A CASE OF LEONTIASIS OSSEA.

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THE case of leontiasis ossea reported by Dr. James Young of Bristol in the *BRITISH MEDICAL JOURNAL* of October 31st, induces me to record a still more remarkable instance of the same disease that occurred in my practice thirty-seven years ago, and which, perhaps, is better shown in the accompanying illustrations from photographs than by any written description.

Briefly the history is as follows: The patient at the age of 18, while in the act of sliding, fell on his face, and, as he supposed, broke his nose. From that time, and for about four months afterwards, he could, by squeezing the upper part of his nose, cause clotted blood to come from his nostrils.

About four months after the fall, he found a growth, the size of a small nut, in the upper part of his right nostril, after which no further clots escaped; the passage through that nostril became occluded and respiration impossible.

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In the course of a very short time he observed a commencing bulging outwards of the right side of the nose, and with such rapidity did the disease advance, that at the expiration of a further period of two months the front and left side of the nose, as well as the forehead, manifested signs of protrusion, and both nostrils became blocked up and impervious to the passage of air.

From this time the protuberance continued to make progress, but less rapidly than before, and the patient then—just one year after the first appearance of the disease—sought admission into the Liverpool Infirmary, where he remained for a fortnight.

No operative interference was attempted or deemed advisable on account of the large size to which the growth had attained.

Twelve months after this the patient was first seen by me, and he presented a most extraordinary appearance, as shown in the illustrations, which are from photographs. His general health had always been good, his spirits were high, and he worked daily in a mill. He experienced no pain, except about once a year, when he suffered for a week or ten

days from continued pain in the frontal and occipital regions. The disease continued to make progress, and attained the following remarkable measurements, namely:—(1) In a transverse direction; Across the protrusion on frontal bone, $4\frac{1}{2}$ inches; from inner angle of right eye to inner angle of left eye, 5 inches; from protrusion below right eye to left side of nose, $6\frac{1}{4}$ inches; across the lower end of nose, $3\frac{1}{2}$ inches. (2) In a vertical direction: From the protrusion on frontal bone to the end of the nose, $6\frac{1}{2}$ inches.

The patient's condition had now become so insufferable to himself on account of his frightful unsightliness, and the remarks he overheard from those who happened to see him, that he determined, whatever the consequence, to have some operation tried, and remarked that "he would rather die under it than continue to live with such a horrible disfigurement." Accordingly he was sent to the Middlesex Hospital, and there operated upon by the late Mr. Moore. Unfortunately, however, the patient died just before the operation was completed. The diseased parts removed are in the museum at the Middlesex Hospital.

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A CASE OF WORD BLINDNESS, THE RESULT OF DISEASED CEREBRAL VESSELS.

By J. M. RATTRAY, M.D.,
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PROMPTED by the perusal of Dr. W. Pringle Morgan's communication in the *BRITISH MEDICAL JOURNAL* of November 7th, I take the opportunity to exhibit a few samples of letters written by a patient of mine some three years ago.

The author was a man of 75. There was no question of his intelligence, for he was the proprietor of an elementary school, and had taught with considerable success during the whole of his life. In his last year, his health deteriorated rapidly. His memory failed, and within a few months he passed from a condition of apparent mental and bodily vigour to one of confirmed senility. Without being distinctly hemiplegic, his powers of locomotion gradually weakened and he took to bed, where he died after some weeks' suffering from intercurrent troubles, but mainly from cystitis, enfeebled circulation, and lungs crippled by hypostatic congestion.