

**CLINICAL LECTURES. ON
SCROFULOUS
NECK; THE SURGERY
OF SCROFULOUS GLANDS**

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Clinical Lectures. On Scrofulous Neck; The Surgery of Scrofulous Glands by T. Clifford Allbutt
& T. Pridgin Teale

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ON

SCROFULOUS NECK

BY

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Consulting Physician to the Leeds General Infirmary

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SURGERY OF SCROFULOUS GLANDS

BY

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ON SCROFULOUS NECK.

GENTLEMEN,—The malady which will occupy our attention to-day* has arrested the attention of physicians from the earliest times of which we have any definite record to the present moment. So far as we may judge from the evidence before us, no age and no race of men in our own Continent have been beyond the reach of scrofula; all civilised men have striven with it, all kinds of remedies, rational or fantastic, have been set against it; kings and queens have willed the cure of princes and philosophers, as well as of humbler folk; images have been carried before patients in vain, lustral waters sprinkled in vain, and we doctors have to take up a task which is beyond the touch of kings or the conjurations of priests.

That the ugly finger of scrofula should be laid chiefly upon children, young men, and maidens, has this pathos in it, that it disfigures them at the spring-time of life—at that time when hope and promise make all life precious, and all death seem the loss of untold treasure; when beauty and gaiety have their fleeting day, and for the loss of them the world is poorer.

Eagerly, then, do we desire to disperse this evil burden, and to restore health and symmetry to the sufferers.

It is well known to most of you that scrofulous neck for the ancients made up the whole of "scrofula," a name derived from the scrofous or sow-like fulness which it imparts to the neck and jaws of the patient.† The Greek word *χολπας*, in like manner, signifies both the animal and the disease. Dr. Philemon Holland, in his translation of Pliny, early in

* This lecture is one of an extra academical course given to undergraduates and graduates alike by the Consulting Staff of the Leeds Infirmary.

† Littre says the term comes from the fact that swine are subject to a like disease.

the 17th century, says that "A cataplasma of leaves and hog's grease incorporate together doth resolve the scrophules or swelling kernels called the 'King's evil'"—a medication derived from the doctrine of signatures, from the notion, that is, that natural objects often bear superficial similarities stamped thereon by an ingenious Providence as a means of indicating therapeutical affinities. In later times, however, we have given a larger meaning to the word scrofula. We no longer mean by it solely the neck of scrofula, but we include under that term a series—or supposed series—of morbid phenomena significant of a definite diathesis or supposed diathesis. It has been widely asserted that scrofulous neck, as one of these phenomena, cannot possibly occur out of the diathesis; that, say a gouty or dartsous person is incapable of scrofulous neck, and that scrofulous neck can be developed only in persons of a certain specific quality of body called scrofulous, and as a member of a series called "scrofula." Other members of the series are the impetiginous eczema of children, recurrent pituitous catarrhs on the mucous surfaces at all ages, certain glandular inflammations in youth and adolescence, certain diseases of bone likewise, and finally, certain quartenary or visceral degradation of a sub-inflammatory kind, all of which affections are marked by the issue of a more or less corrupt kind of pus, and a defect of healing impulse which Virchow has called a vulnerability of tissue. A certain primary conformation of body is also said to be the heritage of scrofulous persons; that in childhood they have a certain grossness of parts which vainly flatters the maternal eye; and in age, likewise, the same bigness without quality, of which the great lexicographer is the familiar instance.

It appears to me that these diathesis cannot be classified like dogs and cats, but they rather represent aberrations from the normal, which in their minor obliquities can scarcely be regarded as beyond the latitude of sanity. The wider the obliquity, however, the more several become the diathesis both from each other and from the path of health, and their qualities and movements more proper for definition and pre-

diction. The scrofulous diathesis is well marked when a patient in babyhood has scald head with associated cervical buboes; in youth, scrofulous neck; in adolescence, a white knee; and in adult life, catarrhal phthisis. If, however, we have a broken series, or still more if one of these phenomena occur alone in a life or even in a generation, the patient perhaps having no definite sign in scrofulous feature or proportion—and such cases often meet us in practice—then how are we always to agree with our learned colleagues who will not admit that scrofula can occur except in the originally scrofulous.

The argument would thus take this unprofitable form: Certain diseases can only occur in scrofulous persons, and because these diseases occur in them, therefore they are scrofulous. For my part I cannot regard scrofula as an *alterum quid*—a new quality of the body, as we regard syphilis—it seems, as I have said already, to be rather a deflection which may be induced by influences wholly external, and under these influences may manifest itself in an inferior healing power. That on the other hand, in the large majority of cases, a “vulnerability of tissue” is an inherited defect, and that an especial vulnerability of lymphatic glands runs in families is not to be denied, for such defects betray the original bad habit even under circumstances the most favourable. To deal then with scrofulous neck alone, as our subject for to-day, I believe that this disease may be produced in persons originally of healthy habit and of healthy stock if their external circumstances, or some of them, be sufficiently adverse, but that a disposition to such disease is more commonly inherited, and the greater the inborn frailty, the more readily will adverse circumstances produce it. In some persons, doubtless, the inborn frailty is such that the pressures and variations of ordinary conditions do not fail to initiate mischief in them.

