regiment of young recruits, who were almost to a man attacked with considerable enlargement of the thyroide gland shortly after their arrival at Geneva, where they all drank water out of the same pump — the their quarters being changed, the gland soon regained its natural size in every instance.

II. Of the Surgical Treatment — when the use of medicines and the different measures which we have lately considered, prove ineffectual for the removal of the tumor, and the tumor is of much size, or enlarges so rapidly as to threaten the death of the individual affected, by pressure on important parts, producing apoplectic suffocation, certain operations have been proposed and resorted to by the surgeons, in order to afford relief, and to rescue the unfortunate patient from impending danger. These principally consist in the incision of Seton — the ligation of the thyroideal arteries, and the excision of the tumor by the knife or by ligature.
+ Lee Meunie in *Journal de Médecine* - t. 214 - p. 75 -
als *Vindens Ges.* p. 263

+ Lee Sévillée, *Nouvelle Doctrine Chirurg*.
and as all are more or less dangerous in their execution and uncertain in their results, they should never be had recourse to unless there be absolute necessity, for so doing, and a fatal result otherwise inevitable. Before however proceeding to describe these, which it will be only necessary to do in a brief manner, it may be stated that the method adopted in the time of Cullen, and recommended by that author** for the discharge of gunshot wounds, was the application of a caustic, a dangerous and painful as well as tedious mode of cure, but which nevertheless has been followed by practitioners of more recent date and in some cases with success.† –

Accidents have sometimes furnished useful suggestions in the practice of surgery. Bronchocoles have occasionally alleviated from the effects of blows and other injuries and the result has been sometimes the dispersion of a or, or of a greater part of the tumour. Thus Volpi records a case where the tumour inflamed in consequence of a blow, became purulent and discharged, to all intents and purposes, and a similar fact is mentioned by Zippel.⁷ Again coughs have been in some instances removed by the part having been accidentally and severely burnt. An interesting case is also detailed by Doctor A. T. Thomson.†
Thomas, where the injurious application of a quick-line plaster produced tremendous swelling, so much so that it indeed, as to cause fear of the patient sinking, but which almost completely removed the disease. 

Spontaneous suppuration and ulceration of the enlarged gland, although rare, has in some cases occurred, causing a gradual subduction of the swelling. Petit, Heister, and Schmutzer all make mention of instances of this description. The beneficial results of such accidents have led to an imitation of the practice by which these were effected, by the introduction of heat into the substance of the tumour so as to cause inflammation and suppuration.

This practice was first brought under the notice of the profession by Doctor Seccacii of Naples in the year 1770, but had been proposed and even practiced many years previously, having been recommended by Sodei and others. In the 10th volume of the Medical-Chirurgical Transactions of London, an account of a number of cases treated with heat by Dr. Seccacii is given by Doctor Lomontville. Nine cases are recorded, in all of which the operation produced favourable results, with the exception of one which was followed by ulceration and bleeding and the...
the death of the patient. The tumour in this case was exceedingly hard, small and deeply seated. In some of the cases, our actions had the desired effect. In others this was required. And Dr. Leake states that he has passed a bullet fifteen times in as many different directions without any untoward accident. Mr. (Dr. L.) infers from his cases that it is not dangerous to perform a procrastination with a large pointed needle, carried deep into the gland, provided it be not brought near the cartilage. That trifling inconvenience only is produced by the consecutive inflammation. That it is expedient to continue the action in the tumour, for a considerable length of time, in order to keep up the suppuration inflammation, until a cure is accomplished, as well as to prevent the formation of cicatrix, which happens in some cases. That the beneficial effect of suppuration closely attains throughout the whole substance of the gland, but in general only deter- mines that portion of its contingence to the perforation. For the purpose of causing greater irritation in some cases Dr. Leake introduced portions of the core of the black male bone. In the 11th volume of the British Transactions, Mr. Hodgson Hutchinson records 6 cases treated in the same manner by different medici.
Percy and Dupuytren have also employed ketones in
Poisoning with success.

† See London Medical Repository: No 44. 1822.

