

treatment should be continued for a year or longer.

During the paroxysm, the routine treatment should be temporarily discontinued, and the patient placed in a quiet and darkened room. Morphia should never, on any consideration, be given. Antipyrin may be given in doses of gr. xv.-xx. to a woman, grs. xx.-xxx. to a man. If there be any cardiac weakness, digitalis may be combined with it. Antipyrin is the most useful drug we have, but may lose its effect. Pure caffein, not the citrate, may be given in doses of gr. $\frac{1}{2}$ every quarter hour, until the pain has ceased, or five doses have been taken. There is nothing to be gained by giving larger doses. This drug often gives striking relief in cases in which optic auræ, such as hemianopia, or hemichromanopsia, are marked. Both antipyrin and caffein should be given, if possible, before the attack, and as soon as the premonitory symptoms come on. It is true that caffein may produce an excited, tremulous condition, but this is to be preferred to migraine.

Guarana I have found very unreliable. Nitrite of amyl is, in my experience, valueless. It does not cut short the attack, and it often causes great distress. The hypodermic injection of hyoscyamia gr. $\frac{1}{50}$, for several hours, often gives good results, and never leads to the formation of a habit. Strong café noir may, in some cases, be efficacious. Cold, heat, menthol, electricity, may be tried. Every therapeutical agent may be tried except morphia.

There is no hard and fast rule as to whether it is better to give up to an attack or not. Each case must be considered on its merits. Strong men may keep up and about; most women do best to retire at once to a quiet, dark room.

As I have said, migraine tends to cease spontaneously between the ages of forty and fifty; often, however, it passes into a constant headache, usually occipital, of unexplained origin, and very stubborn and difficult to relieve.

In cases in which there is general paræsthesia about the head, patient is worse on the street, at the theatre, etc., and has a "fear of places," there are besides errors of refraction, also weakness of the external recti, and general nervousness. In such cases there are sometimes hysteroid attacks. These patients should be

given mydriatics, and treated with prisms, or by division of tendons.

No problem in medicine is so difficult as the pathology and treatment of headache. A case of simple headache should never be prescribed for off-hand at the first visit. Palliative treatment may be prescribed at once, but curative only after several visits, when the case has been thoroughly studied. Headache is sometimes relieved by strong black coffee. Caffein is better, because it is less bulky and can be carried about. I may be pardoned if I here digress and speak of the use of coffee in fermentative dyspepsia. The first advice often given to dyspeptics is to give up tea and coffee. This is a mistake. Good strong coffee, without milk, cream or sugar in it, cannot but do good. It is a cardiac tonic, a nerve sedative, and a diuretic. The coffee should be made without boiling, to avoid tannin. In some cases of neurasthenia, in which there is marked morning depression, I give the patient, before he rises, a good cup of café noir, and two grains of quinine. I then have him take a brisk cold bath, and rub well, and go down to breakfast. The result is that he feels vigorous and high-spirited.

Trigeminal neuralgia, or tic dolooureux, is either symptomatic or idiopathic. When idiopathic, it is often of many years duration. Surgical treatment, by exsection of nerves or of Meckel's ganglion, is usually followed by relapse. During the last thirteen years, I have cured many cases by the use of Duquesnel's crystallized aconitia. I administer it in a pill, containing $\frac{1}{200}$ of a grain, and use for this purpose the preparations of McKessin and Robbins, or of Schieffelin. Once or twice a year, I test these pills on my own person, in order to be sure that the preparation is of standard virtues. Two pills cause, in me, tingling, chilliness, faintness, and nausea. The whole body is numb, but there are no motor or mental symptoms. Aconitia should be given until we get the above mentioned sensory symptoms. If there is no idiosyncrasy, push the drug. If you wish to succeed, you must give it to the fullest extent. Women should be given small doses at first, as $\frac{1}{400}$ gr. has caused toxic symptoms. Proceed with "cautious temerity." They should commence with one pill twice a day; men with one pill thrice daily; increase, if necessary, to 12 or 14 pills a day.