Original Communications.

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.


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Recognition. The correct appreciation of this form of glandular enlargement is, as already observed, of very great importance, as it at once relieves the patient of much anxiety, and enables the surgeon to adopt measures which, when correctly employed, are very frequently followed with the greatest advantage. But due recognition is oftentimes attended with difficulty, for there are certain abnormal conditions of the lymphatic and other parts, which more or less closely resemble enlargement from slow chronic inflammatory disturbance.

The following conditions are those which appear to possess a more or less close analogy. Firstly. Hyper trophy of lymphatic glands from apparent non-vascular derangement. Secondly. A true tuberculous condition of the glands. Thirdly. Encysted and fatty tumours. Fourthly. Chronic abscesses. Fifthly. Goitre or enlargement of the thyroid gland.

Firstly. Chronic inflammatory glandular enlargement is not always easy of distinction from that form of hypertrophy which obtains without any apparent inflammatory action. In an early stage, and when arising from any cause which is likely to lead to vascular disturbance, this kind of enlargement may seem more generally anticipated. But there are occasions when no discriminative examination will serve to distinguish it, save that afforded by manipulation. To the touch, such enlargements will generally be found less hard, more diffuse, and less distinct from the facial skin than typical hyper trophy. Nevertheless, the pain on handling, no matter how slight, is often the only detection that can be obtained from manipulation. In still more dubious cases, traumatic inflammation is the sole generator of this correct appreciation of the nature of the affection; for while the resolution of hypertrophy, the result of a low and tardy form of inflammation, is sometimes comparably easy, the resolution of that resulting from non-vascular causes is much more difficult. Chronic inflammation, although of a very low form, is, moreover, more rapid in its progress, frequent in its relapses, and ordinarily attacks such glands as are not commonly included in non-inflammator y disease. In young people, and in those more advanced in years, both forms of enlargement are frequent, although chronic adenitis is more usually the immediate result of certain appreciable causes. Both forms are met with in the facial and facial glands, although true hyper trophy is more commonly limited; I believe, to the deeper layer of the glands of the neck, and, unlike inflammatory glandular lesions, at least, so far as I am aware, very rarely involves the glands of the armpit and groin.

Secondly. In the earlier stages of development, the greatest difficulty is often experienced in ascertaining whether enlarged glands seated in the neck, etc., result from simple inflammatory changes or from decided tuberculous degeneration. A variety of comparisons will, however, frequently enable the surgeon to pronounce as to the specific action that is taking place, although the analogy is often so strong that an early and direct decision is often impossible. The difficulty of early appreciation is, however, further increased owing to tuberculous depositions seldom ensuing before some enlargement of the glandular structure has taken place. When the increase in size is accompanied by any marked symptom of a decided tuberculous character, arises from any known cause, and exhibits a tendency to resolution, then, in all probability, the glandular mischief is due to the formation of a complication, dependent on temporary derangement of one or more portions of the lymphatic system. At a later period, provided the affected glands have attained considerable dimensions, and that tuberculous disease exist definitely marked in other portions of the body, then it is more than probable that the deposition of tubercle has become the direct source of irritation. Should destruc tive inflammation ensue, and extend to the cellular tissue and skin, additional evidence will be given in favour of tuberculous complication; while an examination of the pus, should suppuration occur, will at once decide any further doubt.

But, as will be presently shown, deposition of tubercle, or abscesses unaccompanied, or associated, even at a remote period, by inflammatory changes, ending in ulceration and suppuration. A sure diagnosis in such instances is therefore, as may be readily conceived, of still greater uncertainty; and the surgeon will oftentimes have to wait patiently, till time and the use of therapeutical means have decided the correct nature of the puzzling affection.

Thirdly. Encysted and fatty tumours, when situated on the neck, especially near the base of the lower jaw, and in and over the parotid gland, often give rise to some speculation as to whether they may not be closely simulated by chronic glandular swellings. I have often myself been deceived by the existence of these characteristics, and have even supposed the abscesses accompanied by any marked symptom of a decided tuberculous character, arises from any known cause, and exhibits a tendency to resolution, then, in all probability, the glandular mischief is due to the formation of a complication, dependent on temporary derangement of one or more portions of the lymphatic system. At a later period, provided the affected glands have attained considerable dimensions, and that tuberculous disease exist definitely marked in other portions of the body, then it is more than probable that the deposition of tubercle has become the direct source of irritation. Should destructive inflammation ensue, and extend to the cellular tissue and skin, additional evidence will be given in favour of tuberculous complication; while an examination of the pus, should suppuration occur, will at once decide any further doubt.

