Clinical Notes, New Instruments, Etc.**A REMARKABLE OSTEO-CALCAREOUS TUMOR
IN THE NOSE.**H. B. LEMERE, M.D.
OMAHA.

Patient.—The patient, L. S., a girl aged 15, American born, parents Norwegian, was referred to me by Dr. Jensen, Newman Grove, Neb., March 27, 1906. She was well nourished, above average height and weight. Her appearance was healthy, with no deformity except that she was a mouth breather and had a full bridge to her nose. She has had no serious illness, but complained of having had headaches and a dull feeling over her forehead, and catarrh of the right side of the nose, as long as she could remember. July, 1905, her nose became totally occluded, and the headaches and heavy feeling of the forehead increased. Dr. Jensen informs me that one year ago her mother had a suspicious growth (carcinoma) removed by him from the cervix uteri. Her father is well. She has four brothers, all healthy at present. Dr. Murdock informs me that he removed a tuberculous sequestrum from the arm of one of them about three years ago, but that the boy is now quite well.

Tumor, actual size. I. Facet where tumor was attached to the ethmoid. II. Foramina of nutrient vessels to tumor. III. Putty moulding where tumor was scraped and taken away in small pieces. IV. Portion of tumor adjacent to antrum of Highmore. V. Base of tumor, which rested on floor of nasal cavity.

Examination.—On examination of left nasal space the deviated septum was seen to be the cause of almost total occlusion of the left nostril, the convexity being one-quarter of an inch from the nasal spine in front. She could force air through this side with difficulty. The right side had a commencing corresponding concavity, but the whole nasal space was entirely occluded by a white mass, which on probing proved to be of stony hardness. This mass commenced about three-sixteenths of an inch back of nasal spine, and filled the nasal space so tightly that no probe could be passed between it and the walls of the nasal cavity. Attempt was made, unsuccessfully, to view it from the post-nasal space. I judged that it was probably one-half inch through, and called in the assistance of Dr. Schneider, a dentist, with his dental engine and trephine.

Operation.—The trephining was done under general anesthesia. The trephine cut with great difficulty, and when about one-sixteenth inch in it stuck and broke off. Finding the trephine impracticable I continued the boring with dental drills and burs, with the idea of hollowing out the core and then getting hold of the tumor from behind and pulling it out forward, but on account of the intense hardness of this core the

work progressed very slowly. The burs which ordinarily cut dental tissue with but little trouble would sing over this material, making very little impression on it. We finally constructed a long heavy drill, and with this we made better progress. In four days of drilling, taking in eight sessions of over one hour each, we drilled out a core five-sixteenths inch in diameter, which was surrounded by vascular and sensitive tissue. As cocaine had no effect on this substance drilling had to be stopped, and on Monday, April 2, under chloroform anesthesia, Dr. Arthur and Dr. Schneider assisting, a post-nasal plug was inserted and attempt was made to draw the tumor out anteriorly, but it was found quite immovable. I chiseled out a piece of the cortex adjacent to the antrum of Highmore. This piece was about one inch long and three-eighths of an inch in diameter, and by means of sharp curette and chisel I further removed the core of the tumor, so that in looking into the right nostril a space over one-half an inch in diameter could be seen communicating laterally with the antrum, and posteriorly with the left nares, through a perforation well back in the bony septum. As there was considerable bleeding the post-nasal plug was left in position, and the left nostril and antrum packed with iodoform gauze.

Postoperative History.—The packing and gauze were removed the next day, and irrigation of nasal chambers with small bulb ear syringe was carried out every hour.