See Principles of Surgery by Professor Syden. 3rd Ed. 1842.
individuals, the results being satisfactory in all—One of
their cases occurred in the practice of Mr. James of Exe-
ton—it was as just stated, successful; but the case was,
however, complicated there being expectoration of purulent
mucus and lymph, a great degree of orthopnea, dys-
pneous voice, and dysphagia, and threatening death,
until the stone was removed—Other practitioners
however have not met with the same success.
For instance—in a case by Mr. Smeering of the George
Hospital the practice was followed, by drawing-
off the humour and death of the patient. The
place also proved inefficient in two cases under
Doctor Kennedy of Glasgow. Fatal cases also
have been observed by Prof. Belinus of Heidelberg
and others in consequence of the centre of the tu-
mour entering into a profuse suppuration, while
the rigidity of the patient prevented their con-
striction, so as to diminish the size of the cavity,
and the good effects of the practice have been
at best, but of partial extent. The haemorrhage
as might be expected from the enlarged state of the
thorax, was in general profuse after the operation
and in some cases has proved fatal as stated
by Mr. Kennedy. Dangerous inflammation
of the trachea and surrounding important parts
is also
Letters of useful in the cystic form

* Letters will not cure the hindered forms of Melancholy, which Dapaganozis calls "tireahone" but are most useful in the prosperity of the gland cysts & Hydatid formations. (Stapfer Medicine Dictionary)

The late Dr. William M'Intire has mentioned a case also which was cured by a incision made into the diseased gland.
is also liable to haemorrhage. Doctor Frederick of 
Dresden informs us that he has been a patient 
lieutenant after the operation — nothing more, 
at the last very partial success of this practice 
and the many and great dangers attending it. 
The surgeon should give this matter his most 
serious consideration before attempting it, and 
should only have recourse to it when symptoms 
urgently demand it.*

Several cases are on record in which Morachocele 
has been observed to disappear after the operation 
of a wound either accidental or intentional. Mr. 
Boydland Hutchinson says that he has been informed 
that it is a common practice in Denmark to make 
incisions into the substance of the disease placed in 
Morachocele and that the operation frequently suc-
ceeds in curing the disease.** This probably how-
ever, that this mode of practice is neither less 
dangerous nor more satisfactory in its results 
than the method with letens, besides which it 
is more painful —

The best operation we have briefly to advert to 
is that of placating ligatures around the superior 
Physoideal arteries, and in this way cutting off 
part of the supply of blood from the tumours —
Neue Heilact des Kopffes in 1817 and London Medical Repository, October 1822.

† De lancet, November 14, 1835-6.
The operation was first adopted and performed by Sir William Blissard, though previously proposed by others, and has since been repeatedly performed on this continent, and several times in Great Britain. Sir William Blissard's cases proved fatal, the patient dying from hemoptysis in the course of a week. Mr. Boater of Salisbury also laid these arteries in the case of a young woman with a large goitre. The patient was much relieved for a time, and the case was reported as a successful one, but the tumour gradually returned, and ultimately caused death by suffocation. Mr. Boater states that he has not repeated the operation in any other cases, nor should he have proposed to do so, from the result in this instance.

The following gentlemen have also performed the operation - Professor Walker of Edinburgh, in two instances, with partial success; Prof. Sckell of Heidelberg, four times successfully; Sir Benjamin Brodie in one case without effect; Mr. Earle of Westminster Hospital in one case also. The operation being followed with considerable diminution of the tumour. Mr. Wickham of Norwich treated one of the arteries mentioned, with much immediate, but not ultimate benefit. The tumour
For the more minute particulars of these operations, they have to refer my readers to the Encyclopedia of Practical Medicine Vol. I. Article "Breach" and to Cooper's Surgical Dictionary, etc.
gradually diminished for about 6 weeks and then (no doubt from the collateral circulation being established) it slowly enlarged again. It is of the same size as before the operation [**1**]. Altogether then, the practice of tying the Hypogastric arteries for the cure of Mucoviscidoma may be looked upon as unsatisfactory and not deserving of adoption. Professor Ligne makes the following remarks upon it: "The operation has been sometimes found extremely difficult, owing to the displacement and overlapping of the vessels by the tumour; it has been proved fatal by giving rise to extensive ulceration; it has rarely or never effected an entire removal of the swelling and has generally induced only a very partial absorption." (See Principles of Surgery.)

