

suture, and in many such cases I have had healing by first intention. If there is doubt, however, it is best to pack the wound cavity with iodoform gauze, and allow it to granulate. We use iodoform in preference to other antiseptic packing, because iodoform seems to be particularly beneficial in destroying the tubercular process. Occasionally we have cases in which we do not require to pack, and yet, in consequence of the extent of the wound, the opening up of connective tissue, and the oozing, it is wise to insert a drainage tube for a few hours.

Sometimes the adhesions about a gland in dangerous regions are so extensive that we are unable to remove it. Important structures may be implicated in the adhesions, and we are forced to leave the gland. This condition is, however, rarely such that we are compelled to abandon the gland without removal. On one occasion, in assisting Mr. Cameron in the removal of glands deeply situated in the posterior triangle, we found the phrenic nerve so firmly united to the gland that we were compelled to leave the gland in place: slight traction of the gland caused spasmodic contraction of the diaphragm. Often a gland is adherent firmly to the superficial parts, and yet may readily be stripped off its deeper connections. I have dissected such glands off the internal jugular vein, baring that vessel without damaging it, for a considerable distance.

Lastly, let me say one word with regard to the treatment of cicatricial tissue and sinuses in long-standing cases. This tissue is often the seat of tubercular infiltration, and should be carefully and thoroughly removed. Many of these cases run a prolonged course because the infected material which is here referred to is not excised. So-called hypertrophic scars are often of this nature; they are the seat of tubercular infiltration, and require radical measures for their removal.

With regard to the danger to life of the operation of excision, I may quote from the large experience of Mr. Knight Treves, who states that he has operated on a few hundred cases and has never had a death.

I believe that in the future more of these cases will be subjected to the operation of excision than in the past. Practitioners are beginning to realize the fact that palliative measures tend to make matters worse. I believe nevertheless that Mr. Thoms, of Birmingham, is correct when he states\* that "physicians are much inclined to persevere with local remedies, which often cause a chronic cellulitis and make the subsequent removal much more difficult."

\* *British Medical Journal*, Vol. II. 93, p. 1,143.