Headache strictly speaking is pain referred to the region of the head, but the term is generally used to denote pain felt anywhere above the base of the skull. There is no more common symptom of disease.

Headache is almost invariably accompanied with other sensory cranial symptoms, such as disturbance of vision, disturbance of hearing, giddiness, confusion of thought, and a great many indefinable sensations.

The Seat of the Pain

The exact seat of the pain is somewhat difficult to determine. What structure actually aches in headache? Is it the scalp, the skull, the meninges, the brain, the blood vessels, or the nerves? In order to form an opinion as to the structure involved in the pain in any given headache the scalp has first to be considered. In many headaches, the pain probably involves this structure, as in the headache caused by cold, and associated with Phaemation. In such cases, the inflammation
April 21st 1892

I hereby declare that I have done the work of, composed, and written, the accompanying Thesis

Robert Aire
apparently affects the hair follicles; the hair is tender at the roots, and great pain is produced by combing or brushing it. The same tenderness of the scalp is often discovered in other headaches not rheumatic in their nature. A large number of authors speak of tenderness of the scalp, as though it were pathognomonic of rheumatic headache; so unanimous are they in this respect, that we cannot but conclude, that they have written from hearsay rather than from observation; for, as a matter of fact, tenderness of the scalp is frequently complained of, especially by debilitated women, when there is not the smallest suspicion of a rheumatic origin.

It is probable that the muscles, namely the Occipito-frontalis, the temporals, and the massive pad of muscles situated in the occipital region, may be the source of pain in headache. According to Briquet, the pain of hysteric headache must be referred chiefly to these structures. In like manner the bone may be involved in the pain, as in syphilis.

The extracranial blood vessels are
also a probable seat of the pain.
According to Brunton the pain in
migraine is due to the blood striking
against a constricted part of one of
these arteries, namely, the temporal.
The Membranes of the Brain, namely,
the Dura Mater, Arachnoid, and Pia
Mater, have all had nerves traced into
their substance, and no doubt are a
very common seat of the pain. The
Pentorium cerebelli and the Thalamus
and Cerebelli are processes of the Dura
Mater, and in all possibility are the
seat of deep seated pain in the head.
The Brain itself can be sliced away
without giving rise to pain, so that
the Brain tissue does not seem to be
the seat of the pain, at least in
physiological conditions. In pathological
conditions of the brain however, it is
possible this organ may ache.

The Situation of Headache
The situation of the pain must be
closely studied, in order to form an
opinion as to the structure involved in
the pain in many severe headaches, and
here a knowledge of the distribution of the
various nerves of the head is needful, also the fact that pain is referred to the
Peripheral areas of the affected nerves. Headache is most frequently felt in the forehead. The pain may also be situated in the vertex or occiput, or may involve one or both sides, but in many cases, it is limited to a comparatively small area, and its actual origin can then be more easily ascertained. The fifth and the seventh cranial nerves have a very definite relation to many headaches, apart from what may be called the purely neuralgic headache. An examination of the area of the pain tends to confirm this last statement. The fifth nerve, for example, has a very definite relation to all forms of pain referred to the region of the forehead.

Intensity and Nature of the Pain

We find all degrees of intensity of the pain in different cases, and even in different attacks in the same case. The character of the pain varies widely in different cases. Thus, it may be "aching," "shooting," "bursting," "throbbing," "dull," "aching," "shooting," "bursting," "throbbing," "dull," "aching," "shooting," "bursting," "throbbing," "dull." The character of the pain is often a guide to the diagnosis. For example the dull, heavy pain in the
forehead associated with toxic conditions especially that caused by unsuitable diet; of the localized sharp, smarting pain often associated with hysterical conditions; the acheing pain in the scalp caused by cold; often seen in rheumatic subjects; the fixed intense paroxysmal pain occurring in serious organic lesions of the brain; the stinging continuous frontal pain associated with eye strain; the dull acheing pain in the mastoid or temporal regions which complicates diseases of the ear; the sharp general pain in meningitis; the dull encircling head pain associated with disease of the cervical spine.

Causes of Headache

There is no doubt a constitutional predisposition to headaches in some persons, and this especially noted in what may be called the purely neuralgic headache or in ordinary migraine. Migraine occurs more frequently in neurotic families, namely in those families presenting a history of chorea, epilepsy, insanity, hysteria, neuralgia. The predisposition to migraine seems to disappear when the patient
reaches a certain age, especially in women who are more subject to headache than men. There are many other predisposing causes to headache as well as heredity, among which are ill health and various blood conditions. Anaemia is a common cause of headache. We often notice in anaemic headaches that the pain is localized. We must remember that the brain receives about one fifth of the blood of the whole body, and accordingly either deficiency in the quantity or quality of the blood, must tell on the mental organ and nerves, the headache accompanying Menorrhagia Lecorrhoea and suppuritation is of anaemic origin.

Gout is another blood state supposed to be favourable to headache. Headache more usually occurs in chronic cases of gout. The leucorrhoeic condition does not seem to produce headache so frequently as it is found in cases of uratosis, where we have joint affections and kidney complications, the latter no doubt leading to a congested state of cerebral tissues, which probably accounted for the headache. In some
gouty cases, actual structural change in the membranes may cause the headache in the more chronic cases of gout.