The next operation, that of section of the diseased gland, is still more hazardous than the preceding. From the importance of the parts, as nervous, bloodvessels &c., in the vicinity, the arteries also which supply the gland are as close before it is cut, usually much enlarged above their natural condition, and the haemorrhage therefore is likely to be very profuse and cannot be controlled by pressure. In spite of all these difficulties and dangers, however,
however, some operations have been bold enough to
undertake the task of excising the thyroid growth;
and although success has resulted in some instances
yet the fatality, which has generally attended the
operation, is such as would deter any prudent
surgeon from attempting it — Prof. Eyre states his
objections to it in the following words: "The deep laceration,
muscular injuries, joint connections and large
blood vessels of the thyroid gland forbid excision; and
the attempts which have been made with their
buds afford a sufficient warning against
their repetition, by the fatal issues that have
almost invariably, and often immediately, followed
such haste." — Excision of the Thyroid Gland is
an operation of very early origin. Celsius as
before been, mentions the use of cauteries, but
at the same time recommends Excision as the
most expeditious means of care. Albucasis tells
a story of an ignorant operator who in attempting
to remove a goitrous tumour, wounded the arte-
naries of the neck and so killed her patient.
Fodde mentions a case where a barber cut away
a tumour of this description from her lobe, who
recovered. — That the operation is of long standing
among the Hindoos, and that it is still practiced, is
probable.
probable, for Mr. J. Baillie states that he was informed, in his tour through the Himalaya mountains, that Bipita, which prevails in the valley there was sometimes cured, when long medical care taken, and that these succeeded in restoration of the part by the knife. He also adds that he saw some persons with the scars from the operation in their throats and that in those cases the case was complete. 

Hence Dr. Breccia has been the most fortunate operator of modern times, having performed the excision in less than 6 times with success. Bingle and Vedeno have likewise met with favourable results in each of their operations. Distalve was also successful in removing half of a Mouchet's colour tumour. Prof. Graefe of Berlin removed the tumour at two different periods, taking up 50 arteries in both operations; the patient recovers. Dr. Doctor Blake mentions a successful case also. On the other hand. St. John relates two instances in which he attempted excision of the tumour; in one the haemorrhage was so profuse that he was obliged to desist before the operation was half finished; the patient died in less than a week from haemorrhage. In the other nearly two months after the fatal termination also the patient gives being
For further particulars see Yorick's Medical and Chirurgical Observations, page 136.

* Journal of Chirurgical, B i. p. 120. Journal of Guy's Med. vol ii. p. 380.
preserved by constant pressure on the bleeding vessels on night and day, for nearly a week. Dupuytren also removed a large pleurisy that caused dangerous pressure upon the trachea; the whole gland was taken away, and the four thyroid arteries and many veins divided. Very little blood was lost, but the man died soon after the operation. It is probable that in this instance here of the important nerves were injured—Heinie performed the operation on a boy 11 years of age; the patient dying upon the table and boldly in a case by the major death resulted from hemorrhage. These accounts of the various operations are only of consequence as a warning against attempting this very dangerous operation— and surgeons are now so improved both the directions which attending it, that excision of the thyroid gland in pleurisy in many, and in a good woman, almost entirely exploded from practice.

Legacies of the gland has been practiced with more success, and are the whole appears more fear
-
like than the operation of excision. Thus Prof. Lymne states, that he adopted this measure in the case of a lady who had a lobe of the Thyreoid enlarged into a round tumour with such
a narrow neck, as to appear altogether insensible. Mr. Hilton also employed ligatures with success in the case of a little girl aged 13 who was admitted into University College Hospital with a tumour of 2 years standing, about the size of an orange, and which the friends of the patient wished to have removed on account of the discomfort which it caused. Mr. Hilton performed the operation by making an incision over the tumour, dissecting the integuments to allow him to expose the base of the growth. He then passed ligatures at the base of the tumour, in the same manner as he employed them in excising tumours and fairly cauterized the desired growth. Considerable haemorrhage followed the operation, which was suppressed by cold applications. The case prospered favourably, and the little patient was discharged a month after the operation. (For the particulars of this case see Lancet, Feb. 6, 1840-41.) As the tumour was soft in the instance and excised little if any inconvenience might it not have given way to iodine? Two cases of goitre have also been successfully treated with ligatures by Mr. I. Mack of that strong. In both instances few or no ill effects followed the performance of the operation and both
Combination of Types. Physical, preferable mode of operation. Only
dangerous effects on fresh air.
Both patients were discharged cured a month after.

