CASE OF NASAL PAPILLOMA. SURGICAL REMOVAL FOLLOWED BY X-RAY TREATMENT.

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I would like to supplement Dr. Callison's article, in the March (1916) issue of *THE LARYNGOSCOPE*, on the subject of "Papilloma of the Nose," by reporting a case.

Mr. H. W. F. came June 4, 1915, complaining of obstruction of the right naris by a growth which had been cauterized several times, only to recur. A septal spur had been removed from the right naris eight or nine years previously. Later the patient underwent an operation farther back in the same naris. The same surgeon had then treated the growth by cauterization.

The patient had suffered a nervous breakdown three months before coming for examination in June.

Examination showed a cauliflower growth on the anterior portion of the septum and another at the anterior extremity of the right inferior turbinate bone. The naris was already narrowed by deviation of the septum to the right below, to the left in the other naris, above.

Each growth was approximately 1 c.m. square, and the two met to close the naris.

A specimen of the growth was submitted to Drs. Brem, Zeiler and Hill for examination. The report stated that the growth had a stroma of connective tissue surrounded by a thin layer of squamous epithelium, the center being composed of myxomatous tissue. The epithelium was reported to be regular with no extension into the growth, thus giving no evidence of malignancy.

The growths were removed with the knife down to the bone and cartilage underlying them. The patient was then referred to Dr. Soiland for x-ray treatment (because the pathologists had reported active mitotic changes as going on in the nuclei of the growth) under which perfect healing took place in a short time.

There was no recurrence, but a very small extension anteriorly was discovered later and removed. This was not located on the area operated previously.

In December, 1915, the nose was free from all growth, and this month—July, 1916—conditions are equally favorable.

At the present time I should advise treatment by radium rather than by the x-ray.

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