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OPERATIVE

versus

THERAPEUTIC TREATMENT

OF

STRUMOUS CERVICAL GLANDS

BY

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OPERATIVE VERSUS THERAPEUTIC TREATMENT OF STRUMOUS CERVICAL GLANDS.*

THE subject which I have the honour to bring before you this evening is an unromantic and an old-fashioned one. Strumous glands have from time out of mind taxed the ingenuity and patience of all practitioners of medicine, till from sheer weariness doctors and patients have been tempted to despair, and leave the disease to the uncertain action of time and Providence. Perhaps the term "King's Evil" was referred by the public, in olden days, more especially to the outward and visible manifestations of scrofula in the neck, rather than to similar diseases of bones and joints, and, if this was the fact, it shows to what a depth of despair our forefathers in the profession were reduced that they had to fall back upon that mysterious "Divinity that doth hedge a king," and trust to the laying on of royal hands to effect a cure after all their own resources had been tried in vain. It may be that this old world attempt at faith-healing eventually proved as unsatisfactory as it sometimes does even in our own times. Perhaps it was then that the peculiar properties of sea air on strumous affections began first to be appreciated. At any rate in

* A Paper read before the West London Medico-Chirurgical Society on January 3rd, 1889.

the year 1791 the fact was sufficiently noteworthy, that in my own native town the first special hospital for this class of disease was established—the Royal Sea Bathing Infirmary, otherwise called the Royal National Hospital for Scrofula, containing now over 200 beds. Since that date, a hundred years ago, thousands of patients suffering from scrofulous diseases of glands have visited Margate and its immediate neighbourhood. As a resident medical officer, and afterwards as surgeon to the Royal Sea Bathing Infirmary, I have had peculiar opportunities of observing the disease of glands from all points of view. It is for this reason that I have ventured to select for this paper the subject of the treatment of strumous glands. I do not propose to discuss the minute pathology of tubercle, but to leave it to those specially trained to this branch of research. It is perhaps also unnecessary to define the precise meaning of “strumous” gland. For the purpose of this paper I would ask to be allowed to include all enlargements of cervical and axillary lymphatic glands not malignant in character. Every surgeon who has made a special study of any subject knows how difficult it is to avoid dogmatism, I hope I may receive your indulgence if I appear to express my present views with undue partiality.

It will serve no good purpose to go into the *history* of the subject in any detail. Nor do I propose to weary you with statistics, or relate a series of cases. It would be almost impossible to arrange statistics on this particular subject because the progress of the disease is so

different in character and rapidity of development; yet at the same time most cases bear a strong family likeness. I have had the opportunity of reading the somewhat meagre records of the cases treated in the Royal Sea Bathing Infirmary for nearly 50 years. The chief points of interest appeared to be either the extreme length of the sojourn of the patient in the hospital, or, the uncured condition in which he was sent home again. Apart from the climatic advantages of Margate, the treatment appears to have been eminently monotonous, cod-liver oil, iodide of potassium, iron, quinine, arsenic, and the inevitable iodine painting, or linseed meal poultice.

This treatment was not peculiar to Margate, but up to within the last five or ten years was the one usually adopted in this country, and taught in the schools and text-books. Occasionally, as in most other obstinate diseases, some over sanguine innovator would proclaim a specific; sulphide of calcium was once credited with the power of "dispersing" whole ranges of indurated glands; it was tried and found wanting, like most other drugs warranted to cure; other medicines have also had their brief day and passed into oblivion. I have searched several English text-books to find any other special drug treatment of enlarged glands; but the line of treatment suggested is almost invariably the same in principle and practice as the one above alluded to, which line is after all merely playing the changes on various constitutional tonics, permitting the glands to

