

Knight Treves, Godlee, Howard Marsh, Noble Smith, and others. It is noteworthy in that discussion that Mr. Howard Marsh, who is such a strong advocate of expectant treatment in tubercular arthritis, strongly recommended surgical interference by operation in tubercular adenitis. Dr. T. Barlow, in summing up the points brought out at that meeting, referred to the fact that the only difference of opinion, expressed during the discussion, was that concerning the technique of the operation: it was clear that the drug treatment of tuberculous glands was at a discount: drugs, he said, were of use for improving the general nutrition, but had little demonstrable effect on masses of caseous material.*

It is self-evident that the field of operative procedure in the treatment of enlarged lymphatic glands is restricted to those localities in which the glands are accessible. Thus the cervical glands may readily be removed. I have also removed axillary and inguinal glands, and glands from the pelvic region along the iliac vessels. Glands, however, of the chest and abdominal cavities are rarely within the possible field of operation. For instance, the bronchial glands, the mesenteric, and retroperitoneal glands cannot be successfully attacked. It is true that occasionally an abscess may develop, say, in the retroperitoneal region, in consequence of infection lodged in the group of glands there situated: such an abscess may be opened and the principles of treatment, which I am about to advocate, may be applied there as in more superficial parts. The locality, however, which is most frequently attacked by the surgeon in these cases is the neck region; probably the cervical glands are more frequently infected by tubercle than any other group: this is the opinion one would form from clinical observation. We are not surprised that such should be the case, because infection may here occur so readily from the mouth cavity and the upper air passages. These glands are more exposed to irritation than any other group; they have more work to do in removing irritative and infective material, absorbed from the mucous and cutaneous surfaces than any other group of glands. Hence these cervical glands, because of the increased functional activity, are often the seat of inflammatory processes, and tubercular inflammation is very commonly the result of infective absorption.

The etiology, therefore, of tubercular adenitis is readily understood. It may briefly be stated to be due to peripheral irritation of skin or mucous membrane, more frequently the latter. Thus the tubercular infective material may be absorbed by the lymphatics of the nose or mouth, and, passing along the lymphatics, this is lodged in the glands towards which the different lymphatics run. The gland in its functional activity has been compared to a filter, removing from the lymph stream particles which