

## The Northern Lancet And Pharmacist.

*Gleanings from the journals of the World all that is new in Medicine, Surgery and Pharmacy, placed monthly before its readers in a condensed form Medical, Surgical, Obstetrical and Pharmaceutical advances in both hemispheres.*

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### I. EXCISION OF TUBERCULAR GLANDS OF THE NECK.

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The total extirpation of the so-called scrofulous or strumous glands of the neck has become a recognized procedure in surgery since it was clearly shown by Koch, of Berlin, in 1882, that the many pathological conditions which went under the vague term scrofula, were caused by the bacilli of tuberculosis.

The literature on the subject of the identity of scrofula with tuberculosis though recent, is already extensive.

The account given by Nicholas Senn, in his work on "Surgical Bacteriology," of the experimental researches of Koch, Arloing, Eve and Mueller, on guinea-pigs and rabbits is very clear and conclusive. It is an easy task for any surgeon to satisfy himself on this subject by making a microscopic examination of stained sections of the glands, in which the bacilli are invariably to be found, or by cultivation or inoculation experiments. To see tubercular nodules, composed of the characteristic bacilli, produced on the peritoneum of a guinea pig or rabbit, after its inoculation with an emulsion from simple scrofulous glands, is convincing even to the most skeptical. While working in Prof. Koch's laboratory a year ago, and giving special attention to everything surgical, I took full advantage of those experimental researches, and with proper appliances, able assistance and guidance, had the satisfaction of demonstrating the tubercular nature of scrofulous glands and lupus. Long

before Koch's discovery much clinical evidence was collected of consumption setting in soon after the lymphatic glands of the neck had become scrofulous. A sad instance has occurred in my own practice recently.

In the spring of 1888 I advised Mr. Gillespie, proprietor of the North-West Dairy, to send his little daughter, a year and a half old, away from home to escape scarlet fever. A neighbor woman, who had no children of her own, took charge of the little one. In about six months afterwards the girl was brought to me with the glands of the neck enlarged and tender, but no marked constitutional symptoms present. In trying to find out the cause of her disease I was told that the kind lady who cared for the little girl was then in consumption, and had lately died. That she was very fond of children, and frequently nursed and kissed her little companion. The cause was clear. The next three months, with belladonna and iodine locally, and cod liver oil and iron internally, she improved very much. I was then absent for six months, and consequently did not see her till October, 1889. Her constitution was profoundly affected. The hectic flush, the night sweats, the emaciation, loss of appetite, and the occasional diarrhoea, all pointed out the gravity and nature of the case. The glands had suppurated, were still discharging, and had no tendency to heal. As I could find no physical evidence of lung implication I at once operated and removed the cervical glands. The wounds healed by first intention and slight improvement followed for a short time; soon, however, the constitutional symptoms deepened; the mesenteric glands enormously enlarged, and last of all the lungs became infected, after which she soon died. The family history was excellent and no other cause could be traced than the exposure to tuberculosis. This is a strong plea for early extirpation, and I shall ever regret that I did not excise the glands when they became first involved. The great majority of cases run a more chronic course, remain local, one gland after another becomes inflamed, terminating in caseation and suppuration, and the dis-