

instructive experiences, and to put down with a firm hand the captious criticism to which they are sometimes exposed.

Such informal meetings as the one that took place in honour of Dr. Hajek might with advantage be more frequently repeated, as an agreeable variant both from the ceremonious and costly "at homes" to which people are apt to go for creature comforts rather than for mental improvement, and also from the too serious society meetings where the free exchange of views is apt to be somewhat hampered by the rules of debate which are necessary for the orderly carrying out of the business of a set discussion.

THE ACCESSORY CAVITIES OF THE NOSE IN RELATION TO OZÆNA.

THIS subject is dealt with in a peculiarly objective manner by Dr. Hajek, of Vienna, in the second edition of his work on the "Pathology and Therapeutics of Inflammatory Diseases of the Accessory Cavities of the Nose,"¹ which has recently been published. Dr. Hajek is of the opinion that previous writers who have not noted the association between these two conditions have failed to do so owing to their having overlooked the disease of the sinuses, an error into which he confesses himself to have fallen from the same reason. Suppuration in the sinuses may be unrecognised from it not being thought of, and even when thought of it is often very difficult to discover. He is, however, opposed to the views of those who think that in every case of ozæna the origin is to be found in the suppuration of one or more of the accessory cavities.

A series of twelve cases carefully examined and analysed is presented in this important chapter of Dr. Hajek's book, and a review of the observations and results may be found worthy of the attention of our readers. In four the "ozæna" depended on suppuration in the anterior ethmoidal cells, in three on simultaneous involvement of the maxillary antrum and the anterior ethmoidal labyrinth, in two on suppuration in the interstices of naso-pharyngeal adenoid vegetations, in two on diffuse supplicative catarrh of the nasal mucous membrane, in one each on posterior ethmoidal and sphenoidal suppuration respectively. (One of the cases occurs twice in this enumeration, as on the right side the antrum and anterior ethmoid labyrinth were involved, and the left side was

¹ Published by Franz Deuticke, Leipzig and Vienna, 1903.

the seat of diffuse suppuration without evidence of involvement of the accessory cavities.)

The results of treatment based on the local diagnosis appear entirely to confirm the opinion given as to the site, and the results are such as no conscientious rhinologist can afford to ignore. The detailed notes of the cases give instructive particulars with regard to the investigation of the ethmoidal cells. The influence of what may be called a "chronic suppurative adenoiditis" is well worthy of notice. As the operator who finds the nose already too patent may hesitate before still further widening the upper air-passages by the removal of the hypertrophied pharyngeal tonsil, the results in Dr. Hajek's cases may remove all scruple in regard to this question. We may also recall a very interesting therapeutical consideration bearing upon the same point, which was brought before our notice about ten years ago by a French author who came to the conclusion that there was required a certain proportion between the width of the nasal cavity and that of the naso-pharynx; when the former was too great in proportion to the latter, he believed that stasis with the resulting dryness and decomposition of secretion took place, and that this was to be relieved by increasing the sectional area of the naso-pharynx by the removal of the adenoids. The theoretical considerations may not be convincing to everyone, but the practice founded upon them seems to find confirmation in Dr. Hajek's results. Though the series of cases is not a very long one, it is interesting to note the absence of tendency on the part of suppuration in the frontal sinus to give rise to any condition to which the term "ozæna" may be applied. We need hardly say that in these observations we find the explanation of appearances which, apart from them, appear somewhat incompatible, namely, hypertrophy of the middle turbinated bodies combined with atrophy of the inferior ones. A number of years ago we remember Dr. Greville Macdonald drawing attention to the frequent and almost constant presence of enlargement of the middle turbinated bodies in cases of ozæna; naturally it is one of the outward and visible signs of disease of the ethmoidal labyrinth, which is present in a large majority of the cases. Even in those cases which are attributed to purulent rhinitis in childhood Dr. Hajek believes that the focus in some accessory cavity has been overlooked, and in support of this quotes two cases in which he had himself been able to ascertain with certainty the focus of secretion, namely, in the ethmoid cells of the middle meatus.

It will be seen, therefore, that Hajek is in general in agreement with Michel and Grünwald, but he differs from them in holding that the causal relationship between the focal suppuration and the

collective symptoms of ozæna is not absolutely proved; he even errs—if at all—on the side of caution, and few will hesitate in accepting his statement “that the recognition of a focal secretion in advanced cases of ozæna is an important step in advance, but, nevertheless, the last factor in recognition of the ætiology of ozæna has not yet been discovered.” With regard to the origin of the secretion, he has arrived at an important generalisation that “it is never from the atrophic areas that the secretion takes place, but, on the contrary, always from parts which present a slightly hypertrophic and turgid appearance.”

SOCIETIES' PROCEEDINGS.

THE ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

Meeting held November 23, 1903.

The President, Mr. ARTHUR UNDERWOOD, in the Chair.

SOME OBSERVATIONS UPON SUPPURATION OF THE MAXIL-LARY ANTRUM; WITH SPECIAL REFERENCE TO DIAGNOSIS AND TREATMENT.

BY HERBERT TILLEY, M.D., B.S.(LOND.), F.R.C.S.ENG.;
Surgeon to the Hospital for Diseases of the Throat, Nose, and Ear, Golden Square.

AFTER some preliminary remarks, Dr. Tilley stated that he would base his remarks upon a series of cases which had come under his notice during the interval between January 1, 1902, and November, 1903. During this period he had seen 64 cases of antral suppuration in private practice, and 18 of his hospital patients had been admitted for the radical operation, making a total of 82 cases. Of the 64 patients occurring in private practice, 27 were treated by alveolar puncture, 3 were acute cases, 20 were only seen in consultation, and either refused treatment or the latter was carried out by the patient's own medical attendant, 19 were submitted to radical operation. If these figures be added up, it will be noticed that the total comes to 69; that is, because of the 27 patients treated by the alveolar method without complete success, 5 elected to have the radical operation performed, and hence they were counted twice over.