

(13) Transillumination is of but little value in frontal sinus disease, and only when associated with other definite symptoms can it be relied upon in the auxillary sinus. In fact, I have lately seen so many cases of suppuration in the antrum where no shadow was seen, that I find myself puncturing the cavity without bothering about the lamp. If one is careful to go far enough back in inferior meatus and have a long narrow sharp trocar, it is almost painless and the information gained is unquestionable. Graduated light may be helpful, but in thin bones it will be easy for a powerful lamp to show through.

(14) Structural irregularities within the nose may make the diagnosis very difficult, and the treatment more so. I refer to septal deviations and synchia from former operative interference. I have been

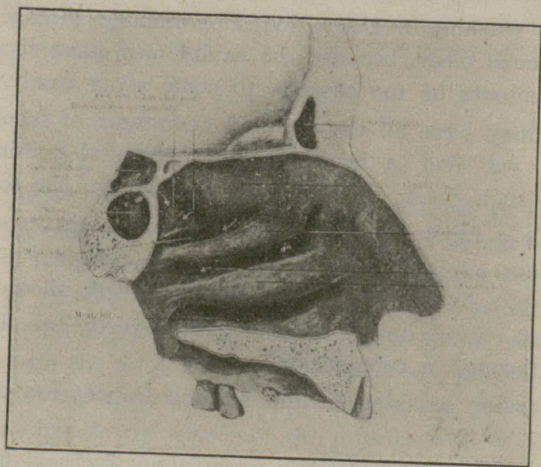


FIG. 6.—Outer wall of the left nasal chamber.

surprised at the frequency with which I have found sinus disease associated with deviated septa.

(15) I have no personal experience with X-rays for diagnostic purposes. Those who have used them extensively speak highly regarding their help. It is especially valuable as showing the extent of the cavity, the presence of septa, and in some cases the relationship of the fronto-ethmoidal group of cells.

(16) I have not been able to find in my own cases of atrophic rhinitis the proportion of sinus diseases that is found by some authorities. However, I must say that in the last few years I have been looking more carefully into these cases and I have found sinus suppuration in a far larger proportion of cases, ethmoidal disease and sphenoidal being the most common.