Griffin (E. H.)

THE TREATMENT

FOR THE RADICAL CURE OF

POLYPI OF THE NOSE.

BY

E. HARRISON GRIFFIN, M. D.

Attending Surgeon of Throat and Nose Department of Bellevue Hospital Out-Door Poor, New York.

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In operating for the removal of polypi of the nose, we have the choice of three different methods. First, injecting each tumor with some irritating fluid, and allowing the growth to slough; second, by the forceps; and third, by the snare. The first method is liable to be tried on account of its simplicity, but it will soon be abandoned, as it takes weeks to destroy one of these growths by this method of procedure.

This operation is attended with great pain, and if there be a number of polypi the time taken up in the operation is considerable, and the after-result is not satisfactory.

This leaves two remaining methods, the forceps and the snare.

The only reason I can see for the employment of the forceps is that they can be used by anyone, while the snare requires a certain amount of dexterity that takes a little time to acquire. In operating with the forceps we are liable, at the first introduction of the instrument into the nasal cavity, to wound and tear the membrane; the hemorrhage that follows will so obscure the polypi that further operation will be conducted entirely in the dark. We cannot penetrate to the pedicle of the growth as readily as with the snare. The forceps take a polypus out in sections, while the snare can remove the whole growth, with its pedicle, in the majority of cases, especially if it is a virgin case upon which we are operating.

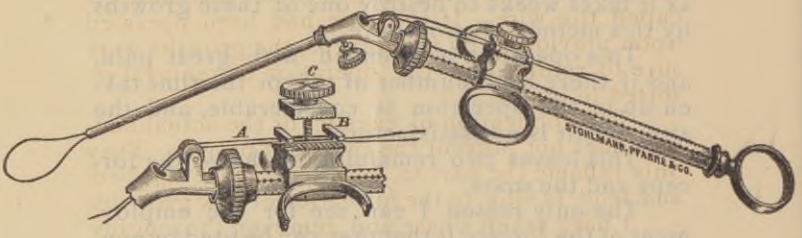
I have enumerated the three methods of operating, as the manner in which the polypus is re-

moved is an important factor in the question whether it will return. The injection of the polypus is impracticable. The forceps cannot remove the growth as completely as the snare, the wire of which can be nursed to the attachment of the growth to the turbinated bone, while the thickness of the bit of the forceps prevents this procedure.

I consider an operation with the forceps brutal and unsurgical.

I have operated for the last two years with the little instrument illustrated in Fig. 1 below.

It is my modification of Dr. Bosworth's snare, it is much stronger and the wire is more eas-



ily fastened by the little clamp *C*, than by the pin attachment on the former snare. The wire after passing through the cannula, runs over a small pulley *A*, and then through a fine slot *B*, and can be attached firmly to the instrument by lowering the screw *C*.

The instrument in my hands has effected most satisfactory results. I have no trouble in guiding the wire around the growths, and in most of my operations securing the root of the polypus. This snare can also be used in posterior hypertrophies of the inferior turbinated bone. A curved attachment is also made, so that the wire can be carried to the vault of the pharynx in search of adenoid vegetation.

No matter how thorough the operation has been, a small pedicle is liable to be left somewhere embedded in the membrane of the turbinated bone, and if this is not destroyed it forms the root of future polypi.

Three or four years ago I treated the nose with a strong solution of chromic acid after I had thoroughly removed all the polypi in sight, so that the whole contour of the turbinated bones was visible, and the nasal cavity showed absolutely no nasal obstruction. Later I tried carbolic acid, tincture of iodine, and actual cautery, with the idea of destroying any pedicle that had escaped the wire. If the case had been operated upon previously by the forceps, the growths were sure to return and the operation of removal resorted to again.

The application of caustics or the actual cautery does not prevent the return of polypi. They only inflame the part to which they are applied, and tend, I think, to the formation of new growths.

I have taken a case and removed thoroughly the growths from both sides of a nose. To one side I have applied a caustic, the other I have let pass without after-treatment. In watching this case I have found that the side I cauterized duplicated the growths more quickly than the side that had passed without after-treatment. I have tried this experiment in a number of cases, and the result is always the same.

Lately I have abandoned entirely the cauterizing after removing the polypi, as I think it causes inflammation and a quicker reproduction of the growth.

Before operating with the snare, I try first to put the parts under complete control of the cocaine, or, in other words, the parts must be thoroughly anæsthetized. I consider this a most im-

important factor in the operation. First, as the cocaine empties the blood vessels of the turbinated tissue and allows a more nearly perfect view of the growths; and second, because when the part is under the influence of the drug, the hemorrhage is more perfectly controlled, and the irritation resulting from the introduction of the snare greatly diminished.

In looking at a nose filled with polypi, a concrete mass is the only object that can be seen. We are unable to distinguish one polypus from another, but with the aid of cocaine the mass seems to subdivide and each individual polypus is easily seen. Cocaine has thus greatly augmented the per cent. of permanent cures. I would never attempt to operate until the parts were entirely free from sensation. No pain should be felt during the operation, no matter how slight, as pain in this case is significant of irritation, and this we should studiously avoid if we aim at the permanent destruction of the tumors.

A case that has been operated upon previously by the forceps is more difficult to cure radically than a case that presents itself in a virgin state.

This clinical fact has been impressed upon me again and again, both in the Bellevue clinic and in private practice. The forceps seem to tear the growth away and to spread the roots, so that the polypus has a broader attachment and becomes more of a sessile growth, while a virgin polypus has a root as small as a thread, as shown in the illustration.

