CONCLUDING REMARKS.

I have purposely refrained from saying anything about diphtheria, except when it occurs as a complication of other diseases, because the subject is too wide to be treated in an adequate manner in the time I could devote to it. Moreover, it is somewhat outside the limits I laid down for my own guidance when I commenced writing these lectures. For similar reasons I have not discussed the manifestations of tubercle, syphilis, and malignant disease in the nose and throat, as these are well described in the various textbooks on the subject. The plan I proposed to myself was to group together the various affections of the upper air passages as they may occur in connection with general or local diseases, and also to point out the diseases of remote organs which may arise as a result of affections of the upper respiratory tract. A secondary object I had constantly before me was to accentuate the importance of a systematic examination of the nose, naso-pharynx, pharynx, and larynx.

I am quite conscious that I have omitted many points of interest, but the very abundance of material has rendered the task of selection a difficult one. If, however, I have stimulated any of my hearers to pay more attention to the diseases of the upper respiratory tract and to the use of the laryngoscope, I shall feel that I have in some measure accomplished the task I undertook.

In conclusion, I should like to express my appreciation of the honour the Council did me in requesting me to deliver the Lettsomian Lectures, and I have to thank you, gentlemen, for your courteous attention.

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REMARKS ON CHRONIC LYMPHADENOMA, WITH ILLUSTRATIVE CASES.

By FREDERIC EVE, F.R.C.S.,

Surgeon to and Lecturer on Pathology at the London Hospital; Surgeon to the Evelina Hospital.

THE following cases constitute a definite and by no means uncommon type, presenting some marked differences from the characters usually associated with lymphadenoma or Hodgkin's disease. In the first place it is stated that lymphadenoma usually proves fatal in two or three years; by Osler the period is extended to three or four years; whereas in the first case related below the disease was known to have existed for ten years.

It is also commonly asserted that the glands, at first distinct and movable, soon become adherent to each other and to the surrounding structures, forming conglomerate masses. This statement is certainly true of lymphadenoma

originating in the mediastinal and retroperitoneal glands, and in some of the softer forms in the neck. But, in my opinion, it will be found that in the majority of cases where the disease affects the cervical glands, the most notable feature is their extreme mobility; and the facility with which they can be shelled out renders extensive operations easy of performance and rapid of execution. This mobility persists for long periods. I have been in the habit of teaching that this character constitutes an important diagnostic sign, differentiating the disease under consideration from cases of chronic tuberculous glands which have not softened. The capsules of such tuberculous glands are always thickened and adherent to each other and to the surrounding structures. Further, Case I shows that for many years lymphadenoma may remain limited to a particular region, spreading only by contiguity from gland to gland, or from one set to another set, as from the neck to the axilla; and without affecting the spleen or liver, or giving rise to any perceptible alteration of the blood, or to cachexia.

So striking are the differences between some of the cases cited below and the acuter cases of lymphadenoma that a question arises whether they should not be placed in an entirely different category as a form of sarcoma affecting a particular group of glands and spreading locally.

Billroth is the chief authority for placing such cases in a separate group, to which he gives the name of malignant lymphoma. By other writers the term lymphosarcoma is used, both for the more chronic and also for acute cases of lymphadenoma of internal parts. With Billroth's views I was at one time rather inclined to concur, but, after watching these and other cases, and on comparing the minute structure of the glands from both the acute and chronic cases of lymphadenoma, I came to the conclusion that there was no single feature by which the two groups could be differentiated. Cases also occurred occupying an intermediate position, of which the following is an example: A fireman was admitted to the London Hospital with chronically enlarged cervical glands, which were removed, and the case was classified as lymphosarcoma. Some time afterwards he came under my observation, having developed the disease in the tonsils, with nodules of lymphadenomatous tissue in the soft palate, and studding the posterior wall of the pharynx.

