

PERSISTENT HEADACHE DUE TO NASAL CATARRH.

Nasal Catarrh, both acute and chronic, frequently serves as the cause of headache. The pain is generally one of persistent type and classed as congestive. Examination in these cases may show suppuration of accessory sinuses with marked nasal obstruction due to small spurs, deviated septum and general hypertrophy. As a rule these obstructions are of little import if the engorged membrane can be readily depleted and the local circulatory system restored. This can readily be accomplished by instructing the patient in the use of Glyco-Thymoline in a 25 per cent. solution (warm) by means of the K. & O. Nasal Douche. The solution should be applied at least twice daily until the nasal membrane is found to be perfectly normal. This will give prompt relief from the congestive pain and maintain the nasal membrane in a healthy condition.

The following case occurring in the practice of J. K. Cantrell, M.D., of Alton, Mo., can be cited as typical:

I suffered for twenty years from nasal catarrh and at times experienced the most agonizing neuralgic pain of a superior orbital character like all other physicians, thought but little of using any remedy than my own until I received the sample bottle of Glyco-Thymoline sent me by you. It set in my office for months until one of those neuralgic attacks came on, and after using my own remedy with little or no satisfactory results, I commenced the use of Glyco-Thymoline and was relieved in eight hours of the neuralgic pain and I am glad to say I am as free from nasal catarrh as an infant. The above disease is the only disease I have had a chance to use Glyco-Thymoline in, as I used the sample sent me in curing myself. In conclusion will heartily recommend Glyco-Thymoline to all who have nasal catarrh and will wager one hundred dollars that it will cure any case unless the disease is of syphilitic origin. I think Glyco-Thymoline should be introduced in every physician's practice in the United States.

SOME OCULAR REFLEXES.

Dr. S. W. S. Toms, in *Indian Medical Journal, Ophthalmology*, October, 1905, contends that ocular defects mostly productive of nervous disturbances are astigmatism in oblique and unsymmetrical axes, astigmatism against the rule and mixed astigmatism. Muscular imbalances are also potent influences. The author cites cases of headache, restless nights, nervous and dyspeptic symptoms cured by appropriate glasses.