Fig 2. represents the tumor at its present size, after being in alcohol for over two years. It hung between the soft palate and the pharynx, and was attached to the middle turbinated bone.

In a case previously operated upon by tor-

sion, the attachment is much broader and the roots of the polypi more dispersed.

In removing these growths we should aim to produce as little irritation as possible, and after the operation the same condition of affairs should still be preserved.

Any irritation, in my mind, will lead to a recurrence of these growths. I have seen this so fully illlustrated by the application of caustics and cautery, that I was led to abandon their use entirely after polypus operations, and seek for some other medication that would prevent tumors from reasserting themselves. I do not know how many astringents I have used with this aim in view. After a thorough trial of almost everything in the Pharmacopœia in the way of an astringent, I have abandoned all medication, with the exception of witch-hazel or the application of pure alcohol. To the former I give the preference.

Fig. 2.

After a thorough search for remaining polypi and their removal, I have the patient spray the nose night and morning with either of the above-mentioned drugs, diluted at the start with water and gradually increased to full strength, by means of a Burgess spray. The parts should be thoroughly moistened with the chosen drug, so that it floods the nasal fossa and runs into the lower pharynx.

This treatment should be persisted in steadily for at least a year after the last remaining polypus has been removed. The nose should be examined at stated intervals, and if there is a semblance of a polypus it should be removed.

I copy from my note-book a report of a few obstinate cases that have been treated with the cautery and caustics after the polypi have been thoroughly removed, and then afterward with witch hazel. With the cautery treatment the polypi returns, but with witch-hazel medication the return of the growth rarely occurs I might add that most of my obstinate cases for the permanent destruction of these growths have previously been operated upon by forceps.

Case I.—M. C—— applied to me, complaining of polypi of the nose. She had been operated upon repeatedly, for this affection, by the forceps. The operations were very painful and attended with profuse hemorrhage. I removed fully three hundred polypi from her nose at various sittings. At the end of each series of sittings, the lumen of the nose was perfectly restored and the contour of the tubinated bones easily seen. At this time, as at the present time, cauterization after removal of polypi was the customary treatment.

In succession I tried chromic acid, glacial acetic, carbolic, tannic, actual cautery and the tincture of iodine, and, in fact, any medication that would permanently prevent these growths from reforming.

These astringents irritated the parts, and I found that the polypi returned more quickly when I was seeking to destroy them by that means than when I left after-treatment alone. Failure after failure with these agents led me to try a new drug. This case I treated, after removing the large number of polypi before mentioned, with the spray of witch-hazel, night and morning, and was surprised to see the return of the growths wonderfully diminished. The patient has been free from these growths now more than a year.

Case II.—Female, had been operated upon repeatedly, by the forceps, by another practitioner. Acid was applied after the operation. The polypi quickly returned. I removed twenty polypi from this patient's nose, put her under the witch hazel treatment, and the polypi have not since returned.

Case III.—Male, aged forty. Had polypi of the nose from the age of twenty. The nose had been "cleared" regularly every six months, and the caustic applied after each series of sittings. The patient was accustomed to go to a physician at these stated times to have the growths removed. After clearing his nose thoroughly of the offending bodies, I put him under the hamamelis spray. Eighteen months have passed without a return of the growths.

Case IV.—Mr. A—— applied to me for a diagnosis of his case. His nose had been stopped up for years. Acid had been injected into a few polypi, but the pain and time experienced in this mode of procedure led him to abandon treatment for a period. When he applied to me I found his nose completely obstructed. I removed over a hundred polypi from the nasal fossa in a week. This was in June, 1888. I saw him again January, 1889, and removed six In August he paid me another visit. I found one side of his nose perfectly free, the side I had not cauterized, while from the other I removed four polypi I consider this an excellent report of a case where the operations followed in such quick succession, and so long a time elapsed between visits. A thorough removal of polypi cannot be secured at one sitting, or at a few successive sittings. When we remove the lower strata of the growths, the one above drops down, and the nose may appear after a few operations to be the same as at the first one.

Time should be allowed for the polypi to descend, as the pedicle is more easily detached, the irritation less, and the hemorrhage much diminished. *Festina lente* is a good adage, in the removal of these growths, for a permanent cure.

I could cite case upon case where the polypi have returned after removal, with the after-treatment by caustics. The only remedy I have been able to secure to prevent their return has been either witch-hazel or some preparation of alcohol, as a local medication, after their total and thorough removal.

I do not claim that the injection of witch-hazel or alcohol into a nose filled with polypi, or one partially filled with the tumors, will extirpate them, but what I do maintain is, that for a perfect cure of the troublesome affection—1, the nose should be treated with the snare till each and every polypus has been removed; 2, that the after-treatment by caustics and cautery tends to inflame the cavity, and tends to the recurrence of these growths; 3, that in the removal of these tumors the parts should be so thoroughly anæsthetized that pain is unknown, because when pain is absent the part is under the full influence of cocaine, the blood-vessels are relieved of their congestion, the polypi are more easily distinguished, and the main object of the operation is secured, removal of the pedicle intact; 4, that the part should be sprayed thoroughly with either witch-hazel or alcohol, for some time after the patient has been pronounced free from all polypi; 5, that with this treatment the majority of cases can be permanently cured, and the rest greatly relieved.

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