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 141.]

Notwithstanding the most judicious and persevering resort to such therapeutic measures as have been described, it very commonly occurs that tuberculous glands remain in a state of induration and enlargement for an indefinite period, and demand more direct surgical interference, on account of the disfigurement, inconvenience, and positive danger to important structures and functions, which they cause. But the adoption of the local treatment as will be presently insisted upon, depends on certain conditions, which it is all important to bear in mind; for an injudicious employment of them may only frequently lead to indifferent results, but to consequences the opposite to those which the surgeon desired.

No precise rules can, however, be laid down by which to regulate their application, so as to be followed, although there are certain features in every case falling under notice, which, if duly appreciated, will enable the practitioner to select those means which are most appropriate. An acquaintance with the history and symptoms exhibited by slow, insidious, and obtrusive tuberculous disease of the lymphatic glands, situated, for instance, in the neck, at once forbids a too speedy resort to decisive measures; it is commonly happens that although the considerable period, only one or two glands in a particular region may evidence implication of a persistent character, others in closer or more distant relation will sooner or later assume similar morbid conditions. This is particularly the case when the patient shows a marked tendency to tuberculous disease of other organs.

Too great care cannot, therefore, be exercised in first commending a plan of treatment, which, even under apparently favourable circumstances, is not always followed with the wished for success. When it is determined to destroy or remove one, two, or a limited number of glands, one or other of the following methods may be employed; but they are never to be practised before recourse has been had to milder means, and to those measures which are known to improve the general health.

Experience has so thoroughly convinced me of the importance of attending to this recommendation, that I rarely suggest even the consideration of any ultimate treatment unless I have satisfied myself that more general means have, after a fair trial, proved unavailing.

a. Caustics and Actual Cauterizes. The destruction of obstrucent tuberculous glands by means of one or other of these agencies, is a practice which has met with admirers, but I much question not only its advantages but its propriety. An indurated and consolidated gland, even admitting that tuberculosis infiltration has led to considerable alterations of the true glandular tissue, cannot be disintegrated and destroyed by means of caustics, without involving the integrity of neighbouring parts, and occasioning an amount of inflammatory disturbance which may produce constitutionally injurious. It is also questionable whether the ultimate results of this practice be so satisfactory as some authorities assert. I have seen very serious inflammation ensue from even a most careful use of caustics, applied in the way to be first described.
and have often had cause to regret that the subsequent processes of healing and cicatrization have not been more perfect.

Several plans for the application of caustics have been suggested and followed from time to time. Some surgeons, after cauterization of the integument covering the diseased gland, destroy the gland itself by means of strong escharotics, such as the Vienna paste, potassa fusa, nitrate of silver, etc. It need scarcely be said that such surgery is, as a rule, far from meeting with the approbation of those who make conservatism the standard of their art. The unnecessary destruction of healthy skin, the pain and nature of the injury, and the scar which remains, even if the diseased organs be effectually removed, at once discourage the adoption of a measure unworthy even of empirics. The same remarks apply with equal weight to the use of the actual cautery, as a means for destroying lymphatic ganglia thus affected.

within the past half-century the destruction of obstinate tuberculous glands has been obtained by a process somewhat less coarse, and more effective, viz., the introduction into the gland itself, for the purpose of creating an amount of irritation sufficient to procure resolution, or to cause such destructive changes as lead to softening and suppuration.

Although this practice is not by any means, so far as I am aware, commonly resorted to by English practitioners, still on the Continent it has gained many supporters. Within the last ten years I have seen it pursued in some of the Parisian hospitals, in the following way:—The glandular tumour to be operated on is first pierced by a sharp thin-bladed knife, when a portion of the caustic to be employed is introduced into the cavity made for its reception. The caustics in general use are composed of various proportions of chloride of zinc, potassa fusa, thin-blanded knives or bichloride of mercury, and muriatic acid. In this way the caustic selected can be more conveniently applied than in its natural state. If it be desired to promote rapid softening and suppuration, several pieces of the caustic stick may be thrust into the tumour; but, as a rule, those who resort to this method insist on the immediate destruction of the diseased organ, and from what I have seen, I believe it to be the wiser plan.

Instead of caustics of this nature, the trochiques escharotiques de minium, so strongly recommended by Baudeloque, may be employed. These substances are composed of red oxide of lead and bichloride of mercury moulded by means of paste into the form of ears of corn, and are used much in the same way as the caustic sticks.  

d. Introduction of Substances into the Diseased Gland. Within the past half-century the destruction of obstinate tuberculous glands has been obtained by a process somewhat less coarse, and more effective, viz., the introduction of the caustic into the gland itself for the purpose of creating an amount of irritation sufficient to procure resolution, or to cause such destructive changes as lead to softening and suppuration. Although this practice is not by any means, so far as I am aware, commonly resorted to by English practitioners, still on the Continent it has gained many supporters. Within the last ten years I have seen it pursued in some of the Parisian hospitals, in the following way:—The glandular tumour to be operated on is first pierced by a sharp thin-bladed knife, when a portion of the caustic to be employed is introduced into the cavity made for its reception. The caustics in general use are composed of various proportions of chloride of zinc, potassa fusa, thin-blanded knives or bichloride of mercury, and muriatic acid. In this way the caustic selected can be more conveniently applied than in its natural state. If it be desired to promote rapid softening and suppuration, several pieces of the caustic stick may be thrust into the tumour; but, as a rule, those who resort to this method insist on the immediate destruction of the diseased organ, and from what I have seen, I believe it to be the wiser plan.

