Editorial

The history of rhinology is the story of the efforts of men and women who have tried to help patients who have nasal and sinus disorders or other conditions thought to be related to the nose or sinuses. Rhinology is one of the youngest fields in medicine.

Otorhinolaryngology was separated from surgery in the second half of the 19th century. The first and most famous Otolaryngology Department was started in 1861, in Vienna. Specialists participated in hospital training and congresses abroad, so they did not lose touch with the achievements of Western rhinology at that time. The first description of rhinoscopy was published in 1861, in the Warsaw weekly Tygodnik Lekarski. Tuerck and Czermak had made rhinoscopy popular in Western Europe before 1860, and the handbook by Taczanowski, the first in Polish medicine, was based on German scientific literature.

The method of nasopharynx examination with a laryngeal mirror and the invention of the rhinoscope for anterior rhinoscopy contributed to the development of rhinology. At the beginning of the 1880s rhinoscopes were widely used. One of the rhinoscopes was invented by Antoni Jurasz senior (1847-1923). He was the first in Europe to perform natural frontal sinus catheterization in 1887. Antoni Jurasz senior also constructed rhinological instruments, such as the nasopharynx forceps, forceps used to reduce nasal fracture, and perfusion cannula for a maxillary sinus washout. He improved the Adams forceps so that they could be used for septoplasty and nasal fracture reduction.

In 1890, at the International Medical Congress in Berlin Teodor Heryng a method of diaphanoscopy was presented: Nose and sinuses transillumination with electric light. The diaphanoscopy had as many followers as opponents. In Sêdziak´s opinion, the most certain way to diagnose purulent maxillary sinusitis was sinus washout with 4% boric acid. Jan Mikulicz was in 1886, the first to describe the method of sinus maxillary puncture.

The main problems in rhinology at the turn of the 19th century were scleroma, tuberculosis, syphilis, ozena, purulent sinusitis and their complications, neoplasms, congenital choanal atresia and acquired occlusion at the choanae in consequence of specific infections.

In Sêdziak´s opinion, chronic, atrophic, fetid rhinitis or ozena are placed third in laryngology after diphtheria and tuberculosis. Ozena belonged to the most common laryngological diseases (5% of all laryngological patients). He used reducers to make nasal cavities narrower. Other doctors applied rubber contracting tubes. Jan Szmurlo injected solid paraffin under the mucous membrane at the floor of the nasal cavity, the anterior part of the septum and under the inferior turbinate. The method of Dionizy Hellin, who implanted pieces of a cartilage under the mucous membrane of the nasal septum, must have been seen as very modern at that time.

In the history of rhinology, some methods of diagnostics and treatment have been abandoned over the years. For example, electrolysis was eliminated as a method of therapy because of complications. Doctors started to use antiseptics and chemotherapeutics which had been discovered. These medicaments made treatment easier, slowly eliminated some diseases, such as syphilis, scleroma and tuberculosis, and excluded less effective methods.

Through the last half of the 19th century, great strides were made in understanding nasal and sinus anatomy and physiology. This was the time when endoscopic surgical procedures replaced the conventional approaches, not only to the nose and paranasal sinuses but also to the skull base. As that century ended and the 20th century began, there was a surge of technology that allowed an increase in the type and number of surgeries performed. Through the middle of the 20th century, the basic science knowledge seems to have caught up with the care being provided, but as the end of the century approaches, another tide of surgical activity seems to be upon us. Perhaps in no other area of surgery has this disparity between biologic knowledge and surgical activity been so well demonstrated. Perhaps the next 100 years will witness for a better coordination of these activities.

Ashok K Gupta
MS DLO FAMS FICS
Professor and Head
Department of Otolaryngology and
Head and Neck Surgery (Unit II)
Postgraduate Institute of
Medical Education and Research
Chandigarh, India
Editor-in-Chief