

and several whole black currants, besides the seeds of many others. This relieved him a good deal, he perspired freely, and afterwards was able to take a little tea with bread and butter. In the evening he had another small motion, but the abdomen remained distended and uneasy. The pills were continued.

August 4th. He had a better night; tongue cleaner, pulse down to 70 and soft. Abdomen full, but less tender. No sickness. We gave another large soap and water enema, which brought away more currants, and more feces also, but quite in a fluid form. He felt much more comfortable after this, and we ceased to be apprehensive about the result of his case.

August 6th. Another injection was given this morning, and this time it was followed by several evacuations of large quantities of feces both fluid and solid, as well as of skins of currants. Up to the present time the pills had been continued, but we now ordered them to be taken less frequently.

He was so much better that I was not required to see him again; but I was informed on the 8th, that the bowels had gone on acting quite freely, and that he was well enough to dispense with further medical assistance.

Had purgatives been continued after febrile symptoms had set in on the 2nd I believe a very valuable life would have been placed in great jeopardy, if not lost; and the later progress of the case shews, like numbers of others, the value of small doses of the watery extract of aloes in softening, and rooting out, hardened feces impacted in the large intestines.

[To be continued.]

## SCROFULOUS DISEASES OF THE EXTERNAL LYMPHATIC GLANDS:

### THEIR NATURE, VARIETY, AND TREATMENT.

By P. C. PRICE, Esq., Surgeon to the Great Northern Hospital; the Metropolitan Infirmary for Scrofulous Children at Margate; etc.

### III.—TUBERCULOUS DISEASE OF THE EXTERNAL LYMPHATIC GLANDS.

[Continued from page 62.]

*Local Treatment.* From the earliest period in the history of medicine, we find that the local treatment of *strumæ* has obtained the greatest consideration, and that practitioners have vied with each other in their enthusiastic recommendation of various sovereign remedies for the discussion and destruction of the disease under various phases.

The following quotation from Paulus Ægineta affords an illustration of the many and diverse forms of applications which, at a very early period, were in common use:—

“*Strumæ*,” writes this intelligent physician, “may be properly diseused by means of the sordes of baths, oil, or axunge; or equal parts of quick lime and natron, and four times the quantity of cardamon and fenugreek, may be boiled with honey for an emollient ointment and applied. This one discusses hard *strumæ*, and produces the rupture of suppurated swellings; the flour of darnel boiled with pigeon’s dung, or linseed and wine; or, green olives, either wild or cultivated; or, the white cardamus triturated with liquid pitch and made into an emollient ointment may be applied; or, the ashes of the dried root of the wild cucumber, and the burnt dried leaves of the bay, may be mixed with turpentine and applied; or, equal parts of stavesacre and of natron, with double the quantity of rocket, may be applied with rosin; or, goats’ or cows’ dung boiled in vinegar; or, the flour of bitter vetches soaked in the urine of a young person not come to manhood, and added to melted pitch, wax, and oil; or, a dead snake may be thrown into a pot, and

being covered over with gypsum, it is to be put into a furnace, the ashes of it mixed with equal parts of fenugreek, and then added to honey, and used. And the composition from asps is an admirable one; also, that from fullers’ herb, that from the wild cucumber, and that from cedar rosin, etc.” (Dr. Francis Adams’s *Translation of Paulus Ægineta*, vol. ii, p. 91.)

It is by no means uncommon to find the most distinguished of ancient names associated with some well known *nostrum* which was held in general esteem on account of its reputed efficacy in the dispersion of enlarged glands dependent on tuberculous or scrofulous disease. Celsus had a favourite discutient; and others far less noted, not only in his time but in our own, have derived no small reputation and emolument from the sale of lauded and extensively advertised compositions.

The practice of the present day, as regards the local management of diseased glands more or less associated with tuberculous manifestations, is, without doubt, founded on the experience and teaching of the ancients, although legitimised by science and the well-authenticated results of observations. Still, it cannot be denied that considerable ignorance and *routine* very frequently promote the adoption of certain local measures which are not only inappropriate but absolutely mischievous. It is true that only in the hands of empirics and quacks are to be traced, now-a-days, the use of truly absurd applications; but it is not unusual even for experienced practitioners to resort to means which a moment’s forethought would condemn.

