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TREATMENT OF ENLARGED CERVICAL GLANDS.

The cervical glands are prone to nndergo enlargement from a great variety of causes. The enlarged glands are bubonic in their nature, and the process varies from a simple increased functional activity, to the formation of enormous hyperplastic masses, and necrosis. The process is similar to what goes on in adenoid glands in all parts of the body, under irritation; witness, the mediastinal and mesenteric glands under tubercular infection, the glands of the groin under absorption of irritants from the penis, the solitary and agminated glands of the intestine from the invasion of the bacillus of enteric fever.

It may be said that any irritant, peripheral or central, usually the former, is efficient to set up the adenitis, and that the process of the inflammation is conservative in intention, the glands acting as sentinels to stay the progress of the poison, and prevent its general dissemination through the body.

The most important *infective* enlargements of the neck are either actinomycotic, glanderous, syphilitic, leprous, or tubercular. Of these, the leprous may be disregarded in this country, and the actinomycotic and glanderous forms are also happily so rare as to make it necessary only to mention that the actinomycotic, previous to secondary infection, is not attended by glandular enlargement at all.

So that the two, syphilitic and tuberculous infection, are left for consideration. The former, usually easily diagnosed by a reference to symptoms in other parts of the body, history, etc., are rarely suitable cases for other than internal, antisyphilitic treatment. Operation should be postponed until free pus is present, then a simple incision of the abscess should be made, and the walls scraped or cauterized.

This leaves only the tuberculous swellings so commonly seen in the cervical region, especially in children. Under the name *scrofula*, this tuberculous adenitis has long been recognized, but in the light of modern pathology these swellings should be, and now are usually, spoken of as tubercular. For in these cases we have to deal with a true tubercular infection, either primary or, as is more common, secondary. It should be remembered, that while this is especially a disease of early life, a distinct senile form is known. Sometimes the avenue of approach by which infection has taken place is not to be made out, but usually we can find the "port of entry" in some diseased tooth, ulcer of the mouth, nose, or pharynx, or through a diseased tonsil.

Other roads by which infection may take place are, suppurative disease of the middle ear, an eczema of the skin or scalp, or a purulent conjunctivitis.

Their course often tends to complete recovery, but, unfortunately, sometimes ulceration of the skin takes place, leaving unsightly scars, which are permanent. At other times the progress of the disease is of long duration, and active interference becomes a necessity, both on account of the condition present and of the danger of a tuberculous pleurisy, or pulmonary tuberculosis supervening.

In the matter of treatment, centuries of observation have shown that outside of what may be done by general constitutional measures, and by local applications in the way of promoting absorption of the *peri*-tubercular infiltration, thorough extirpation by the knife and spoon offers the best hope of being effectual. The guiding principle enunciated by Professor Allbutt comes in here with force, viz., "that whenever septic material is contained in the system we rest not until it is expelled, and its burrows laid open and disinfected."

Mr. Teale, in a recent address, has so clearly laid down the principle of the surgical treatment