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A CONSIDERATION OF SOME POINTS IN THE MANAGEMENT OF PURULENT NASAL DISCHARGE—SUPPURATION IN THE ACCESSORY NASAL SINUSES.*

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M. Chairman and Members of the Ontario Medical Association,—It is not my purpose, nor do I think it is your desire, that I should attempt to give an exhaustive address dealing with the entire question which forms the title of my paper. I propose to offer some remarks on the disease in general.

I am sure you will all agree with me that we are constantly overlooking suppurative disease of the nasal accessory cavities. I am convinced that this affliction is of very common occurrence, and if looked for will be found in many cases when the symptoms seem, in themselves, to suggest much simpler trouble.

I do not intend giving you cullings from the literature of recent years but will confine my remarks to my own private patients. I do not refer to the many cases that occur in association with acute head colds, and which are frequently not seen by the physician.

(1) One may have a patient who has a suppurating focus in any sinus, and who not only goes through life free from pain or discomfort, but may even enjoy life.

(2) The only sure sign of pus in a sinus is either to see it pour out of the ostium or force it out by air or solution.

(3) Finding pus in one cavity does not preclude the possibility of there being other foci of greater importance, for example a frontal sinus may drain into the maxillary antrum, or a sphenoidal sinusitis may be kept up and be dependent upon posterior ethmoidal disease. fore, in a case of sinus disease it is important to exclude all other sinuses.

(4) Nostrils that are blocked up by nasalpolypi and especially if they have recurred are in a great majority of cases associated with ethmoidal and antral suppuration. In fact I make it a rule to always wash out maxillary antra in polypus cases.

(5) The symptoms complained of need not be necessarily a nasal discharge, particularly is this so in chronic cases. Quite frequently the complaint is of nasal obstruction.

^{*} Read at the Meeting of the Ontario Medical Association, Hamilton, 27th May, 1908.