Two days later, Wednesday, the right membrana tympani ruptured and discharged freely without the patient having complained of any pain in it, and unfortunately the left accessory nasal cavities became infected, producing so much swelling of the lids that the left eye was completely closed. Hot compresses were applied over this region, and for several days the patient ran a pus temperature between 100 and 104. Owing to uncertainty as to exact location of the pus and the foul condition in which the right nares continued, no further operative procedures were resorted to till Monday, April 8, when that portion of the cortex of the tumor in the middle meatus was observed to have slightly left the walls of the cavity, and a gentle pull with light forceps caused it to fall to the floor of the nares. I thought the body of the tumor now could be easily extracted through the nostril, and administered a little chloroform, but all my efforts, even with heavy sequesterum forceps, failed to deliver the remainder of the tumor. The following morning, Tuesday, April 9, under chloroform, I seized the body with a pair of ordinary heavy rongeur forceps, intending to break it in two, but the forceps proved false and broke. I then took a pair of heavy flat blade bone forceps and with the combined weight of myself and assistant, which the forceps fortunately stood, I managed to gnaw the body in half and then delivered the two pieces with sequesterum forceps through the nostril. The septum which was entirely occluding the left nasal space was then straightened with Roe's forceps, and as there was but little hemorrhage and the nose was very septic, no packing was used. The patient recovered with very little reaction, the temperature came down and has remained normal. The swelling on the inner side of the left eye subsided greatly. April 20 the patient returned home, the extremely foul odor which came from the nose while any of the tumor remained having totally disappeared. The septum was straight, there was a small polyp in right nares which it was impossible to remove owing to patient being entirely unnerved. The frontal and antral sinuses were both discharging into the nose and through two small fistulae on to the face, but owing to the timidity of the patient no further operation was considered advisable, as the drainage from the nose was improving and there were no pressure symptoms.

The growth was evidently a calcified osteoma of the nose with origin probably from the roof of the nares. I report the case thus fully because the occurrence of such a growth is very rare and the means employed in removing it might be of interest. Unavoidably I lost several pieces of the growth, and a great part of it was dissolved by the dental drills and curetted away in fine scrapings, so that from the fragments I have built up the tumor in its original shape for the purpose of illustration.

Bosworth says: "While it is not an especially rare occurrence for the nasal cavity to be invaded by an osseous tumor, which has its origin in parts beyond, a neoplasm of this form developing in this region is much less frequent." Lenox Browne in his latest work refers to one removed by LeBec "as large as a hen's egg" as unique. Very little is said by the authorities as to the structure, except that there are two forms, the cancellous and the eburnated. This tumor had lost the character of bone in the center and by the dense deposit of lime salts was, to all purposes, petrified. The sound of the pieces striking together was altogether stony. Its effect on the edge of curettes and drills was like stone. A close examination of the tumor shows an apparent pedicle which must have come from the situation near the posterior part of the cribriform plate of the ethmoid. The large vascular spaces on the cortex of the tumor would indicate that at one time it had a highly vascular covering. Dr. Lavender's examination of a small portion of the cortex shows true bone and cartilage cells and deposits of lime salts. These are all arranged chaotically without Haversian systems.

In conclusion I would say that the subsequent showing of that attachment of the tumor to the cribriform plate of the ethmoid, its extension to which region was only suspected at the time of removal, proves the necessity of the technic adopted—the plane of the chiseling being always in directions parallel to the cribriform plate. In the septic condition of the nose any break in the dura would probably have proved fatal.

QUININ AND IRON IN PNEUMONIA.

CHARLES F. NIEDER, M.D.
GENEVA, N. Y.

The satisfactory results noted in my previous report¹ of pneumonia cases treated by quinin and iron have continued. My experience with this method is limited to 15 cases. The only fatal case was that of a pronounced alcoholic who had been suffering for months with an active tuberculous process in both lungs. He had been unable to work for two months prior to the attack of pneumonia. In this case the treatment exerted a beneficial influence on the circulation. The patient was nearly pulseless on the second day of the disease before instituting treatment. After administering the quinin and iron a good pulse was maintained for five days. In response to requests which are being made for more information concerning the quinin and iron treatment of pneumonia, I submit the following report of a recent case:

Patient.—J. McC., aged 30, maltster.

History.—The patient had never been ill with the exception of typhoid fever six years ago. He is an alcoholic and had been on a debauch when taken ill. He had been troubled with a slight cold for a few days when his illness began, April 19, 1906.