The following arrangement includes the various methods of local treatment which may, with more or less advantage, be employed in the different states and conditions of glandular tuberculous implications:—

Firstly. When the enlargement of the glands merely denotes incipient tuberculous mischief, and it is desirable to obtain resolution and prevent softening and suppuration, the following means may prove of greater or less service:—*a.* Warmth; *b.* Fomentations and poultices; *c.* Cold applications, as lotions, etc.; *d.* Frictions; *e.* Linaments, oils, and unguents; *f.* Paints and tinctures; *g.* Blisters and plasters; *h.* Electricity and galvanism; *i.* Caustics and actual cautery.

Secondly. When it is desired to remove or destroy rebellious tuberculous glands by more direct surgical means, a resort may be had to the following measures: *a.* Caustics and actual cautery; *b.* Irritation by means of foreign bodies introduced into the diseased glands; *c.* The knife.

Thirdly. When softening and suppuration have led to destruction of the implicated gland, and rendered surgical assistance necessary, either *a.* Caustic; or *b.* The knife, may be employed.

Fourthly. When ulceration follows suppuration and true tuberculous ulceration results, it may be desirable to employ—*a.* Fomentations and poultices; *b.* Lotions; *c.* Unguents; *d.* Caustics.

Fifthly. When healing has taken place, but scars and deformity result—*a.* Unguents; *b.* Caustics; *c.* The knife, may be called into requisition.

1. Prior to the actual deposition of tubercular matter in lymphatic glands, some enlargement, as already observed, takes place, which is generally believed to depend on what has been somewhat indefinitely termed irritation.

It still remains a vexed question with many, whether the deposition of tubercle is preceded by true inflammatory changes in the invaded gland, or whether the very first signs of increase in size are alone owing to the presence of tubercle.

M. Broussais (*Exam. des Dict. Méd.* tom. i, prop. 168) and Dr. Alison are foremost among those who believe that tubercles are deposited subsequently to a more or less deranged state of the local vascular circulation; while directly opposed to this assertion are the opinions

of Bayle, Laennec, Louis, etc. But there are certain authorities who lean to a conclusion intermediate between those two views, and admit the occasional origin of tubercles in a state of inflammatory congestion of the capillaries, preceded and accompanied by a constitutional disposition to tubercular productions (Article "Scrofula and Tubercles"—Dr. Copland's *Dictionary of Medicine*. 1858.)

The accomplished and experienced physician to whose work I have just alluded, admits that the results of his own observations, gathered, for the most part, from cases under his notice at the Children's Infirmary in London, coincide with the deductions of M. Gendrin; who states that tubercles, during the whole of their early stage, are entirely independent of every form of inflammation; and that it is not until they begin to soften that the tissue surrounding them begins to be inflamed, this tissue then secreting a fluid which aids in dissolving the dense matter composing them. (*Op. cit.*)

It is far from easy, amid such discrepancy of opinions, to enjoin any fixed methods of topical treatment for the alleviation or removal of the earlier stages of glandular tubercular implication; and therefore the practitioner cannot too closely study the particular features of every case of the kind which may fall under his notice, as a resort to local means of treatment ought to be based on the due recognition of the pathological changes which are then taking place.

Notwithstanding the difficulty of arriving at a correct appreciation of the earliest development of glandular tubercle, still, as was observed when treating of the recognition of the affection, it may be materially lessened, by marked attention not only to the enlargements themselves, but to constitutional formation, more general derangements, and extraneous causes.

