

GENERAL TREATMENT.—I have cured many cases of sinusitis—frontal, ethmoidal, sphenoidal, superior maxillary—by the use of mycolysine, administered both by the mouth and hypodermically, and without being obliged to have recourse to trepanning. In order to obtain a permanent cure, it is sometimes necessary to repeat the hypodermic injections for a number of weeks, or even of months.

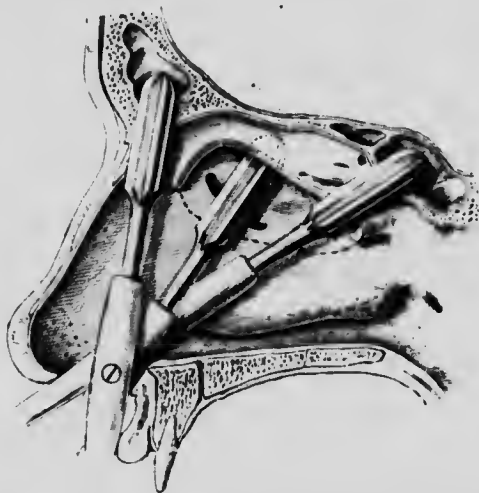


FIG. 1027.—TREPPANNING OF THE FRONTAL SINUS OF THE ETHMOIDAL CELLS AND OF THE SPHENOIDAL CELLS, WITH THE CYLINDRO-SPHERICAL BURR OF 8 AND OF 12 MILLIMETRES. THE BURR OF 8 MILLIMETRES SUFFICES FOR THE FRONTAL SINUS; THE BURR OF 12 MILLIMETRES CAN BE USED FOR THE ETHMOIDAL CELLS AND THE SPHENOIDAL SINUS.

OPERATION.—When there is no cutaneous fistula, empyema of the frontal sinus should be operated on through the nasal passage.

Perforation of the frontal sinus is carried out under chloroform with a cylindro-spherical burr of 8 or 12 millimetres diameter, adjusted to a metallic rod of suitable length (Figs. 1027 and 1028). The rod, which thus serves

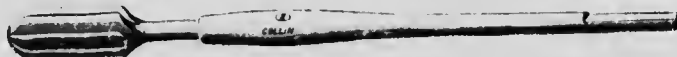


FIG. 1028. SUPPLEMENTARY ROD USED FOR ELONGATION IN EVACUATION OF THE FRONTAL, ETHMOIDAL, AND SPHENOIDAL SINUSES.

as elongator, is mounted on a burr-holder of the *trepan à cliquet*. The instrument, on penetrating into the cavity, gives the hand a very distinct sensation of having surmounted an obstruction, and then touches the superior wall of the sinus.

In the exceptional case in which empyema of the frontal sinus is complicated with external periostitis, and more especially when a cutaneous fistula is present, it is necessary to incise the skin above the super-