

The history, the absence of the left testicle, but the presence of the spermatic cord, and the numerous adhesions of the right scrotal area all indicate that the left testicle had been removed prior to the descent of the right testicle. The cutaneous scar from the previous operation had disappeared, grossly, when the present operation was performed.

Stephen F. Dirks, '53

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Frontal Sinusitis in a Dog. A one-year-old Collie was submitted to Stange Memorial Clinic on Feb. 7, 1952, for treatment of a head injury. The owner stated that the dog had been kicked in the head by a horse two months previously. The patient had a fistulous opening at the prominence of the right frontal bone which was discharging a thick, greenish-yellow purulent exudate. The diagnosis was impression fracture of the frontal bone with secondary frontal sinusitis.



Fistula (arrow) and Frontal Sinus.

The patient's head was cleaned and the area around the wound was shaved. Radio-graphic studies were made but failed to reveal the extent of the lesion until bipp (bismuth subnitrate and iodoform in petrolatum) was injected as a contrast medium. It was apparent from this view that the fistulous tract communicated freely with the frontal sinus, and that the purulent process did not involve the maxillary sinus.

The dog was anesthetized with pentobarbital sodium and prepared for surgery. After an elliptical piece of skin was removed to make room for the trephine, a hole was cut through the bone into the

frontal sinus to provide drainage. The sinus contained thick, creamy pus and as much of it as possible was removed. Bacteriological examination of a sample of the pus revealed an alpha-hemolytic *Streptococcus*. Varidase (streptokinase and streptodornase-products of streptococci which liquify exudate) was instilled into the sinus and then removed after twenty minutes. Aureomycin hydrochloride surgical powder was liberally applied to the frontal sinus and the fistula daily for four days. On the fourth day, the varidase treatment was repeated to remove caseous material.

During the following week, no drugs were administered. Routine daily treatment consisted of cleaning the exudate from the face and liberally applying petrolatum to the skin below the fistula to prevent excoriation. The patient was placed in the outside exercising pen for from twenty minutes to an hour on days when the weather permitted. Throughout his stay, the dog's temperature remained within normal limits, and his appetite and bowels were normal.

On the fifteenth day, terramycin hydrochloride solution was injected into the sinus through the wound. By this time, considerable healthy granulation tissue had formed around the perimeter of the wound although sero-sanguinous material continued to exude from the fistulous tract.

Daily, for the following eight days, the sinus was irrigated with normal saline solution and 100 milligrams of aureomycin hydrochloride in sterile distilled water was instilled into the sinus. This was repeated for three days with three grams of aureomycin hydrochloride ointment and for three more days with penicillin-streptomycin ointment. Healthy granulation tissue continued to encroach into the wound opening.

By the thirty-fifth day after admission, the infection had apparently been eliminated from the sinus. Four days later, the fistulous opening was completely filled with healthy granulation tissue and the patient was discharged on March 16, 1952.

Jack Marcum '53