suppurate, burst through the skin, and heal up again at their leisure. In works on surgery the inquirer will find little or nothing to guide him, the impression he will get is probably one of masterly inactivity. In a very popular work by a distinguished physician published in 1879, the writer, in urging the use of sulphide of calcium, relates an imaginary case, and the treatment he would advise. I will quote the passage as it illustrates a very common type of case and a prevailing method of treatment: "An unhealthy child from six to twelve months old, perhaps in the course of measles or scarlatina, is the subject of a slight sore throat, which produces behind the angle of the jaw considerable enlargement of the glands, and the swelling, of stony hardness, may be large enough to interfere with swallowing, and even to push the head on one side. Very deep suppuration takes place, and for a long time there is neither redness of the skin nor fluctuation, and the pus very slowly makes its way to the surface, so that a fortnight, three weeks, or even a month may elapse before the abscess bursts, or is fit to be opened, when a deep hole is left with considerable indurations around it. So great is the pain and constitutional disturbance that the child sometimes dies; and even if this fatality is averted, the deep discharging hole heals very slowly owing to the indurated and unhealthy state of the adjacent tissues. Now in such a testing case, if we give a tenth of a grain of sulphide of calcium mixed with a grain of sugar of milk every hour

or two the results are most striking. The pain and constitutional disturbance begin to diminish, the swelling becomes smaller, the pus reaches the surface in four or five days, leaving when it is evacuated a benign wound which quickly heals."

There is little doubt that there are many medical men who adopt this expectant treatment, with or without calcium sulphide; a large proportion of mutilated necks that drift down to Margate relate the same history. Another and perhaps larger percentage still have been poulticed for months, their necks are like rabbit warrens, sinuses running in all directions, the skin and subjacent tissues unhealthy and rotten.

During the last few years surgeons have begun to recognise the fact that the surgical laws governing the treatment of the body generally bear with special force on the surgery of the neck, and that it is as important to let out matter as soon as it is formed in this region as it is in a whitlow or ischio-rectal abscess, and that it is as deadly a sin to poultice the one as the other. Possibly the hideous results I have witnessed from poulticing lead me to speak with over-much contempt of the practice, *i.e.*, as a means of dispersing abscesses or bringing them to a head; if from force of circumstance one is ever compelled to use a warm absorbent soothing application, surely we have plenty of medicated absorbent wools to resort to without flying to a mass of sodden decomposing vegetable matter, which few nurses are competent to make soft and comfortable, which has

no claims to cleanliness or sweetness, much less to antisepticity. Up to this point I have briefly described what I have perhaps inaccurately called the "therapeutic" mode of treatment, chiefly in relation to suppurating glands, and I have endeavoured to point out that it is by no means satisfactory. The process appears to me to be unsurgical; the period of treatment may be, and often is, prolonged to years; the expense, trouble, and annoyance to the patient is very great, and the ultimate result is too often a group of ugly scars, irregular, puckered, depressed, or elevated. Moreover, every month the local disease exists adds to the danger of the poison being carried to other parts of the system, and perhaps this last is the most important point of all.

With regard to the treatment of glands that are in an apparently quiescent state there is a greater difference of opinion, and I feel I am treading on more difficult ground. It may simplify matters to mention and put on one side those conditions of glands about which most medical men agree, viz., simple, congestive, or inflammatory swelling, either idiopathic or due to some *temporary* local irritation, such as sore throat, carious tooth, &c. Removal of the cause of irritation is usually enough to allow the enlarged glands to subside without further treatment. If the swelling remains persistent for more than a week or two, an ordinary tonic, or better still, change of air to the seaside, is as a rule sufficient. Personally I have never seen much good result from mercurial ointments, counter-irritation with iodine, &c.,

but some surgeons think differently. An evaporating lead lotion is sometimes useful. If the glands after a few weeks of the above treatment refuse to subside, or increase in size, then it is that differences of opinion arise, and different modes of treatment have to be considered. Let us assume that a patient is before us with enlarged glands of say two months standing or more. Let us assume that he has no bone or joint disease, or any other tubercular lesion. Let us further assume that every source of local irritation has been removed or cured, such as carious teeth, pediculi, disease of tonsils, buccal, nasal, pharyngeal, naso-pharyngeal mucous membranes, conjunctival disease or otorrhœa, lupus or skin disease ; in fact, that we have simply to deal with some form of enlarged glands. Our duty is obviously at first to wait and endeavour by good feeding, stimulants, and change of air to improve the patient's health. For some reason certain seaside localities have obtained a reputation greater than others. Many of these places are on the east coast of England, such as Margate, Westgate-on-Sea, Yarmouth, Scarborough, and others. In most of these places the air is very dry and bracing, the soil light and chalky, and the vegetation scanty. In Margate, too, the tide goes down a long way, leaving a large expanse of sand and seaweed. Whether it is the salt or ozone that benefits these tubercular cases so much, or whether it is the dry bracing breezes from the North Sea it is difficult to tell ; probably both conditions assist.

