

TWO CASES OF EXTIRPATION OF CERVICAL
ADENOMATA, WITH UNUSUALLY EXTENSIVE
DISSECTION OF THE TISSUES OF
THE NECK.

By JARVIS S. WIGHT, M. D.,

OF BROOKLYN.,

PROFESSOR OF OPERATIVE AND CLINICAL SURGERY AT THE LONG ISLAND
COLLEGE HOSPITAL.

TUBERCULAR ADENOMA.

CASE I.—Miss A.S., a female domestic, æt. 30 years, was admitted to the College Hospital, February 3, 1888, having a bunch of enlarged glands on the right side of the neck. They extended from the front of the ear along in front of and under the sterno-cleido-mastoid muscle, and filled the posterior triangle, going under the clavicle. They had the appearance of being cystic, and were supposed to be tubercular. They had been growing for about two years. The sixteenth of February I operated: An incision three inches in length was made over the enlarged glands in front of and below the ear on a line with the sterno-cleido mastoid muscle. Several large glands with fibrous capsules and cheesy contents were carefully dissected out. And all that part of the parotid gland which lies between the external meatus and the ramus of the lower jaw was removed, exposing the external carotid artery, as well as the trunk of the temporal and internal maxillary veins. The transverse facial and the posterior auricular arteries were ligated with sutures. Another incision about four inches in length was made from the clavicle upward along the posterior border of the sterno-cleido-mastoid muscle. The external jugular was ligated. The enlarged glands from the mastoid downward were excised, going well under the clavicle. And it was necessary to raise the sterno-cleido-mastoid muscle and dissect out the enlarged glands as far as the bifurcation of the innominate artery. The following structures were exposed: The subclavian artery, the common carotid artery, the inter-

nal jugular vein; the brachial, as well as the cervical plexus of nerves, the upper part of the pleural sac, and the apex of the axilla. The patient showed signs of exhaustion and collapse, and required external warmth, as well as the free administration of stimulants.

Considerable traumatic inflammation followed the operation. During the first week the temperature went up in the afternoon to 102°. After that time it gradually went down to normal. The wound gradually healed by granulation. The patient was so far improved that she could be discharged from the hospital the sixth day of April. In a short time she went into the country, where she became much stronger. Finally, two circumstances may be mentioned: Some parts of glands infringing on the pleura were left and were subsequently absorbed during the inflammation and repair. About one year after the first operation I removed a few enlarged glands that appeared on the side of the neck back of the mastoid process. The patient has again gone into the country, and is doing well.

ADENO-SARCOMA.

CASE II.—A. E., a girl, æt. 15 years, came to my office in April, 1889, having a large lobulated growth on the right side of her neck, extending from the front of the ear down to the clavicle, and being limited anteriorly by the trachea, posteriorly by the trapezius muscle; and it projected from the neck forward about three inches, giving her an unsightly appearance. She was sent to me for an opinion as to the advisability of an operation. I noted the following points: She was considerably under size; she was not well nourished; she was somewhat emaciated; her general health was not good. And I came to the following conclusions: That the case was one of sarcoma of the cervical glands, and that the glands were encapsulated, and that the interglandular structure was made up of proliferated connective tissue.

All the cases of adeno-sarcoma of the neck that had come under my observation had been rapidly fatal; they had died in a few months. In the present case, it seemed as if it would be possible to enucleate many of the enlarged glands; and that this would facilitate the control of hæmorrhage. The patient would surely die without an operation—perhaps she would with one. An operation seemed to give the patient the only possible chance of relief: so I proposed and advised an operation. She came to the College Hospital the fourth day of June. A few days after I operated, assisted by her family physician, Dr. Fleming, and Drs. Rand, Cochran and Rogers, and the house staff. After

aseptic preparation and anaesthesia, I made an incision from five to six inches in length over the nest of glands nearly on a line with and somewhat posterior to the sterno-cleido-mastoid muscle. The external jugular vein was ligated, and the overlying tissues were drawn aside. Then began the removal of the enlarged glands; some I enucleated, and some I excised. The connective tissue frame-work in which the glands were en-meshed was very vascular, bleeding at every point. The hæmostatic forceps were frequently applied; sometimes my assistants kept their fingers on the bleeding points; from time to time I used the suture-ligature. In several instances I seized the half-enucleated gland with my hand and twisted it out, so that there was a less degree of hæmorrhage. I removed the glands from behind forward, going deeply down behind the clavicle. The sterno cleido-mastoid muscle was pulled forward and to the opposite side, in order to reach a number of enlarged glands lying on the common and superficial carotid arteries. The parotid gland was infected, and I removed all of it that I could find. At the end of the operation the subclavian, the common carotid, the external carotid and the large nerve trunks were exposed. The appearance was similar to that in the previous case.

The wound was made antiseptic, and carefully dressed. At the end of three days it was re-dressed. There was no secondary hæmorrhage. There was some elevation of temperature for several days. The wound healed kindly by granulation in about two weeks, and everything promised well for my little patient. About the first of July cerebral symptoms appeared somewhat suddenly, and became more and more marked. The pupils dilated; slight convulsions occurred from time to time; consciousness was diminished as the hours passed; in a little time coma was fully developed; and then paralysis supervened; on the fifth of July death took place. No post-mortem was obtained.