

## SOME UNUSUAL CASES OF FRONTAL SINUS SUPPURATION.\*

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THE object of the paper is to produce a discussion on the management of frontal sinus cases in which some unusual feature presents itself. A series of cases are detailed which show some of the difficulties and complications which one may meet, and the means which may be employed to secure fairly good results.

Frontal sinus suppuration is not infrequently seen by the general practitioner and overlooked, since the patient may complain simply of an inflamed eye, a nasal discharge, or what is at first thought to be supra-orbital neuralgia. Severe head colds lasting longer than usual and associated with severe frontal headache and constitutional disturbance should excite suspicion of ethmoidal or frontal sinus empyema. Morphine seems to have little power in these cases. Measures directed to ensure free drainage in the middle meatal region alone give prompt relief.

Frontal sinus disease is generally accompanied by antral suppuration. The antrum in many cases acts as a reservoir for the secretion from above. In cases in which the antral suppuration is due to the sinus above, lavage through the inferior meatus of the nose, performed only a few times, may be all that is necessary to cure the suppuration here; of course, the frontal or ethmoidal diseases must also be attended to.

Post-nasal discharge—a symptom very commonly complained of in this country—may be due entirely to purulent secretion flowing from the frontal sinus. The ill-health which in not a few cases is so marked as to make one think of tuberculosis wonderfully improves by measures directed to check the auto-intoxication.

Some case notes will, I hope, be of interest to you and may bring to your minds cases of your own in which there was some unusual or important feature that will teach us something regarding the management of these cases. It is the unusual case or the complications associated with this disease that give us the greatest difficulty; and if we write or speak of our difficulties and failures it will not only make us better for having done so, but will make every operator more at ease when similar cases come his way.

Case 1. A lady, aged 21, consulted me regarding a post-nasal discharge, or, using her own expression, "a dropping in the back of the throat." I cite this case because the symptoms are those which a large proportion of my patients complain of. The condition was of some years' duration and had not been influenced by anterior and posterior nasal sprays. Every winter for the last few years whenever she caught cold it

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