Dr. Mack considers that all goiter are not curable by operation. When the enlargement of the Thyroid Body depends on the presence of cysts in its substance, or when it is chiefly enlarged, as in simple goiter, or even when it presents a leonineous indication, provided in all these cases the adhesions are not too extensive, or the base too broad, Dr. Mack thinks may be operated on. 

Such then is a summary of the principal operations which have been at different times proposed and adopted for the removal of goitrous tumours.

Upon the whole, looking at the success which has attended them, and also at the opposite results, by death of the patient, failure in the operation, and the recurrence of the disease, looking at these, we speak, and comparing them together, the average results of none, since the last mentioned, have been sufficiently good to warrant their repetition, excepting in cases where the patient life, as before said, is in imminent danger, or her or his life ended unnecessarily by the existence of the dwelling.

I have now only one other point to refer to, before closing the subject - it is the use of Acupuncture.
in those cases of Bronchocele where the tumour is of a cystic kind, the cells containing fluid being of large size. This is a mode of practice not generally followed as it is but little known, but I have ascertained by a friend, a medical gentleman in large practice in Warwickshire, that it is a method from which he has obtained very favourable and satisfactory results since he has adopted it.

Ponzer and others have also described a case of bronchocele, already noticed, in which the swelling is in a great measure composed of a single cyst, occupying a part of the back of the gland. The late Doctor Thomas, in his lectures at the university, mentioned a case of this description, which had come under his own observation, and which was partly cured by a leucin. In these cases it has been proposed to tap the cyst with a testa, evacuate the contents, and inject the cavity with some antiseptic liquid so as to produce permanent adhesion of the walls of the cavity, as in Hydrocele. The operation was performed in one case with perfect success, by the late Mr. R. Cooper; and in another case where the tumour extended under the clavicle the case was accom
by making an opening and introducing a strong tincture of
leuc., from day to day—An account of several
cases of this form of Bronchocele, will be found
in the Lancet for December 15. 1830, reported by
Doctor Lewyn of Bhesterham. In which that
Gentleman was able to effect a cure in every
instance, by evacuating the fluid in the first in-
stance with a Jocar and cannula, and after that
placing a few threads of silk through the tubes
to keep up irritation, and to produce adhesion.
He (Doctor Lewyn) remarks, that 'the period re-
quired for the cure is various, according to the
depth of the sore, the state of the constitution,
disposition to healing, and other obvious circum-
cstances.' He adds, that he has treated at least
a dozen cases in this manner with invariable
success, and that in some of the cases he had to
contend with complications from which the
constitution was seriously suffering.

We have now gone through the whole of the
different forms of treatment, both medical and
surgical, which are worthy of notice, which have
been proposed and adopted for the cure of
Bronchocele. By comparing the results of
both
both, no question can I think be raised against the superiority of the former, over the latter, both as regards safety and efficiency. As a general rule then, we may lay down the principle — that in all cases let the preference be given to the use of medical agents, employed either externally or internally, or the impurities — and with respect to the surgical treatment — so long as the disease is merely a deficiency — so long as it does not interfere with any of the important functions of the body or produce serious discomfort — does not distress the respiration by pressing upon the thoracic, nor impede digestion by pressing upon the oesophagus; nor distress to any great degree the circulation through the head, by pressure on upon the great vessels of the neck, nor occasion her nor inconvenience the patient by its weight, in short, if the many and various morbid symptoms, before stated, consequent upon the presence of a growth of considerable size, are absent, we are not justified in recommending or performing any surgical operation that over for the removal or diminution of a Bronchocele —

Conclusion
Conclusion—

I have now only to state, that I have endeavoured to give a brief, but as far as it goes, a correct account of the disease, forming the subject of this Essay, as regards its history, progress, causes, and treatment. I am aware that I may have omitted many facts of importance, and perhaps have introduced others which might have been better absent; but the subject is in itself, one of great extent, and not easily reduced within the limits of a paper, such as this present one. The great difficulty, being, not in the collecting of matter, but in the selection of those facts of the greatest importance and interest. In conclusion, I have only further to apologize for the imperfections and errors of the dissertation, and trust that for these, my present inexperience in the profession, along with severe indisposition during a greater part of the time occupied in the writing of it, will form a sufficient excuse.

Edinburgh, March 24th
1844

[Signature]

William Peach