When once the mischief, involving a single gland or a series of glands, is correctly estimated, one or more of the following methods may be employed, either to arrest its further progress, or to modify the symptoms and results which ensue:—

*a. Warmth.* One of the most common causes of tuberculous implication of the externally situated lymphatic glands is an undue exposure to cold and vicissitudes of temperature. When disease is thus engendered, provided it has not too far progressed, it often results that a mere cessation of the cause leads to a gradual but certain recovery. A knowledge of this fact prompts the practitioner to advise change from a cold to a warmer climate, and also to recommend that the implicated glands should be exposed as little as possible to the action of diminished and varying temperatures. To this end it is often advisable to protect the enlarged glands by means of flannel, cotton-wool, or a black silk neckerchief; and it is often astonishing to find how warmth thus ensured conduces towards speedy resolution. It has already been shown that, according to the position of the lymphatic glands, so is the frequency of diseased action; and there can be no doubt that attention to due regulation of local temperature is a feature of very considerable moment in the treatment of these organs when but slightly involved. I am satisfied that it has often fallen to my lot to ward off an approaching attack of serious glandular mischief, by simply advising recourse to more appropriate means of clothing exposed portions of the body; and there can be no doubt that among the higher classes the susceptibility exhibited by delicate children to experience glandular derangements is, in a great measure, to be traced to the inefficient way in which the neck and shoulders are protected from variations of temperature.

*b. Fomentations and Poultices.* Although warmth is of such direct advantage in the reduction of glandular enlargement of an incipient tubercular character, it is questionable how far the very common practice of resorting to fomentations and poultices is commendable. Experience has convinced me that too frequently such

means are employed most indiscreetly, and hence the most serious consequences sometimes ensue.

By a resort to one or other of these applications, a perturbed local circulation is not unusually still more altered, and destructive changes, such as softening and suppuration, are induced. I have over and over again seen such consequences result from an injudicious use of these means, and have thereby been led to think that they are only of value when stiffness, pain, and more than usually acute disturbance accompany the earliest manifestations of disease.

If the use of hot fomentations be injudicious, poultices, whether of linseed or bread, are still more so, as they particularly tend to soften and sodden the investing integuments, and thereby render them more susceptible of inflammatory changes, especially those ending in abscess.

*c. Cold Applications, as those of Water and various Lotions.* In the first stage of glandular tubercular derangement, the use of various cold liquid applications has been forcibly recommended by various practitioners, but I cannot too strongly condemn a general resort to this practice. If in some instances it be fraught with no very decided harm, still it is certainly not followed with that amount of amendment which some would have us believe. Dr. Cullen was opposed to such means in the treatment of glandular tumours, and spoke but disparagingly of the then vaunted *saccharum saturni* and saline applications. (*Op. cit.*, vol. iv.)

Sluicing with cold water is adopted by some surgeons, but, as a rule, the contact of fluid of a low temperature, especially when suddenly applied, is, I consider, a practice often directly opposed to a favourable solution of the existing mischief. But topical applications of certain lotions, such as those of lead, spirit, and ether, may be advantageously used when the inflammatory disturbance is subacute, or even of a still more intense character. With the late Mr. Goodlad the use of sulphate of zinc in an aqueous solution was held in high repute, and contemporaries equally extolled the supposed virtues of chloride of ammonium.

With Lebert, I believe that these and various other soluble salts are of comparatively little or no real value. Topical ablutions with salt water were supposed by White and others to possess a specific effect on tubercular glands in an early stage; but I must confess that the same opinion is not confirmed by my own observations; for it is more than probable that the fresh air, exercise, and, perchance, internal medicinal treatment, of which the patient at the same time partakes are, in themselves, quite sufficient to lead to resolution.

*d. Frictions.* Early in the commencement of the present century, friction, by means of the hand and certain substances, was very strongly recommended. Mr. Russell remarks, "I consider the use of repeated friction to be one of the most valuable improvements which have been introduced into practice in modern times." (*On Scrofula*. 1808.) When induration has proceeded to such an extent that manipulation of the tumours no longer causes tenderness or pain, I am sure that well-regulated and occasional dry frictions by means of the hand, with, perhaps, the addition of some interposed substances, such as common flour or starch will be found advantageous in reducing, if not the bulk of the glands, at least that consolidation of the cellular and surrounding tissues which so frequently results from glandular implications. But, as a rule, such means cannot be depended on for the resolution of enlargements which result from incipient tuberculous mischief; and, consequently, it is only of real utility when the disease has not progressed beyond simple inflammatory changes.

