PRIMARY TUBERCULOSIS OF THE NOSE.*

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John F., 31 years of age, ambulance driver for Lebanon Hospital; admitted to Seton Hospital April 1, 1911. Habits: Alcohol to excess; denies all leuetic infection. Some fourteen years ago this patient began to be troubled with crust-formations in his nose, which he habitually removed with the finger-nail, subsequently aided by the vigorous use of a match. About four and one-half years ago, while employed as ambulance driver, his nose became very sore. For a time he attempted to treat it himself, using hydrogen peroxide and a salve. Obtaining no results he presented himself at the O. P. D., of Lebanon Hospital, Department of Dermatology, for relief. The diagnosis of syphilitic involvement of the nose was made and he was placed on large and increasing doses of the iodide and injections of mercury. Local electric treatment, introduced within a glass tube placed in the nose, was also employed. From his standpoint all treatment was without result to the diseased tissue. On two separate occasions pieces were removed for examination. From the first he learned nothing. The second specimen, so he states, was taken to Cornell Medical College and was there pronounced tuberculous. He next asserts that he was pronounced tuberculous clinically by Dr. J. C. Johnston, of the Dermatological Department of the University. On May 1, 1908, he was presented before the Manhattan Dermatological Society, meeting in this Academy, where, after considerable difference of opinion, his lesion was pronounced tuberculous. In the *Journal of Cutaneous Diseases, including Syphilis*, Vol. 27, p. 137, 1909, this case is reported, without discussion, as one of "Epithelioma nasi at the age of 27, simulating gumma." Here we find the lesion described as follows: "There was then an elevated exulcerated mass occupying the entire surface of the septum on the left side, extending to the columella in front, and for half an inch upward and inward. Edges not hard or pearly; base crusted; diagnosis: exulcerated gumma." It then details the treatment which culminated in the daily administration of nearly 600 drops of the saturated solution of the iodide and twenty-four mercury

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salicylate injections. "There was no immediate result from treatment; but after a time the ulceration cleared up, the crusts disappeared, the size of the lesion decreased. During the last few weeks however, the process has remained stationary; and a slight waxy indurated border has appeared at the lower margin of the lesion Tuberculosis can be excluded, I think, on account of the margin and the absence of tubercular foci in the lesion or around it. I am inclined, therefore, in spite of the patient's age, to favor the diagnosis of epithelioma." The presentor then concludes with remarks adverse to the use of the knife or cautery owing to their mutilating effect and his disbelief in any permanent curative action from the use of the ray.

Following this presentation a section was taken for the presentor by Dr. D. W. Satenstein and submitted to Dr. James Ewing and Dr. James C. Johnston, at Cornell University. Dr. Ewing pronounced the tissue tuberculous. Dr. Johnston, who also saw the patient, pronounced both tissue and patient tuberculous. As the slides were only located this morning, they could not be recovered from the mass of other specimens in time for your study here to-night. They demonstrate tubercle, but not tubercle bacilli.

From May, 1908, until January, 1911, the patient received no other attention than inspection by several doctors. He was variously occupied at anything which came to hand. He was intoxicated on more than one occasion and drank considerably at all times. The disappearance of the "center and bottom" of his nose caused him to again come under observation at the Cornell Clinic, where he was pronounced tuberculous and he was referred to the Department of Health. The Metropolitan Hospital and the Manhattan Eye, Ear and Throat Hospital successively emphasized the diagnosis above mentioned, until his arrival at Seton. During this whole period no recorded examination of the chest appears to have been made, nor did he give any evidence of possible tuberculosis, other than his nasal lesion, until about two months before admission. Then hoarseness developed, followed by painful deglutition The initial examination by Dr. James C. Greenway, attending, showed no definite pulmonary involvement; a hyper-resonant note over the whole chest, more marked on the right, and some course pleuritic friction-sounds at the right base being the sum total of his findings. The case was referred to my department for examination. The nose was in much the same condition as you see it to-night, i. e., a complete destruction of the lower two-thirds of the cartilage and nearly all of the columella. On removal of the thick

