

are successful in striking the nerve all the manifestations of excruciating pain are evidenced, and then, immediately, the charge of alcohol is driven home.

*The immediate results when the nerve has been successfully injected.*—As a rule anaesthesia over the area innervated by such nerve.

Note.—This may be delayed for several days even after a successful injection.

Relief of the paroxysmal pain is often instantaneous, but frequently may be postponed for several days. Relief usually is complete for at least six months and often for one to one and a half years. The average is about ten months when re-injection is necessary.

*How does the alcohol act?* The intra-neural injection of alcohol induces a chemical resection of the nerve with peripheral degeneration beyond the point of injection. When regeneration of the nerve occurs, then the pain of the tic returns and another injection is necessary. I have already injected several of my patients three or four times.

In very severe cases, only removal of the gasserian ganglion will be effectual.

*Hemicrania.*—This disorder is often called *migraine*, but since the term *migraine* is loosely applied to any sick headache the term *hemicrania* is advisable.

This headache so-called should probably be considered a clinical entity akin to epilepsy. There is the hereditary tendency, the aura and the seizure. The aura is commonly ocular—flashes, or zig-zag splashes of light, etc. Shortly after there follows pain, usually very localized in one or other temporal region (seldom in both). From this confined area, the pain radiates over the whole of one side of the head, occasionally in severe attacks reaching the neck. There is no tenderness. The angular and perhaps the auriculo-temporal arteries seem distended and visibly pulsate while the sufferer is obviously agonized with pain. Nausea soon supervenes, and is often followed by vomiting and prostration, which lasts from some hours to a day or two. Suddenly relief comes, and the next attack in a week or a month or two is awaited.

The underlying causes of this distressing malady are unknown, and so we are helpless to prevent attacks. I recall one case where calcium therapy seemed to have helped and another where appendicectomy marked complete freedom from attacks. It seems to me possible that a chronic focus of infection some-