RHINOLITHS.

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The subject of rhinoliths (literally rhinestones), is so little written about that the following case may present some points of interest. A lady, 59 years old, consulted me on account of an intolerable itching in the left external auditory canal, accompanied with frequent attacks of hyperaemia and intense heat in the same canal and in the corresponding auricle. She had, also, a chronic non-suppurative inflammation of both middle ears, the left one being the worse.

As usual, I included the nose and throat in the examination, although she made no complaint regarding them. There was an obstruction in the right nasal fossa, but it was so disguised by the nasal secretions that it was impossible to determine its character until the probe was brought in contact with it. Then the hard, gritty, characteristic sensation imparted by a stone was readily apparent. It was slightly movable, and was found to be lying on the floor of the inferior meatus, nearer the posterior than the anterior naris. According to some authors rhinoliths are generally found near the anterior naris; according to others they may be found in the middle, or the superior meatus.

After cleansing, disinfecting and anesthetizing the cavity I seized the calculus with strong forceps and attempted its extraction, but it remained firmly fixed. The size of the concretion rendered its extraction by the natural channel impossible. Powerful crushing forceps were then brought into requisition, and the stone was reduced to fragments, as shown in the accompanying illustration.

No difficulty was experienced then in taking out all of the parts of the calculus. It was found to weigh 71 grains, and some of the parts, like the second and third of the large specimens in the top row, have a coral formation. This feature does not show in the third specimen referred to, because of the faulty perspective.

Treatment was addressed to both the nose and ears, after the operation, which was in May, 1899, and there has been no recurrence of a rhinolith, or trouble of any kind in the nose since. The

exasperating itching and heat in the ear, which had driven the patient to thoughts of suicide, have succumbed to treatment.

It may be worth while to refresh our memories in respect to the nature of these nasal stone quarries. Rhinoliths consist of the salts of the nasal secretions deposited on some nucleus, such as a foreign body, necrosed bone or a blood clot. They are composed of calcium phosphate and carbonate, magnesium phosphate, sodium chloride and small quantities of organic matter, such as mucin and proteid material. They vary in color, form and size. Some are gray, while others are brown. The rhinolith shown herewith is greenish brown. The photo-engraving represents the exact sizes

Fragments of a rhinolith, exact size, weighing 71 grains, from a woman 59 years old.

of the fragments, all of which, before the operation, constituted one calculus.

These concretions are, in effect, foreign bodies, and give rise to both subjective and objective symptoms. Among the former are nasal irritation, headache, obstruction, defective and perverted sense of smell. The objective symptoms are a serous, mucous, purulent or bloody discharge from the nose, with a disagreeable odor in some cases, and impaired resonance of the voice. The septum has been found deflected sufficiently to hide the stone in several instances.

To illustrate the ease with which a rhinolith may be overlooked, it is only necessary to mention that a number of physicians had examined the nasal fossa containing the large calculus referred to without detecting its presence. On account of the angularities and sharp spicules of these bodies much care must be taken to avoid injury to the surrounding tissues during the operation for their extraction.

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"A CASE OF CORRECTED EXTERNAL AND INTERNAL DEFORMITY OF THE NOSE."*

BY T. PASSMORE BERENS, M. D., NEW YORK CITY.

Mr. "X.," aged 26 years, came to me with history of injury to the nose received in early childhood. The nose, as you see in photograph, (A), taken before the operation, was a large one and presented the following conditions. The bridge of the nose was much elevated, very large, deflected to the left and had a concavity on the right side, while there was a corresponding convexity on the left side, i. e., the whole bony framework had been pushed to

the left and formed a large disfiguring "hump." The right nasal bone was smaller than that on the left. The soft parts of the nose were pushed to the right, and the tip occupied a position one-half inch to the right of the center of the lips.

Internally. The septum was deflected to the left and adherent to the upper two-thirds of the inner border of the outer wall of the vestibule, causing an almost complete occlusion of the naris. The right naris was free, and showed clearly the concavity of the deflection extending into the perpendicular plate of the ethmoid bone.

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The operation performed under ether anesthesia was as follows: A vertical incision through the skin and periosteum was made from the center of the root of the nose over the hump down to the middle third of the soft parts. The periosteum with the adherent skin was pushed aside with a periosteotome, and the nasal bones and part of the lateral cartilage laid bare. The bony hump was removed with a chisel. The flaps of the skin and periosteum were then trimmed of their redundant tissue, and two small bleeding points coming from the lateral cartilages were touched with the galvano cautery, the wound was closed by a sub dermal suture. It was then dressed with flexible collodion without gauze. The septum was then freed from its adhesions by incision and broken with Adams forceps, the breaking being carried well into the vomer and perpendicular plate of the ethmoid bone. The right nasal bone was grasped with the same forceps and bent outward by breaking it from its articulations, the left nasal bone was forced into place by a few strokes of a mallet, the soft parts having first been protected by a quadrilateral steel bar guarded with heavy rubber tubing. A splint made of sheet gutta percha bent upon itself and properly shaped was inserted in the left naris, and the nose moulded into a straight line by the fingers. No external appliance was used to hold the nose in shape, and I wish to emphasize this point particularly. The external wound was found healed five days after the operation, and the dressing permanently removed. The splint was carried four weeks. The patient is before you for examination. Photograph (B).

DR. F. SEMELEDER.

We regret to announce the death of Dr. F. Semeleder, at Cordoba, Mexico.

Dr. Semeleder practiced laryngology in Vienna, but afterwards removed to Mexico, where he became the special physician to the Emperor Maximilian.

Dr. Semeleder was a member of the editorial staff of "The Laryngoscope," but declining health in the past few years prevented his active co-operation.