THE DESCRIPTION OF AN ADENOMA OF THE CARUNCLE

A CONTRIBUTION FROM THE LABORATORY OF THE ALUMNI ASSOCIATION OF THE COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.

BY

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THE small tumor was removed at the eye clinic of the College of Physicians and Surgeons, New York, by Prof. Agnew, to whom the writer is indebted for the specimen. It was removed from the inner canthus of the left eye of a woman seventy-four years of age, and had been growing slowly for seven years. It had given rise to inconvenience, but had caused no pain. It occupied the position of the caruncle. The gross and microscopical appearances which it presented after removal are as follows:

The tumor is globular in form, about 4 *mm.* in width and 5 *mm.* long, reddish and soft. On hardening in alcohol, it shrinks slightly, but preserves its general shape. On a transverse section through the middle of the growth, three tolerably distinct portions are visible to the naked eye: 1st, the tumor is surrounded by a thin dense portion having the appearance of a capsule; 2d, the mass of the tumor, which is spongy in texture, and presents along the middle 3d a long, irregular, branching cleft or fissure, running from side to side.

On *microscopical examination*, the central spongy portion, which makes up most of the mass of the tumor, is seen to consist (see fig.) of a congeries of tubular branching struc-

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tures, having larger and smaller, mostly central, lumina, and running in all directions. These structures, which resemble tubular follicles, and are lined with cuboidal and cylindrical epithelium, appear to be without distinct membranæ propriæ. Between the follicular growths is a small amount of loose fibrillar connective-tissue stroma, containing a moderate number of flattened cells and a few thin-walled blood-vessels. The calibre of the lumen of these follicles is very variable. In some of them there is a small round opening, as seen on transverse section, while some are widely dilated, forming globular or irregular shaped cyst-like cavities, some

of which are empty, some filled with granular material and fragments of degenerated and disintegrated cells. The general character is that of an atypical growth of branching tubular glands. The above-mentioned central fissure appears to be one of the much-dilated irregular tubules, being lined with epithelium similar to that lining the smaller tubules. The glandular mass is surrounded by a compressed capsule of connective tissue, which contains a considerable number of dilated blood-vessels, and at one side a small cluster of fat cells. Among these fat cells are seen sections of tubules resembling the excretory portion of sweat glands.

In the connective-tissue capsule near the periphery are seen portions of a few hair follicles and small sebaceous glands. The whole is covered, except at the surface of attachment to the underlying tissues, with epithelium which presents the usual characters of that covering the caruncle, except that it is in places moderately thickened. No trace of the ordinary caruncular glands—the modified sweat glands of the Germans—can be found unless the above-mentioned excretory portion running through the fat tissue toward the surface may be considered as such.

The tumor is accordingly an *Adenoma of the Caruncle*, apparently originating in the caruncular glands.

The lesions of the caruncle as a separate structure have been very little described except in so far as they are apt to be associated with those of the conjunctiva and the plica semilunaris, and the writer has not found in the literature any record of a tumor of this part of the above character. On the contrary adenomata of the lachrymal gland are not so very infrequent. Although there is no intrinsic reason why adenomata of this part should not occur, this tumor seems worth recording partly because of its apparent rarity and partly because of the peculiar nature of the part in which it occurs.

Owing to the multiplicity of structures which the caruncle presents and its—so to say—almost anomalous position, being an islet of skin thrust in on to the conjunctiva, sometimes quite separate, sometimes still connected with adjacent dermal structures; and furthermore, owing to the peculiar character of the caruncular glands themselves, which may be regarded as a transitional form of glands from one type to another, the occurrence of such a growth here may have some bearing upon the etiology of tumors in general, since it would tend to confirm the embryonal origin of tumors as suggested by Cohnheim. At any rate, in the present state of our knowledge of the etiology of tumors, the description of every sharply circumscribed tumor of this kind, which is so small and so separated from other similar structures as to permit of a satisfactory demonstration of its exact origin, can hardly be without value.

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