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LECTURES ON POLYPUS OF THE NOSE,

DELIVERED AT

ST. GEORGE'S HOSPITAL, ON NOVEMBER 15, 1843.

By Sir B. C. BRODIE, Bart.

BEING THE SECOND OF A COURSE OF LECTURES ILLUSTRATIVE OF SOME IMPORTANT PARTS OF SURGERY,

Delivered gratuitously to the Pupils of the Hospital.

LECTURE II.

GENTLEMEN,—I concluded the last lecture by speaking to you of abstracting common polypus with forceps; I might have said that in some cases there is a chance of its not returning (I allude to an occurrence I met with this morning). A gentleman came to me with polypus in each nostril; a portion of the cells of the ethmoid came away with it. There is no harm in this, and there is less chance of its returning in this part.

Now, the polypus being removed, the patient experiences great relief from the operation; he will ask the question, "Will it come back again?" It will come back again, and he must have it removed again. Another question he will put to you is, "Can anything be done to prevent its return, or make it slower in coming?" Yes; in many cases you may do something to prevent it. Some years ago—eighteen or twenty—a gentleman came to me with polypus in the nose, which he had had for some years, having had it removed before by a surgeon elsewhere. I removed it, and then recommended him to use the white precipitate ointment. It should be softened before the fire, and applied with a camel-hair brush; care must be taken to paint all the upper part of the nostril. It is a mild application, and produces no irritation. He persevered in its use for some time, and I watched the case carefully. There was no return of the polypus for about fifteen or sixteen years; afterwards it came back, and I removed it again.

I have seen other cases in which benefit has been derived from other local applications after the polypus has been removed—as, for example, the citrine ointment; which is the nitrated mercurial ointment diluted. However, I prefer the white precipitate ointment; it is quite as effectual, does not cause inflammation, and there is no sneezing afterwards. It must not be applied for a week only, nor for a month, but be persevered steadily with for years.

The patient may be taught to apply it himself, or get some one else to do it for him. You can explain to him the direction of the nostril: it should be passed up into the middle meatus, directing the instrument first upwards and backwards, then directly backwards, as far as the pharynx, so as to sweep over the whole roof of the nostril. I have used astringent lotions of zinc or alum with advantage—for instance,

sulphate of zinc, half a drachm; tincture of galls, one drachm; dissolved in eight ounces of rose water. This is to be injected every day into the nostril, especially when the nostril is narrow, and where a camel-hair brush of sufficient size cannot enter it.

Sometimes I have used nitrate of silver to the roof of the nostril where the polypus grows from it; this you must apply carefully, to prevent inflammation, protecting the upper lip and the margin of the external nostril by smearing the parts with olive oil, or it will run down; and when it is exposed to the light, the patient will discover a black stain.

Now, polypus may be of a different structure to those I have before mentioned. There is the fleshy polypus, which is composed of pretty solid fibrine, with a thin membrane covering it; the appearance is the same as polypus of the uterus and rectum. I am inclined to believe that sometimes common polypus alters in structure, and becomes fleshy; it does not do so in general; sometimes it does. It may grow for years and not do so. In other cases it appears to be fleshy from the beginning. Fleshy polypus has a narrow neck, as in polypus of the uterus or rectum. It is not restricted to the cells of the ethmoid, or the superior turbinated bone, or to any part of the nostril; the common polypus is. I have seen one attached to the Schneiderian membrane on the septum nasi, quite in sight (it was about an inch long, and one-third of an inch in diameter), in which situation I never saw common polypus. In the case to which I allude I introduced a pair of probe-pointed scissors, slightly curved, and snipped off the polypus close to its centre, afterwards applying the nitrate of silver. It did not grow again for some time.

In like manner, polypus of the uterus, after it has been removed by ligature, does not return.

Here is a fleshy polypus I removed by ligature; it hung down from the posterior nares into the pharynx. It came away with the ligature attached to it in the same manner as, they tell you in lectures on midwifery, the polypus of the uterus does.

There was admitted into the hospital a young man, a soldier, who never had symptoms of common polypus of the nose, but for some time had considerable difficulty of breathing and swallowing. This took place a long while ago, when I was assistant-surgeon here. Nothing could be seen in the nose, but when I looked into the back part of the throat I discovered an enormous tumor pushing forwards into the mouth the velum pendulum palati. Upon careful examination I found it to be a fleshy polypus descending from the nostril, to which it was attached at its superior part. I removed it by the ligature, and I think it never returned, for I never saw the patient afterwards, nor heard of him; he soon got well, and as the operation was successful, I apprehend that he would have come back if the disease had returned.

It is much easier to talk of removing polypus by ligature, than to do it; for it is not an easy matter when it hangs back into the pharynx.

There are several ingenious contrivances invented for it, which appear to me to be more ingenious than useful. It is better to effect it by some simple apparatus than by any of these complications.

It is difficult to explain the method of doing it when the polypus is hanging out of the posterior nares into the fauces. You should never do it by ligature when the polypus is confined to the nostril. [Here Sir B. C. Brodie introduced a paper model, by which he illustrated the various steps of the operation.]

