

four cases of hæmorrhagic fibroid treated for the same time in which anything like as good results followed any plan of treatment whatsoever, short of hysterectomy or the removal of the uterine appendages. Every gynæcologist knows too well how rebellious such cases are, and the ordinary methods of dealing with the metrorrhagia, such as the curette, the use of caustics such as nitric acid, and the like, are obviously quite unsuited to cases of this type, while the uselessness of drugs needs no insisting on. I take it for proved, therefore, that in certain cases of hæmorrhagic fibroid the hæmostatic influence of the positive intra-uterine electrode is striking and valuable. That it is not invariable in its effects, and that it should sometimes fail altogether, is only what might be predicated of any method of treatment, and is no argument against its use. In uterine hæmorrhages due to other causes, such as vegetative endometritis and the like, I think we possess other plans of treatment quite as effectual, and much more rapidly so, and I do not consider them likely to be superseded by a method which is slow in its action and very tedious and troublesome to apply.

(To be concluded.)

## ON THE TREATMENT BY EXCISION OF MASSES OF SCROFULOUS GLANDS.

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SCROFULOUS GLANDS do not, as a rule, attain a large size; generally they suppurate within reasonable limits as to dimensions, and discharge externally, either naturally or as the result of surgical interference. Occasionally, however, the glands continue to grow, become the seat of deposit, infect one another, and gradually increase in size till they form large masses of glands, weighing perhaps more than a pound in weight. When enlarged to this extent the mass interferes with the circulation, and sometimes, by pressure on the windpipe, with respiration also. Such cases terminate fatally if left to nature, and cannot, so far as I know, be dealt with satisfactorily or with benefit to the patient by any other mode than that of excision. For many years I left such cases alone, trying for months, and even years, every drug treatment that has ever been recommended, without in any instance witnessing a favourable result. In fact, anyone who has seen a number of these glands after they have been excised and cut open will readily appreciate the futility of drugs in such cases. A large proportion of, or perhaps all, the glands in a given case are found to contain masses of cheesy caseated material, which masses are extra-vascular, are thrown out from the tissues, and are no more likely to be affected by drugs than a loose sequestrum. I think it is time that the rank absurdity of treating scrofulous gland swellings with drugs to promote absorption should be exploded. Of course I am not referring to recent gland swellings, which may not contain scrofulous deposit, and which may be resolved. Subsequently I tried the process of incising such portions as were softening, and scooping out the contents. I found this plan no better than the expectant one; it entailed a number of openings and a number of suppurating cavities, which could not from their surroundings and condition readily contract and heal. Also, after the operation of scooping, other glands, which, although enlarged, had not previously softened, gradually broke down, the cellular tissue became inflamed and brawny, hectic continued, and the patient died worn out by the chronic blood-poisoning, or from complications in the lungs or elsewhere. I have found scooping with good drainage answer very well for enlargements of reasonable size, but not for such cases as are reported below. I have combined limited scooping with excision in some of the cases; for instance, after excising a mass, a broken-down gland may be found deeply and immovably fixed, and may be more advantageously scooped out. These large masses almost invariably extend into the deeper parts of the neck; they lie under the sterno-mastoid and on the deep vessels. Their removal is not exactly difficult, but requires care, time, and patience.

As regards the operation the following hints may be of use. The entire removal should be effected by dissection alone; no directors, handles of scalpels, or fingers should be used to separate the glands from the surrounding cellular tissue. Cut down on the surface of the mass, dissecting the cellular tissue as closely off the capsule as a nerve is cleaned in the dissecting room. Cut always on the capsule, and never allow the knife to stray from its surface. When sufficient of the anterior surface is exposed, pass a thick thread through the gland, draw it gently forward, and, continuing the dissection, get gradually to the back of the gland, removing thus portions of the mass at a time, each portion comprising perhaps one gland, perhaps several closely connected with each other. In this way the mass is gradually removed. If the plan of cutting on the capsule is strictly adhered to, it is not easy to divide any vessel of importance without doing so intentionally; whilst, if it is not followed, the jugular vein will probably be incised, as the deep glands lie along and are more or less adherent to its sheath. I have several times had to divide the external jugular vein and twice the sterno-mastoid muscle, but as a rule the glands can be pushed or pulled from underneath this muscle. In none of the cases has there been any serious hæmorrhage, and all the cases operated on have recovered. In one of the cases I accidentally opened the internal jugular vein; it was tied above, below, and at the point of incision, and no evil result followed.

