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## EDITORIALS.

### INFORMAL DEMONSTRATION BY DR. HAJEK IN LONDON.

AN informal friendly gathering of a large number of members of our special societies was recently held, on the invitation of one of the vice-presidents of the Laryngological Society of London, for the purpose of meeting Dr. Hajek, the well-known rhinologist of Vienna. The proceedings centred in an interesting demonstration by the guest of the evening, but there were others of a mildly convivial character. The circumstances permitted of unfettered inquiries on the part of those present, the distinguished Austrian specialist replying to these with the utmost cordiality. He was apparently highly gratified at the interest displayed in the department of the specialty with which he has so closely identified himself.

He devoted himself mainly to an exposition of his views with regard to the diagnosis and treatment of chronic suppuration in the sphenoidal sinus. He started at the outset by pointing out how favourably the sphenoidal cell was situated for our investigation; it was neither above nor below nor to one side, but straight in front of us in the line of vision. The diagnosis had, in a sense, become more difficult within the last two years, not from decrease of knowledge, but from increase. Two years ago, if pus was seen in the olfactory slit, and more especially if it were observed in the orifice of the sphenoidal sinus, or was washed out from it, a diagnosis was made of sphenoidal sinus suppuration. Dr. Hajek

pointed out, however, that even when pus could be washed out of the sinus the diagnosis was not complete, and that there was much greater probability of it arising from the posterior ethmoidal cell. The diagnosis could only be made certain by temporary plugging of the orifice of the sphenoidal sinus. After a thorough cleansing a small plug of gauze was applied to this orifice, and left there for twenty-four hours. At the termination of this period the examination had to be repeated, when, if any pus was on the anterior surface of this plug, it came not from the sphenoidal but from the posterior ethmoidal cell. If, on the other hand, after removing the plug, pus was demonstrated in the sphenoid, then it had been secreted there, and the diagnosis of sphenoidal sinusitis was complete. He stated that when the head was thrown back the pus ran with ease from the posterior ethmoidal cells into the sphenoidal. (The reporter of these proceedings has been struck by the large proportion of cases in which, on the *post-mortem* table, he has found a muco-purulent secretion in the sphenoidal cell. He was disposed to attribute this to frequent latent suppuration in this cell, but there is great probability that in many instances the appearance is the result of the gravitation of secretions from the posterior ethmoidal into the sphenoidal while the dead body is in the recumbent position.)

By means of beautifully cut and preserved horizontal sections through the structures of the nose, including the posterior ethmoidal labyrinth and the sphenoidal cell, Dr. Hajek demonstrated the relative position of these cavities. Thus he showed that the largest portion of the sphenoidal cell lay immediately behind the posterior ethmoid, the one being separated from the other by a very narrow *recessus spheno-ethmoidalis*, and consequently the part of the sphenoidal cell accessible, which could be opened without interfering with the ethmoidal labyrinth, was extremely small, and indeed insufficient to admit of there being so large an opening produced as to prevent subsequent contraction. For the efficient opening of the sphenoidal sinus, therefore, it is necessary to open the posterior ethmoidal cells as well. For this purpose, after the turbinal has, if necessary, been freely removed, a hook is introduced through the ostium of the sphenoidal cell. The point of the hook is then turned directly outwards, and when drawn forwards necessarily breaks down the anterior wall of the sphenoidal and the posterior wall of the posterior ethmoidal cell. The cells are thus thrown into one, and the opening is enlarged by punching away the loose tabs and dissepiments by means of a suitable forceps such as he exhibited. This simultaneous opening of the posterior eth-

moidal cell is of all the more importance because in some cases it spreads backwards and intrudes between the sphenoidal cell and the bony wall of the cavernous sinus, which is often extremely thin, cribriform, and almost dehiscent. In such circumstances the opening of the sphenoidal cell alone would be quite insufficient to remove the danger of infection of the cavernous sinus if the posterior ethmoidal labyrinth was suppurating.

In the after-treatment of these cases he scrupulously avoided scraping out of the whole mucous membrane. There were often the islands of disease on the surface of the mucous membrane, and to these alone did he direct his active treatment, namely, curetting and the application of caustics. He alluded to the extraordinary degree of œdema of the mucous lining, otherwise an extremely thin membrane, which could be induced by the application of caustics, the swelling being sometimes so great as to fill the cavity and bulge forwards so as to simulate a polypus.

He made a short reference to his treatment of disease of the antrum of Highmore, and he was now in favour of sewing up the wound in the canine fossa and bringing the end of the packing out through a large opening in the inferior meatus of the nose.

Dr. Hajek's prelection was anything but dry. He greatly amused his hearers by his quaint description of his appreciation of the value of alcohol in connection with medical congresses. "I do not go," he said, "to the meetings of the congresses. All the cases that are reported there are quite successful. This is a characteristic of our specialty. Instead of going to the meetings I take a little walk. *But I go to the dinners*, and after the dinner, when the alcohol begins to produce its beautiful loosening effect, the specialists will come up to me and describe to me cases of theirs which have not been quite successful, and ask me if I have cases like that. I tell them that I have, and ask them why they have not described those cases in the meetings, to which they reply that they could not do that, as someone else would stand up and say it was only they that had such bad cases. In this way the effect of the alcohol is most valuable."

There is many a true word spoken in jest, and it is greatly to be desired that at meetings of congresses and societies members should be encouraged to report their mishaps as well as their successes. Many can testify to the fact that this encouragement is not always given, as it should be, and that many are, therefore, constrained to confine to their own consciences some of the most valuable lessons of their lives. Those presiding cannot too often insist upon respect being paid to the feelings of those who bring forward these

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 OZŒNA.

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 ozœna 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 "ozœna" 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 suppurative 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 labryrinth were involved, and the left side was

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