TREPHINING FOR HEADACHE.

IN FEBRUARY, 1896, we were consulted by a Mrs. ———, æt 42, for headache. She was of a neurotic temperament, and while as a rule enjoying good health, had been for years subject to attacks of migraine. When seen by us she had been suffering for about a week from one of these attacks. The usual duration had been 24 hours, but this paroxysm lasting so long had caused her to seek advice. The headache was subject to irregular exacerbations, and, in spite of the usual analgæsics we prescribed, still continued, so that at the end of the second week she was as bad as ever. Recognizing that the trouble was more severe than an ordinary neuralgic attack, a thorough examination was made. The character of the ache as expressed by the patient was as though a tight band were being pressed around the head, differing thus from clavus hystericus—there was not the throbbing peculiar to active hyperæmia or the dilated vessels of anæmia. It resembled the headache of passive hyperæmia in that there was a sense of pressure, but there were no signs of that condition present, no apparent venous congestion, no valvular disease, no glands in neck pressing on jugulars. It was not the tearing, pricking headache of rheumatic cases, nor the pressure headache of the vertex of neurosthenic subjects, nor was it a headache due to specific causes or malarial influences. The liver was normal, there was no splenic enlargement, no elevation of temperature, no rigors, urinalysis revealed nothing abnormal, but the uterus was subinvoluted and there was a prolapsed and adherent ovary. We considered we had to deal with a reflex trouble of ovarian origin. This condition of headache remained comparatively unchanged for the next month. The ovarian trouble was treated by the usual method without producing much effect. The only relief she got was from the use of analgæsics. We then requested Dr. J. C. Connell to examine the eyes, and he reported that there was double optic neuritis present, developing in the right eye, but pronounced in the left.