What I shall presently urge against the use of unguents and other local applications, may be consistently applied to the common resort to frictions; namely, that injudicious and frequent topical interference with tuber-

cular glands oftentimes promotes the generation of more active mischief, and certain changes, such as softening and suppuration, which it is most desirable to avoid.

*c. Liniments and Oils.* If it be an accepted belief that the enlargement which ensues in the earlier stages of tuberculous disease of the glands is, as a rule, dependent on the actual deposition of tubercle without the previous occurrence of decided vascular irregularity, then, I think, that the less local means are adopted the better; for it is by no means satisfactorily proved that tubercle, even under the most favourable circumstances, is always capable of such disintegration as will permit of absorption and removal. Dr. Copland, however, states, "that scrofulous and tubercular matter may become partially resolved and absorbed, the cretaceous or mineral parts of the deposit only remaining, as has been proved to take place; but the exact circumstances in which it does take place have been very insufficiently ascertained." (*Op. cit.*)

It, therefore, appears that before adopting the use of any local applications in the shape of liniments, oils, and unguents, it is all-important to arrive at, at least, a tolerably correct appreciation of the cause and nature of the glandular enlargement, and whether simple inflammatory action alone, or in consort with tubercular deposit, constitute the increase in size.

Frictions by means of one or more of the above-mentioned applications must, therefore, be employed with extreme care; for, unless such be observed, it is more than probable that not only disappointment, but actual mischief, may result. When the surgeon foresees that the use of either liniment, oil, or unguent, may be of service, one of the following may be selected:—

*Liniment.* To cause sufficient irritation, so that the absorbents may be efficiently stimulated, an useful preparation is that composed of strong ammonia, chloroform, camphor, and soap liniment, in such proportions as circumstances may point out. Should the swelling still increase or remain obstinate, liniments containing tartar emetic and croton oil may be more effectual; but I am loath even to mention these preparations, for I am certain that their diligent application more often leads to mischief than success, and that a new phase is thereby not unfrequently given to perhaps a comparatively harmless, or at least latent, form of disease.

*Oils.* The use of various oils rubbed over and into the integument covering enlarged and apparently tubercular glands in an early stage, is, by many excellent surgeons, supposed to be a practice accompanied with satisfactory results. The oil of the cod's liver, when rubbed over the enlarged glands by means of the hand, appears the most useful, and although it may not frequently be of value in immediately or solely effecting reduction of the implicated organs, still its inunction, as previously stated, is often highly advantageous.

The oil when ozonised (according to the process of Mr. Dugald Campbell), and taken internally, is said to possess greater virtue than when employed in its natural state; and it is, therefore, probable that inunction with it so prepared is still more efficacious.

The combination of the oil with iodine is, however, the most valuable that can be employed; but the presence of free iodine leads to discoloration of the parts to which it is applied, a result peculiarly objectionable to many patients. I have found that iodide of ammonium, in conjunction with the oil, and which I believe to be equally efficacious, is not followed by the same objections; and I now seldom or never prescribe pure iodine in combination with oil, as a local application to those parts of the body which are exposed to observation.

A solution of iodine in juniper oil has been made for me by Messrs. Squire, of Oxford Street, but I cannot advocate its use as a local application, owing to the exceedingly pungent smell which the solvent possesses. It

may, however, be remarked that a very considerable amount of iodine may be held in solution without imparting to the oil the intense red colour so indicative of its presence.

*Unguents.* From the earliest times the use of certain unguents has been more or less lauded by all writers on scrofula. Doubtless their value in incipient stages of glandular tubercular implications is, in a measure, founded on a belief in the chronic inflammatory action which has pervaded the gland tissue. When it is expedient to have recourse to local inunction, it is usual to select such preparations as contain mercury, iodine, etc., in virtue of their universally supposed efficacy in all kinds of scrofulous maladies.

