

ENDEMIC GOITRE OR THYREOCELE

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649397228

Endemic Goitre Or Thyreocele by William Robinson

Except for use in any review, the reproduction or utilisation of this work in whole or in part in any form by any electronic, mechanical or other means, now known or hereafter invented, including xerography, photocopying and recording, or in any information storage or retrieval system, is forbidden without the permission of the publisher, Trieste Publishing Pty Ltd, PO Box 1576 Collingwood, Victoria 3066 Australia.

All rights reserved.

Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

This book is sold subject to the condition that it shall not, by way of trade or otherwise, be lent, re-sold, hired out, or otherwise circulated without the publisher's prior consent in any form or binding or cover other than that in which it is published and without a similar condition including this condition being imposed on the subsequent purchaser.

www.triestepublishing.com

WILLIAM ROBINSON

**ENDEMIC GOITRE
OR THYREOCELE**

ENDEMIC GOITRE
OR
THYREOCELE

BEING

THE THESIS FOR THE DEGREE OF DOCTOR OF MEDICINE
OF THE UNIVERSITY OF DURHAM FOR WHICH THE
GOLD MEDAL OF THE YEAR 1884 WAS AWARDED
TOGETHER WITH SUBSEQUENTLY-ADDED
FOOTNOTES AND APPENDIX

BY

WILLIAM ROBINSON, M.D. & M.S.



LONDON
J. & A. CHURCHILL
11 NEW BURLINGTON STREET
1885

15266. e. 2

C



CONTENTS.

	PAGE
DEFINITION	1
SYNONYMS :	
Goitre—Tracheocele—Bronchocele—Thyreocele—Derbyshire neck— Thick neck—Nithsdale neck—Thyrophraxia	1
HISTORY	2
CLINICAL CHARACTERS :	
Appearance—Palpation—Progress— <i>Pressure effects</i> —On the trachea— On the recurrent laryngeal nerves—On the gullet—On the large blood-vessels—Connection with uterine disorders—Connection with anæmia	3
PATHOLOGICAL CHARACTERS :	
Non-endemic variety—Simple goitre—Fibrous—Fibrocystic—Cystic —Vascular—Secondary changes	14
RELATIONS TO CRETINISM AND ALLIED DISORDERS :	
No clinical difference between endemic and sporadic cretinism—Goitre and cretinism own one cause—Condition of the thyroid in cretins— Supraclavicular tumours in cretins—Why are not all cretins goitrous? Cachexia strumipriva—Myxoedema—Baber's researches—Why are not all goitrous persons cretins?—Semi-cretins—Cretins in England— Variability of endemicity—Goitre and cretinism are different stages of same affection—Virchow's theory	18
ETIOLOGY :	
Sex—Age—Pregnancy—Heredity and cross-marriages— <i>Essential cause</i> —Innumerable theories—Cause of this—Various conditions of the air—A fungus—Miasm—Multiple causes—Vaso-motor paresis— Potable water is the vehicle of the cause—Proofs—Coldness of water —Snow-water—Metallic impurities—Lime and magnesia salts—Iron pyrites—Goitre in Weardale—Geology of Weardale—Stanhope— Rookhope—Neighbouring districts—Waters of these—Arguments against St. Lager's theory—The goitriferous waters of Helmsley— Professor Lebour's researches—Idiosyncrasy—No new theory offered	28

	PAGE
DISTRIBUTION :	
Geological in France—Geological and geographical in England— <i>Geographical</i> , in Scotland, in Europe, in Asia, in Africa, and in America—Endemic nature of goitre—Not restricted to man	45
DIAGNOSIS :	
Cystic or fibroid?—Inflammation—Scirrhus—Carotid aneurism—Thyroidal aneurism—Tracheocele	50
TREATMENT :	
<i>Medicinal</i> —General indications—Iodine—Binioidide of mercury—Dilute fluoric acid—Blisters, friction, and pressure—Quinine	
<i>Surgical</i> —Injections of iodine—Seton—Subcutaneous laceration—Tenotomy—Ligature of vessels—Aspiration, incision, and injection of cysts—Division or removal of isthmus—Thyroidectomy (partial or complete)	51

APPENDIX.

NOTES ON THREE CASES OF CRETINISM	63
---	----

GOITRE OR THYREOCELE.

GOITRE OR THYREOCELE.¹

Definition.—The Swiss and French have given the name 'gottre' (a supposed corruption of the Latin *guttur*, the throat) to that simple, cystic, fibroid or fibro-cystic enlargement of the thyroid gland, which occurs endemically, is benign in nature, generally increases slowly, and often continues for years; and this affection, so defined, I propose to discuss in the following pages.