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My friend Mr. Hoffman of Margate, who has paid considerable attention to the treatment of scrofula in various forms, prefers inserting into the tumour to be destroyed a certain portion of iodide of starch, which rapidly exerts an effect partly discant and partly destructive, and from the results of his experience it appears to be a proceeding worthy of adoption. My own experience is, however, in favour of the potassa fusa when judiciously employed; for I have reason to believe that the after results are often all that can be desired. Besides these various substances, others devoid of any caustic properties, such as parched peas, etc., are sometimes introduced into diseased glands for the express purpose of producing suppuration; and, in certain instances, the employment of them is followed with advantage.

Although the contact of strong escharotics is commonly followed by immediate destruction of the part to which they are applied, and, perhaps, by more or less direct irritation of surrounding healthy tissue, still it is astonishing to see how comparatively little excitement is generated by the introduction of a moderate amount of these caustics into obstinate glandular tumours. In one case I saw treated by a French surgeon of renown, I anticipated, judging from the amount of caustic paste introduced into a glandular tumour situated in the neck, that the local disturbance would be extreme; but a daily acquaintance with the after-progress of the case showed what; I have since corroborated in similar instances, that the dread of excessive action need not be entertained, provided requisite care be taken.

In three cases, in particular, which I some time since treated in this way, I had no cause whatever to dread the occurrence of undue disturbance in healthy parts, although the patients were not in the most favourable condition.

M. Lebert, although he has himself had no experience in this form of treatment, states that the elder M. Guerantz, formerly of the Children's Hospital in Paris, found that the use of these caustics, especially of the chloride of zinc, did not produce a reaction so acute as he might have supposed. (Op. cit.)

The introduction into enlarged and diseased glands of small sized wires raised to a high temperature by means of fire heat, or the galvanic current, has been lately much spoken of. Having only occasionally resorted to this plan, and then merely for the sake of trying its efficiency, I am unable to offer any definite opinion regarding its probable value, but I think it not impracticable to discriminate the resort to the galvanic wire will occasionally be found of service, as its application is unaccompanied with pain, and there results but slight, if any, subsequent disfigurement.*

c. The Knife. When tuberculous glands prove refractory to such means as have been described, and a resort to caustics, cauteries, etc., is deemed inexpedient, it is sometimes advisable, as a last resource, to recommend the use of the knife. But, before doing so, it is the duty of the surgeon thoroughly to acquaint himself, not only with the true condition and situation of the diseased glands, but with the constitutional diathesis and state of his patient; for, unless such knowledge be satisfactorily acquired, operative measures will not be followed with that success which might otherwise be anticipated.

The following conditions justify a resort to the knife for the removal of enlarged and obstructive tuberculous glands, were any evidence of softening and suppuration is afforded. Firstly: When such glands are limited in number and superficially situated; when they have resisted all milder means of treatment, and their presence proves to be causing or tending to diminish the power of the organ or organs by means of pressure or by causing local irritation of absorbing pressure on large blood-vessels and nerves, and causing impediment to the functions of deglutition and respiration. Secondly: When the presence of the diseased glands simply gives rise to deformity, and there exists no apparent impediment to their safe removal.

It was formerly observed, the lymphatic ganglia of the neck have a superficial and a deep situation; and although the glands composing each division may become involved with tubercle, the inclusion of the latter is generally accompanied with more embarrassing complications, and the treatment required is consequently more difficult, and often unsatisfactory.

It generally happens, as we have already seen, that when tuberculous disease has manifested itself in one, two, or more of the deeply seated lymphatic ganglia, and when medicinal and other means have failed, but a short time elapses ere the glands in close proximity become similarly affected. It is on this ground that a too

* Mr. H. Lobel, who has paid considerable attention to the treatment of various forms of chronic disease by means of galvanism, tells me that he believes considerable good is sometimes effected by its application; but that it is of most value when the glandular enlargement is dependent on simple inflammatory changes.
hasty resort to the knife is injudicious and unsurgical. When, however, there exists no direct impediment to the removal of one or more diseased glands placed near large vessels and nerves, the greatest skill is necessary. I have known extensive injury done to these structures in attempting to take away a cluster of tuberculous glands; and it is by no means unusual for the surgeon to find increasing difficulties presenting, the further he proceeds with his dissection; and instances are recorded in which the number, size, and position of the glands, which had become fused into a mass, compelled an abrupt discontinuance of the operation.

