

The Historical Perspective



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The Case of the Antique Sinus

The case report is no longer fashionable. It is derided by academic doctors, who say **evidence based medicine** should be based on soundly designed trials, with enough patients to test the hypothesis to a known degree of statistical power. Even better, meta-analysis pools the results from several trials. In fact, meta-analysis allows the modern academic doctor to do research entirely on the back of other people's work without ever leaving the computer screen, and without the messy business of actually seeing patients.

Victorian Case Reports

Our Victorian forebears in ENT also practised evidence based medicine but the evidence they relied upon was different. Since the diseases they dealt with were serious and the therapeutic options limited, they relied on detailed clinical description correlating the symptoms and signs in life with the pathological findings, more often at post-mortem. Within the profession, accumulation of personal experience and skill was needed to build a reputation, and the income which followed. Systematic reporting of clinical outcome would not always benefit the practitioners concerned; but a collection of case reports served the dual purpose of a reference database - "How the Great Man dealt with a similar case" - and advertising the experience of the author to his colleagues.

This vast medical literature, which forms the basis for textbooks of the early 20th Century, is largely ignored nowadays. It

lies mouldering away in the dusty basements of the RSM and similar libraries. It is wordy, full of apparent irrelevancies, and absent from computerised databases. But it still comes in handy now and then....

Modern Story

I am currently treating a 33 year old lady for chronic frontal sinusitis associated with ethmoidal polyposis (Figure 1). She is an occupational health nurse who works with her GP. She is having her third operation and is genuinely allergic to every antibiotic you can think of, with documented anaphylactic reactions. The last operation I did was an endoscopically assisted external frontoethmoidectomy. My earlier attempt at an endoscopic approach resulted in an orbital penetration and an aborted procedure. At the latest operation there was pus and polypoid lining in the right frontal sinus. I curetted the lining, put a wide bore tube through the ethmoid into the nose, and also broke down the inter-sinus septum to allow further ventilation from the left side. No antibiotics were given.

The course of her illness could read almost directly from F.H. Skillern's textbook "Accessory Sinuses of the Nose" (4th Edition 1923, Lipponcott). It has been protracted - over a year now, and marked by morning exacerbation of headaches and periodic build-up of pain marked by a temporary relief with discharge of unpleasant post-nasal catarrh. Post operatively, she had morning swelling of the upper eyelid, going down by evening, for three weeks. When I told her that she was behaving just like the old fashioned textbooks, she asked me whether her sinus might be worth anything on the antiques roadshow....



Figure 1. Coronal CT scan showing opacification of right frontal sinus and a bony defect in the medial orbital wall from attempted endoscopic approach. (Courtesy of Dr. David Rand)