

forms of atonic dyspepsia, when there is no organic heart disease. We have some forms of puerperal mania through the influence of the sympathetic system. The brain is ripe for pathological change, and the shock from the uterus and its appendages is the necessary excitant to evoke the heretofore latent diseased condition in distant parts. We have various forms of kidney and glandular disease, which we now know to have their origin in the trophic centres. In short, within the last twenty-five years much knowledge has been gained in respect to nerve influence on cell life, on vascular activity, and on selective affinity, which has revolutionized our diagnosis and treatment of disease. It is not my intention to inflict upon you an essay on headache in general, but rather to show the importance of a thorough examination into the cause of its existence in every individual case before treatment. Of course, we are to eliminate from our list such headaches as are present in fevers, inflammations, and those of traumatic origin. In such we know that the headaches will disappear when the obvious causes are removed. The same might be said of the hemicranial, occipital, and nocturnal headaches so pathognomonic of syphilis, especially in the secondary form.

In this connection it is well in practice at the outset to minutely enquire into the life history of those afflicted with persistent headache. Heredity and constitutional taint are potent factors, not to be overlooked. The form of the heredity is important in order to know what may be the likely inheritance. Neuropathic weakness may manifest itself in children in different forms from that found in the parents. Instability of the nerve centres can and does manifest itself in protean forms, as the heritage to descendants. Insanity, epilepsy, hysteria, dipsomania, neurasthenia, syphilitic degeneracy, and such like, may, in a vicarious way, take the place of one another. A knowledge of the existence of such bequeathment will help our diagnosis and prognosis very much. Our first enquiry should be along these lines.

It will be next in order to ascertain the existence of personal conditions and the presence, if any, of such diseases as heart trouble, dyspepsia, rheumatism, syphilis, and any of the strumous classes of diseases. It is of paramount importance to ascertain, if possible, under what causes and conditions the first attack came on. It might be after brain and eye were unusually taxed. A sunstroke, a fall, a blow, or a powerful emotion might be a precursor of the first attack. Much can be learned of present conditions from knowing the causation, and this knowledge leads to more intelligent treatment.

On the other hand, it is often forgotten that a large number of brain diseases exist without pain. The diseases are known more by a change in correlative energy, and in impaired functional activity. There may be no