minister ergot until the cause of the hemorrhage is ascertained! Ergot has its indications and serves a good purpose when used intelligently, but its indiscriminate exhibition is harmful in the extreme.

Hydrastis is the most widely applicable remedy in uterine bleeding, because it contracts blood vessels gradually and surely, without disturbing the muscular wall of the uterus. In the form of the fluid extract or as its alkaloidal salt, hydrastinine hydrochlorate, this drug may be administered over a long or a short period with confidence. In a continued hemorrhage with exhaustion of the patient's nerves *cannabis indica* has a steadily favorable effect. One does not fully appreciate this remedy until it has been tried in suitable cases time and again as an aid to other drugs and remedial measures. All of these therapeutic means are to be prescribed judiciously, and judiciously discontinued when the time comes to stop them. Some cases do better when nothing is given. I have seen women who were bleeding continuously under a set course of treatment recover immediately and permanently upon a simple tonic mixture: which goes to show that the cause was not clearly known.

THE REPORT OF TWO UNUSUAL CASES OF NASAL POLYPUS, OCCURRING IN SISTERS, WITH THE RESULTS OF OPERATIONS.*

By Charles W. Kollock, M.D.
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These very unusual and exceedingly interesting cases were first seen by me about six years ago, but did not come under my care until some time later. At that time they were nine and twelve years old, and had been affected for two and four years respectively. Their histories are briefly as follows: The elder, when five years old, was found to have catarrh of the nose and soon after the growths were discovered in the nose. At the age of seven the younger became affected in the same way. Previous to these periods they appeared to be in fairly good condition, and, so far as I could ascertain, the other members of the family were in good health. The appearance of these girls was such as to attract the attention even of the laity. Their noses were unusually broad and flat at the roots and this increase of

width extended to within a short distance of the tips, which were narrow and pointed. The mouths of both were habitually open and their expressions were dull and listless. The flattening of the noses had been caused by spreading and thinning, but not by separation of the nasal bones. The measurements between the pupils and between the canthi were unusual for their ages. In the younger the pupillary distance was 63 mm., the canthal 45 mm., and across the nasal bones 42 mm. In the elder the pupillary distance was 60 mm., between the canthi 46 mm., and across the nasal bone 48 mm. The average pupillary distance for children of their ages would be from 53 to 58 mm. At times the eyes were watery and the conjunctiva congested, still there were no signs of stoppage in the nasal duct, though it is strange that it did not occur. The elder girl was of average intelligence, while the younger was unmistakably dull and always dependent upon her sister in various ways (such as in dressing), and inclined to be irritable. From a distance of twenty feet, or more, the polyps could be distinctly seen projecting from the noses and a closer examination revealed the unusual condition of the nasal chambers being literally stuffed with them. Before coming under my care both had been operated upon several times, but with only temporary relief, as the growths returned rapidly after each operation. I declined to treat them unless they were placed in the hospital where more thorough work could be done, and not until a year after I first saw them did the father consent to this. Under chloroform anesthesia I did what seemed to be a most thorough operation upon each. It consisted in snaring and curetting the growths from the nostrils, opening and curetting the antra, breaking down and curetting the ethmoid cells, and very carefully entering and curetting the sphenoidal sinuses. Large masses were removed from the noses and the hemorrhage was profuse, but easily controlled without packing. They returned home after remaining in the hospital for a few days. Douching, which was the only treatment that could be carried out, was done twice a day with a quart of saline solution. They were brought back in about a month's time in practically the same condition that I first saw them, that is, both noses packed with growths. I then informed the father that only from the most radical treatment could any real benefit be expected, and urged that they should again be placed in the hospital in order that Killian's, or a similar operation might be performed. In the meantime the growths were removed through the nostrils on several occasions. In August, 1910,