The mercurial ointment most in repute is the *unguentum hydrargyri* of the *Pharmacopœia*, which can be diluted in proportion to the extent and nature of the induration. A small portion of the ointment is to be rubbed once or twice a day for a few seconds or minutes over the gland swellings, provided that no inflammatory processes have rendered the covering integuments irritable and painful. When diminution of the enlarged and affected glands follows a somewhat prolonged use of the ointment, I am inclined to believe that the effect is oftentimes to be traced to the absorption of the mercury into the system, and its subsequent local action. The readiness with which this metal is absorbed tends to confirm this suspicion; and it is partly on account of its lowering action on the economy that, as a rule, I object to its general administration in certain forms of scrofulous disease.

When iodine is advised as a local application in the form of ointment, it is generally employed as recommended by the *Pharmacopœia*, under the name of *unguentum iodinii compositum*. I seldom have recourse to this preparation, on account of its dark red colour, especially when not quite fresh, and the properties it possesses of staining and irritating the skin to which it is applied. I now prescribe an ointment composed of a scruple or a drachm of iodide of ammonium and an ounce of spermaceti cerate, a portion of which can be rubbed into the integument once or twice a day without causing the above-mentioned results. In this, I think, an efficient substitute is gained, and one much more to the fancy of the patient.

The same remarks apply, but in a less forcible way, to the use of iodide of potassium; but I find that iodide of ammonium, by reason of its less stable and somewhat slightly caustic properties, is more suitable. When an ointment composed simply of iodide of ammonium is carefully prepared, it ought to be almost or quite colourless, and remain so even when exposed for some time to the influence of the atmosphere.\* At the present time, I have two patients under my care, the subjects of tuberculous disease of the cervical glands, who have experienced much benefit from the local application of iodide of ammonium. Sometimes with considerable benefit, mercury and iodine may be associated together, in the form of *unguentum hydrargyri iodidi* (*Pharm. Lond.*). The latter mineral may also be combined with lead, as in the *unguentum iodidi plumbi*, which has been recommended by Dr. Copland and others. When pain and irritation complicate the progress of the glandular mischief, opium may be advantageously combined.

In addition to the unguents I have enumerated, many containing bromine, tar, and other ingredients, are in frequent use, according to the fancy of the practitioner. I am, however, convinced that the local application of ointments, especially when persisted in, is very frequently followed by untoward results which it is most desirable to prevent.

\* Ointments containing iodide of ammonium in various proportions have been carefully prepared for me by Mr. Fincham, of Baker Street.



*f. Paints and Tinctures.* In the form of paint or tinctures, iodine is very often locally applied, but not always with advantage even in the most favourable instances, by reason of the great irritation which it causes. I am confident that the far too common resort to these preparations is fraught with extensive and irremediable mischief. An amount of irritation resulting in premature softening and suppuration is thereby induced, and frequently a comparatively trivial affection is converted into a much more formidable one. A case illustrating these observations has very lately fallen under my notice; and, from many which I have seen, I am led to discourage, rather than recommend, even with caution, a resort to means so liable to complicate existing mischief.

*g. Blisters and Plaisters.* The remarks which are offered regarding liniments, unguents, etc., may with equal propriety be applied to the employment of blisters and plaisters. The application of a blistering substance is, however, sometimes of advantage in deciding whether a single gland, suspected to be of a tuberculous character, is really permanently impaired and enlarged, or capable of reduction and complete resolution. The employment of plaisters I have always looked upon as a relic of empirical practice, and have seldom had occasion to resort to their application, except to gratify the fancy of a whimsical patient.

*h. Electricity and Galvanism.* The application of the electric current to tuberculous glands in a somewhat recent state was first suggested by Sigaud La Fond, and subsequently approved of by White and other authorities on scrofula. I cannot, however, say that I have ever seen the least advantage result from the most persistent use of electricity or galvanism; and I believe that those who so strongly advocate the use of such subtle means are really not aware of the true pathology of glandular tuberculousness.

*i. Caustics and Actual Caustery.* Completely or partially covering the integument investing incipient tuberculous glands with certain caustics is a method frequently practised on the continent, under the impression that the absorbents are thereby stimulated to the extent necessary to remove the existing mischief. In the same way, the actual caustery is applied at various points of the skin enclosing the diseased gland or glands, with just sufficient precision to ensure destruction of the cuticle and induce a moderate amount of irritation. I have seen this plan resorted to in some of the Parisian hospitals, and, having suspicions of its utility, gave it a trial, but very soon relinquished an experiment which I conceived unsurgical, and which, even if attended with slight advantage, is extremely objectionable to patients.