In a former chapter I have alluded to one such occurrence; but, fortunately, cases of this description are comparatively rare in the hands of practical surgeons. When, however, nothing but the removal of such a mass, if possible, will succeed, they must be proceeded with in the same way as is recommended for the removal of non-glandular tumours which are deeply seated, and in relation with important structures.

No matter to what size the glandular swelling may have attained, it is seldom or never necessary to take away the skin and the subcutaneous portion of the limb; a single straight incision through the covering integument will, should no very severe inflammatory changes have ensued, generally enable the operator satisfactorily to expose the tumour, and subsequently to free it from its connexion with adjacent parts by using the handle of the scalpel rather than its blade.

When the glands involved in disease are more superficially situated, less surgical skill is required; for there is not so much danger of wounding large & painful nerves and tracts and important vessels. The same fact is, however, necessary in endeavouring to obtain a cure with the least possible subsequent disfigurement.

I have frequently met with the most satisfactory results in removing tuberculous glands situated near the surface of the neck; but then I have been careful to select only those cases which appeared favourable for operation.

I cannot close these observations relating to the removal of enlarged and diseased glands situated in the neck, without again enforcing the necessity of a most careful inquiry into the local and general symptoms exhibited in every case which may be submitted to operation; for unless this has been done there is every possibility of failure, and the occurrence of similar disease in glands which were previously healthy.

A case illustrating these remarks is recorded in the Medical Times and Gazette for February 1859. A girl, about sixteen years of age, had, removed, by Mr. Hilton, of Guy's Hospital, upwards of twenty glands from the left arm. She had been well; but, her family having left the hospital, other glands in the same side of the neck enlarged, and we saw her in another hospital about a year afterwards with a swelling nearly as large as her original one.

Although it is most commonly in diseased conditions of the cervical glands that direct surgical interference is called for, one case did present itself while I was about to take away the glands situated in the arm-pit and other parts. Only those surgeons who have undertaken the removal of the axillary glands can be fully aware of the difficulty experienced on account of the near proximity of highly important blood-vessels and nerves; with care, however, the operation may be safely accomplished, as I have already quoted an instance in which I assisted to clear the axilla of tuberculous glands; and Mr. Hillman, of the Westminster Hospital, records a case in which he successfully took away all the glands of the arm-pit in a boy four years of age.

To be continued.

Transactions of Branches.

SHROTCRY SCIENTIFIC BRANCH.
DIPHTHERIA.
By W. Newman, M.D., Fulbeck, near Grantham.

[Read Jan. 25th, 1861.]

There seems not much doubt that diphtheria was first observed in the few districts of Lincolnshire; some time, however, occurred before it reached this immediate neighbourhood, and, for some months after their first appearance, the cases that fell under my own notice were so mild in character that I could hardly believe them to be true diphtheria, from the absence of sore throat symptoms and the less disturbing character of the local attack.

In filling up a report for the committee of the Epidemiological Society, in the early part of 1859, I stated that there appeared reason to speak of two distinct varieties of the disease. The one occurred in persons of all ages; it was marked by exudation-points, with comparatively slight redness of the throat and fauces; these points appearing in separate patches, but rapidly coalescing into one large mass; the symptoms were much more severe; and convalescence was tedious.

Further experience inclines me to believe that these are simply allied forms of the same affection. The one will merge into the other insensibly; one member of a family shall have the severe form; two or three others only the lighter condition. There cannot be doubt as to the existence of direct contagion from one to another. More than once it has been noticed into a row of houses by some relative coming from a distance; whence travelling to those families in direct intercourse with the house just affected; and so on through the village. I took the disease myself, in August of the last year, from a girl to whose throat I had applied the usual escharotic. That case was without history of infection is certain, and these are most probably due to transmission of the fomites somehow or other by the atmosphere; as seen, e.g., in the ordinary exanthemata. I do not know that there is anything to add to the disease as described in systematic treatises. Some minor points may, however, be touched on. There is, I think, in almost every case of diphtheria a peculiar change in the condition of the swallowing of the tonsil; a swelling of the tonsil declares itself; the sounds are husky and unnatural. There is, coincident with the first appearance of redness on the fauces, a sort of yellowish or whitish matter usually over the central portion; and when this is to be seen, after the lapse of a very short time there is the characteristic exudation. More than once I have been led to believe the affection would result in putrid tonsillitis, when other symptoms and the prior history of the patient would rather lead to the opinion of acute tonsillitis. There are early and extreme prostration, and not merely the muscular pain of catarrh in the limbs, but often severe gnawing pains. I have examined the fibrinous deposit repeatedly, but never discovered any cryptogenic growth therein.

Scarlatina has been said to be allied to diphtheria, and the two to be mutually prophylactic of the other.