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permission was finally obtained to operate upon the younger, whose condition was the worse, as she was becoming duller and deafer, and as she had never learned to blow her nose, it was very difficult to clear it of the large quantity of very ropy, mucopurulent excretion that constantly collected there. It was decided to perform Killian's operation as the one most likely to fit the case. An X-ray examination would have shown that the operation as a whole was unnecessary, for when the opening was made into what should have been the frontal sinus it was found to be the cranial cavity, and while it was very mortifying to have made such a mistake, no harm resulted. The sinus either did not exist or was so small that it could not be found. It was not necessary to remove the turbinate bones (middle), for all had been destroyed by the pressure of the growths. Through the opening in the side of the nose the growths were plainly visible as they lay matted together, and it is hard to conceive how such small spaces could accommodate such masses as were removed. By breaking through the upper portion of the septum it was found that the cavities of the opposite side could be easily reached and treated without making another external opening. The growths seemed to spring principally from the antra and the ethmoid cells, and though large openings were made through the nasal walls of the former it was most difficult to free them of the polyps. The nasal bones were as thin as paper and on this account it is possible that the deformity might be greatly lessened by breaking and remolding them into better shape. The hemorrhage was profuse during the operation, and though the nostrils were tightly packed, it continued until the next day, when the packing was removed and it suddenly stopped. It is now two years since this operation was performed, and there has been no return of the growths, but there is still a thick and tenacious mucopurulent discharge. The girl has grown rapidly, the hearing has improved markedly and her mental condition is wonderfully better. The opening that was made through the upper portion of the septum has evidently closed, as it could not be found. About a year later a similar operation was done upon the elder sister, except that the opening was made through the side of the nose as is done in the lower portion of Killian's operation. Large masses of polyps were removed from both sides (including the antra and ethmoid cells), and the opposite side was entered, as in the first case, through the upper part of the septum. The result in this case has not been as good as in the first, as the growths have re-

turned to some extent, but not as bad as formerly.

A third case of this kind was brought to me during the last year, but the conditions had not existed as long nor were they as serious as those of the sisters. However, there was a considerable deformity of the nose and both nostrils were packed with the polyps, which seemed to spring especially from the antra. The same operation was performed upon this patient, and when seen several months later there was but a slight return of growths. The photographs of the sisters, which are being passed around, are good, but do not convey an accurate idea of the great deformity which exists. I am inclined to think that the polyps involved principally the antra and the ethmoid cells and, perhaps, the sphenoidal sinuses, but not the frontal. From my experience with these cases I am convinced that only by the radical operation can any real improvement be expected, and that the opening on the side of the nose below the inner canthus is indispensable for the thorough removal of the growths. Also that the opposite side of the nose may be reached and treated through an opening made high up in the septum which obviates the necessity of another external wound and simplifies the operation. It is doubtful whether cases of this kind can be cured, especially when they have existed for some years, but they can undoubtedly be greatly improved and the patient rendered much more comfortable by the operation. A microscopic examination of the growths removed from the sisters showed them to be fibromyxomata, and it is reasonable to suppose that they were the same in the third case, of which, through oversight, no examination was made.

DISCUSSION.

Dr. J. W. Jervey, Greenville, S. C.—I had the opportunity of seeing these cases some three or four years ago, and they presented a truly remarkable appearance. The photograph does not begin to show the amount of deformity as I recollect it. A year ago I reported a case at the meeting of the American Laryngological, Rhinological and Otological Society, and, while not wishing to throw any aspersions on Dr. Kollock's photograph, I wish to say that the deformity in my case was four or five times as great as in his cases. My case was one of long standing, in a man fifty-four years of age, with a sarcomatous tendency in the growth. By complete removal of the growth and removal of the entire middle turbinate the process was checked, and the man has been free from any return. I am surprised, as Dr. Kollock's cases were of so long standing, that the microscopic examination showed no tendency to break down into malignancy.

Dr. Feingold: Was your tumor a fibromyxoma?

Dr. Kollock: Yes, it was a fibromyxoma.

Dr. Feingold: If there is no further discussion, Dr. Kollock will close.

