

4 CEREBRAL COMPLICATIONS FROM NASAL DISEASE.

had had a discharge from the right nostril for the past ten years.

Examination of the viscera revealed no abnormalities.

Nasal examination showed deviation of the septum to the left, with a bony-cartilaginous ridge extending from the anterior naris to the choana on the left side. There was marked hypertrophy of the right middle turbinal and considerable pus in the right middle meatus.

Exploratory puncture of the right maxillary antrum revealed the presence of a large quantity of pus.

I drained the antrum through the alveolar process of the second bicuspid, and, as pus was still present in the nose after thoroughly cleansing the antrum, I removed the anterior end of the middle turbinal and curetted the ethmoidal bulla; pus flowed freely. There was considerable hæmorrhage following the removal and curettement, which I controlled with several large plugs of sterilized absorbent cotton, saturated in a glycerin-alcoholic solution of suprarenal extract.

Since the operation the patient presents a healthy, ruddy appearance. He has had no recurrence of the attacks of headache or dizziness, and states that he has not enjoyed such good health for the past ten years.

In both of these cases in all probability the effects of pressure upon the nasal veins caused a damming back of blood from the veins which communicate with those of the meninges, and the disturbance in the maintenance of the equilibrium of the basal meningeal veins, which secondarily affected the amount of cerebro-spinal fluid in the subdural space and other lymphatic spaces of the cerebrum, manifested itself by attacks of dizziness. This theory is purely mechanical, but appeals to me as rational.

The Nasal Ætiology of Cerebro-spinal Meningitis.—Weigert was the first to demonstrate, by a bony section