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Fourthly. Chronic abscesses present points of most positive identity to this form of the lymphatic ganglia: I have known such growths, occupying the region of the neck and armpit, to give rise to the suspicion of glandular enlargement, although the soft, elastic, and general character of the adipose swelling, usually allows a correct diagnosis.

Fifthly. It is by no means infrequent to find chronic abscesses presenting points of closest positive identity to this form of the lymphatic ganglia; and the analogy is oftentimes so close, that great care is required in arriving at the real nature of the swelling. Although fluctuation is not always obtained in the case of chronic abscess, still it is generally appreciated;
and this alone will often serve to point to the right character of the doubtful tumour. But there are occasions in which, as every surgeon of experience must admit, considerable doubt is cast over the nature of a swelling suspected to consist of fluid; and I have more than once known a simply enlarged gland to give rise to chronic suppurating abscesses.

Fifthly. Goitre and certain specific enlargements of the thyroid gland, especially when one of its lateral lobes is only affected, may give rise to suspicions that the swelling is dependent on chronic inflammation of one or more of the lymphatic glands. I know of no better criterion whereby to judge of suspicious thyroid development than by noticing the effect of pressure on the gland by the act of swallowing. To this the swelling remains stationary, it will, in all probability, be a lymphatic or any other affection; but if it be associated with the movements of the upper portion of the windpipe, then, with much closer to the thyroid it will be indicated.

For this practical hint I am indebted, as I am for many other valuable clinical facts, to my friend and distinguished former teacher, Mr. Ferguson, for I do not remember having seen it mentioned in any surgical work.

Pathological Changes. The simplest form of low and tardy inflammatory action taking place in a lymphatic gland is accompanied with swelling dependent on a greater or less injection of the vascular portion. Should this vascular excitement be continued, diminution in the size of the affected gland ensues; but if it extend, more permanent increase in bulk follows, as the result of exudation. On examining a gland thus altered, it is rare to find the enlargement dependent on the presence of serum infiltration, even to an enormous amount, as is usually the case in more acute forms of lymphadenitis. The increase is more dependent on a plastic material which fills up the arcular portion, and, if not reabsorbed, leads to a permanent thickened and consolidated condition, and the entire gland appears converted into a fibroid structure. When the mischief has been localised to one or two spots of the gland, only partial alteration ensues, and consequently only a certain portion of the glandular function is interfered with.

Under various stages of subacute and chronic inflammation, a closer investigation will afford the following particulars:—Should the enlargement be characterized by rather a high state of vascular excitement, the cut surfaces of an included gland will present a pinkish or even reddish hue. Should the fibro-plastic material have somewhat universally replaced the true glandular structure, a translucent, white, firm, tough appearance, will be detected, which perhaps, on pressure, especially if of recent formation, will exude a hyaline fluid. On the other hand, if the development of fibro-plastic matter have been slight, the gland will present the pale brown colour. It is obvious that this difference of surface may be observable severer, that because a gland remains for an indefinite period affected, its functions are lost or greatly impaired, although considerable induration with atrophy of the true parenchymous tissue may result. Thereafter, therefore, that no untoward causes, either constitutional or local, ensue during the various stages of this affection, resolution or permanent enlargement results. It has already been observed that resolution obtains through reabsorption of the excudated material, and that permanent hypertrophy depends on the formation of a new substance, which is either incorporated with the true glandular structure, or else takes its place, causing complete or partial obliteration of its functions and normal contours. But, before reabsorption can remove this product, various abnormal conditions may overtake the gland. Inflammation, either simple or specific, is apt to lead to vital change in the gland. No matter what the condition of the enlarged gland is sufficient to excite increased and dangerous inflammatory symptoms; while exposure to cold and various constitutional causes not uncommonly admit the lighting up of destructive vascular excitement.

I have occasionally known frequent and, perhaps, rather rough manipulation of a glandular swelling, to lead to rupture of the minute vessels bordering the new tissue that has been formed, and thereby occasion ulceration and suppuration, especially in those instances in which a decidedly scrofulous constitution existed. It will be presently seen that a fruitful source of destruction to simply enlarged glands is the accidental or localisation of tuberculous deposits. Should the additional inflammation excited pass on to suppuration, the character of the purulent fluid will be influenced in proportion to the more or less well marked scrofulous diathesis of the individual in whom the mischief occurs. [To be continued.]