DISCUSSION ON SUPPURATIVE DISEASES OF THE FRONTAL, ETHMOIDAL AND SPHENOIDAL SINUSES.

I. ILLUSTRATIVE CASES AND SPECIMENS.

Case of Suppurating Frontal Sinus treated by External Operation.

By E. Musgrave Woodman, M.S.

Three years ago patient had an attack of pain on the right side of the face, and a further attack of pain on the left side, lasting for several days, six months ago. Both attacks were accompanied by muco-purulent discharge down the back of the throat. He complained of mental dullness in the morning on waking, and when the discharge came away the condition cleared up.

On examination pus was found in the left post-nasal space and the left spheno-ethmoidal fissure. The left frontal sinus was dull and the left antrum was dim. X-ray examination showed the left frontal sinus dull and the right dim. On washing out the left antrum, flakes of mucus were found.

I operated upon him on January 2, 1924. Thick pus was found in the sinus and a dehiscence in the septal wall revealed the fact that the right frontal sinus was full of pus. A drainage tube from the left frontal sinus to the nose was kept in situ for fourteen days, but no external drainage was carried out.

Specimen Demonstrating an Ivory Exostosis of the Floor of the Frontal Bone.

Shown by E. Musgrave Woodman, M.S.

The upper part of the specimen is part of the right frontal bone. The tumour forms a flattened oval mass measuring 5 cm. in height, 2.5 cm. in thickness and 3.5 cm. antero-posteriorly. Its surface is smooth on the whole but presents irregular depressions and nodular outgrowths. It grows by a stout pedicle from the interior of the frontal sinus, which can be seen from the right side of the jar to be filled completely by bony tumour tissue. The tumour is extremely hard in consistence, and on microscopic examination after decalcification is found to be composed entirely of bone.