A CASE OF LEONTIASIS OSSEA.

By SAMUEL CLARKE NOBLE, M.R.C.S.ENG.,
Formerly Surgeon to the Kendal Hospital.

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.

Leontiasis Ossea.

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.

Leontiasis Ossea.

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

By J. M. RATTRAY, M.D.,
Frome, Somerset.

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.

Throughout the whole of his illness his mind was fully engaged in efforts to resuscitate his school. His determination was keen, and until his end he bore up hopefully with the idea of recovering and being able to resume his work. Every day his daughter had to supply him with writing materials, and he would spend the whole forenoon slavishly copying out advertisements and making applications for boys to join his school. He also attempted business letters in connection with a small property he had in the country.

He had been a politician in his time, had written humorous verses, and was very much acquainted with local public matters, so that he was interesting to visit. In marked contrast, therefore, to his previous condition was that which supervened, and led to the production of the curious effusions which I draw attention to. His intellect was fairly clear to the last. He could answer questions, and appreciate passing events, but his speech was markedly aphasic. A slight attack of bronchial catarrh necessitated the application of a mustard and linseed meal poultice. It had been applied by his daughter to some considerable purpose, for his side was very much reddened, and he complained of the pain caused by the "sticking plaster." He referred to it again and again, and no effort on his daughter's part or my own could enable him to see his mistake, or to substitute the right for the wrong word. When we laughed at his reiterating the word "sticking plaster," he laughed with us, but it was at the idea of his being affected by the poultice, and not in any measure conscious of his powerlessness to call the article by its proper name.

The first letter is a prospectus which he intended to have printed. The title compared with the original,

"COMMERCIAL SCHOOL,"

at once indicates the peculiar defect.

THEOLOGICAL COLLEGES.

The September memorandum will be held at 9.30 A.M. on Tuesday and Wednesday, Sep. 4 and 5th. The Jan. Exam., 1895, will be held at 9.30 on Tuesday and Wednesday, Jan. 1st and 2nd. The subjects will remain unchanged until Easter, 1895, inclusive. Special regard will be paid to English Composition. A fee of 15s. will be charged on or before August 1st.

See Address—

The Rev. R. J. Knowling, King's Colleges.

I am just now going in for the year, when I shall hope to finish my tenth year.

The two envelopes are addresses :

Mr. Stacey,
The Cottage,
The Cottage Fire &
Mount Cupid Hire Lands, Hirelands,
Woodlands.

[Correct address] Mr. Slade,
Mount Cupid,
Woodlands.

Mr. Down, Senr.,
Coal and Timber Dealer,
Mealer Healer, Warminster
Corseley Heath, Common,
Wilts.

[Correct address] Mr. Down, Senr.,
Coal and Timber Dealer,
Corsley, Warminster.

Corsley Heath and Warminster Common adjoin geographically, hence his double indication of Mr. Down's address. The additions "Mealer" and "Healer" were deliberately and demurely written and included in the direction of the envelope, and though they provoked much laughter to spectators at his bedside they excited no feeling of concern in himself. He read the addresses on the envelopes over and over again, fully believing that they had been sent by the post to their destinations, but from first to last did not recognise that he had made any mistakes.

The editors of *Matthews' Medical Quarterly* (Louisville) announce that with the January issue of that periodical its name will be changed to *Matthews' Quarterly Journal of Rectal and Gastro-Intestinal Surgery*, which is considered likely to convey a more accurate idea of its contents. The journal will continue to be edited by Drs. J. M. Matthews and Henry E. Tuley.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

STOPPAGE OF RESPIRATION DURING CHLOROFORM ADMINISTRATION TREATED BY TRACHEOTOMY.

I was much interested in the cases of the above nature recorded by Dr. Maclellan in the *BRITISH MEDICAL JOURNAL* of November 21st; and, as the subject is of such vital importance, I should like to add the following case :

I was operating on a man of about 35 years of age for fistula *in ano*. Within five minutes of the time he was surgically under the influence of the anæsthetic (chloroform, Duncan and Flockhart), he became cyanosed, and had ceased to breathe. Artificial respiration was tried, but no air entered the chest. I opened the trachea immediately, and kept the wound open with the instruments at hand while artificial respiration was again employed. Air could now be heard whistling through the opening, and gradually the patient's colour improved. The pulse was now to be felt at the wrist, though imperceptible a few minutes previously. Respiration was restored within a few minutes of opening the trachea, and commenced with a spasmodic inspiration.

The patient had been prepared for the anæsthetic in the usual way, and a careful examination of the chest had revealed no pathological condition.

I afterwards elicited the fact that he had been under medical treatment some years previously for attacks of spasmodic dyspnoea occurring soon after going to bed, but had recently been free from them.

J. B. GARMAN, M.R.C.S., L.R.C.P.,

Late House-Surgeon at the Queen's Hospital, Birmingham.
Wednesbury.

RHINOPLASTIC SURGERY AFTER LUPUS.

M. G., aged 36, whose parents both died of phthisis when she was an infant, and whose mother suffered from a disease

Fig. 1.—The patient before operation.