Richard Francis

2.11.21.—No pus on dressings. Wound closed by secondary suture.

7.11.21. — Stitches removed. Wound healed. Only a slight mucoid discharge from meatus. Mental condition had much improved during past two days. The boy remembered his name, his teacher's name, etc., and he could now sing nursery rhymes with other children and was, in fact, mentally a normal child.

10.6.22.—The patient has gained weight steadily and his condition, mental and physical, is good for a child of his age. There is no pus or granulation tissue in ear, though the cavity is not quite dry.

A CASE OF RHINOLITH PRESENTING UNUSUAL FEATURES.

By RICHARD FRANCIS, M.B., Ch.M., Honorary Assistant Surgeon, Ear, Nose and Throat Department, St Vincent's Hospital, Sydney.

H. C. H., male, aged 62 years, carpenter, married, was referred to me by Dr Falkner J. Blaxland, for examination of his nose and throat on 21st November 1921. The patient's only complaint was of failing sight for the last twelve months. Dr Blaxland had diagnosed chronic glaucoma in each eye, but before operating had recommended examination of the nose and throat, as he had noticed a bad odour coming from the patient's nose.

The patient, a well-preserved man, gave a history of "very occasional colds," during which he had noticed that the nasal discharge was at times thick and yellow and had a bad smell. He was also "inclined to be deaf with a cold." The duration of a cold was never prolonged and all symptoms immediately subsided. There was no history of nasal obstruction, headaches, or naso-pharyngeal discharge. There was no loss of smell or taste. No throat symptoms were present.

The family history was good. There had been no previous illnesses. The patient denied venereal infection.

During the examination of the anterior nares on the right side some turgescence of the turbinates was observed. No other abnormality was noted. On the left side a large mass of stony hardness was present, lying in the middle meatus and overhanging the inferior turbinate body, which was partially atrophied. The mass seemed firmly fixed and was covered by a foul-smelling mucoid débris. It was found on palpation that the mass extended continuously in an

Rhinolith Presenting Unusual Features

antero-posterior direction through the whole nasal cavity, but there was a definite airway between it and the septum; a probe could be passed between it and the lateral nasal wall with difficulty. The mass terminated in a large lobulated end hanging into the nasopharynx. The nasopharynx was otherwise apparently normal.

Transillumination showed impairment of both antra, the left being more affected than the right.

The patient had an artificial denture of the upper jaw. The remaining teeth were very carious and there were some granulations on the posterior pharyngeal wall. No other abnormal condition was noted.

The *membrana tympani* of each ear showed a generalised thickening. Nothing else abnormal was noted in the ears.

He was instructed to have the carious teeth removed. He was sent to St Vincent's Hospital for X-ray examination by Dr Edwards, who reported that a rhinolith was present in the left nasal cavity and that there was dullness of both antra, probably due to a bony change.

On 28th November 1921, at St Vincent's Hospital the maxillary antra were punctured and washed out under cocaine anaesthesia. Both were found to be clear. The rhinolith was then removed. This was done by breaking it into pieces and removing them separately, the large posterior end being pushed posteriorly and expectorated by the patient, as it could not be delivered through the anterior nares. The hæmorrhage was considerable, but was controlled by packing with gauze. The gauze was removed twenty-four hours later, when there was again some oozing. Convalescence was uneventful. An alkaline nasal wash was used for three weeks. Both sides then appeared to be equal on transillumination but slightly impaired.

Portion of the rhinolith was submitted to Dr Utz for microscopical examination. His report is as follows:—

"The specimen submitted for examination was irregular in shape, more or less resembling in appearance a large broad bean. It was from 3.75 centimetres to 5 centimetres (one and a half to two inches) long and about 2.5 centimetres (one inch) wide. It was of stony hardness and did not disintegrate or fracture on being subjected to mild force with a hammer.

"This calcareous mass was decalcified; the remaining tissue was about one-half the size of the original material and was of a fibrinous nature. Sections showed that the tissue consisted of a large amount of fibrin intermingled with blood-clot. Beyond numerous red-blood cells seen on section there were no other cells present. The examination, therefore, would suggest that the rhinolith in question proceeded from a blood-clot in the nasal region which had become calcified."

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After receiving this report, I asked the patient whether he had suffered from epistaxis. He remembered that in childhood "his nose used to bleed," but not since.

The rhinolith is considerably larger than any previously reported. Text-book references are scanty. De Havilland Hall and Herbert Tilley give the average weight as 4 to 5 grammes (70 to 90 grains). They state that the usual site is the inferior meatus, that the usual nucleus is a foreign body and that their occurrence is more common in females than in males. The rhinolith had evidently been *in situ* for a long period, and it is remarkable that it had not caused any symptoms.

I am greatly indebted to Dr Blaxland for letting me examine the patient, and to Dr Edwards and Dr Utz for their examination and reports.

SOCIETIES' PROCEEDINGS

ROYAL SOCIETY OF MEDICINE—SECTION OF OTOTOLOGY

March 17th, 1922.

President—Dr A. LOGAN TURNER.

Cases of Functional Deafness.—DAN M'KENZIE, M.D.—Whatever hesitation may be felt in placing reliance upon the vestibular reactions in the diagnosis of functional or hysterical deafness, no dubiety can exist when absolute nerve deafness is suddenly recovered from. This absolute test is illustrated in the following cases:—

CASE I.—An old lady complained that she had been stone-deaf for several weeks. Examination bore out her statement: the hearing for the voice and also for the tuning-fork by air and by bone was entirely absent. Both meatuses were blocked with impacted cerumen; this was removed by syringing. The patient said that she could now hear, and, on examination, while there still remained a certain amount of nerve deafness, probably senile, she was able to hear the moderately loud conversational voice. Obviously, the obstructive deafness superimposed upon the slight nerve deafness had induced, by suggestion, a complete loss of all sound perception.

CASE II.—Male, aged 56. Operated on for sessile osteomata occluding both external meatuses and causing deafness, especially