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Original Communications.

INFLAMMATION OF THE FRONTAL SINUS.

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[Read at Meeting of Toronto Medical Society, Feb. 10, 1887.]

The lining membrane of the frontal sinuses being continuous with that of the nasal meati, through the medium of the infundibulum, the former are apt to be involved in influenza, acute coryza, etc., acute simple or purulent catarrh occurring, or a more active form—a virtual periostitis, which may end in resolution, or in ostitis with external periostitis of orbital plate and so-called "abscess." The latter may also be the last stage of chronic catarrh of the sinus with dilatation. A sub-acute form may be similarly induced, and it may also recur now and then in the course of a chronic nasal catarrh.

Chronic inflammation eventuating in a sort of cystic retention tumor, which gradually distends the sinus and encroaches on the orbit, displacing the eyeball, is generally ascribed to stenosis or closure of the infundibulum from traumatism. And it seems occasionally—in my own experience, as often—to follow extension of the catarrhal process upwards in chronic nasal catarrh, especially with hypertrophy of the cushion on the middle and inferior turbinates, tending to block the infundibulum. (It is, perhaps, not out of place to say here that hypertrophy on the middle turbinates should be corrected as well as that of the inferior in the treatment of chronic nasal catarrh.)

In a case seen in consultation in 1871, inflammation of the frontal sinus occurred with orbital cellulitis and dacryo-cystitis following attempts to cure a stricture of the nasal duct and mucocele. (I shew you the photo of this patient with inflammation and distention of the frontal sinus of the *opposite* side, for which he came under my care during the past year).

Frænkel conveys the unpleasant information that "centipedes are particularly liable to be found in the frontal sinus, where they may at any time excite inflammation!" (Ziemssen.)

Severe brow-ache and frontal pain in the course of influenza, acute coryza, etc., suggest implication of the frontal sinuses; and distinct tenderness of the orbital plate, resenting careful pressure with the finger tip on, and just beneath the brow indicates internal periostitis. And if inflammatory œdema of the soft parts