

the tongue and operations for malignant disease in the neck. These I have not reported. Operative procedure is certainly the best means of treating both gangrene and abscess.

#### CEREBRAL COMPLICATION FROM NASAL DISEASE.

R. H. CRAIG, M.D., read a paper upon cerebral complication from nasal disease.

WESLEY MILLS, M.D.—I think on grounds anatomical and physiological alone we are indebted to Dr. Craig for presenting us with some views, which are, if not new, perhaps insufficiently considered. The argument in favour of nasal breathing under ordinary circumstances is certainly I think not thought of very frequently by most of us. If it rests upon really good foundation, and it seems to be nature's arrangement at all events, it deserves practically more consideration than it has been given. With regard to dizziness I think we must remember that there may be very many sources of that peculiar symptom; really anything that to a very considerable extent disturbs our ordinary experience through the senses is likely to give rise to dizziness so that we are not necessarily bound to an explanation of a purely mechanical kind which seems to be what has occurred to Dr. Craig himself. I can believe that the condition which he emphasizes may in other ways than mechanical ones give rise to dizziness. Altogether this is one of the most suggestive and original papers in the views that are brought together that I have heard or read for a good while.

F. R. ENGLAND, M.D.—I do not altogether understand the explanation given by Dr. Craig as to how the emptying of the ethmoidal veins depends upon nasal breathing. Dr. Craig, I think, stated that when there is obstruction to nasal breathing, there is in consequence, a poor circulation in the ethmoidal veins and longitudinal sinus.

R. H. CRAIG, M.D.—In reply to Dr. Archibald's question with regard to dizziness secondary to obstruction in the superior half of the nose. The cases that I have reported are all of a chronic nature. We can readily understand that in acute nasal obstruction such as in acute rhinitis the sensation of dizziness if it is present disappears when the inflammation subsides. With reference to Dr. Mills' remarks, I do not wish to attribute all cases of dizziness to obstruction in the superior half of the nose but simply to draw the attention of the profession to the fact and the advisability of examining the nose in such cases.

I have frequently seen cases of Ménière's disease benefitted by breaking down the adhesions between the ossicles of the middle ear and thus bringing about an equalization of air pressure and restoration of the