

stomach. The pain is dull in character, is not concentrated at any point and exhibits but little tenderness on pressure. She was put on the salicylate of soda, but the results are not encouraging: the pains still persist and she feels no relief. The pains have spread out somewhat and are in the body rather than in the head; she complains now of feet-pains. It is always well in treating a case of supposed rheumatic origin to remember the gouty diathesis which is closely allied. Some cases of rheumatism which find no relief in the salicylates, often are benefited by colchicum, and *vice versa*, cases not improved by colchicum are favorably impressed by the salicylates. It is often necessary to recall this fact, there seems to be no way in which to know or learn the cases which will be benefited by each treatment beyond that of actual experiment. In the gouty diathesis in Americans there is generally tenderness on deep pressure over the small bones of the arch of the foot; in this country the classical great toe-symptom is lacking generally. We will try rest in bed in this case with the administration of the wine of colchicum.

The next case comes to us with the simple history of "head-ache." In such a case it is necessary to determine the cause by exclusion. It will be essential to go over the list of possible causes. I remember a case of Bright's which came to me with the history of constant, intolerable pain in one temporal region; this was all noted by the patient. An examination of the urine revealed the presence of kidney trouble which had been unsuspected by the attending physician, simply because he failed to examine the case thoroughly. Our patient here, a woman, has tenderness on pressure over the eye-ball, she is dizzy at times; has palpitation on slight exertion, is nervous, but sleeps well. She had her ovaries removed some time ago. Her appetite is good but her bowels are costive. Now let us take up the various causes in a systematic order which would produce her headache. Firstly, then we have reflex causes; these are most common. In the majority of cases they are due to eye-strain; less often they are reflex from nasal trouble. The character of the headache decides much for us; but the only satisfactory way of determining the eye-element is to have an examination made by an oculist. Headache due to nasal sources is gen-

erally referred to the region of the frontal sinuses and may be of any form. Uterine or ovarian diseases may register itself in headache. Inquiry in regard to this element is always essential in female cases. The next great cause of headache is local disease. Heart disease is a common factor in producing this symptom, especially among children. Constitutional poisons generate headaches; always inquire into the habits and businesses of these cases. Excessive tea or coffee drinking, or the excessive use of alcohol or tobacco, are very frequent producers of this symptom. Uræmia, rheumatic poison, lead and syphilis should also be remembered. I believe however, that syphilis does not produce headache without producing at the same time organic disease. Organic brain disease also produces headache; brain tumors, pachymeningitis, syphilitic gummata, tubercular trouble, sunstroke are all factors bringing on prominent distressing headaches. Then again there are a set of headaches for which we can find no cause; to these we give the name of "essential headaches." They seem to be the outcome of some peculiar nervous force which we are at present unable to appreciate.

In this case the woman thinks her head trouble is increased by reading; she has no discharge from the nose; uterine and ovarian trouble has been excluded. Her eyes have yet to be examined, but if her headache is reflex it is due to this source. She is not addicted to excessive tea or coffee-drinking or alcohol, and her urine seems to be normal. However, never trust to "seems;" it should be examined. There may be no albumen present; but in many cases I have seen of uræmia, a persistent, low, specific gravity has been the only symptom. Rheumatic headache is very common, but here there is no distinct history of such trouble; nor is there any more distinct trace of syphilis. Her heart is normal and there is no sign of brain trouble; no loss of memory; no change in nature; no sunstroke or other cephalic disturbance. Rarely it is, I think, that headaches are due to gastro-intestinal disturbances; here her appetite is good, although she occasionally has acid risings from her stomach. Now let us imagine that she is a patient in our office; what will we do for her? First send her to an oculist to have her eyes examined, examine at the same time her urine; try if you wish the rheumatic