tenaceous crusts an area of granulation-tissue was disclosed extending outward onto the alæ and inward along the floor of the inferior fossae, a distance about equal to the septal loss. The upper lip was thickened and slightly protruded as though by a cushion of inflammatory deposit. It is interesting in this connection to note the fact, learned this morning, that, when the specimen was taken by Dr. Satenstein from the left base of the columella, the knife sank into a pocket, apparently of necrosis, from which there seemed to be no other exit. On opening the mouth this area seemed to merge into another granular area extending along the right alveolar process. The upper teeth presented a moderate degree of pyorrhea alveolaris. Sections from the nose and right alveolar process, submitted to Dr. D. Clifford Martin, Pathologist to Seton Hospital, were of no value, being too small to survive the various hardening processes.

Trans-illumination, while good for the frontal sinuses, gives a complete shadow for the ethmoidal and antral areas. The mucous membrane of the mouth and naso-pharynx is of that peculiar, almost cadaveric pallor, so commonly found in tuberculous cases. The larynx presents a thickened mucosa, especially marked over the ventricular bands, and an ulcer on the right chord occupying its posterior third. There is painful deglutition and a husky-to-hoarse voice. Temperature, 98°, pulse, a. m., 64; p. m., 102. Sputum examination showed presence of tubercle bacilli. May 1. Nasal condition unchanged. Painful deglutition and the ulceration on the right chord have disappeared, leaving the thickened mucosa. Greater care of dentition had localized the lesion more sharply. By Dr. Greenway: Expansion of both apices poor. Dullness over left clavicle. First and second, right spaces show many large, moist râles with coarse friction-rub in the axilla. Posteriorly there is dullness over both apices and the upper three-quarters of the interscapular region. There are a moderate number of subcrepetant râles. Signs are more marked on the left than the right side. Dr. Martin reports the Wassermann reaction as negative. The last examination made one week ago showed an increase in the physical signs in the chest. The nose and mouth conditions were unchanged. In the larynx two ulcerations had appeared, one on the left ventricular band, the other at the left base of the epiglottis. Painful deglutition absent. Since admission, the patient has exhibited the not unusual symptom of encouragement and a hopeful disposition.

Whatever be the nature of the initial lesion, the presence of this patient here to-night would seem, of itself, to arouse grave doubt as to the epitheliomatous nature of the process. The original entry on the books of Lebanon Hospital was an alternative diagnosis of lues or tuberculosis, and it would seem that the means at hand for thoroughly excluding either or both had not been exhausted, while too much importance had been given to the marginal appearance of the exulceration. Indeed, when the patient's occupation is recalled, a glanderous infection might have been given some consideration; in which event, however, he would have been equally unpresentable to-night. In the presence of traumatic ulcer of the septum the columella usually escapes destructions, owing to its rich independent blood-supply as opposed to the comparatively scant muco-vascular sustenance of its adjacent cartilage. The vigorous and sustained anti-luetic treatment; the loss of the columella long after its cessation, when ample time had elapsed for the appearance of gummatous foci with subsequent necrosis; the apparently slow extension of the process to the nasal fossae and to the right alveolar process at least, if not to other contiguous structures; the more recent negative Wassermann reaction, coupled with the late signs of active tuberculosis in other parts of the respiratory tract, seem to form a mass of evidence bending the judgment more and more to the tuberculous nature of this case, both in its origin and subsequent developments.

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Adenoid Vegetation in Relation to Tuberculosis. G. SIMON, *Beitr. z. Klin. der Tuberkulose*. Bd. 19, No. 2, 1911.

Simon draws his conclusions from an examination of adenoid vegetations removed from eighty-eight different patients. He found the tubercle bacilli in but three specimens, one of these from a girl with a negative tuberculin reaction. In six children suffering from pronounced phthisis he found no trace of the tubercle bacilli, and in but one of six cases with bronchial tuberculosis. Therefore he feels that tonsils and adenoids play a minor part as portal of entry for the tubercle bacilli and should be left alone unless they interfere with respiration. ED.