

that we have the inner half of the right eye and the outer half of the left eye insensitive, or *vice versa*. When this is the case, only one-half of an object is seen if looked at directly in front. Other patients have spots before the eye, or they complain of weakness in vision. If they try to read the letters become blurred, or slight effort in reading brings on headache. This hemicrania comes on often, following indiscretion in diet; certain articles cannot be eaten without having an attack. I have known of cases where it was due to excessive taking of tea, or indulgence in a small amount of cheese. In others it is produced by greasy articles of food. In such attacks the patient generally wakes up in the morning feeling poorly, and unable to eat much breakfast, and either before, or shortly after breakfast, a dull pain commences in the head, which gets worse and worse during the day, and with it is associated a great deal of depression of the body, and physical powers and digestion seems to be entirely suspended, or to go on very imperfectly. Some time in the afternoon or evening the stomach rejects the food taken during the day, and, perhaps, the day before as well, showing that digestion has been interfered with from want of nervous supply. On account of the prostration the patient is generally obliged to lie down and discontinue all brain work, as well as physical labor.

These nerve storms are of two kinds. In one the face is congested; in the other case the patient's face is unnaturally pallid. In one case it will suggest to us that the blood supply of the brain is sufficient but irregularly distributed, and in the other case it looks as if the blood supply to the head was inadequate. In the first case the anemia would be only local; in certain centres, or in one hemisphere, or in the course of one artery, while in the other case it would be general in all the great nerve centres.

After such a nerve storm the patient will rest for an hour or two, and, after emptying the stomach, generally recovers in a short time, except for a slight weakness which disappears by the next day.

These attacks, as I have already told you, are brought on partly by indiscretion in eating, and partly by mental work. Not always does the same article of food bring on an attack in different patients. The impaired nerve power so weakens the digestion that even ordinary articles of food are not digested.

In the treatment of this affection we must advise the patient to abstain from food which does not agree with him. As the blood supply to the brain is defective in these cases, some stimulant, such as hot whiskey, or alcohol, will often help to prevent an attack which is coming on. In other cases, coffee combined with the whiskey will help, or caffeine given alone. If any undigested food

remains in the stomach it will be well to give an emetic and wash out the stomach with hot water. Where the patient is well nourished, and able to take opium, the following may be given:

R—Tr. opii deodoratæ . . . gr. x or xij.

(Tr. cannabis indica may be substituted when opium is considered objectionable.)

Potassii bromidi . . . gr. xx,

with two drachms of camphor water. In addition, give some cinnamon or peppermint water to disguise the taste of the combination.

We do not, as a rule, combine anything sweet with bromide of potassium, on account of its salt taste. Antipyrin in gr. x-xv doses also will relieve headache, but is often followed by great depression, or even collapse.

Such a dose, taken and repeated every two hours, will generally ameliorate an attack, and enable the patient to keep on his feet and do a certain amount of work.

As to the treatment between the attacks, it is possible this deranged blood supply may be due to some poisonous product circulating in the blood, the result, perhaps, of infectious dyspepsia and butyric or lactic acid fermentation, to the products of which when carried to the nerve centres this attack may be due. The headache may, on the other hand, be due to defective elimination by the kidneys, or even of some excrementitious matters. In favor of this view is the fact that the kidneys generally act very freely when the attack is passing over, a large amount of limped urine being generally thrown off. Here is a suggestion for our therapeutics, the remedies which increase the eliminative action of the liver and kidneys may prevent recurrence of these attacks. In some cases there may be a congenitally inadequate liver, which, owing to its small size, or some other cause, does not sufficiently purify the blood. It would be well to keep the patient on a vegetable diet in these cases, in addition to paying proper attention to the secretions.

When the kidneys are at fault and acting scantily, diuretics, citrate of caffeine, gr. j or ij, given three times a day, will do well, or it may be combined with gr. xx of acetate of potash given at night. Sweet spirits of nitre, or hot lemonade, with a teaspoonful of gin or whiskey, at bedtime, are also good adjuvants.

When the liver is constantly deficient in its secreting power, succinate of soda in two-grain doses, several times a day, has been used with success, but probably the use of the podophyllin, leptandrin, cascara, and similar cholagogues will prove all that is necessary, if given regularly, with due regulation of the diet.

Such patients should pay especial attention to the functions of the skin, by frequent warm bath-