Dr. C. W. Kollock, Charleston, S. C., closing the discussion: I have not much to add, except that the remarkable thing is that these cases should have occurred in sisters; and also that an important point in treating cases of this kind is that they should be treated not only through the natural openings, but also through an opening high upon the side of the nose. The latter is an important adjunct to the operation. This opening was large enough for me to put in my little finger and feel the entire area of the cavities of the antrum, which gave me a much better idea of the situation than I should have obtained if I had had to operate from below; and, having the two openings, it was much easier to work around and free the nasal cavities of the growths. To one who had not treated a case of this kind it would not seem difficult, but several times after I thought that the cavities were clear of the growths, the introduction of the finger proved that more had dropped into the places of those that had been removed. It seemed an unending job to get the cavities thoroughly clear.

THE BACTERIOLOGY OF EPIDEMIC COLDS.*

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For many years we have had in our community, and in other communities, epidemics which we have called *lagrippe* for want of a better name. The chief characteristics of these epidemics have been head colds, sore throats, tonsillitis, laryngitis, tracheitis, with accessory sinus and middle ear inflammations as complications.

These epidemics vary a good deal at times in some respects, such as manner of attack, location and severity of attacks, extent of tissues involved, etc. In some epidemics we have all of these types represented. Sometimes the symptoms are largely local, with very little or no constitutional disturbance, while in other cases the constitutional symptoms are all out of proportion to local manifestations. Sometimes with only a slight sensation of cold, or mild form of acute rhinitis, we get terrific supra and circum-orbital pains, or an acute otitis media, while in others the rhino-pharyngeal symptoms may predominate, or the attack may start with a tonsillitis followed by general pharyngitis and suppurative otitis, etc. Sometimes as acute otitis media with a chill is the first notice the parents have of trouble, when after a short, sharp paroxysm of pain the drum ruptures, or is excised by the physician and the

trouble soon subsides. In other cases the symptoms are much more virulent and persistent, terminating eventually in recovery uncomplicated, or in a mastoiditis, etc.

The observation of these peculiarities and variations characteristic of cases in the same or different epidemics led me last year to make bacteriologic examinations in a few of my cases with a view to the determination of the type of bacteria, and to arrive, if possible, at a correct diagnosis of the cases. These few cases, I think, can be put down as typical of all. In some of them vaccines were made and used to advantage.

Case One.—J. P. L., age 36, began with a tonsillitis. Smears showed staphylococcus aureus. Five days later followed a general pharyngitis, which extended into the nostrils and eustachian tubes with severe deafness in right ear and partial deafness in left. Cultures taken from the nasal secretions showed the pneumococcus and micrococcus catarrhals, from which vaccines were made, mixed with the staphylococcus from the tonsillitis cultures. Three injections of the vaccine at intervals of one week relieved all the symptoms.

Case Two.—J. P. L., Jr., age ten months. Acute general pharyngitis with small ulcer in left tonsil. Culture from the tonsil showed pure Friedlander pneumobacillus. Five days later otitis media occurred in both ears. Both drum membranes were incised and free drainage established. A vaccine was prepared from the culture taken from the throat. Three injections were given at intervals of five days; some reaction following the second injection; the third was reduced. Rapid and complete recovery at the end of the second or third week.

Case Three.—E. W. R. Acute bronchitis. Examination of sputum showed Friedlander bacillus, from which a vaccine was made and one injection of ten million bacteria given as an initial dose. The reaction was so considerable that the patient would not consent to a second injection.

Case Four.—I. C. S., Jr. Acute rhino-pharyngitis. Culture from the throat showed a mixture of staphylococcus aureus and albus. No vaccines were made in this case; the usual local and constitutional remedies being resorted to. Recovery uneventful.

Case Five.—H. G. W., age 40. Acute rhino-pharyngitis with no tonsil involvement. No accessory sinus nor middle-ear trouble. Some tubal engorgement. Culture taken from the nose showed a bacillus resembling the diphtheria bacillus and classed pseudo diph. bacillus, and a large diplococcus, which was not classified.

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