RHINOLITH, WEIGHING SEVENTY-SIX GRAINS, IN A CHILD TEN YEARS OF AGE.

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H. L. W., *et.* 10 (negro), was brought to me in February, 1896, to have some obstruction removed from the left nostril. On tilting the nose upwards with my finger, a large offensive mass was seen, completely blocking up the nasal opening. The eye-lids were swollen, tears flowing down the cheek. The entire left side of the face was extremely sensitive to touch, especially over region of antrum of Highmore. The nostril was sprayed with alkaline antiseptic solution, and a quantity of very offensive pus removed. On using the nasal speculum, a large irregular mass, of grayish-black color, was seen to fill the nostril; neither the anterior nor middle turbinate could be seen or touched with the probe.

A diagnosis of rhinolith, extending into maxillary antrum, was made. The history given by the mother of the child was unsatisfactory. She said the trouble was first noticed in the nose several years ago. A physician was consulted, who told her the child had catarrh; and he gave her a wash which, he said, would cause her to sneeze out the obstruction, and nature would effect a cure. There was no history of the child ever getting a foreign body in the nose. The nostril had been stopped up, and the breath had been very offensive for more than a year. She continued to grow worse, though she had been under treatment of several physicians for more than a year. She complained frequently of pain in left eye and cheek, and both were always swollen when she got up in the morning. The irregular shape and size of the mass rendered its removal through the nostril (notwithstanding its characteristic African shape—large, flat and patulous) impossible, without making an external excision; so I determined to remove it by piecemeal. After thoroughly cocanizing the parts, after several attempts with strong forceps I succeeded in crushing the mass and removing it with hook and nasal forceps. The largest pieces weighed from ten to

sixteen grains each. The weight of all removed, not including that that was blown out and washed out, was seventy-six grains.

There were no marks left of the inferior turbinate; I suppose, as the result of pressure and by suppuration, it had been absorbed. The anterior half of the middle turbinate had sloughed away, the posterior half being in a state of necrosis; this was removed with cutting forceps and cold-snare. The nasal wall of the antrum of Highmore was broken down, and this cavity filled with polypoid granulations. The antrum was thoroughly curetted, with Myles' malleable currettes, of all polypoid tissue, and all evidence of necrosis removed. There was free bleeding, which lasted but a short time and stopped spontaneously. After cleansing the cavities with antiseptic solutions, they were packed with iodoform gauze. The patient was kept under observation for some days. She made a rapid recovery, and required no other treatment than cleansing with spray of alkaline antiseptic. A careful examination of the stone removed gave no evidence of a foreign body as a nucleus, and I conclude this was a typical rhinolith. The child showed no evidence of struma, syphilis or tuberculosis, and aside from the local trouble was in good health.