It is possible that when the cause of lymphadenoma is definitely known we may be able to subdivide the cases to which this name is now applied, and it may here be mentioned that P. Delbet claims to have found, in a case of lymphadenoma, bacilli in the blood of the spleen. A dog injected with cultivations was stated to have developed generalised lymphadenoma, and the bacillus was again demonstrated in its blood.¹

With regard to the microscopic characters of the chronic cases of lymphadenoma quoted below and the more acute forms with which the name is usually identified, I do not find any appreciable difference. Nor do I find that the distinction between the hard and soft varieties, founded on the relative amount of connective tissue, can as a rule be substantiated.

Some slight differences exist indiscriminately in the character of the cells. In some instances the cellular elements are entirely composed of small young lymph cells; while in others a certain proportion of ripe or mature lymph cells (in which the nucleus is surrounded by a rim of protoplasm) is intermingled with the first named. The larger multinucleated cells, not infrequently described as existing in all cases of lymphadenoma, are more frequently absent than present; they may exist in the acute cases, and also in the chronic cases sometimes described as lymphosarcoma.

In earlier days doubtless leukaemia lymphatica was confounded with Hodgkin's disease. The former, the reader need hardly be reminded, with its acute soft enlargement of many and separate groups of lymphatic glands, its cachexia, its anaemia, its rapidly fatal issue, together with, in many instances, the absence of enlargement of the spleen, presents all the characters usually associated with lymphadenoma, from which, in fact, it can only be differentiated by the early and marked leucocytosis.

TREATMENT.

Cases I and II appear to show that in chronic cases of lymphadenoma occupying accessible positions the timely and

thorough removal of the glands checks the progress of the disease, although it will certainly recur. Some of the later cases also demonstrate with what safety and facility enormous quantities of glands may be removed from the neck owing to the existence of the mobility which has been insisted upon.

CASE I.—J. G., aged 41, was admitted to the London Hospital in April, 1888. Two years ago he noticed a lump in the middle of the posterior triangle of the neck on the right side. After an interval of twelve months this was followed by others. A month ago a similar lump appeared in the anterior triangle on the left side.

Condition in 1888.—There are five or six considerably enlarged glands in the posterior triangles on both sides of the neck and one in the anterior triangle on the left side. The glands are all firm, distinct from each other, and freely movable beneath the skin and on the deeper structures. The spleen is not enlarged.

Treatment.—No improvement followed the administration of arsenic during a period of two months. At two successive operations all the enlarged glands were removed. With two exceptions all the glands shelled out quite easily and were entirely without adhesions. Their surfaces were smooth and the section pale and homogeneous, without trace of softening or caseation. The patient had all the appearance of robust health and there was no pyrexia.

Condition in June, 1894.—He has now a fresh crop of glands on both sides of the neck. They are situated chiefly in the parotid and sub-maxillary regions and behind the ears; one is observed above the right clavicle and one in the right axilla. The glands were removed at two successive operations, and they all shelled out quite readily.

Condition in 1895.—This patient was again admitted in November, 1895, with very many considerably enlarged glands extending down both sides of the neck, chiefly along the course of the large vessels. There was one in the right axilla. The glands still continued movable. No appreciable enlargement of the liver or spleen. His general health and appearance remained good. He was treated with injections of Coley's fluid, which had then recently come into use, fifteen injections being given, extending over a period of three months. At first a slight reaction took place, but latterly the reaction was very violent, the temperature in some instances reaching 105° to 106°. The enlargement certainly subsided somewhat, but the treatment could not be considered in any respect curative. On some occasions injections were made into the enlarged glands, and this resulted in a softening and suppuration of one of them. An examination of the blood just before his discharge from the hospital showed per cubic mm.:

Red corpuscles	...	3,860,000
White corpuscles	...	15,000
Hæmoglobin	...	75 p. c.

The red corpuscles were therefore nearly normal, and the white slightly increased, a condition by no means surprising considering the constitutional disturbances and pyrexia to which he had been subjected.