Often I have seen glands that have defied all treatment for several months in London and the Provinces, yield to the unaided influence of "change to the seaside," without a drop of medicine, or any local treatment. It is my impression that this favourable result can only happen in "simple hypertrophy" of glands, but how to distinguish this condition from glands in which tubercle is deposited, or in which caseous degeneration or pus exists I am not able to point out. Temperature is an untrustworthy guide, for over and over again I have seen cases with a continuous normal temperature in which many of the glands were full of pus. Palpation is equally unsatisfactory, either as regards positive or negative evidence. The only criteria as to permanent enlargement and disablement of glands appear to me to be positive indications of the presence of pus, or the continuous enlargement of any gland or glands for more than six or eight months. The period mentioned must necessarily be arbitrary and elastic, some glands are permanently damaged in as many days; but few cases that have existed without temporary diminution in size for six or eight months ever resume their normal condition, and even if they do not immediately break down they are a constant source of weakness to a patient, and will probably suppurate at any time when his condition is brought low by illness or want of tone. The surgeon having in due time, and after due consideration satisfied himself that the glands are permanently diseased, the debateable subject of

treatment arises, and on this point the differences of opinion are strong and numerous. First of all, the surgeon must picture to himself the condition of the glands which he sees and feels bulging out the skin of the neck like small potatoes or peas. The two chief varieties are, according to my experience—(1) glands hypertrophied, hard, pale in colour, with apparently feeble blood supply; (2) glands of similar appearance, but containing more or less caseous degeneration, or flaky pus. The latter variety being probably an advanced stage of the former. In some cases none of the diseased glands, even though of long-standing have any caseous degeneration. In others, all, even those as small as a pea, have one or more points of caseation. The condition of the cellular tissue surrounding the glands seems to me to be a point of special diagnostic importance. If there is a history of occasional periods of extra swelling, and tenderness of the neck, it frequently means sub-acute cellulitis; the subsequent result of this inflammation is that the cellular tissue is rendered more dense, and the glands are more or less matted together, the blood-vessels supplying the glands become strangled, the nutrition of the glands is impaired, and there is a greater tendency to degeneration and death of the glands involved.

I will assume, for the sake of argument, that the surgeon elects to adopt some form of active treatment on the ground that the dead or diseased glands must in time inevitably come away, and that it is better to

choose the most convenient passage of exit rather than to leave it to the slow, uncertain, and probably inconvenient processes of nature.

The list of processes is legion. The most primitive, and to my way of thinking, the most unsurgical is disintegration by poultice. One of the most extraordinary cases I ever saw came from the wards of one of the largest London hospitals to the Margate hospital—a strong hearty young man's neck had been exclusively and continuously poulticed for over six months; there was a granulating surface which I carefully estimated at a foot square, out of which several superficial and deep glands had been eroded by the poultice. I ventured to leave the poultice off and treat the neck with simple *surgical* dressings, and the surface eventually healed. The case was certainly a cure, but at what cost of time and suffering to the man, not to mention the extensive disfigurement to his neck. Another process is the insertion of various forms of caustic to promote suppuration, this method is painful and slow, one cannot limit the action of the caustic, portions of diseased tissue are not touched and are consequently liable to break down later on, and the scars are apt to be most unsightly. Injections of carbolic acid, iron, pepsine, iodine, ethereal solutions of iodoform, &c., have been tried and are open to many of the objections mentioned in reference to the caustics. Ignipuncture seems to me also to possess the same disadvantages, only in an aggravated form. Aspiration of suppurating glands, or

minute lancet punctures with insertion of a small drainage tube may occasionally be sufficient when every portion of the gland is thoroughly broken down ; but these cases are rare ; the usual result is that diseased tissue is left behind, and the operations have to be frequently repeated, leaving a neck full of small scars, inequalities of surface, and skin puckers. Moreover, this method is only applicable to superficial glands.

