

stages, being masked later by delirium and unconsciousness. In the meningitis of ear disease the headache is often frontal, but in this and other forms of meningitis there is often tenderness over the area corresponding to the inflamed meninges.

An attack of hemiplegia is occasionally associated with severe headache. In this condition the hemiplegia is usually due to hæmorrhage. Thrombosis, even when due to syphilitic endarteritis, is seldom accompanied by headache, but with an accompanying syphilitic meningitis headache may be severe and persistent, both before and after the hemiplegic seizure. Headache in cases of hæmorrhage is usually general, and there may be superficial tenderness of the scalp.

Headache is the most constant symptom of intracranial growth, but it may be absent in cases of slowly growing tumour. When associated with optic neuritis it is almost pathognomonic. The site of pain is, unfortunately, of little value in localizing the lesion. Head believes that deep tenderness and local pain in addition to the general headache indicate localized meningeal irritation. If the pain is occipital and if there is head retraction there is great likelihood of a cerebellar or basal tumour.

The headache of hemiplegia is often much relieved by the use of leeches. Bromide and antipyrin in combination are useful. Nitroglycerine does good in some cases by lowering blood pressure.

In meningitis the ice bag is often a source of great relief, while drugs are mostly inefficacious. In intracranial tumours antipyrin, phenacetin with caffeine, aspirin, etc., often give great relief. Morphine is occasionally required in all these intracranial conditions. If it is used, it should be with a full knowledge of its danger—the danger of so reducing the vitality of the already hampered respiratory centre as to possibly induce a fatal result. The operation of triphining and opening the dura mater gives relief in many cases, although it sometimes fails. It may be desirable to carry out this measure even where the position or nature of the tumour is of such a character as to render it immovable.

Migraine and toxæmic headaches are referred to at some length by Dr. Wilfred Harris. Migraine in its various forms is fully described. It is closely allied to other paroxysmal neuroses, especially epilepsy, asthma and vaso motor angina. Indeed, a typical migraine with hemianopia and scintillating scotoma may certainly be looked upon as a sensory epilepsy with a discharging focus in the neighbourhood of the occipital lobe. Epilepsy may be associated with migraine, either in the same person or in near relatives. Bromide treatment as in epilepsy may give marked relief.