of the disease that we append them. He looks upon the case from, first, the aesthetic aspect, as follows:

1. Whenever fluid—that is, pus—can be detected in connection with a diseased lymphatic gland, the operation should be done before the skin becomes red and thin—that is, before the skin has been spoiled by advancing suppuration. 2. When the diseased gland is subcutaneous—that is, not beneath the deep fascia or muscle, and has been completely removed, the least scar will result if neither stitches nor drainage tube be used, especially if it be possible to leave the wound uncovered by dressing and exposed to the air so that the edges may be drawn and glued together by drying lymph. 3. If the diseased gland be beneath the muscle or muscular fascia, then a drainage tube must be used, and the edges of the wound must be united by suture. For this purpose, probably horsehair or silkworm gut, well soaked in carbolic lotion, are the best sutures. The best drainage tube is the gilt spiral wire, especially as it may have to remain from two to eight or ten weeks, according to the depth of the wound, or the completeness of the removal of the gland. 4. Where many glands have to be removed, it is better, so far as may be, to remove them through a series of small incisions, and thereby to avoid very extensive ones.

Then from the pathological aspect he says:

1. That all sinuses and suppurating cavities should be thoroughly cleansed by means of scraper and lint, so as to leave a fresh surface free from granulation or decayed or decaying tissue, and that a drainage exit should be maintained until all the deep parts are healed.

2. It is essential to know, and to bear in mind, that the visible abscess, which has often been called and treated as a suppurating gland, is frequently but a subcutaneous reservoir of pus, the source of which (a degenerate gland) is not subcutaneous but subfascial, that is, under the deep cervical fascia, and often submuscular, under the sterno-mastoid, the communication between the two being a small opening in the deep fascia just large enough to admit a probe or director. This opening may easily be overlooked, and is not always easily found even when searched for, but it must be found, or the operation will be a failure.

3. It is mere trifling, and bad surgery simply to incise an abscess in the neck without searching for, and thoroughly eradicating the gland that is the starting point of the abscess. Therefore, no such abscess should be opened without putting the patient under ether, and being prepared with all necessary means for eradicating the diseased gland.

4. It sometimes happens that after the extirpation or evisceration of a gland, the finger detects in the wall of the capsular cavity the slight convex bulging of a contiguous gland. This should be pricked through the wall of the cavity, and so reached and extirpated or eviscerated. In this way in several instances I have emptied from one external opening a group of three or four glands, massed together and suppurating, or otherwise broken down.

5. What has been said hitherto concerns glands which are suppurating or obviously breaking down. As to caseous glands, the conclusions I have arrived at are as follows: When we have dealt with a broken down gland which has proved to be undergoing caseous degeneration, we may infer that any other enlarged glands then present or subsequently appearing, are becoming caseous also; therefore, it is my belief that it tends to promote better health of the patient if, in the absence of reason to the contrary, such glands are removed as soon as the surgeon is convinced that the enlargement is persistent and not merely transitory, without waiting for evidence of fluctuation or pus.

6. What shall be done with enlarged glands which are neither caseous nor suppurating, glands included in the terms lymphadenoma, hypertrophy, etc.? I am not clear as to what answer should be given, nor whether their removal is an advantage or otherwise. Probably this will have to remain an open question for some time yet.

7. In a very large number, indeed, in a majority of the instances of scrofulous neck which have come under my care, there was no evidence of any constitutional taint or weakness. The origin of the ailment was often clear and defined, bad drains in many instances, scarlet fever, mumps, etc. The cases were frequently isolated instances in families free from any tendency to constitutional disease, and health and perfect vigor were restored after the destruction of all degenerate or septic material.