Description of the Operation by Ligature.—You first pass a wax bougie through the nares into the pharynx, then put your finger in the mouth, bend the bougie, and bring one end out into the mouth. *This is the first step of the operation.* Then I have performed the operation thus: Fasten a double ligature to the end of the bougie, draw it out at the nose, and cut off the ligature; the loop hanging into the pharynx, the cut ends projecting out at the anterior nostril over the upper lip.

The next step is to get the loop over the tumor; that is the difficulty. For this purpose I have drawn the loop out of the mouth, and cut through it. Now you have two single ligatures.

This silver tube is passed into the mouth with one of the ligatures drawn through it, under the base of the tumor, to one side of it. Then, by means of the same silver tube passed into the mouth, carry the other ligature to the other side of the tumor; then unite them together by a strong knot, so that now you have a firm hold on the polypus; then tighten it on the silver tube in the same manner as you would tighten polypus of the uterus on a silver tube; and let it be drawn tighter every day, till it has cut through it; after applying the ligature in this manner, it might drop down into the pharynx, and if large might occasion some inconvenience. To prevent this, you pass a ligature through the substance of the polypus, so that it may be dragged out, when loose, by the patient.

If the polypus arises from the septum nasi, you may pass the bougie into either nostril; but if not, you must judge to which nostril it is attached, and pass the bougie into that one. The ligature should be long, strong, and waxed, as it is easy to cut it shorter, if too long; but if it is not long enough, you will find the operation very difficult. It was in this manner I tied the large polypus I mentioned just now.

But there is a method still more convenient than this, which I have applied on other occasions. The method I am going to describe (employed by Dessault) requires no more apparatus than I showed you before, i. e., in the first place, the silver tube, by which the ligature is introduced into the mouth; then a shorter one for the nostril, to tighten the ligature upon: you will want two pretty long ligatures. Begin by introducing the bougie into the nostril; hook it round, and bring it out of the mouth; then fasten carefully two ligatures, a double one, and a very long single one; draw out the bougie through the nose, and the ligature follows it; then you cut off the bougie as before.

Next Step.—Pass the silver tube into the mouth, pulling the single ligature through it, so that the

double and single ligatures are both on one side of the polypus; direct the single ligature round to the other side of the polypus, leaving the double one where it was; having done that, remove the silver canula; the loop of the double ligature is thus drawn out of the mouth, and the single one passed through it; draw out the double ligature, and the single one is thus converted into a double one; you tighten it, by passing the canula into the nose as before. This operation is difficult to describe, although easy to do in practice.

Malignant Tumors.—Now, there are tumors which grow from the nostril which are liable to be confounded with polypus of the nose. A boy was admitted into the hospital with a tumor in the left nostril, causing much bulging of the nose, &c. The tumor was of a brownish red color (unlike common polypus), elastic, having a narrow attachment to the superior maxillary bone, and not to the nostril elsewhere; it was doubtful whether it proceeded from the antrum, but there was no apparent enlargement of it. It was too firm to remove by the ligature or the forceps; I divided the ala nasi, and carried the incision through the upper lip, so as to expose the cavity of the nostril. I then removed it as well as I could; there was great hæmorrhage; I applied chloride of zinc and flour upon lint, in order to get it to slough. The wound of the lip healed by the first intention, and there was no appearance of its return for some time. In three months he left the hospital; in one month after that he returned, with much discharge from the nose, and a swollen belly: this happened after I resigned my office here. The boy died, and I believe had paralysis of the lower limbs. On examination after death, it was found that the disease had returned into the nostril, where there was a firm elastic tumor formed. The sphenoid and ethmoid bones were destroyed, and some of the bones of the face. The dura mater was lifted up near the cribriform lamella of the ethmoid. The disease existed also in other parts of the body; a tumor of the same kind was found attached to the xiphoid cartilage: the bodies of the vertebræ were destroyed, and the heads of the ribs. There was pressure on the dura mater of the cord, and I believe effusion into the ventricles of the brain. It was evidently a malignant tumor, very different from common polypus.

I have seen several malignant tumors growing from the Schneiderian membrane, but this arose between the periosteum and the bone. A young, strumous gentleman, of fair complexion, light hair, blue eyes, &c., consulted me, having a very vascular condition of the mucous membrane of the nose, rendering him liable to bleeding of the nose at the least touch of it. If touched with the sharp end of a probe, it would bleed to many ounces—an alarming hæmorrhage. By-and-by he came to me with a sort of fungus growing from the mucous membrane over the inferior turbinated bone. It was at first small, with a narrow neck, not bigger than your little finger. I snipped it off, but supposed afterwards that I had not entirely removed it, for it returned again, growing rapidly, and soon extended into the pharynx, pushing forwards the soft palate into the mouth. Mr. Keate saw it with me; we agreed to remove it by ligature, which did no good, for it grew in spite of us. It caused caries of

the bones of the face, destroyed the orbit, bled profusely, and the poor fellow died.

