

will there develop. It has been suggested that the peculiar soil in which the bacillus grows may with propriety be called scrofulous, and that the seed itself, the consequences of its growth and the manifestations which follow, would more properly come under the heading of tuberculous. Another point of great importance is that concerning the development and multiplication of the bacillus. Koch has pointed out that the larger the number of microbes introduced by inoculation the more rapid will be the diffusion of tubercle, until it becomes general. He has also described the mode of multiplication of the microbe by fission and the formation of spores. Such, then, being assumed as true, it naturally follows that to delay the removal of an infected gland is to expose the individual to the risk of general tubercular infection. But we have positive evidence on this point: it is within the experience of most of us that phthisis in many instances can be traced to or connected with scrofulous glands of the neck, or some other tuberculous affection either of the bones or joints or of other tissues in which the local malady preceded the general diffusion. And I think we can record other facts in this connection in which the removal of diseased or enlarged glands or of tuberculous joints has been followed by general improvement in health. Such general improvement will follow after the healing of sinuses or ulceration, which is the sequence to the discharge of pus from a tubercular abscess.

But what a contrast is the part which is left to nature with that which has been early dealt with by the surgeon's knife. In the one instance, the individual, after being subjected to the risk of general tuberculosis, will recover with the part seamed and scarred in every direction with adherent and puckered cicatrices, and this probably after years of suffering; in the other, the disease is at once removed, the patient is to a certain degree protected from infection by the entire removal of the diseased tissue, and this at the expense of a simple and not hazardous operation, a week or ten days surgical treatment, and ultimately a scar, which is not more than a narrow, thin white line, and which in some instances is scarcely perceptible. This radical method of treatment is, to my mind, preferable to that adopted by some surgeons, as laying open the part and scraping all diseased tissue away. In cases

where sinuses and ulcers remain, I should think the use of the spoon would be attended with good results, but even in these cases where there remains a ragged opening with thin undermined edges, it appears to me that removal of the entire diseased mass, freeing the skin from deep attachments, and bringing the edges carefully together, is a better method of treatment than that by the spoon.

Mr. Treves recommends the use of the fine point of a thermo-cautery, which he thrusts into the gland and passes it in several directions in the gland tissue. This method I never have employed, and I must say that it appears to me an unsurgical proceeding. I should trust alone to complete removal by the knife, and I may say that so far, I have not met with any case in which the entire removal has not been applicable. After removal, the subsequent healing is rapid; very frequently two or, at most, three weeks has sufficed to produce perfect union, and the subsequent scar has been slight and in time scarcely perceptible.

CASE I.—On the 17th April, 1873, I was consulted by a gentleman, aged 27, with a large glandular tumor situated on the right side of the neck, extending as high up as the ear. It was nodular, firm, and appeared to consist of several glands held together by dense fascia; it was to the inner side of the sterno-mastoid muscle, and was quite moveable. The tumor had been there for some two years, and had proceeded apparently from cold and exposure. For over twelve months he had been under treatment, various applications had been made, and the directions of his surgeon had been implicitly followed. He had taken iodide of potash, cod-liver oil, etc., without the slightest effect on the growth. When seen, the growth was the size of a goose egg. I recommended its removal, and the operation was performed on the 21st April, 1873. This man, although he had recently returned from England, was pale and looked out of health; he was weak, an unable to stand much fatigue. The wound united by first intention. It was before the days of strict antiseptic precautions. Silk sutures were employed, a drain was inserted, and the wound dressed with wet lint and oil silk. Four distinct glands were removed, and were all in a state of softening and contained pus. This I con-