Synonyms.—Heister termed this disease *tracheocele*, a term now limited to encysted, air-containing tumours which have developed in the course of the trachea. Following a like terminology, the word *bronchocele* (*Βρόγχος*, the windpipe) has generally been applied to the tumour by the English, but is scarcely appropriate, since the term *bronchus* is limited to each of the two main divisions of the trachea; this name, however, has the advantage of priority of use, since it is not simply derived from the Greek, but was used by the Greek writers in the same sense as at present. *Thyreocele* is, to my mind, a better appellation than bronchocele, since it marks precisely the site and one of the chief characters of the affection. The disease is also called in England 'Derbyshire-neck,' from its prevalence in that county; or simply *thick-neck*.² Alibert called it *thyrophraxia*.

To avoid false conclusions as to the results of treatment we must limit the above-named terms to *simple* hypertrophy

¹ *Θυρεός*, *δ*, a large oblong shield; and *πέλη*, a swelling.

² *Nithsdale-neck* is a Scottish equivalent of goitre.

of the thyroid, as already defined, and not apply any one of them indiscriminately to all tumours in front of the neck, or at any rate to all enlargements of the thyroid, including cancer. This rule has not been observed even by Professor Kocher.

History.—As already mentioned, the Greeks wrote about the disease, and termed it *bronchocele*. During and after the time of Hippocrates it was attributed to the use of snow-water. Pliny knew of its occurrence in the Alpine valleys, and Celsus speaks of the application of caustic for its removal; but the Arabian physician Albucasis, who lived in the eleventh century, gave the first good account of the affection, and likened it to the flap or dewlap of a turkey-cock. At the close of the fifteenth century, Paracelsus in Switzerland attributed goitre to the mineral impurities found in the drinking-water, and referred especially to the sulphide of iron, or as he termed it, *marchasita*, a view which has been again brought forward by Saint-Lager so recently as 1867. During the seventeenth and eighteenth centuries several works were written on the subject, the chief perhaps being by Prosser ('An Account and Method of Cure of Bronchocele, or Derby-neck, in Coventry,' London, 1769). In the early part of the present century many authors on goitre appeared, including Fodéré, who was himself goitrous, yet maintained that goitre was the first step towards cretinism (Paris); Quadri (Naples); Alibert (Paris, 1817); A. C. Hutchinson ('Medical and Chir. Trans.,' vol. xi. p. 235, &c.); Dr. Coindet (Geneva, 1821); Dr. Straub (Hofwyl, 1821); Manson (Nottingham); McClelland ('Medical Topography of Bengal'); Dr. F. N. Macnamara ('Climate and Topography of Himalayan and sub-Himalayan Districts of British India, with reasons for assigning a malarious origin to goitre and some other diseases'); Dr. J. Saint-Lager ('Études sur les causes du Crétinisme et du Goitre endémique,' Paris, 1867); and Baillarger (1873). Some commissions were instituted (including the Sardinian and Lombardian) to investigate the etiology of thyreocèle and cretinism. Since the recognition of myxœdema as a distinct disease many physicians have

been interested in the relationship between this disease and cretinism; the chief names associated with this question at first were the late Dr. Hilton Fagge, Dr. Ord, Mr. Curling, Sir William Gull, Professor Kocher (of Berne), &c. Professor Billroth, of Vienna, has published an account of his results of the surgical treatment of goitres (see 'Clinical Surgery,' by Billroth, translated by the New Sydenham Society).

CLINICAL CHARACTERS OF THE TUMOUR.

Appearance.—The disease occasions a swelling in front of the neck, in the situation of the thyroid gland; it may be a slight general enlargement only, but often it is greater or irregular, one or both lobes or the isthmus being chiefly affected; occasionally the two lobes and isthmus are symmetrically enlarged. The right lobe is generally more affected than the left. Exceptionally an accessory lobe may be present and become hypertrophied. The gland, in rare instances, assumes a gigantic size, weighing as much as 7 or 8 lbs. (Fodéré), reaching to the middle of the chest, being as large as a pumpkin and looking like a pelican's pouch (Alibert). A goitre has been known to reach from ear to ear and press on the meatus auditorius so as to close it up, and Alibert mentions one case in which the swelling was of a tapering cylindrical shape, and reached to the middle of the thigh. On the other hand the growth is often not bigger than a cherry and situated on the isthmus directly over the trachea.

The skin covering the tumour is not discoloured, unless inflammation of the swelling occurs, which is rare, but of which I have seen one example. Should the growth have *suddenly* become very large, the skin may be somewhat transparent and look stretched.

Palpation.—To the hand it is usually soft, but may be firm (in the fibrous variety) or hard (if cartilaginous or calcareous). It is not tender, neither is it the seat of pain