As regards treatment of the wound, anything like retention of blood, serous oozing, or discharge is attended with such serious consequences that latterly I have not ventured to suture the skinflaps, except, perhaps, a single stitch to keep them in proper line. If the flaps are sewn together, hollows must be left underneath in the space the gland tumour has come from. I have also found irritation set up by drainage tubes. I have preferred, therefore, to let the flaps adapt themselves to the tissues underneath, supporting them by pads of antiseptic cotton. Strict antiseptic precautions are used in the dressings. The patient, when put to bed, has his head and neck fixed by sand-bags; he is not allowed to move or talk, and is fed entirely on liquid nourishment so as to avoid the movements of mastication. I have found, as might have been expected, that the tissues of the neck have great healing power, but are equally prone to inflammation from the irritation of tubes or from the slightest obstruction to the free exit of discharge. In fact, it is a part which is powerful alike for good or for evil. A drainage tube may safely and with advantage be passed into the hollow capsule of a gland after scooping, but it does not rest easily if laid among the deep cellular tissue of the neck.

One of the patients had been photographed at the instance of the friends before the operation, and, as it is one of the worst in degree, woodcuts of this case are given. For the notes of the cases I am indebted to Mr. Rees, the resident surgeon of the Margate Infirmary.

CASE 1. *Enlarged and indurated glands in parotid regions, largest on the right side; two or three indurated submaxillary glands felt; the gland masses freely movable; patient neuralgic and anæmic and neurotic; disease in progress six months.*—Johanna M—, aged twenty-two, nursemaid, was admitted into the infirmary on Sept. 1st, 1884. From the time the patient was admitted, the swellings in the right parotid region gave trouble, and on Sept. 12th one was incised and a little pus was let out; after this they suppurated and softened freely. On Dec. 9th the patient was given chloroform and the indurated submaxillary lymphatic glands removed through one incision, the edges of which were united with catgut sutures and the whole covered with flexile collodion; the crust of collodion came off a few days after, and revealed the incision of the operation wholly cured, healed by first intention, leaving no sinus. On the same occasion the suppurating glands in the right parotid region were incised and scraped. On Jan. 7th the patient had erysipelas of the face. On the 28th she was again given chloroform and more incisions were made, with scraping of the right side of the face. This patient left on May 28th, 1885, greatly benefited. Her submaxillary glands, being removed before they softened, never afterwards gave trouble. The parotid region glands softened, contracted adhesions, and gave much trouble.

CASE 2. *Mass of enlarged and indurated glandular concatenate on right side; right lobe of thyroid gland enlarged.*—Elizabeth B—, aged thirty-three, servant, was admitted on Nov. 3rd, 1884, after two years' illness. On Dec. 2nd

the patient was given chloroform, and the enlarged glands being freely movable, they were removed. An incision was made along the posterior border of the right sterno-mastoid for four inches and the glands dissected out; one gland that was beneath the mastoid process was incised and well scraped. The wound was united with silver sutures, and a drainage tube left in. The operation was done antiseptically, and the patient's head kept steady by a leather collar encircling the neck. The drainage tube was removed on the third day, and the sutures about the fourth or fifth. The opening left by the drainage tube was injected with carbolic solution. The day after the operation the temperature rose to 102° in the evening, the following evening to 101°, and the next evening to 100° only, and then became normal. The patient had no bad symptom, the wound healed by first intention, and she left cured on Feb. 16th, 1885, the cicatrix of operation being but a long thin white mark.

