The full history of the discovery of juxta articular nodes

by

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The priority of Adolpho Lutz in the discovery of the Juxta Articular Nodes had become an uncontested fact when Jeanselme (1) in one of his last publications (1932) turned to Bertin, a French physician of the eighteenth century who practised in Guadeloupe and San Domingos between 1778 and 1784 and indicated him as the first to describe this affection. Now, here is the actual text of Bertin’s description, translated from Jeanselme’s quotation (1):

“When venereal disease adds itself to yaws, there almost always result tumours in the subcutaneous tissue close to the joints; these tumours are at first hard, mobile, similar to small glands and not painful; they are locally and improperly known as “nodus”. They grow gradually and after a time they become inflammed, adherent and painful: the skin changes colour and, gets red; after that, the tumour abcedes but always imperfectly and slowly as glands do upon suppuration. The gland does not undergo complete fusion but leaves a nucleus which spreads into the subcutis and grows from layer to layer like a cancer; the margins of the ulcer, which are tumid and soft, easily become lacerated and eroded and the ulcer increases in size. The bottom is composed of fungoid, hard, shiny and sensitive flesh, full of whitish and yellowish filaments; the suppuration is ichorous and acrid: the borders are fungous and vegetating in parts, low and eroded in others; a hardness and tension can be felt in the subcutaneous cellular tissue (all around it), even if the skin has not changed colour, which shows that the disease is progressing, and that the sore is not tending to heal”.

In a former paper, published in 1778, on the diseases of Guadeloupe, Bertin describes lesions of the same kind and evolving in the same way in negroes and states that in his opinion such lesions are very common in Europe among persons with syphilis of long standing.

Careful study of this description shows flagrant differences between what it describes and the Juxta Articular Nodes. Bertin mentions that these lesions called nodus by the natives (a term technically quite correct) abcede and ulcerate. He mentions no exceptions to this evolution. In Juxta-Articular Nodes, it is exactly ulceration which is exceptional. Max Jessner (2) states that it is rare (“nur selten”); it is extremely rare according to Silva Araujo (3); it occurs at times “(parfois)” in the opinion of Jeanselme himself.
How can one consider lesions with such radically different evolutions as being identical? Ramos e Silva (4) who had great clinical insight and experience, retrospectively diagnosed the disease described by Bertin as ulcerated syphilitic gummata. Nor is that all. In his first publication, on the diseases of Guadeloupe, Bertin states that such lesions are common in Europe among patients with old syphilitic infection. Now, Jeanselme, himself, states that though Juxta Articular Nodes may be observed in Europeans who never left the Old World, they are very rare. Nor has anyone suggested that there has been a mutation in the symptoms of syphilis between the XVIII and XIX centuries.

Adolpho Lutz (5), in a letter written in September 1891 from Honolulu to Professor P. G. Unna in Hamburg, which was published in vol XIV, January—June 1892 of Monatshefte fuer praktische Dermatologie (as one of a series of letter on Medicine, especially Dermatology) says:

"Following my remarks on Syphilis and Leprosy, I now wish to mention an affection, which I have observed repeatedly in natives as well as in foreigners: the enclosed photograph shows a very characteristic case of it. Some of the patients were lepers and others were not, but all of them were under more or less strong suspicion of being cases of syphilis. It consists of tumours, occurring always near a bone and mostly in the vicinity of an articulation. Their consistency is such that it reminds one of chondromata but they differ from exostoses by lacking continuous connection with the bone. These tumours respond to treatment with potassium iodide, at times completely, but more often by extensive regression which is, moreover not quite so prompt as in an ordinary gummata. In the subject of the photograph, I extirpated the remnants of the tumours on the elbow after the effect of potassium iodide had exhausted itself: I found that they were, tendinous-like tumours of the connective tissue firmly adherent to the surrounding tissues. I saw the same thing in a child of the patient, who had a similar
tumour on a rib, which had become exposed by ulceration of the soft tissues above it. The child was in a state of cachexia and had symptoms of congenital syphilis, whereas the father showed an unmistakably leprous erythematous spot. In other patients, undoubtedly suffering from the same affection, the tumours were localised on the hips, forearms, palms of the hand and fingers; they were mostly smaller and of more recent date”.

