

the nasal obstruction. Since the treatment of the nasopharyngeal condition the patient has been able to attend to his daily duties, he has gained considerably in weight and has had no recurrence of the headaches, nose bleeds or epileptic attacks.

When one considers the anatomical distribution of the nerves and vessels of the nose and their intimate relationship with the meninges and brain, they will readily understand why any abnormality in this region should be followed by a reflex neurosis in certain subjects. In this case, in all probability the nasal obstruction caused considerable interference with respiration and its resulting deleterious effects. The incomplete drainage of the nostril produced a nasopharyngeal catarrh, at the same time disturbing the normal functions of digestion. These factors were sufficient to upset the nervous equilibrium in a not too robust individual and manifested themselves by epileptic attacks.

#### *Discussion.*

DR. GEORGE FISK said he remembered the patient very well. He came to town about the middle of March to consult a physician. He went to a specialist who told him he had epilepsy. His condition now became worse; he had fits of crying and some hysterical symptoms. When he was called, he was recovering from one of these fits which took him while he was leaving the dining room of the hotel where he was staying. He was in a semi-conscious condition. Thinking that perhaps the gastric condition was a factor in the causation of the case he had treated him to find out if he had a tape-worm, as another member of the family had had tape-worm, but without result. Ten days later another attack came on and Dr. Fisk suggested that the nasal condition might be a possible cause and recommended him to Dr. Craig.

DR. H. D. HAMILTON said it was fortunate that Dr. Craig had been able to follow this case up and see the benefits of treatment. He had one or two cases where the removal of adenoids had been followed by improvement in cases of epilepsy, but it was only a year after treatment that the improvement was noticed.

DR. SHEPHERD thought that in true epilepsy a cure could not have been effected by this means and suggested that there was a hysterical element in the case reported.

DR. BIRKETT said that Dr. Shepherd has just expressed his ideas on the point. He thought that one had to be very careful about regarding such a result as being the effect of the operation, especially in cases of this kind.

DR. DEEKS thought that perhaps the import of the paper had been misunderstood, that all had met with cases where a spur in the