CASE 3. *Enlarged and indurated glands on both sides of neck; enlarged glands (freely movable) in left axilla; cicatrices in right axilla and on neck; five years in progress.*—Ada W—, aged twenty-two, servant, was admitted on Feb. 18th, 1885. After vigorous medication with mercury and iodide of potassium internally and externally, and the glands in the axilla not improving, on June 7th the patient was given chloroform, and an incision was made transversely in the right axilla, and a number of indurated glands weighing 8½ oz. dissected out *en masse*, the edges of the wound united with silver sutures, and a drainage tube put in. The wound did well, and was healed in fifteen days. The temperature never went below 100° in the evening, and just after the operation reached 102°; but the patient had changes in both apices, which would account for the nocturnal exacerbations of temperature. On July 2nd, though the wound had been healed some days, the patient had a rigor, and the temperature rose to 105°, and for three weeks she had rigors, sweats, high temperature, occasional diarrhoea, hæmoptysis, but no secondary abscesses. She left on Sept. 2nd, with her lung trouble in progress, but no glandular trouble.

CASE 4. *Much enlarged and indurated cervical glands (right side); movable; no sinuses or cicatrices; all six months; mitral bruit and (?) aortic.*—Albert C—, aged eleven, was admitted on June 15th, 1885. The patient is a very fair, anæmic lad; he stutters, has urinary troubles, and is subject to dyspeptic symptoms, with high temperature; albuminuria is also present. On Aug. 19th chloroform was administered, and an incision five inches long was made parallel with the posterior border of the right sterno-mastoid, the glands dissected out, and the internal jugular laid bare for about three inches; an incision was also made about three inches long at the angle of the jaw, and glands removed. The wounds were well cleansed with carbolic solution, sutured with silver wire, and drainage tubes put in. The tubes were removed about the third day, and by the 26th all the stitches had been removed and the wounds had healed completely by first intention, the head being steadied by a leather collar. The patient's temperature rose at times to 101°. On the 30th he had a rigor, and the temperature rose to 103°; this was followed by a further rise to 105°. He was very ill for three weeks, his temperature becoming normal on Sept. 22nd, it having been up to 105° every night. There were no abscesses. The glands having enlarged over the right clavicle, they were removed under anæsthesia on Oct. 13th in a manner similar to those above; the operation wound healed in ten days without a bad symptom. The mass in the first operation weighed 9 oz.

CASE 5. *Indurated cervical and axillary (right) glands; eight years' duration; axillary glands forming a hard mass about the size of a large egg, and freely movable.*—G. E. B—, aged eleven, was admitted on Aug. 17th, 1885. On Sept. 8th the patient was given chloroform, and an incision made transversely in the axilla over the mass. The glands were turned out without any trouble, a drainage tube inserted, and silver sutures used to approximate the edges of the wound. The drainage tube was removed the next day, and the sutures in the course of the ensuing week; but the wound showing some tendency to gape, strapping was used, and the arm bandaged to the side; it ultimately healed quickly and well, and the dressings were discarded on Sept. 19th. The boy had no bad symptom. He suffered while under the anæsthetic, and the "battery" had to be used. On Oct. 27th a small abscess opened in the cicatrix; the sinus was nearly two inches deep, and there was slight discharge. He was doing well on the 31st, and the wound had nearly healed up.

CASE 6. *Enlarged cervical glands on right side of neck; right side measuring 8½ in., left side 5 in.; glands solid, and showing no tendency to suppurate; duration of disease two years.*—J. S—, a boy aged thirteen, was admitted on Oct. 11th, 1886. The boy was anæmic, quiet, and listless; lips bluish-white; fairly nourished; internal organs sound. On Nov. 5th the enlarged glands were excised under chloroform. The chief mass lay beneath the right sterno-mastoid, extending from the mastoid process to the clavicle, and directly on the deep vessels of the neck; a second mass of glands lay in the posterior triangle, and extended behind the clavicle. Two incisions were made, one extending from the mastoid process to the clavicle, and the second along the upper border of the outer half of the clavicle. The deep vessels of the neck were laid bare throughout their entire length. The two masses of glands after removal weighed together over 15 oz. The capsules of the glands were thickened, and the glands agglutinated together, but no distinct deposit was apparent on section. Wire sutures and a drainage tube were used. On Nov. 8th the temperature was 99·8°, and the anterior incision had almost healed. On the 12th the temperature was 104·2°, and the pulse 134. The patient was restless. There was some tension about the anterior incision. Wet salicylic dressing was applied. On the 17th the wound was reopened, some pus evacuated, and drained. The temperature afterwards became normal. On Dec. 18th the wound had soundly healed, with a good scar.