CASE II.—H. L., aged 8, was admitted to the London Hospital, December 16th, 1891. This patient had a mass of enlarged glands on the right side of the neck, of a precisely similar character to the foregoing. They were removed. On November 14th, 1892, he was readmitted with a recurrence on the subclavian triangle on the right side; and the glands were all again removed, being still non-adherent. Another group of enlarged glands was removed in January, 1893. They occupied the posterior and sub-maxillary triangles on the right side. In May, 1894, he again returned with enlarged glands on the right side, situated behind the ramus of the lower jaw, in front of the sterno-mastoid, and just above the clavicle in the posterior triangle. All the enlarged glands were removed, and shelled out readily. His general health remained good. Since that date I have lost sight of him.²

CASE III.—G. E., aged 13, was admitted to the London Hospital in January, 1890, with a large mass of enlarged glands on the right side of the neck, extending from the lower jaw to the clavicle. They were all non-adherent and freely movable. The enlargement had commenced four years previously. A few small glands were felt in the axillæ but none elsewhere were enlarged. He appeared healthy, not anæmic, and his spleen was not enlarged. A great quantity of glands, twenty to thirty in number, were removed at one sitting from the neck, the sterno-mastoid muscle being divided transversely, and turned upwards and downwards. All the glands shelled out with great facility. They were smooth, firm, homogeneous on section, and without appearance of softening or caseation. To exclude tuberculosis two guinea-pigs were inoculated in the groin with portions of gland, and, when killed two months later, they were found to be quite healthy.

CASE IV.—J. W., aged 7, was admitted in May, 1890. The mother stated that an enlarged gland appeared below the angle of the jaw on the left side two years ago. The enlargement now affects the glands over the whole of the left side of the neck, those on the right side being only shotty. The patient is fairly nourished, and appears in good health. Thirty-two glands were removed from the left side of the neck, the largest attaining the size of a bantam's egg; all were easily shelled out. In this case, again, guinea-pigs were inoculated without result.

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¹ Acad. des Sciences, June 17th, 1895. ² Since writing the above I have succeeded in finding this patient. He applied for admission at another hospital, where all the enlarged glands were removed except two. His spleen can be distinctly felt below the ribs; liver not enlarged; thorax natural; general appearance healthy.

An adventurous lady doctor, Mlle. Zurcher, is, it is stated, about to start for Abyssinia, where she proposes to practise her profession. She has been recommended to the Negus by an engineer who is presumably a *persona grata* at the court of that potentate. Mlle. Zurcher is a native of Zürich, and was in practice for some time at Berne, and afterwards at Dresden.

A CASE OF FACIAL HEMIATROPHY.

By EUGENE S. YONGE, M.B.,

Assistant Medical Officer, Manchester Hospital for Consumption and Diseases of the Throat.

THE patient, a woman aged 41, first noticed something wrong with her face twenty-one years ago, when she had an attack of intense facial neuralgia on both sides, lasting, with short intermissions, about six months. Her friends remarked at this period that the right half of her face had become slightly different from the left, and the asymmetry steadily grew more noticeable until nine or ten years ago, since when little or no change has been apparent. At the present time the atrophy is found to involve the right malar bone to the greatest extent, the corresponding frontal coming next in order. The skin on the affected side is furrowed, wrinkled, and thinned, and the superficial veins stand out in bold relief. A well-marked vertical furrow on the forehead separates the healthy

from the diseased portion. The jaw, which is somewhat atrophied, is shorter and shallower on the right side, and that half of the face, in consequence, does not appear as long as the opposite half. The cartilage of the nose is wasted unilaterally. The muscles evidence no change in size, voluntary power, or electrical excitability. The corresponding half of the tongue is slightly atrophied; sensation in the cutaneous area on the right half of the face is unchanged, and neither the temperature nor the secretion of saliva or tears is deranged.

I am much indebted to Dr. Haring, Honorary Assistant Physician to the Manchester Hospital for Consumption, for kind assistance in connection with this case.

THE SPANISH WOUNDED.—The wounded soldiers coming from Cuba and the Philippines are carried by the steamship (Spanish) companies as second-class passengers, and at times first-class cabins are offered to them if unoccupied. The railway companies are ready to carry the wounded as second class passengers, although the State allowance is only third-class fare. On board the steamers the soldiers are fed and treated, under the doctors, in the most liberal manner. The Queen of Spain has duly recognised with thanks the kindness shown by the heads of the various companies to the wounded.