THREE BRONCHOSCOPIC CASES.*

By W. S. SYME, M.D.

CASE I.—*Right Bronchus Blocked by a Necrotic and Fibrous Mass: Operation through the Bronchoscope: Recovery.* Mrs E. H. aged 45, was admitted to the Western Infirmary, Glasgow, on 3rd July 1925, because of great difficulty in breathing. For two years she had suffered from periodic attacks of suffocation and from what were thought to be asthmatic attacks. During these attacks she became very cyanosed. There was, too, at times copious expectoration of a purulent nature. She was confined to her bed at first for ten months, but during the past year her condition had improved somewhat, though exertion still brought on severe attacks. The breathing was noisy, suggesting an obstruction in the air passage.

Examination of the chest showed relative dullness on percussion over the right lung behind, with bronchial breathing. X-ray examination revealed extensive fibrosis of the right lung. Bronchoscopy was carried out on 6th July. A mass was found blocking the entrance to the right bronchus. From a ragged opening in this mass there protruded necrotic, purulent material. A probe was cautiously passed through this and entered a cavity apparently about the size of a hen's egg. The contents were removed by swabbing, the opening was enlarged by means of punch forceps, and the cavity again mopped out and then swabbed with 10 per cent. silver nitrate solution.

The pathologist reported on the fragments removed: "The fragments consist of necrotic tissue in which there are subacute and chronic inflammatory changes. The exact nature of the lesion is obscure but no evidence of malignancy is found."

"The reporter is of opinion that the condition he had to deal with was a glandular abscess, which from time to time evacuated itself, giving relief, only to fill up again and cause obstruction."

For a few days after the operation the patient was exhausted but there were no complications. She left hospital on 21st July 1925, and has remained well since and fit for her household duties.

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CASE II.—*Papillomatous Mass Growing from the Bifurcation of the Trachea and Obstructing both Bronchi: Removal through the Bronchoscope: No Recurrence.* Mrs C., aged 42, was admitted to a medical ward at the Western Infirmary, Glasgow, suffering from difficulty in breathing. As the physician could find no sufficient cause in the chest to account for the difficulty, she was sent to the Throat Department. Examination by the indirect method revealed a mass almost filling the larynx. With the aid of the suspension apparatus this was completely removed, the place of origin curetted, and 10 per cent. silver nitrate solution rubbed in. The mass was found to be papillomatous.

About a year later the patient was again admitted to the same medical ward with even more severe obstruction to the breathing. The services of the reporter were again requisitioned with the unkind hint that the former operation had not been efficient and successful. To his relief, however, the larynx was found to be quite clear and the patient was sent back to the physician. A more charitable feeling having been established a bronchoscopic examination was suggested. This was carried out and a large mass was found, as far as could be seen completely blocking the entrance to the right bronchus and partially the left. This was removed with forceps and punch forceps, and was found to be growing from the bifurcation. The bronchial tree was examined for any growth at other parts, but with a negative result. The place of origin was well swabbed with silver nitrate solution. The pathologist reported that the growth was papillomatous. Since that time there has been no return of the difficulty in breathing and the woman is quite well.

CASE III.—*Suspected Foreign Body in Right Lung: Negative Result on X-ray Examination and on Bronchoscopy: A month later severe pain in front of, and below angle of scapula where a patch of surgical emphysema developed.* Miss M., aged 53, in June, 1925, motored from London to Glasgow in an open car. Immediately after this she developed an irritating cough with severe spasms at times, but unaccompanied by expectoration and with no signs of hæmoptysis. She herself was under the impression that she had inhaled dust during the journey and that this was the cause of the cough. She was seen by a consulting physician who could find no cause for the cough,

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and thought the condition was a "neurosis." X-ray examination of the chest showed some fibrosis of the lungs and possibly (?) slight dilatation of the aortic arch. Wassermann reaction was negative. No other evidence of aneurysm was found. Except for the cough she felt and looked quite well but the cough remained irritating in spite of treatment.

She was referred to the author on 8th December 1925. Beyond some congestion of the pharynx and larynx there was nothing abnormal. The cords moved normally. A bronchoscopic examination was carried out under chloroform. The bronchi and branches were examined in detail but nothing whatever was found. The cough persisted for a few days, but after a week disappeared and the patient left the nursing home. Four weeks later she was sent back to the home by her medical attendant as she had developed a slight rise of temperature accompanied by sharp pain below, and in front of, the angle of the right scapula, where he also found a patch of surgical emphysema. The writer saw her again and there was no doubt about the emphysema. The chest was again X-rayed but again nothing was discovered. The emphysema and pain disappeared in a few days. The patient has remained in good health ever since, and has had no return of the cough.

The writer is puzzled as to the sequence of events, but suggests that the patient inhaled a small piece of flint or other sharp substance during her journey by motor-car, and that this foreign body found its way through the pleura (setting up a localised inflammation by which the pleural surfaces were united), and passed on to the subcutaneous tissue where it remained at rest.

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