The text translated above gives a precise and exact description of the characters which distinguish and differentiate Juxta-Articular Nodes. The concise, scientific terminology used presents their clinical aspect, localization, evolution, etiology and pathology and points out the differences from syphilitic gummata. To make identification complete a photograph was printed with the text. Contrary to what happens in most descriptions of new forms of disease, the only thing wanting was the choice of a name for it. That was left to a later worker in the same field, to whom the discovery was consequently ascribed for many years. It was Jeanselme who saw the affection again in 1899 and 1900 in Indochine and gave it the name of Juxta-Articular Nodes by which it is still known. His papers, published from 1904 on, were undoubtedly useful not only for the detailed description, but also in bringing the subject to the notice of a wider public. Until 1920 Jeanselme appears to have believed in the priority of his discovery. At that time, after a lecture in Paris, Flaviano Silva (6) showed him Lutz’ letter from Honolulu, published in the Monatshefte fuer praktische Dermatologie in 1892. The upshot of this was Jeanselme’s discovery of Bertin’s publication, which for a professor of Dermatology can hardly be considered as particularly creditable. Jeanselme’s contention has not found farther support as we shall see below, notwithstanding his casual dismissal of Lutz’ work with a reference to the effect that: “a century later a Brazilian doctor, Adolfo Lutz, mentions them (the juxta articular nodes) incidentally in a letter on syphilis and leprosy.” Far be it from us to underrate Jeanselme’s own contribution to the elucidation of this question. However, one injustice cannot be repaired by committing another. Consequently most Brazilian doctors like Rabello, Terra, Teive, Alfredo da Motta, Oiticica, Flaviano Silva, Silva Araujo, Zilberberg, Laclette and José Monteiro de Almeida, who have written on the subject, adopted the name of Juxta Articular Nodes of Lutz-Jeanselme, or Nodes of Lutz, as Cesar Pinto, 1924 (11).

Outside Brazil, either the latter name is adopted or else priority left to Lutz alone, as in Germany by M. Jessner (2), in Austria by Brünauer (7), in Switzerland by M. Welti (8), in Greece by Higoumenakis (9) and in the Argentine by Puente (10).
This vindication will not add materially to the renown of the great Brazilian scientist considering the extent and importance of his contributions to Medicine and Zoology. Truth and Justice demand, however, that we give unto him what is rightly his. (1).

NOTE (1) — Professor Adolpho Lutz was born in Rio de Janeiro on December 18, 1855. The son of Swiss parents, he was educated in Switzerland and graduated in Medicine from the University of Bern, in 1880. After travelling through the medical centers of Europe, attending lectures by many of the great scientists of the time, like Pasteur and Lister, and doing research work in various institutions, he returned to Brazil. He practised medicine in the interior for a while and began his life-long studies on medical entomology and parasitology by publishing a monograph on Ankylostomum and Ankylostomiasis. In the years 1889 and 1890 he was in Hawaii, as Government physician and the specialist in the Leprosy Station at Molukai. In 1893 he returned to Brazil and became Director of the Bacteriological Institute of State of S. Paulo, the first of its kind organized in this country. There he was instrumental in eradicating most of the epidemic and endemic diseases introduced or prevalent and became the pioneer of Tropical Medicine and Medical Zoology in Brazil. The last thirty years of his life were spent at the Instituto Oswaldo Cruz on research. He died Oct. 6, 1940, a few weeks before his eighty fifth birthday. Among his achievements may be reckoned the stamping out of yellow fever in the state of S. Paulo by 1903, the first mention of jungle yellow fever, the discovery of the transmission of malaria by bromeliad-dwelling anophelids, the identification of S. Paulo fevers with typhoid. He was the first to point out as early as 1891, that there were two forms of dysentery worked out the problem of the transmission of Schistosomum Mansoni. In 1928 he warned against the dangers of the introduction of carriers of disease by commercial aviation, a warning which, had it been heeded in time, would have made the long campaign against Anopheles gambiæ quite needless. He studied many different groups of Diptera and published extensively on Helminthology, solving some difficult problems. For a full list of Prof. Lutz' publications see Memorias do Instituto Oswaldo Cruz, vol. 28 n. 1, 1925 and vol. 36 n. 1, 1941.
LITERATURE

1 — E. JEANSELME


2 — MAX JESSNER


3 — OSCAR DA SILVA ARAUJO


4 — RAMOS e SILVA


5 — ADOLFO LUTZ

1892. Brief aus Honolulu-Monatshefte fuer praktische Dermatologie, 14 : 30.

6 — FLAVIANO INOCÊNCIO DA SILVA


7 — BRIENAUER


8 — MAX H. WELTI


9 — C. G. HIOOUENAKIS


10 — J. J. PUENTE


11 — CESAR PINTO