I saw another case where the fungus occupied a large part of the nostril, and projected into the pharynx; Sir Astley Cooper and I agreed to remove a part of it by ligature. The ligature came away, but there was so small a piece of fungus included in it, that it could scarcely be seen. It was composed entirely of vessels similar to the cauliflower excrescence of the uterus. The tumor grew again, and I have not heard the result, but I have no doubt the patient died.

As for these malignant tumors, let them alone; from my own experience, I consider, from their having so broad a base, that any operation for them would do no good.

In the next lecture, Gentlemen, I shall mention other tumors that are liable to be confounded with polypus of the nose, and then I shall begin another subject.

CASE OF RUPTURE

OF THE

LEFT VENTRICLE OF THE HEART.

By M. BODINGTON, Esq., Chesterfield.

On Friday, October 13th, at a quarter past one o'clock, p.m., I was sent for in haste to visit J. C., aged 70, who it was stated had been complaining of feeling unwell for a week or ten days, and in the course of the morning of a "stitch in the side," but had been just seized with violent pain in the chest. Upon arriving at his house, I found him sitting upon the bed, leaning forwards, with his elbows resting upon his knees, in which position, with some one pressing upon his chest, he was easiest. He complained of most excruciating spasmodic pain extending all over the chest. The pulse was very slow, and so feeble as scarcely to be perceptible at the wrist; the skin covered with a cold clammy perspiration; the countenance expressive of intense anxiety; in fact, he had every appearance of being in articulo mortis. I gave him some hot brandy and water, and applied hot bags of flour over the seat of pain. The pulse having slightly rallied and the severity of the pain not having abated, I left to procure some medicine, but returned immediately (with my partner Mr. Walker) and gave the following draught:—

Tincture of opium, forty-five minims;
Compound spirit of ammonia, one drachm;
Camphor mixture, seven drachms;

and ordered the feet to be put into hot water, with mustard in it; and to take a bolus composed of

Chloride of mercury, five grains;
Powdered opium, one grain;
Confection of roses, as much as required. To be repeated in half-an-hour, if the pain continues.

Three o'clock. The pain still as severe, and extends down each arm to the elbows. To repeat the draught immediately, and the bolus in an hour; and to apply a large blister to the chest, sponging it previously with tepid vinegar.

Six o'clock. My partner visited him, and found no alteration.

Half-past nine o'clock. He was again seen by my partner, and complained then of the pain extending to the wrists, but seemed somewhat more composed.

In less than ten minutes I was summoned again, and, upon arriving, found he had been dead about five minutes. After Mr. Walker left he had risen from the bed and walked across the room; a paroxysm of pain came on, and he died immediately.

Post-mortem Examination, Eleven Hours after Death.

Heart.—The pericardium was distended to the utmost with fluid and coagulated blood—in fact, had it not have been a particularly strong one, it must have been ruptured. The heart was of the usual size, but covered with an immense quantity of fat, and there was a general softening of its substance. Externally in the left ventricle, about three-quarters of an inch from the septum, were two lacerations, one communicating with the other; the larger of the two measured seven-eighths of an inch in length. Internally there was only one rupture in an oblique direction from below upwards; it would admit of the common-sized blowpipe. The walls of the ventricle were of the usual thickness, except in the situation of the rupture, where they were somewhat thinner. The walls of the right ventricle were exceedingly attenuated, very much more so in every part than at the point of rupture in the left. No trace of disease of the valves or of the arteries could be detected. Lungs, liver, intestines, and kidneys were perfectly healthy. Gall-bladder contained eleven gall-stones, each of the size of a small nut, and some inspissated bile. The spleen presented a very remarkable appearance, the peritoneal covering being studded with minute elevated tubercles of a greyish white color, and at one point a number of them were concentrated together, forming a patch of the size of half-a-crown; upon cutting into this mass, it seemed like cartilage; in other respects the spleen was quite healthy.

REMARKS.

It is clearly evident that this was a case of rupture of the heart, occasioned by general softening of the muscular substance attendant upon fatty degeneration; it is also evident that the rupture must have taken place previous to my seeing the patient—consequently, as the pericardium became distended, so in proportion to that distention did the pain not only become aggravated, but extended gradually to the elbows, and immediately before death to the wrists. The blood being slowly poured into the pericardium, and coagulation taking place, the opening became blocked up with coagulum, and so prevented for the time further mischief; but as reaction took place, and under the excitement of walking across the room, the coagulum became displaced, hæmorrhage returned, and the man died instantly.

SOLIDIFIED LUNG.

Mr. Power presented a specimen of pneumonia in a child. The left lung sunk in water; the upper was the only part capable of respiration, and that portion, when separated from the remainder, was buoyant. There was extensive pleuritis at the same side with the inflamed lung. The history of the case was so far remarkable, that no complaint was made by the child up to thirty-six hours before its death.—*Proceedings of the Pathological Society of Dublin, in Dub. Journ. of Med. Sci.*, Nov., 1843.