

(17) The relationship that exists between diseased nasal sinuses and the orbit has probably not had the attention it has deserved. I am convinced that a more thorough examination of the nose and a complete investigation of the accessory cavities will go a long way to show the actual cause of obscure cases of periostitis, abscess, caries and necrosis in and around the orbit. Orbital cellulitis and cavernous sinus thrombosis may (and Sinclair Thompson confirms this) be caused by sinus disease. Cases of optic neuritis and atrophy should have sphenoid suppuration excluded. Cases of persistent frontal headache should have a careful examination of the frontal sinus and have empyema with acute exacerbations excluded, even if no pus is seen by intra-nasal means. Frontal headaches are probably mostly refractive, but the sinus ones are far from infrequent.

(18) Once washing a sinus does not exclude disease even if the washing be almost clear, because the cavity may have recently emptied itself or its contents be too caseous to come away easily.

(19) One may have all the cardinal symptoms of frontal sinus suppuration and yet find a healthy sinus. Several continental writers have reported such cases, which makes it easier for me to confess one.

(20) While a fairly large number of antral cases arise from dental origin, I do not advise, except in acute cases, alveolar drainage or so called drainage. As a general rule diseased teeth should be attended to in acute and chronic antral suppuration, nevertheless, I never treat a chronic case through a root socket.

(21) Regarding washing of the various sinuses for diagnostic purpose:

(1) Frontal: Feasible in a fair proportion of cases, 60-70 per cent. depending a great deal on one's perseverance. It may be made more difficult or impossible by:

- (1) Deviation of septum.
- (2) Ethmoidal cell in the floor
- (3) Irregularity of the fronto-nasal duct.
- (4) Enlarged bulla.
- (5) Enlargement of the middle turbinal.
- (6) Hypertrophy of the anterior lip of the hiatus.
- (7) Absence of sinus.
- (8) Synechia from former operations.
- (9) Fronto-nasal canal terminating in an ethmoidal cell.
- (2) Sphenoidal sinus. As a rule not difficult, but may have to remove part of the middle turbinal.
- (3) Ethmoidal cells. Sometimes with Killian's long speculum one may see pus coming from various ethmoidal cells.