Examination.—April 19, 5 p. m., temperature was 103; pulse, 130; respiration, 35. Percussion and auscultation indicated congestion of the lower lobe of the left lung. The man complained of headache and severe pain in the left side.

Treatment.—He was given a saline purge, followed one hour later by quinin sulphate gr. xxx. I tried to give him a larger dose of quinin, but he was attempting to vomit so frequently that I desisted. Tincture of chlorid of iron was ordered to be given every three hours in 10-drop doses.

Course of the Disease.—On April 20, at 9 a. m., temperature was 98.6; pulse, 90; respiration, 28. The patient was very comfortable and said that he had no pain. He was given quinin, gr. vi every four hours; the iron was continued.

April 21: The patient felt so well that he got up early and went down street, where he remained all day. He drank three glasses of ale, but no whisky. At 5 p. m. he was taken with a severe chill and pain in the left side. He had much difficulty in walking home.

At 6 p. m. his temperature was 105.2; pulse, 130; respiration, 45. Percussion and auscultation showed consolidation of lower lobe of left lung. Subcrepitant râles were heard over this area. The patient coughed at times, raised typical pneumonic sputum, and was delirious.

A diagnosis of pneumonia was made.

Treatment.—At 6 p. m. he was given quinin sulphate, gr. lv, and one hour later gr. xx. At 8 p. m. 10 drops of tincture of chlorid of iron were ordered to be given and the dose repeated every two hours. At 10:30 p. m. his temperature was 103.5; pulse, 130; respiration, 38. There was profuse sweating. The patient was very delirious and tried to get out of bed. He was given triple bromids, gr. xv.

At 11:30 p. m. his temperature was 101; pulse, 105; respiration, 32. He was quiet and said that he had no pain. He slept the remainder of the night.

April 22: At 9 a. m. his temperature was 98.4; pulse, 68; respiration, 28. He continued to raise pneumonic sputum. There was no pain and he felt fine. I ordered quinin, gr. vi, every four hours and the iron was ordered continued.

April 23, 24, 25: During this time his temperature was always slightly subnormal. The pulse ranged from 60 to 72. He felt fine and would sit up if allowed. He continued to raise rusty sputum. During this time he was given quinin, gr. vi, three times a day, and the iron was administered every four hours.

April 26: The patient sat up, pulse and temperature were normal, and he was discharged.

REMARKS.

The diagnosis in this case can not be questioned. Those who have never used the Galbraith method may doubt that the treatment had any effect on the course of the disease. Those who are familiar with it have learned to expect similar results in nearly every case. The results obtained in this case are the rule and not the exception.

I have carefully observed the effects of this treatment on the pulse, circulation, temperature, pain, crisis and duration of the disease, and I find that the results correspond exactly with those obtained by Drs. Galbraith and Gustetter. In almost every case I have felt like calling in my colleagues to see how comfortable my pneumonia patients are without ice-bags, mud poultices or opiates. My experience is too limited to draw conclusions as to the mortality, but I am confident that this method will prove very satisfactory in this respect.

I have reason to have great faith in the value of anti-toxin—having treated 21 cases of diphtheria without any mortality—but I can state truthfully that I have never seen such marvelous results from the use of anti-toxin in diphtheria as I have obtained from the use of quinin and iron in pneumonia. The statements which we have been taught to believe, that pneumonia can neither be aborted nor cut short by any known means, and that we have no drugs which have any appreciable effect on the toxemia, are obsolete.

Overcrowding of Vienna Hospitals.—The *Wien. klin. Rundschau* quotes a local daily to the effect that a sick workingman tried to gain admittance to the various public hospitals in turn, but was constantly turned away for lack of room. In order to get into some hospital he reasoned that if he could get himself arrested he would then be given hospital treatment. He consequently stole a pair of shoes, was arrested, and in the jail was given the needed medical care and treatment. On his recovery he served a brief term for petty larceny.

1. THE JOURNAL A. M. A., Nov. 18, 1905.