Scrofulous neck is of course but one part of the glandular disease which may and often does invade the scrofulous subject. It is the most striking part, because in the neck and under the jaw it is evident, and destructive of beauty and

symmetry. It is also an early site for such outbreaks, (appearing usually there before it may appear in the axilla or in the groin. Until later times, when pathological dissections became more common, the frequency of like caseation in thoracic or mediastinal glands, was scarcely realised, and still at the present day these inner changes are too obscure for popular discernment, and not uncommonly escape even that of the physician himself. It is a familiar doctrine that in all these cases the enlarged glands are buboes, by which I mean that they are secondary to irritation and absorption on and from their associated mucous surfaces.

Confining our attention, then, to scrofulous neck, we have learnt that chronic inflammatory enlargement of the glands of the neck is secondary to irritations in the associated mucous surfaces, and absorptions from them; the chief of these being the mouth and throat, and the next in order the nasal, aural and ocular surfaces. Irritations indeed upon the skin of the face and head are not without influence in the same direction, so that although the result be less common, yet glandular enlargements of the neck do occasionally owe their irritation to eczematous or other cutaneous disorders. We may feel tolerably sure that although in a given case we may be utterly unable to discover a peripheral cause for the enlargement of cervical glands, yet they do not, under the influence of this diathesis at any rate, enlarge "of themselves," but only in obedience to some peripheral irritation which may belong wholly to the part. When the scrofulous diathesis is well marked the glandular expansion may be so enormously out of proportion to the initiating peripheral cause that this latter, if fugitive, may never be measured nor even perceived. Now these considerations, although taught by every thoughtful clinician, do not sink into the mind nor exercise the observation of the medical public so thoroughly as they ought to do. No competent observer would overlook such an obvious peripheral cause, for instance, as eczema capitis, scarlatinal sore throat, flux from the external meatus, and so forth; but I think the daily and hourly activity of the pharyngeal

mucous membrane is not vividly realised in this matter. The mucous lining of the pharynx is a kind of screening machine which catches upon its moist surface and intercepts all that dust, organic and inorganic, which is drawn in with the air. Hence we know that these surfaces are constantly seeded with particles, many of them germinal, and not a few of them poisonous. Happily the membrane in its healthy state throws them off and allows no settlement to be made nor any germination to take place. All particles are promptly arrested and re-conveyed beyond the portals of the mouth, or consigned harmless to the stomach, and no local irritation arises on the surface nor any sympathetic change in the glands. But let us suppose for a moment that this mucous covering is something less than healthy. We know that in scrofulous persons the mucous membranes are not very sound nor resisting; the mucus they secrete is not very stable, but is liable to slip down into chemically lower degrees, and into degenerative cell changes. Herein the fermenting or irritating particles find a food or a soil in which they work after their kind, and thus, even unperceived, the fluids of the throat become, when absorbed, the vehicle of poison to the lymphatic glands adjoining. It is, perhaps, not necessary that the mucous surface be absolutely broken. Certain variations of moisture or density may suffice to favour absorption even through an unbroken surface. Let there be a trifling delay or languor of the epithelial function, and particles mechanically, chemically or vitally irritant will imbed themselves in the soft and absorbent vesture of the pharynx, and be themselves carried within or generate poisons upon the surface which are drawn inward. Again, by some vital mechanics a chill to the skin may disturb the nutrition of the membrane; if this occur in aseptic air, at sea, for instance, even the scrofulous subject may be quit for a cynanche; if it occur in foul air, but in a vigorous person, the mucous membrane may overpower the evil as strong turnips outgrow the fly. Again, in the glands themselves a temporary irritation may subside if the conditions of life be favourable, or on the other hand, may progress under adverse

circumstances, or in vulnerable constitutions. But the surface may be broken, broken but lightly and transiently, so lightly and transiently that he who seeks for the breach may fail to find it, yet a breach deep enough and enduring enough to set up that proliferation in the glands behind it, which, in the scrofulous person, has no tendency to heal. Given the "vulnerability" it will suffice to start the process, it will suffice to admit the match to the heap, and the fire will smoulder on thereafter of its own activity. If we think then of the rain of organic particles falling incessantly by way of nose and mouth upon the lining of the pharynx in those of us who live under the purest physical conditions, the wonder will be not that scrofulous neck is generated, but that so many of us escape it. Given but a broken surface in the healthiest person and a sufficiently prolonged exposure to organic particles, and it seems certain that your scrofulous neck must at some point arise unless an originally high vitality be constantly favoured by healthful habits and surroundings otherwise healthful.

As among the less fortunate of mankind there must always be multitudes whose vitality and general resisting power are, on the other hand, constantly depressed, and who are at the same time breathing constantly an air laden heavily with impurities, we do not wonder that scrofulous neck has been a common and mischievous result, nor that a pure air and wholesome dwelling-place have been regarded as the chief means of cure. One source of impurity the scrofulous rich and poor enjoy in common—that is, the drain and the cesspool. Herein the rich have no advantage over the poor, indeed, herein, the richer classes fare perhaps worse than the poor, who often lack those gifts of civilisation, and are vulgarly content to cast forth their ordure to the sun and the winds. If I may make a guess on a matter of which I can know nothing definitely, I would guess that the emanations from foul drains are the unseen carriers of scrofulous neck to the greater part of its victims in the richer classes. It seems as if it must be so. No influence is so potent to lower general vitality, and no poison finds so readily its