

charge lasting for an indefinite number of years without producing much if any constitutional disturbance.

A case running this chronic course has been treated by me for the last eight years, whose tubercular nature I have verified by a microscopic examination, and the cause can be traced to the exposure to phthisis when eleven years of age. She is now the age of twenty, and exhibits no systemic symptoms whatever. She is averse to an anæsthetic and operation, therefore I content myself with lancing and scooping out gland after gland as they break down. In the early treatment I have applied a number of drugs, and tried every procedure that suggested itself. Atropia, four grains to the ounce, mixed with Aconite or chloroform, alternating week about with the ointment of Iodine, afforded the best means of allaying the pain and reducing the glandular swellings. Injections of carbolic acid, iodine or iodoform into the substance of the glands sometimes retarded, and as often hastened, disintegrating changes. It is only palliative however, and the value of any local treatment that I have tried, other than excision, is not to be relied upon. I have no experience with igni-puncture formerly practised by Treves, nor with galvanocautery as used by Genzmer, of Halle, both of which appear to have received their respective merits by attracting but very little attention.

I saw while in Hamburg the good effects of cold applied to lupus of the fingers, used by Dr. Carl Lauenstein, on the principle that cold prevents the spore formation of the bacilli of tuberculosis. This led me to apply ice to strumous glands in a number of cases, with but temporary benefit. It is difficult to get patients to keep up this line of treatment for any length of time, therefore I cannot as yet speak positively of its utility.

I notice in the Medical Annual, 1890, that "very hot compresses" (140° to 165°) is recommended by Prof. Nasilloff. They are applied night and morning for fifteen minutes at a time, not unfrequently blistering the parts.

I am perfectly convinced that the

quickest, safest, and surest cure is to remove them with the knife.



The accompanying wood cut represents the appearance of the neck seven days after removal of the glands, showing the lines of incision in one of my last cases. The case was that of a young girl fourteen years of age, sent to me by Dr. Gunne, of Glenboro. Her family history was good, and other than the enlarged glands she was in excellent health. Over three years ago they began to enlarge without an apparent cause, in Ontario. While there, and after coming to this province, in spite of skilled treatment, both local and constitutional, Helen's neck gradually got worse, until both deep and superficial glands were very prominently involved, giving her neck an ugly and broad appearance. Suppuration had occurred over the paratoid region of the left side, which was the first affected, and by far the worst, and the glands at the angle of the jaw were glued together with inflammatory products into one hard mass. Though those on the right side were large, protruding and numerous, still they were quite moveable beneath the skin.

On the 9th of July ulto, I operated on the left side. The greatest care had to be taken while removing the deep cervical upper set situate about the bifurcation of the common carotid. In ten days I operated on right side. The spinal accessory nerve on this side was completely surrounded by glandular tissue, and had to be carefully dissected out. The wounds on both sides healed by first intention, and in a week after the second operation she was ready to return home cured.