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As we approach the Millennium I thought it would be interesting to see what our forebears were writing about 100 years ago. The Journal of Laryngology, Rhinology and Otology was then published by Rebman Publishing Company, Limited, 11 Adam Street, Strand, London, W.C.—Editor

DRAINAGE TUBES IN SINUS OPERATIONS

Dr. WILLIAM HILL (London). I crave the attention of this section for a few moments to advocate the abolition of the drainage tube in all sinus operations and especially in frontal sinusitis. I am convinced from considerable experience in dealing with various cavities (in particular the mastoid antrum and maxillary antrum) that the drainage tube is an unnecessary evil. It acts as a foreign body, promotes exuberant granulation growth, and stimulates the production of pus. Our aim should always be to make a large hole in the neighbourhood of the natural orifice so as to depart from the normal condition of affairs as little as possible.

In the frontal sinus operation it is in my opinion particularly desirable, when the cavity has been opened, that the edges of the frontal wound should be brought together and union by first intention effected, so that scarring may be avoided. In a case which I showed at the Laryngological Society of London, the scar was so slight six months after operation that members were unable without special illumination to determine which side had been operated on. If a drainage tube is left for even a short time some scarring is inevitable, and in protracted cases it is often far from insignificant. For this reason I prefer the horizontal brow incision to the vertical one advocated by Mayo Collier. In order absolutely to avoid scarring a drainage tube at the angle of the orbit must be dispensed with, and, from a limited experience, I believe that this object can be attained if a sufficiently large opening be made into the nose. Luc has with much ability shown that it is advisable to take away a portion of the floor of the frontal sinus, as enlargement of the infundibulum by passage of a bougie or dilating forceps is rarely sufficiently successful to admit of our dispensing with a drainage tube in the brow wound.