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ORIGINAL COMMUNICATIONS.

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SYMPOSIUM: Sinus Disease.*

American Laryngological Association.—Atlantic City Meeting.

The Maxillary Sinus. By ROBERT C. MYLES, M.D., New York.
Chronic Empyema of the Antrum of Highmore.

By G. A. LELAND, A.M., M.D., Boston, Mass.

The Frontal Sinus. By C. G. COAKLEY, M.D., New York.

The Conservative Treatment of Chronic Suppuration of the Frontal Sinus. By W. E. CASSELBERRY, M.D., Chicago, Ill.

The Ethmoidal Sinus. By JOHN O. ROE, M.D., Rochester, N. Y.

The Ethmoidal Sinus. By JOHN W. FARLOW, M.D., Boston.

The Sphenoidal Sinus. By J. W. GLEITSMANN, M.D., New York.

Comparative Results of Conservative and Radical Methods of Treatment of Disease of the Sphenoid Sinus.

By T. PASSMORE BERENS, M.D., New York.

THE MAXILLARY SINUS.*

BY ROBERT C. MYLES, M.D., NEW YORK.

The symptoms that demand radical surgical intervention vary so much in the individual cases of diseases of the antrum that it would require hours to describe them accurately and properly. To be as brief as possible, one will have to make many epitomized statements.

* Read before the Twenty-seventh Annual Congress of the American Laryngological Association, held at Atlantic City, June 1 to 3, 1905.

In the writer's opinion, radical surgery should be employed:—on nearly all cases of exposed bone necrosis beneath the periosteum and at the roots of the teeth; on all cases of extensive polypoid changes in the mucosa—chiefly indicated by a very large and protruding lip of the hiatus semilunaris, associated with chronic ethmoiditis; on all cases of osteomyelitis—which is usually evidenced by a discharge of a peculiar offensive wine-colored secretion which upon irrigation fills the returning fluid with small black particles of putrid debris of blood. Nearly all cases of neoplastic growth require extensive radical surgery. The earlier and more complete the surgical procedures, the more favorable the results will be.

It is in the long-standing cases of purulent and muco-purulent discharge, with all their varying degrees of activity that we are often baffled as to the conscientious course to pursue. Foul-smelling pus of a mealy character when mixed with water, is not a symptom that always demands radical surgery. The writer after having performed several hundred operations through the canine fossa and malar ridge and more or less thoroughly curetting the antral walls, has practically abandoned the procedure and has on several occasions warned the profession against over-curettage of the edematous membranous walls, unless provision is made for a permanent opening from the antrum into the nose through the inferior meatal wall, in order that drainage and free ventilation may take place, while the walls denuded of the internal vestments may at best slowly cicatrize and in a measure reproduce themselves.

In regard to the comparative results of conservative and radical methods of treatment:—Radical treatment is supposed to remove the pathologic condition as well as the cause or root of the disease, and to leave no cause for a future diseased condition. I have experimented for years with conservative and radical methods and have tried to be fair to the patients and to the respective methods. The irrigation method through the normal opening was carried out during a series of years on certain classes of cases, some on account of the demands of the patients and others for scientific reasons. A number of patients were cured but the treatment was too slow and too uncertain to merit more than occasional favor. As above stated, the operation through the canine fossa and malar ridge has been abandoned in the ordinary suppurative cases. Such good results have been secured in this class of cases by a conservative operation that the writer, in almost every case, uses it as a curative procedure or as a preliminary operation to the canine fossa one.

This conservative treatment consists of an operation with curved

chisels which cut going in and coming out, with the use of the rongeur forceps, and with the occasional aid of the electric trephine. As much of that part of the antro-nasal wall which is situated within the inferior meatus is removed as possible, and in certain cases it is best to remove a part of the inferior turbinate. After irrigation the cavity is carefully curetted with the malleable-handle curettes, and packed with $\frac{1}{2}$ inch iodoform gauze. The cavity is irrigated through this opening until the discharge practically ceases. So far, the results in a series of cases after this procedure have been better than those of the other methods.

46 W. 38th St.

Complications from the Use of Hydrogen Peroxide in Otology—M.

PAUL BRUDER—*Rev. Hebd. de Laryngol. d'Otol. et de Rhinol.*,
Sept. 3, 1904.

On account of its hemostatic and antiseptic properties, hydrogen peroxide is of considerable value in otology. It is, however, capable of causing untoward effects, sometimes on account of the impure quality of the preparation, and sometimes even where the article is of the best.

Commercially, there are three kinds of oxygen peroxide: Medicinal, surgical and the ordinary hydrogen peroxide of commerce. The two first are either neutral or very slightly acid, and these alone should be used in otology. The commercial article on the other hand contains a considerable quantity of hydrochloric and sulphuric acid introduced to retain its stability. This preparation may easily give rise to a distinct external otitis when introduced into the ear, and the reaction from this may be quite severe.

With hydrogen peroxide of good quality, complications have arisen when introduced into the ear and retained too long, causing maceration of the epidermis.

In cases of otorrhea with cholesteatoma, severe reaction has been caused by the action of hydrogen peroxide, the cholesteatomatous mass becoming distended and causing severe pain, fever and even cerebral symptoms.

In operations on the mastoid, when there exists a phlebitis of the sinus with sphacelus of the internal wall and extra-dural abscess, fatal complications have occurred due to septic particles being carried to the dura-mater by the hydrogen peroxide.

SCHEPPEGRELL.