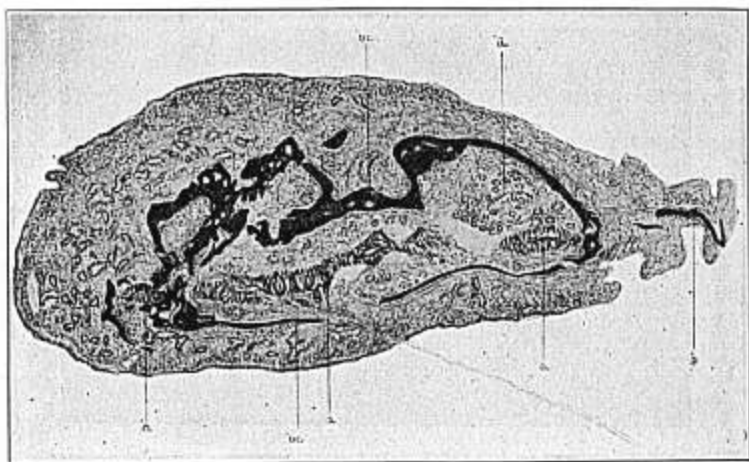


## A PEDUNCULATED BONY TUMOR OF THE NASAL SEPTUM

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Patient a female aged 32. Has suffered from post nasal dropping of mucus during the past three or four years, with intermittent blocking of the nares. The right being the more frequently occluded. Some intra-nasal operation was performed about two years ago. The nature of which it was impossible to determine either from the statements of the patient or from an examination of the parts. A stellate scar was situated upon the right lateral aspect of the oro-



pharynx, and the patient acknowledges having received about eight years ago—a course of mercurial treatment. There is but little doubt that she has had syphilis. Although there was found no trace of the disease other than the above mentioned lesion which was of characteristic appearance. Examination of the nares anteriorly revealed a spur on right side of cartilaginous septum. Posterior rhinoscopy brought into view a small raspberry like tumor—situated upon the posterior portion of the right septum high up. The tumor mass protruding almost to the posterior margin of the vomer. Upon the application of adrenalin to the growth no appreciable shrinkage occurred. The case was referred to Dr. J. Wright for consultation and the diagnosis of probable angioma of the septum was made.

The ecchondrosis was first removed and some days later the tumor was snared—it being possible to carry out the procedure to some extent under inspection by aid of the mirror. No resistance was felt as the wire cut through the pedicle and the impression was given that the loop had failed to encircle the growth. Upon inspection, however, it was seen that the mass had been severed from its attachment and brought forward toward the anterior nares. A pair of small nasal forceps sufficing to extract it. Upon examining the pedicle no trace of blood vessels could be seen, and packing the nares was not resorted to—no bleeding occurred. Up to the present time, four months since the removal of the growth, no return has been noticed. The size of mass was 1" by  $\frac{1}{4}$ ", and it was stated by her physician who examined her three years ago, that the tumor was not present at that time. The chief interest in the case is centered in the microscopical report of Dr. Jonathan Wright which is herewith subjoined:

Microscopic examination of the tumor submitted by Dr. Richards shows very exceptional structures. It is a long pear shaped body ( $1" \times \frac{1}{4}"$ ). At the large or distal end there is loose areolar tissue in which there are many venous sinuses similar to those of the inferior turbinated bodies and of the region of the nose from which this tumor sprang i. e., the upper posterior lateral surface of the vomer. The epithelium has been removed in manipulation and not enough remains to determine its character. There are a few racemose glands. Beneath these is a rim of bone like a cyst of the middle turbinate, except that it has solid contents.

I have had a drawing made of a section of the growth under low magnification. This section apparently falls through approximately the long axis of the growth. It bisects longitudinally a very muscular arteriole (a), which for the course here shown runs parallel and about equidistant from the walls of what may be a cylinder of bone or may be ovoid shell. Besides the large arteriole its contents are fibrous tissue and smaller blood vessels (d), but it contains neither glands nor venous sinuses as does the tissue external to the bony rim.

On searching through the indices of the *Centralblatt f. Laryngologie* since its foundation, extending over a period of nearly 20 years, I find no reference to any growth of this nature.

As to its pathogenesis I am at a loss to account for it. I can only conjecture it had its origin in embryonal life. This would not fall in very well with the history, where it is stated that a competent laryngologist failed to note its presence three years ago. It would seem very unlikely that in such a time normal appearing bone could have thus formed in a new growth. I doubt if the patients syphilis had very much to do with it. I can only conjecture that it had its origin in embryonal life and developed with the growth of the erectile tissue, possibly favored by the sensuous life of a prostitute, such as the patient appears to have been, there being, as is well known, a direct reflex connection between the organs of generation and the erectile tissue of the nasal mucosa.