Scraping with some form of spoon or scoop through a small incision is in my experience very rarely successful ; unless the gland or glands are masses of caseation and pus. Too often the hypertrophied glands merely contain pockets of caseation or *débris*, these pockets can, of course, be easily emptied by a scoop if one is lucky enough to hit them off ; but the hard undegenerated gland substance cannot be touched by the scoop without undue violence, and the former is consequently left behind to break down at leisure, and keep open a sinus possibly for many months. A sharp scoop wielded by a muscular surgeon is not altogether a harmless implement for mining operations in the neck ! Taking all these methods into consideration, many surgeons, including my colleagues and myself, have gradually adopted the principle of excision, by this I mean the making of a moderately free incision—and with patience and care removing, with the knife, every enlarged gland or portion of gland.

It cannot be denied that the operation is occasionally a very formidable one, especially when, owing to plastic

inflammations the structures of the neck are very adherent to each other, and I for one do not hasten to use the knife till every chance has been given for the glands to disappear. If pus is present, the time for operation has come, for when one of a group breaks down the rest will follow suit, for so surely as the surgeon leaves one small innocent-looking gland behind it will swell up and disintegrate, and the healing of the wound will be delayed. If the presence of pus is uncertain, the duration of the disease and the condition of the patient must be one's chief guides, as well as the opportunity one has of keeping the case under observation.

The principle of the operation is the complete removal of the dead or permanently injured gland from the neck, even as a piece of necrosed bone is removed wholly, and not in part. By making a clean sweep of the diseased structures with the scalpel, the surgeon does in one or two hours what Nature (even with the assistance of poultices, caustics, &c.) may take months or years to perform. Moreover, the scars of the surgeon's wound present a less unpleasant appearance, than the irregular puckerings of a burst abscess.

It is not claimed for the "excision" method that it is a perfect method, chiefly for a reason that holds good for all the other operative processes, and that is the frequent subsequent deposit in fresh glands of tubercular matter.

The chief danger of this method is hæmorrhage during or after the operation; this may be avoided by

care and patience, and I may mention that hitherto among the hundreds of cases we have had at Margate (some of them of considerable magnitude) this has never caused us more than temporary trouble. My own personal experience of gland cases must amount to nearly 200 during the last three years, irrespective of the cases I have seen under the care of others. Many of these cases were small ones, or convalescent, and needed no active treatment. Considerably over one hundred have required some sort of operation from a minor scraping operation for decorative effect, to a long and tedious operation, in which as many as seventy or eighty glands had to be removed. Hitherto I have fortunately had no death to record save one from the anæsthetic (ACE) a single suppurating gland (and my colleagues have been equally fortunate). In one case only had I serious hæmorrhage, in this the jugular was wounded, as it was deeply imbedded in a mass of adherent glands. In no case has there been any noteworthy septic complication; and the vast bulk of the cases were firmly, and I trust permanently healed in from three to four weeks, this was specially the case in the larger operations.

I might mention that I have never yet seen danger from air entering a vein. With rigorous antiseptic precautions and judicious drainage, with careful adjustment of edges of wound and graduated padding, with liberal rolls of absorbent dressing round the neck, and with absolute rest with the head between sandbags, the

wound usually heals kindly, and in a large number of favourable cases is practically well in less than a fortnight. The directions and positions of incisions must vary according to circumstances; on one or two occasions in very extensive cases I have even divided the sterno-mastoid without interfering with the good result of the operation. I have not attempted to prove in this somewhat lengthy paper that there is only one way of dealing with strumous glands, but I have tried to show from the results of a fairly extensive experience that when constitutional means have been duly tried, the surgeon's knife, carefully yet boldly used, is a more satisfactory, and especially a more rapid and permanently successful method of treatment than any other we are at present acquainted with. It will be a source of great satisfaction to me if I have succeeded in making my arguments clear, and sufficiently sound to meet the approval of those who are called upon to treat this troublesome and intractable disease.