CASE OF POLYPUS NASI

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I TRANSCRIBE from my memorandum of cases, one of polypus nasi, which may be a matter of some interest to the readers of the Journal.

About the first of April I saw the daughter of Mrs. P., æt. 3 years, who complained, and had done so for three months, of a sense of stuffing in the left nostril, which was also impervious to air. The child complained, in addition, of symptoms resembling cold in the head; such as pain, heaviness, disposition to toss the head about, &c. &c. There issued from the nares, particularly the affected side, a copious fetid sanies; sometimes, however, the discharge consisted of a limpid aqueous fluid in such quantity as to indicate hydatids. Some months before she began to complain, Mrs. P. supposed the child had put a foreign body in the nostril, though she was not positive about its having been inserted or extracted. I could not, therefore, rely upon this, and could only conjecture that a foreign body might be present because of the imperviousness of the cavity, and the existence of a pseudo-purulent discharge. Also from the temperament of the child, and a dyscrasia tending a little to strumous disease, I was somewhat apprehensive that a polypous growth, as an idiopathic affection, might have imparted such a sensation to the pituitary membrane, as to cause the child to thrust up frequently its finger, and perhaps, also, a foreign body. At an examination, using a blunt-pointed probe, boulettes of lint, and a pair of common artery forceps as speculum nasi, and afterwards a cylinder of thin glass lubricated with oil, I discovered at first nothing but a mixture of inspissated mucus, pus and sanies. I prescribed cathartics, with zinci sulphas and sodæ chloridum, one part of the latter to eight of water, as injections to be used once or twice a-day, expecting nothing from these but the cleansing of the parts and possibly the exposure of what was the *prima causa morbi*. In a short time under this treatment the patient improved considerably, although the slightest irritation from the small syringe would cause hemorrhage, and with such facility that I began to suspect the existence of fungus hæmatodes. I may mention here, however, that in a letter from Dr. Mott, he informs me that he has never seen *malignant* polypus in a child younger than 10 years. On examining the fossa again, I was able to discern low down, and posteriorly, a fungoid pedunculated polypus of the size of a large pea. Superiorly, also, high up about the ethmoid bone, the convolutions of the membrane were covered with an abundance of puriform secretion. Situated over the most inferior of the spongy bones was another of these polypous excrescences, the largest of the number, and also pedunculated as I found by the passage of a probe. Externally toward the vomer, as also in the depending portion, this tumor presented a white

color, and a striated appearance, resembling very much the corpora striata of the brain, but more firm and fibrous.

I prepared to treat this case by *arrachement* or extraction, but the method being objected to, cauterization with lunar caustic was substituted—applying it by means of a porte-caustique through the glass canula once in 48 hours. The effect of this was to destroy a portion of the mass at every application, and the slough would be ready to come away at the succeeding use of the caustery. I proceeded in this manner for a few weeks, using every night the sodæ chloridum injection, till at length I exposed a foreign body in the inferior meatus, some portion of which rested on the floor of the fossa. I extracted a substance which had the appearance of a membrane, one fourth of a line in thickness, about eighteen square, and somewhat folded upon itself. I was unable to designate this substance, though I placed it under a microscope of moderate power.

There was improvement in this case from the beginning of the treatment, but which was more marked after the extraction of the substance which I mention. I have continued the caustic and injection for a week or two since, applying the former in powder upon the moistened end of a blunt-pointed cylinder as the disease receded, and the excrescences have almost disappeared from the cavity.

It would be a matter of some difficulty to determine in this case whether the substance mentioned above was any other than false membrane similar to what is exfoliated in some cases of pyorrhœa nasalis, or whether it was an extraneous body of another kind thrust up, and was causative of the fungoid polypi. Meckren (Obs. Med.-Chir., chap. 14) speaks of a polypous excrescence containing within it a fragment of *wood*, which a child 3 years old had secretly thrust up its nose. The observations of others, also, go to show that extraneous substances and polypi may co-exist. The only question in this case is, which was primary.

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ON THE USE OF COCOA-NUT OIL IN PULMONARY CONSUMPTION, AS A SUBSTITUTE FOR COD-LIVER OIL.

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HAVING my attention called to this article by reading Dr. T. Thompson's work on pulmonary consumption, and more recently seen it noticed in Braithwaite's Retrospect, I commenced giving it to a number of my patients in whom this fearful malady had made rapid advances. One of them was confined to her bed. There was a large cavity at the apex of the left lung. The right lung was also very much diseased; expectoration was very profuse, with a harassing cough, and hæmoptoea. I gave her one