CASE 7. *Enlarged degenerating glands on both sides of neck and below jaw.*—S. E. B—, a girl aged thirteen, was



admitted on May 12th, 1887. Family history good. The patient was very anæmic and greatly emaciated; lips and cheeks blue. She was deaf, had laryngeal stridor, and the respiration



was much impeded. Slight dulness at left apex, with moist râles. Conjunctivitis in both eyes. On Aug. 19th it was noted that the temperature since admission had ranged

from normal in the morning to 103.5° at night. The glands on this day were excised under chloroform from the right side. Considerable difficulty was experienced from the matted and adherent condition of the glands. Free incisions were made, and the sterno-mastoid was divided and turned up. Four ounces of glands were excised, and some few deep and fixed glands scraped. On the 20th and 25th the temperature was normal, and the wound was healing; by Sept. 9th it had quite healed. On Sept. 30th, under chloroform, the glands were excised from the left side of the neck; they were lying on vessels and beneath the angle of the jaw. Weight of glands excised 2½ oz. The gland capsules were thickened, adherent to surrounding structures, and much degenerated. Total weight removed 6½ oz. The temperature had become normal by Oct. 3rd, and the wounds were healing. On Jan. 4th the girl was fat and in good health, all the wounds having healed. (See annexed engravings illustrating this case.)

CASE 8. *Large masses of scrofulous glands on right side of neck of one year's duration; enlargement following acute tonsillitis.*—A. E—, a male aged twenty-one, was admitted on May 14th, 1887. The family history was good. On July 19th it was noted that since his admission other glands had enlarged—viz., on the left side of the neck and in the right axilla. The temperature had ranged from 100° in the morning to 103° at night. Under chloroform an incision five inches in length was made over the sterno-mastoid, the muscle turned on one side, and a large mass lying over the vessels dissected out; by a second incision, three inches long, parallel to the lower jaw, a second mass of glands was removed; a so, by a separate incision, a third mass from the posterior triangle of the neck. Total weight of glands from this side of the neck 8 oz.; 2 oz. of glands were also removed from the right axilla. Total weight removed 10 oz. On July 26th the temperature was normal, and the wounds were healing. A second operation was performed on Aug. 23rd, when 3 oz. of glands were removed from beneath the sterno-mastoid on the left side of the neck. On Oct. 18th a large gland, which had enlarged since the last operation, was removed from the left side of the neck; weight 1 oz. All the glands removed were degenerating, and contained caseous matter; total weight 14 oz. On Dec. 21st the patient was discharged in robust health, with all the wounds soundly healed.

CASE 9. *Indurated and suppurating cervical glands on right side of neck; numerous glands and sinuses on left side; duration seven years.*—M. H—, a girl aged thirteen, was admitted on Nov. 8th, 1887. The patient was pale and anæmic, with a waxy complexion, and subject to paroxysmal hæmaturia. On Jan. 17th, 1888, the glands were excised under chloroform. An incision of four inches and a half was made on the anterior border of the sterno-mastoid on the right side, and the old scar tissue excised. Glands of the weight of 4 oz. were removed from around the carotid sheath, and the internal jugular vein was pushed out of its place. In removal, the internal jugular vein was wounded opposite the level of the thyroid, and was tied above, below, and at the wounded point. During dissection, the anterior vertebral muscles and brachial plexus were exposed. The glands were adherent to the vessels and muscles around, and great difficulty was experienced in separating them. Most of the glands were degenerated, and many broken down, forming small abscess cavities. On Jan. 18th, the patient was doing well, the temperature being normal. She continued well up to Feb. 3rd, when the urine was found to contain a quantity of blood; the wound, however, was healing. On Feb. 17th it was noted that the temperature had continued normal, and that the urine was healthy. On the 25th the temperature was 102°, and there had been a return of blood in the urine. The wound was healing.

