

PROFESSIONAL REVIEW.

CHRONIC NASAL SINUSITIS AND ITS RELATION TO GENERAL MEDICINE.*

This book (based on the author's Semon Lecture, University of London, in 1925, "The Toll of Nasal Focal Sepsis on Body and Mind") by Dr. Patrick Watson-Williams, Hon. Consulting Surgeon in Diseases of the Ear, Nose and Throat to the Bristol Royal Infirmary, although primarily written in response to numerous inquiries by medical practitioners for a complete account of his exploratory-suction technique in the diagnosis of nasal sinusitis, and intranasal operative methods of treatment, is, he tells us in his preface, "mainly concerned with a brief account of the pathogenesis of the systemic toxæmias and secondary infections of chronic nasal sinusitis," and to this extent it is of great interest to trained nurses, for, "the systemic effects of nasal sinus infections are barely mentioned in most special text-books, while on the other hand diseases of the nose and ear occupy little space in the general medical text-books."

The book is divided into two parts: (1) Pathology, Symptoms, and Systemic effects, and (2) Diagnostic Methods and Treatment. It is the first part which is of interest and importance to nurses, and it is written in so lucid and illuminating a manner that its teaching may easily be grasped.

Nurses, for instance, should not fail to appreciate the lines from Ovid which stand at the head of the first chapter, of which we give the English version:

"Resist the young disease; who stays too long
His leech perchance shall find the foe too strong."

They know the importance of the prevention of disease, and, especially in school and welfare clinics, and as district nurses, if they have eyes to see, they can be of great use by referring for medical advice many cases, both children and adults, whose need of treatment has not been suspected.

The author tells us that "a study of the general pathological process of 'focal sepsis' can be as profitably approached from the standpoint of nasal sinusitis as from any other, because, although there are so many primary sources of 'focal sepsis,' *the distribution of systemic toxæmia and blood borne secondary infections does not depend on any special source of origin.* Thus the pathogenesis of its clinical manifestations, such as 'focal' or rheumatoid arthritis, is essentially one and the same, whether the primary infective focus is in a tooth, tonsil, the nasal sinuses, the uterine cervix or gastro-intestinal tract.

"On the other hand there are certain obvious differences in the *local spreading of infection determined by anatomical connections* (for example, chronic infection from uterine cervicitis tends to spread to the uterine adnexa, that from a tonsil to the glands of the neck and intra thoracic glands), and this may explain why chronic nasal sinusitis is particularly prone directly to involve the functions of the brain, resulting in early and often profound mental disturbance, basal metabolic dysfunction, and endocrine imbalance. Although these regional distinctions are largely discounted by the general toxæmia which is common to all, many important and distinctive features of nasal sinus infection are largely due to their peculiar anatomical relationships.

"The clinical import of auto-toxæmia, particularly of intestinal origin, aroused widespread attention towards the latter end of the last century, but ere its close, in the new light afforded by bacteriology, we began to realize, first, the meaning of the bacillary infection and toxæmia, and, secondly, the distinctive clinical reaction to a

mitigated, as compared with those due to a virulent infection by the same organisms. Then was born the modern concept of focal sepsis, the 'smouldering' or 'low-grade' pyogenic infection.

A Common Quest.

"Co-workers, too numerous to mention here by name, who now for many years past have devoted themselves to solving the problems of focal sepsis, have approached the subjects from different standpoints of the physician, surgeon, ophthalmologist, gynecologist, alienist, odontologist, and other territories, only to find their pathways inevitably cross and recross, for the simple reason that in reality all are engaged in a common quest. But from whichever viewpoint approached, it is one and the same pathogenic process, though with many widely differing clinical manifestations.

Knowledge must be Pooled in a Common Fount.

"To reach a balanced conception it is essential that the knowledge gained from each special domain of practice be pooled in a common fount from which all may drink, for in no medical problem are the words of Pasteur more apt: 'There is only one way of seeing things rightly, and that is seeing the whole of them.'"

A New Angle from which we may perceive almost Impenetrable Problems.

The author who feels that "focal sepsis" affords a new angle from which we may perceive and understand many otherwise almost impenetrable problems, warns us to "guard against temptations to rivet attention too exclusively to focal sepsis, its organisms and toxins, remembering the teaching of Hippocrates, that it is the patient we have to treat, not merely signs and symptoms, also that concomitance of infection and a disease is no proof whatever of their interdependence. More especially is this true in respect to pyogenic organisms, for although *normal nasal sinuses are sterile*, the flora of sepsis is indigenous in the skin, the mouth, intestinal tract, and many mucous membranes. Hence one must not imagine focal sepsis in every ailment simply from discovering organisms of sepsis where they are always present, virtually as saprophytes only, until inflammatory reaction evidences active virulence and causes symptoms.

"The clinician, however, recognises that even inflammatory reaction with resulting symptoms is usually countered by normal defences and spontaneous recovery, leaving the patient better able to resist future attack; it is the *failure and the causes of failure* in spontaneous recovery, and its results that form the subject of our inquiry."

Definition of Focal Sepsis.

"Focal Sepsis" is defined as "a clinical term for the toxæmia or bacteriæmia resulting from a chronic infection by the organisms of sepsis in some region of the body. Local resistance of the tissues being inadequate, the bacteria are capable of growth and of producing toxins which are absorbed into the system or, by passing into the blood stream, of causing an actual bacteriæmia.

Methods of Greater Precision.

The author states that though for the oro-nasal regions with which the book is concerned, the ordinary special methods of diagnostic investigation will often suffice in a very large proportion of the subjects of infection of the sinuses, these procedures are altogether inadequate and "must be followed up by methods of greater precision whereby alone can one definitely determine in each separate sinus the existence or absence of a definite infection." In his experience the two most valuable diagnostic methods in such cases are (A) *The endo-rhinoscope* (or the nasal endo-

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