

ties (1) in the ocular muscles, or (2) by astigmatic errors of refraction. Dr. Rankin claims that ocular abnormalities are responsible for a form of headache which differs from all others in the following particulars:— After prolonged use of the eyes in reading or writing there is blurring of vision, pain on movement of the globes, hyperæmia of the conjunctivæ and a tendency to congestion of the lids. The symptoms subside on resting the eyes.

6. Neurasthenic headache, which might have fallen under the class of toxæmia. This form of headache is always occipital and is frequently associated with a sense of constriction. This form of headache has been termed the headache of the "present century," and is always accompanied by vaso-motor phenomena, emotional instability, impossibility of mental effort and anorexia, together with other phenomena of neurasthenia.

7. The hæmic headache may be associated with plethora or anæmia. In plethora the pain is dull and continuous, usually extends from the forehead to the occiput, and is accompanied by heaviness and stupor. It is essentially the headache of alcoholic excess.

The headache of anæmia is apt to be acute and frequently vertical—but it may be either frontal or occipital. The recumbent position affords relief—and taking of alcohol is followed by like result.

In the treatment of headache the diagnosis of the *cause* is most important, and therefore each case is one requiring special study. The writer advises that in all cases of headache causes of peripheral irritation should be first sought for by a careful investigation of scalp, eyes, etc. "The state of the digestive organs ought to be inquired into and thereafter the condition of the blood, and of the vascular and nervous system must be ascertained," and so on for every possible cause—the physician should search in liver, kidney and brain and the various diatheses, and when the cause is found seek to remove it. Some valuable hints and formulæ are given for guidance in dealing with each variety of headache, which would repay a careful perusal.

The Results of Organotherapy in Addison's Disease.

EDWARD W. ADAMS, M.D. "The results of Organotherapy in Addison's disease." *The Practitioner*, No. 424.

After a little more than ten years of organotherapy in Addison's disease an inquiry into the results achieved is fitting, and of much interest. This article deals with the records of 97 cases, and the statements which Dr. Adams prefers to call deductions rather than "conclusions" are as follows:

1. There would appear to be a certain class of case of Addison's disease which derives indubitable benefit from the exhibition of some