

THE  
JOURNAL OF LARYNGOLOGY,  
RHINOLOGY, AND OTOTOLOGY.

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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*

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Mr. Chichele Nourse showed a *Case of Empyema of Frontal Sinus treated through the Infundibulum.*

This patient, a gentleman aged thirty, had been troubled with a continual discharge from the back of the nose, and chronic nasal catarrh of four years' duration. He always felt dull and heavy, and had a sensation of tension across the forehead. Pus was seen to be flowing from the middle meatus of the left nostril, where a small polypus was attached. Transillumination, also, showed a dark shadow over the whole of the left side of the face. The antrum, which contained foetid pus, was treated through the socket of an upper molar, and became healthy; but the patient still complained of symptoms, and under the anterior end of the middle turbinal pus soon reappeared after syringing the antrum and wiping the interior of the nose with wool. The anterior extremity of the middle turbinal was then removed, together with another small polypus, and afterwards a probe suitably bent passed easily along the infundibulum and entered the frontal sinus. A silver Eustachian catheter bent to the same curve was used for emptying the sinus by blowing air into it.

Various forms of local treatment in turn produced temporary improvement, until on January 27 a fine rubber drainage-tube was introduced into the sinus from the nose by threading it on a curved probe. This proved satisfactory: after blowing out the fluid contents of the sinus and introducing the tube, the cavity was found to be empty when examined the following week. Two months later a tube of larger calibre, No. 14 French gauge, could be introduced, and the patient has since been wearing one of that size, 7 cm long, almost continuously. He is now much improved and free from discomfort, though not absolutely well.

Dr Milligan said, in reference to Mr Nourse's case, he had not seen that line of treatment used. It appeared to be rather a palliative measure. The mucous membrane in chronic frontal sinus disease was not in a healthy condition, and the tube did not seem to touch the origin of the trouble. Curetting or some form of local manipulation was required. He had read of one case in which an instrument passed along the infundibulum was effective, but the anatomical relations of the part were so uncertain that such manipulations had in them an element of danger. In the particular case to which he referred, part of the sinus was absent, and the probe was pushed into the cranial cavity, resulting in septic meningitis and death. The operation from the outside had practically no risk; and it had the double advantage of enabling the operator to see what was the actual condition of the interior of the sinus, and enabling it to be dealt with in an effective way. Still, Mr Nourse was to be congratulated on the result of his operation.