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CLINIC OF DR. LOUIS M. WARFIELD

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HODGKIN'S DISEASE OF THE MEDIASTINAL GLANDS AND LYMPHOSARCOMA

THERE is still some difference of opinion concerning the classification of a large group of diseases characterized by enlargement of the lymph-glands, with or without changes in the blood, and with or without enlargement of the spleen. There is, further, considerable difference of opinion regarding the question of the cause or causes of this group. Some would separate Hodgkin's disease as a distinct entity; others regard it as one of the group. Some view certain of the lymph-gland tumors as malignant; others believe that they belong to the class of infectious granulomata.

Several years ago there was a violent controversy between Sternberg and his followers, who believed that Hodgkin's disease was a form of tuberculosis, and others who held that the two diseases might be associated, but that Hodgkin's disease was an entity having no relation to tuberculosis. At the present time the evidence all goes to prove that the latter view is the correct one.

It is convenient to divide the group, about which I am speaking, into Hodgkin's disease, chronic lymphocytic leukemia and aleukemia, chronic lymphoblastic leukemia and aleukemia, Mikulicz's disease, lymphosarcoma. In this I follow Bunting's classification and accept the close relationship of the diseases placed in this grouping.

All these diseases are characterized by enlargement of the

lymph-glands somewhere in the body. At times the superficial glands only are affected; at times only the mediastinal glands, the retroperitoneal and mediastinal glands, or all the glands in the body.

On one end of the scale is Hodgkin's disease, a disease of young adults primarily, although cases are seen as late as the sixth decade. The great majority of cases occur between the ages of twenty and thirty-five. At the other end is lymphosarcoma, a disease occurring more often after thirty-five, but yet found at all ages. If we admit the possibility of a bacterium as the cause of all these diseases, then we may look upon the differences in reaction of young or old lymph-gland tissue to the virus as the reason for the different kinds of response. In youth the lymphatic tissue is abundant and reaction of this tissue to irritants expresses itself in changes either destructive or hyperplastic—usually hyperplastic—where all the elements of the gland take part. Later in life the same irritant may cause hyperplasia of only the actual lymph elements of the tissue.

The point at which there is an overflow and lymph-cells enter the blood in large numbers is quite obscure. Sections of glands from lymphocytic aleukemia (sometimes called pseudoleukemia) are no different from those of leukemia, and sections of glands of lymphosarcoma may be differentiated from those of aleukemia, but at times it is quite impossible. From the typical, easily recognized Hodgkin's gland to the more or less easily recognized lymphosarcoma gland there are many gradations and atypical forms. These facts suggest strongly the close relationship of this group of diseases.

It is characteristic of malignant disease of the lymph-glands, sarcoma of the glands, that the capsules are broken through and surrounding tissue is invaded. On this account some have thought that Hodgkin's disease was malignant, because, not infrequently, in rapidly growing glands the capsules are broken and tissue is apparently invaded, but the difference is qualitative, not quantitative. The growth in Hodgkin's disease is not truly invasive; it mechanically crowds surrounding tissue and pushes it aside and there are no true metastases to distant organs.

Hodgkin's disease may be acute or chronic. The usual history is a painless swelling on one side of the neck, sometimes preceded by a period of malaise much like that due to early tuberculosis. At other times there is no change whatever in the health of the patient. The growth enlarges painlessly, the neighboring axillary glands become involved, the other side of the neck, the corresponding axilla. The gland enlargement may go to no other groups, but often the inguinal glands become enlarged and the spleen enlarges. The glands usually remain discrete and do not become adherent to the skin, but they occasionally do become so matted together, as a result of frequent exacerbations of periadenitis, that they seem to be one nodular mass and, rarely, they become adherent to the skin. As the disease progresses there is fever, loss of weight, anemia, loss of strength, and of appetite. The fever is of three main types: (1) slight continuous fever, the variations being only a degree and a half. This may be present for months. (2) Fever characterized by a high irregular temperature, with morning remissions which do not reach normal. This form is usually seen in the late stages and may be accompanied by chills and sweats and leukocytosis, so that suppuration is suspected. (3) A relapsing form of temperature characterized by alternating periods of fever and of normal temperature. Periods of pyrexia and distinct malaise alternate at intervals of days or weeks with periods of apyrexia during which the patient feels fairly well, gains in weight and strength. Patients themselves note that the onset of a period of pyrexia is coincident with swelling of the glands. It is during these periods of swelling that the marked periadenitis occurs, with edema, which, upon recession, mats together the groups of glands. This last type of fever is known as the Pell-Ebstein paroxysms.

The natural, untreated course of the disease is progressively downward to death within three or four years.

Many glands are found to be completely fibrosed, others partially fibrosed, with lymph-cells large and small, an occasional giant cell and, often, many eosinophils. Other glands show more or less characteristic pictures: the architecture of the gland is