It may be noted, in looking over these cases, that some of them have been going on for six, seven, or eight years, and that they have only gradually and in the course of years attained considerable size. It would be better if glandular swellings were treated like any other tumour or morbid growth, and that if not amenable to treatment within a reasonable time they should be excised or scooped. The capsules of many of these glands are dense and tough; they lie deeply in the vessels, and to incise them for the purpose of scooping without previously exposing their surface by dissection is more dangerous than to remove them. These deep glands seldom approach the surface by suppuration. The best that can be hoped for, if they are left alone, is that their contents may undergo calcareous degeneration; mean-

time they keep the patient in bad health, and may extend and cause other and more serious complications. I think all diseased glands should be got rid of either by scooping or the knife, and that the latter has been too much neglected. I may add that I have excised glandular swellings for many years in the Margate Infirmary without in any instance meeting with a fatal result.

Margate.

## DENGUE IN EGYPT.

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*Definition.*—An infectious, eruptive fever, commencing suddenly with severe pain in the head, eyeballs, and muscles, flying pains and swellings in the knees and other joints, congested fauces and conjunctivæ, and a post-febrile period of pains, prostration, and loss of appetite, but almost never fatal.

*Nomenclature.*—"Abu rokah," the father of the knee joint (Gaberti, 1779). Rheumatism (Pruner, 1845). Date fever (Vauvray, 1868). Three days' fever, "abu el thalatta" (1880). Simple continued fever (1887).

*History.*—The earliest account of an epidemic of dengue is by the Arab historian Gaberti,<sup>1</sup> who says that in August, 1779, there appeared in Cairo and in Alexandria a fever known as the "knee trouble." The attack lasted for three days, and was accompanied by pain in the joints, knees, and extremities, as well as inability to move, and often with stiffness and swelling of the fingers. The after-pains lasted more than a month. The onset was sudden, the body being broken by it, and the head and knees taken hold of. The disease ended with sweating, and was relieved by hot baths. He describes it as one of the most remarkable events of the year. I have not been able to find any account of Dengue among the medical writings of the French expedition in Egypt at the beginning of this century. But the disease was next observed at Suez in December, 1824, by Ehrenberg, during a severe epidemic in India. In August, 1845, Pruner<sup>2</sup> saw an outbreak of dengue in Cairo, which increased until October and then declined, with the exception of a few cases of muscular rheumatism, which were present during the winter months. Among white patients he saw a spotted rash which sometimes lasted three days and sometimes only a few hours; there were papules slightly raised above the surface and of a light-red colour, and in some cases the eruption was only seen upon the arms. The rash was followed by pricking pains and very slight desquamation. The patients complained of aching pains in the head, eyes, and back, of great muscular fatigue, and of pains in the thighs, knees, and other joints. The fever was very slight in the mornings, but higher at night; bad cases were sleepless from one to five nights, and occasionally there was slight rambling at night. In very severe cases the patients also suffered from giddiness and fainting. The disease lasted from five to seven days, during which time the tongue was thickly coated, there was a taste in the mouth, loss of appetite, and constipation. Relapses were rare, but there were occasionally slight second attacks, and many suffered from chronic rheumatism as a sequela. It was noticed that in some of the houses attacked every individual suffered, while in other houses in the neighbourhood there were no victims. The treatment recommended by Pruner was bleeding, leeches, emetics, sinapisms, rest, and massage. In the autumn of 1868, and again in 1871, Dengue was seen at Port Said by Vauvray;<sup>3</sup> shortly after it was seen at Aden, and just before it broke out in Bombay and Calcutta. The disease very probably existed in Egypt during other years than those above mentioned, and possibly Vauvray is right in divining that dengue, when occurring at the time of the date-gathering, is masked under the name of date fever, which is, however, more likely to be ordinary intermittent malaria. In 1877, from August to November, there was a very smart outbreak of dengue at Ismailia, on the Suez Canal, and apparently limited to that town. The epidemic was so universal that the tribunals and commercial offices had to be temporarily closed. In the autumns of 1878

<sup>1</sup> Marvellous Events in the History of Egypt.

<sup>2</sup> Die Krankheiten des Orient's, 1847.

<sup>3</sup> Arch. de Méd. Nav., 1872.