

**CHRONIC PURULENT MAXILLARY SINUSITIS OF DENTAL
ORIGIN. SIX MONTHS DAILY WASHING THROUGH
THE ALVEOLA WITHOUT RESULT. TWENTY-
EIGHT WASHINGS THROUGH THE
INFERIOR MEATUS.**

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The title of this communication tells its import. A lady, 30 years old, was sent to me by a dentist with the diagnosis of left maxillary sinusitis. She informed me that the tooth which had caused the trouble had been extracted and that daily during six months, she had washed out her sinus through the alveola which communicated with it. She also stated that a flow of fetid pus came with every wash.

I decided to allow the alveolar fistula to close and made an opening of about one centimeter in diameter through the inferior meatus at the point of election. The flushing out of the cavity eliminated an abundance of exceedingly fetid pus which gave a very cloudy appearance to the water. In about fifteen washes, the fetidity had disappeared, the water was becoming clearer and clearer at every wash and finally contained only mucus which was eliminated from the sinus in one mass surrounded by clear water. The neuralgic pains, from which the patient suffered, gradually diminished and, at the twenty-eighth washing, the cure was complete.

The interest of this case must be sought in the fact that it demonstrates, in a quasi experimental way, the superiority of the method of washing out the sinus through the inferior meatus over that through the alveola which, it is true, is daily losing ground. The majority of specialists throughout the world have abandoned it. Logan Turners and Lewis¹ have concluded against it in favor of the former.

Apparently the patient in this case could have continued indefinitely to wash out her sinus through the alveola without ever obtaining a cure. I was therefore led to believe that washing out her sinus through an opening in the inferior meatus would not give any better result and that I finally should have to resort to the operation of Caldwell-Luc. The result has proved the fallacy of that belief.

Now, why did the washing out through the alveola not give the result which was obtained by that through the inferior meatus? I believe the explanation must be sought in the fact that a washing out through the alveola is not a flushing out, and is quite insufficient; purulent masses are left to stagnate in the corners or prolongations of the sinus. Even with the flushing out through the inferior meatus, it happens frequently that the wash comes out absolutely clear. Now, if you stop the flow, remove the tip of the siphon from the cannula, compress the nares and ask the patient to blow; muco-pus or pure pus will still be blown out through the cannula. I have seen this happen time and again in many cases. So that I now make it my regular practice to frequently stop the wash and have the patient blow out through the cannula. I consider the wash complete only when no more muco-pus or cloudy water is blown out, and I think that I can go so far as to state that many more cases would be cured if this apparently little, but, nevertheless, very important precaution were not neglected.

I can also confirm the opinion of Furet² that a cure is near at hand when the water of the wash, instead of coming out cloudy, remains clear while one mass of muco-pus, or mucus, falls into it.

Another possible reason for a cure not being obtained by the alveolar method may be that there was a constant reinfection of the sinus by the micrococal flora of the mouth, but I believe the first reason the better.

This case, the treatment of which lasted from November 5 to December 24, 1910, i. e., forty-nine days, twenty-eight washings having been made during that time, shows again³ that one must not be discouraged too soon, since the improvement began only at the fifteenth wash.

Luc⁴ claims that to continue the washing beyond six or eight sittings is to impose upon the patient a uselessly prolonged treatment with the necessity of finally having to resort to the radical operation which, performed sooner, would have given the desired result. I sincerely think six or eight washings insufficient and believe it better to raise the number to twelve or fifteen. For how can we reasonably expect a result in a long-standing, chronic affection, within six or eight washings? All specialists have had cases which recovered after two or three, or even after one washing, but they are truly exceptional. In the present case, after the operation of Caldwell-Luc, the patient would anyhow have had to wash out her sinus for some time, and I doubt that she would have been cured much quicker or better.

As to the danger mentioned by Luc of infecting secondarily the frontal sinus, I do not believe it possible if, before the wash, a spray of cocaine and adrenalin be sent into the middle meatus, or a tampon of cotton, dipped into the same mixture, be placed there for a few minutes. I always take this precaution, and I have failed to see in my practice a single case of secondary infection of the frontal sinus.

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Objective Aural Tinnitus Associated with Hyperthyroidism. D. YATES. *Jour. of Ophthalmology and Oto-Laryngology*, Feb., 1911.

A woman of 30 years complained of an entotic tinnitus occurring suddenly in her right ear. Its sound was like the buzzing of a bee or the preliminary scraping of the phonograph; it was synchronous with the pulse. It was heard by members of her family, and was heard by the observer, without the use of an auscultation tube, at a distance of three feet. Light compression of carotid artery behind angle of jaw stopped the noise; bending the head to one side had the same effect. The ear was otherwise normal. Physically the patient was robust and nervous; prominent eyes, slightly enlarged thyroid; pulse 110 to 120.

STEIN.