MUCOCELE OF THE FRONTAL SINUS.¹

By W. SPENCER WATSON, M.B. LOND., F.R.C.S. ENG.

A WOMAN aged twenty-five, a black-borcerer of envelopes by trade, applied for treatment at the Royal Eye Hospital, Southwark, on Jan. 2nd, 1893, when she complained of swelling in connexion with the left eye, great pain in the eyebrow and frontal region, and double vision. There was a brawny swelling of the left upper eyelid, with redness and tenderness, especially marked just below the inner extremity of the supra-orbital margin. There was marked proptosis of the left eyeball, which was displaced in a downward and outward direction and restricted in movement upwards and inwards, and there was crossed diplopia. The free escape of tears by the lacrymal passages was not impeded. The ocular and palpebral conjunctivæ were injected, and the left pupil was sluggish compared with the right; but the tension of the left eye was normal, and nothing abnormal was noted in connexion with the fundus. There was one nebula on the left cornea and there were two on the right, being the remains of ulcers which she had when eleven years old. The left preauricular gland was enlarged and tender, as was also a gland at the angle of the lower jaw on the left side. The patient was anæmic and strumous-looking and had suffered from occasional enlargement of the submaxillary lymphatic glands. She had been attending the out-patient department of a general hospital since last October for anæmia and dyspepsia; with the exception of these and an attack of erysipelas of the right side of the face two years ago, she had enjoyed good health since childhood. The history which she gave of her present trouble was to the effect that she had an attack of erysipelas of the left side of the face three weeks previously, which, lasting about ten days, left the upper lid still swollen and painful. She did not remember having had any injury, and her family history was unimportant. The treatment adopted consisted in the application of frequently renewed hot boracic fomentations and the administration of quinine and iron. The patient was placed on a liberal diet and the bowels were kept well open. On Jan. 9th the proptosis was less marked, the outward displacement of the eyeball had disappeared, and the diplopia had gone, although the left cornea was at a decidedly lower level than the right. The swelling of the upper eyelid was much less and the tenderness diminished, the lymphatic glands were also less swollen and tender, and she had very little pain except when she tried to look well upwards, in which direction, as well as inwards, movement was a little restricted. It was noticed on this day that she had what seemed to be an ordinary coryza, which continued until the 18th, when she had an unusual, thin, slightly yellowish discharge from the left nostril, which was offensive to her, but not markedly so to others. There was enough discharge on that day to thoroughly soil one pocket-handkerchief. It continued, although less in amount, on the next day, and at intervals on the following two days. The nasal cavity was examined from the front by means of the nasal speculum, and it was noted that there was some polypoid enlargement of the upper and middle turbinals of the left side. It was noticeable that the alæ of the nose were remarkably flattened towards the septum and gave the aperture of the nostrils a slit-like aspect. There was nothing in the history to account for this, and the breath channels were quite unimpeded and the breathing free. The left nostril was ordered to be washed out with boracic lotion (four grains to the fluid ounce). On the 21st the proptosis had disappeared, the left cornea was a trifle lower than the right, the swelling and tenderness of the upper eyelid were very slight and those of the lymphatic glands had gone. The fomentations were discontinued and a dry warm pad of wool was kept applied. The temperature, which had previously ranged from between 99° and 100°, did not rise after this above 99°. On the 24th she was discharged to attend as an out-patient. The left eye was then not at all displaced, nor were its movements impaired. It gave her pain to look upwards and she had slight tenderness beneath the inner extremity of the supra-orbital margin.

Remarks.—Cases of enlargement of the frontal sinus from any cause rarely terminate so favourably as the case narrated and are too often accompanied by severe febrile disturbance, with formation of pus and bone mischief. In the above

case resolution occurred before the formation of pus. An improved condition of the patient's surroundings and rest in bed gave her an opportunity of recovery, which was impossible for her whilst at her work or even at home. It is a case that encourages the employment of the expectant plan of treatment before resorting to surgical measures, as well as attention to the conditions of the temperature and pulse.

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A CASE OF
PERITONITIS FROM PERFORATION OF THE
VERMIFORM APPENDIX BY A FÆCAL
CONCRETION; DEATH FROM
HÆMORRHAGE.

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THE patient was a male, aged eighteen, who had always been healthy till his late illness; his occupation was that of a footman. His mother has a large goitre; his father is alive and well. One sister died of "ulceration of the bowels" about which no definite history could be obtained; his father's brother died of phthisis. The patient was quite well till the morning of Aug. 23rd, 1892, when he felt a pain across the lower part of the abdomen; he continued his duties during the morning, although he vomited several times, and he remained up during the day, but not at work. The following day, the pain and vomiting continuing, the patient remained in bed till the evening, when he dressed and sat up. The bowels had acted on Aug. 22nd; on the afternoon of the 23rd there was a slight action, and only a small quantity of fluid was passed.

Aug. 25th.—The patient was seen by me for the first time to-day. He is a well-developed lad of dark, scrofulous type. He lies on his back, the legs are extended, and he complains of pain across the lower part of the abdomen; he has vomited five or six times during the last twenty-four hours; the vomit consists of the contents of the stomach mixed with bile; the bowels have not been moved since the first day of his illness, but he passes flatus occasionally; the abdomen is somewhat tympanitic, with slight tenderness on pressure all over, but he can bear even firm pressure without much complaint; pressure gives most pain in the iliac fossæ, the left being more tender than the right; the abdomen is resonant all over except in the course of the ascending colon; no fulness is felt in the cæcal region; the rectum on being examined is found to be empty; the tongue is furred. Morning temperature 102°, evening 103°.

26th.—His condition is unchanged, the vomiting continuing. He was given a soap-and-water enema, but without result. Morning temperature 100.2°, evening 102.4°.

27th.—The pain has diminished; he has only vomited twice during the last twenty-four hours; an enema had no result. Morning temperature 100°, evening 102.4°.

28th.—Tympanites is increasing; the tongue is more furred, becoming brown and dry. An enema with long tube returned coloured with fæcal matter, with a few small pieces. Morning temperature 100°, evening 100.2°.

29th.—The tongue is less dry; the patient has vomited only once since yesterday. An enema with long tube was administered; he passed several hard scybalous masses. Morning temperature 99°, evening 100.4°.

30th.—There has been no vomiting since yesterday; the tongue is quite moist. An enema with long tube was administered, after which he passed a quantity of scybala, followed by a copious motion. Morning temperature 98.8°, evening 100°.

31st.—The bowels moved naturally. Morning temperature 98.4°, evening 102°.

Sept. 1st.—There has been no more vomiting; the abdomen is more tympanitic and is resonant throughout. The patient still complains of some pain across the hypogastrium; the tenderness has almost disappeared, except on deep pressure in the iliac regions. Morning temperature 99.4°, evening 100.8°.

2nd.—Morning temperature 101°, evening 103°.

3rd.—Morning temperature 102.2°, evening 103°.

4th.—The bowels have acted each day, and there has been no vomiting. The patient has emaciated extremely, the bony prominences becoming red; he was moved to the cottage hospital and put on a water bed. Morning temperature 102°, evening 103.2°.

¹ The notes of the case were taken by Mr. L. Vernon Cargill, F.R.C.S. Eng., house surgeon and registrar.