we may overlook. Hæmorrhoids may often produce headache, associated with great restlessness and fatigue. Its seat is usually in the frontal region, and it comes on very suddenly.

The uterus will account for two-thirds of the headaches among women, and one of my patients suffers with a common form all have met with undoubtedly. Her uterus is retroverted: mechanical pressure is made upon the rectum to such a degree that the walls of that gut are in contact nearly all the time. A headache is the result, which is persistent and very prostrating. She suffers constantly from constipation, and before I saw her was often in such extremities from retained fæces that she would pass an ivory paper cutter up the rectum, and press the the uterus forward. After working in this manner for some time, and using a syringe, she would have and unsatisfactory, ribbon-like, and greatly attenuated stool, and the headache would disappear for several days. These cases are more familiar to the gynæcologist than to the neurologist.

Just as the stomach, when irritated by undigested food, transmits to the brain in gastric epilepsy a morbid irritation, and a convulsion is the consequence, so does it send irritations that are followed by headaches.

We are to meet these conditions therapeutically by special interference and proper remedies.

There is a somewhat rare variety of headache, but an excessively painful one,—I allude to rheumatic headache. The pain is superficial; there is a diffused hyperæsthesia over the scalp, which is very sensitive to touch. The disease may be deeper, and the dura mater be the seat of rheumatic inflammation. This is the rare variety. The external hyperæsthesia is due generally to cold. I have found it amenable in a very few minutes to the faradic current applied by the wire brush. Of course, alterative medicines will be required should there be much constitutional participation.

Headaches are associated with syphilis in nearly every instance. Oftentimes there are deep organic changes, sometimes of the dura mater, or there may exist a tumor. The headache is intense, localized, and not always attended by acceleration of pulse. It is needless to say it is worse at night. Inunctions of mercurial ointment have met my anticipations in many cases. In old cases we naturally resort to specific medicine.

The suboccipital headache of malaria is often uncontrolled by quinine alone. The combination of arsenious acid is of great use, and the addition of a small quantity of belladonna increases still more its effect.

Neuralgia is dependent upon so many causes that it will be difficult to consider its therapeutical indications without going very deeply into the history and etiology of the disease. The peripheral forms, however, deserve notice in a paper devoted to the discussion of functional diseases, and, as these are very commonly met with, particularly the facial form, it might be apropos to speak of a few serviceable remedies. I know of none so good as iron, quinine, and belladonna, or arsenic in some one of its forms. This prescription is a good one, I think, for it contains three of the agents:

℞ Morph. sulph., gr. vi;
Ext. belladonnæ,
Ext. nucis vomicæ, aa gr. xii;
Ferri et quiniæ citrat., ʒ iiss.—M.
Ft. massa et divid. in pil. No. xlviii, one t. i. d.

Strychnia is of great bendfit in the anæmic variety of this disorder.

Peripheral neuralgia is treated most successfully by local applications, and among these come galvanism, chloroform, irritant applications, such as blisters, etc., and the actual cautery. The application of chloroform and of bisulphide of carbon has been recommended by several English writers. One of these substances should be poured upon a piece of cotton, and the same placed in a wide-mouthed bottle. The mouth of the bottle is to be then held against the most painful part of the face for a few minutes. A few drops of nitrate of amyl inhaled have often stopped a severe neuralgia.

The hypodermic syringe is so much used that it would be unnecessary to allude to it. I would only speak of certain solutions that have been tried with different degrees of success.

Morphine stands prominently forward as the best. Combined with atropine it is perhaps more efficacious than when injected alone. In neuralgia, chloroform injected hypodermically has been highly recommended by Roberts Bartholow. I think its greatest fault is the production of abscesses. I have used it several times, but have always had unpleasant consequences of this kind. The irritant nature of this drug forbids its application to the skin even locally. We have all seen the blistering produced by the local application. How much more intense must be its action beneath the skin!

Blistering the skin and afterwards applying morphine to the denuded surface, is effectual in stopping some forms of peripheral neuralgia.

I have lately tried, with the most satisfactory results, the local application of the ether-spray by the atomizer. Freezing of the skin just anteriorly to the ear will cut short a violent attack of facial neuralgia in a few moments.

In certain forms of facial neuralgia, particularly where there are points of irritation, the actual cautery-iron, brushed over these points, will cure the patient.

Perhaps one of our best remedies is electricity. In the form of galvanism we may affect the cervical sympathetic, diminish the cerebral hyperæmia, or by stronger currents increase it. The poles should be held over the nuchæ or lower down, and over the mastoid bone, or upon both temples. In neuralgia the positive pole may be held just back of the ear, and the negative passed over the several branches of the fifth nerve.

The faradic current often relieves many headaches, particularly if they are diffused over the scalp, and if they are aggravated by heat to the head, or by pressure.

The application of cold is one of the best local means we have to modify or stop headache, particu-