Such is a brief *resumé* of the means most generally employed for the topical treatment of *incipient* tubercular disease of the external absorbent glands; and, although I have stated that occasionally the adoption of certain preparations is followed with advantage, still I cannot too forcibly insist on their discretionary use, and on the importance of remembering that the greatest benefit is to be derived from a systematic and judicious administration of certain medicines and diet, and from a strict attention to all sanitary influences.

[To be continued.]

THE COUNCIL OF HEALTH IN PARIS. The municipal council of Paris has voted a sum of money for the purpose of allowing the *adjoints* of the Council of Health the same sum as the titular members; and a decree fuses both the *adjoints* and the titular members into one class. The present *adjoints* are Messrs. Boudet, Bouchardat, Duchesne, Michel Lévy, Jobert de Lamballe, Trébuchet, and Poggiale. The emoluments of the members of the Council of Health are 1200 francs (£48) besides fees for attendance.

## Reviews and Notices.

CHAPTERS ON DISEASES OF THE OVARIES. Translated, by permission, from KIWISCH'S CLINICAL LECTURES on the Special Pathology of the Treatment of the Diseases of Women. With Notes, and an Appendix on the Operation of Ovariectomy. By JOHN CLAY, Member of the Royal College of Surgeons of England, etc. Pp. 254 and clxxvi. London: John Churchill. 1860.

THIS work is commenced with chapters on the Anatomy and Physiology of the Ovaries, and on the Pathology and Diagnosis of Ovarian Diseases in General. The Special Diseases of the Ovaries are then considered under the heads of—1. Absence and Imperfect Development: 2. Dislocations, or Herniæ; 3. Inflammation—*a.* Apart from the Puerperal Condition, *b.* In the Puerperal Condition; 4. Abscesses; 5. Simple Follicular Degeneration (Formation of Cysts) of the Ovaries; 6. Compound Cysts—*a.* Cystoid; *b.* Alveolar Degeneration; *c.* Cystic Sarcoma and Cystoid Cancer; 7. Solid Tumours—*a.* Hypertrophy; *b.* Adipose Cysts; *c.* Apoplexy; *d.* Fibroids; *e.* Enchondroma and Formation of Bone; *f.* Cancer.

In the treatment of unilocular ovarian cysts, puncture of the tumour through the vagina, as a means of radical cure, is favourably spoken of by KIWISCH. This operation in his practice, was performed with a long curved trocar; the opening being made between the uterus and the rectum, in the direction of the axis of the pelvis. After a little fluid had been evacuated, a long metal director without a handle was passed through the cannula as deep into the cyst as it would go. The cannula was then withdrawn, and a long small probe-pointed bistoury was guided along the director into the cavity; and by it the wound was enlarged sufficiently to admit the fore-finger. A long curved uterine tube was then introduced deeply into the cavity, and fastened by a T bandage. The operation was generally followed on the second or third day by severe febrile reaction. During from ten to twenty days there were an ichorous discharge and much local pain; in favourable cases, these gave way gradually to a purulent discharge, which disappeared in six or seven weeks, leaving the cavity perfectly shrivelled and obliterated. The after-treatment of the cases consisted in the careful injection of lukewarm water through the tube thrice a day, sometimes with vaginal injections. It is not, according to Kiwisch, advisable to remove the uterine tube until considerable decrease of the disease has taken place.

Schnetter has proposed a more simple plan, which Mr. CLAY describes in a foot note at p. 143:—

“A curved trocar is introduced into the vagina with the point drawn back, and plunged into the tumour felt through the vagina. The stilet is then withdrawn, and a knife introduced through the cannula, which is an inch and a half long in the blade, and fixed upon a handle constructed according to the curve and width of the cannula. The blade of the knife projects beyond the cannula. The knife and the cannula are now withdrawn from the wound at the same time, and the latter is now dilated to such a size by pressure on the knife that a finger can be conveniently introduced. An elastic tube