## ON THE DIAGNOSIS AND TREATMENT OF NASAL POLYPI.

BY G. S. RYERSON, M.D., L.R.C.P.S., ED.\*

Lecturer on the Eye, Ear and Throat, in Trinity Medical College, and Surgeon for Eye, Ear and Throat Diseases, to the General Hospital and Hospital for Sick Children, Toronto.

MR. PRESIDENT AND GENTLEMEN,—I do not propose to occupy your valuable time with a long dissertation on the pathology and clinical history of nasal polypi, but would wish to draw your attention to one or two points in the diagnosis and treatment of these growths which are of considerable practical interest.

First—As to diagnosis—the disease with which polypus is most frequently confounded is hypertrophy of the mucous membrane over the turbinated bones and septum. It can be easily differentiated from this by examining the nose carefully with a probe, laryngoscope, and nasal speculum. I may remark here that the practitioner should be provided with two kinds of nasal speculi; Bosworth's, for noses which are more or less retroussé answers admirably, but will be found of little use in long or overhanging noses; for such, a simple hard rubber conical speculum is best suited.

When the nasal cavity has been well illuminated you will notice in hypertrophy of the mucous membrane that the color is whiter, that there is no translucency, and that there are no folds and depressions as in the case of polypi. There is frequently also thickening of the septum, on one or both sides, a condition, but rarely associated with polypus. It is also very unusual to find a polypus springing from the septum. The subjective sensations are not very reliable for diagnostic purposes, as in both cases they are those of obstruction to nasal breathing. With the probe, in the case of polypus, one can lift them and determine their points of attachment. One should never attempt to remove these growths without carefully determining this point, and without thorough illumination, otherwise it is a mere groping in the dark, unsatisfactory alike to physician and patient.

With regard to treatment, I look upon removal with the snare as the only satisfactory mode of dealing with polypus. It is comparatively painless and almost bloodless. Several polypi can be

removed at a sitting, with very little loss of blood, and moreover, the view is not obscured by blood and clots. It is not always an easy matter to slip the noose over the growths, and valuable assistance may be had from the two little instruments I show-the first, which is simply a director with a bifurcating point, will be found of assistance in passing the wire around large growths. The little hook, the shaft of which is bent at nearly a rightangle, is useful in pulling them through the loops when it is placed in position over the tumor. Nasal polypi are exceedingly liable to recur. This recurrence I believe to be best combatted by touching the stumps with glacial aceitic acid on a cotton holder—the pain it causes can be instantly stopped by spraying with this solution :-

R Acid Carbolici gr. i., sod. bibor. sod. bicarb, aa. grs. ii., glycerine 3i., aq 3j. Patients also experience much benefit from the use for some time after of this powder:—

Sig.—Put a teaspoonful in a teacupful of water, and either draw in through the nose every morning, or use with the syringe or post-nasal douche.

## Correspondence.

## SEMPER PARATUS.

To the Editor of the CANADA LANCET.

SIR,—I am thoroughly convinced that the majority of country physicians will agree with me, when I affirm that in many instances we have not at our command, in emergencies, medicines and appliances upon which we can place reliance for the amelioration of the condition of our patients. In some cases the friends are compelled to travel many miles to get an instrument or medicine, where if a little forethought were exercised, not only this unnecessary travel could be obviated, but the suffering of the patient lessened—a great consideration. Not long since I was called to an arm and shoulder presentation, and finding it impossible to turn, I decided to use the blunt hook; but such I had not with me, consequently had to despatch a messenger to a medical friend, to come and bring his instruments. He came-minus the hook, so sent again; the hook came and the woman was

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