Haemophylia is another blood state which gives rise to headache. The cerebral congestion and haemorrhage of the last-mentioned disease, and in other conditions, give rise to headache. According to Haig the immediate cause of an attack of megrim is the swamp ing of the blood with uric acid, which has been absorbed from the liver, spleen, and joints for some days before the attack of megrim. Less uric acid than normal is excreted. Haig supposes that during this time, it is stored away in the liver, spleen, and joints, owing to diminished alkalinity of the blood, which renders the uric acid less soluble, and leads to its deposition in the above mentioned parts. When the blood resumes its normal alkalinity, the uric acid is redissolved, and the blood is thus unduly loaded with uric acid, and this sets up an attack of megrim.

Menstruation both physiological
and pathological is an exciting cause of headache, in doubt that sympathetic nervous system is the means of conveyance of the ovarian irritation to the aching structures. Probably circulatory disturbance accounts for the pain in the head in some cases of menstruation. Excessive catamenial losses alone or combined with hard work and anxiety lower the nervous tone and commonly predispose to headache. Nasal troubles constitute a very potent cause of headache. Rhinitis, hypertrophy and congestion of the nasal mucous membrane, polypi, also inflammation of the frontal sinuses cause headache. Thus Joal in the Revue Mens de Lange et al. July, 1855, reports two cases of persistent frontal headache, in which hyperaemia and hyperaesthesia of nasal mucous membrane was present. This condition was treated with the actual cautery, with the result that the headache was completely cured. Quite a large number of similar cases have been recorded. Refer to Lehrbuch der Ohrenheilkunde A von Trotzsch, p. 346. 1881. Schnetter Med. Monatschrift betalen. 1889.
Diseases of the tonsils and throat may also cause headache; also Toothache. Pediculi capitis causes headache sometimes. Different exciting causes are often noticed to produce pain in one and the same region, thereby pointing to a predisposition or special morbidity in that region. The exciting causes of headache some of which I have already mentioned are very numerous such as Fatigue of Mind and Body, Straining of the eyes, exposable to cold or a burning sun, Errors of diet—Tobacco smoking, Too much sleep or too little sleep, loud noises, bright lights, peculiar smells. the aroma of certain flowers such as Hyacinth, Musk, close rooms, certain drinks such as alcohol, various drugs such as Quinine, Opium, Hyoscyamine in febrile states. Cough often excites headache, so also does excessive intellectual exercise, violent passion excitement, blows on the head,
Indigestion, Constipation, Syphilis quite independent of the gross organic lesions of the head.

No doubt gastric disturbance is a potent cause of headache; but in micturition it may undoubtedly be one of the results of the nerve storm the retching and vomiting which occurs in migraine is nature's attempt to get rid of part at least of the exciting cause.

The tendency to headache being present, the exciting cause especially in weak persons may be very slight. While there are many exciting causes of headache there can only be one immediate cause. According to some observers arterial spasm or paralysis leading to anaemia and congestion are the two great causes. Irritation of the filaments of the trigeminius going to the Dura Mater is stated as a probable cause of the pain in cerebral cases (Vernay's Practical Medicine. Vol. 2. P. 151.), and as previously stated deep seated pain in the head is probably situated in the False Cerebri and Cerebelli, and Tentorium Cerebelli, these being processes of the Dura Mater, containing nerves. The centre in the brain for the realization of the pain is probably the
Hippocampal and Inferior Temporal
Phenoidal regions of the brain

Varieties

A great many varieties of headache have been described and classified in various ways by different authorities, but my cases do not appear to justify any published classification. Headache occurs in so many diseases that a classification having a more definite relation to the cause of the pain, would probably be better than simply naming the headache after the disease, as is often done. Pain in the head, as it occurs in various well known diseases, can be relieved by remedies which have little effect on the primary constitutional fault. For example the nitrite series relieves many headaches, occurring in entirely different diseases, showing that these diseases, only act as primary or exciting causes of the headache, the headache in many cases only being an accompanying symptom, and not a real part of the morbid process. It is different with those cases where we have a recognizable lesion of the head.
An exact classification of Headaches is not easily made. We have headache occurring in Toxic Conditions caused by unsuitable food and drink, lead poisoning, Tobacco, Alcohol, Bright's Disease, etc. We have headache associated with Rheumatism and Gout, in Syphilis, Anaemia and Congestive conditions of the brain, in Hysteria, organic disease. We have the true migraine or hemianopia and what may be called the Neuralgic headache, and the headache of pure nervous exhaustion.

What may be called the Pyrexial headache occurs in fevers although it is probably of toxic origin, and is associated with congested state of the brain. The headache in Influenza associated with catarrh of the frontal sinuses, and the headache occurring as a sequela of influenza are well known.

Toxic headache often causes frontal pain, but the situation of the pain may vary in this, and in all the varieties of headache, so that we cannot be absolutely certain as to our diagnosis of the variety of headache from the mere external situation of
the pain, each case in fact stands by itself although there are similarities. The external situation of the pain, along with other observations is shown in the figures referred to in my cases.

Pulse in Headache

In true migraine, the pulse has a tendency to be slow and the tension to be high. The organic cerebral headache is associated with a slow pulse. In severe headache occurring in a case of chronic Bright's disease, I repeatedly observed marked slowness of the pulse, which lasted along with the headache until the patient's death. In my cases of headache, there seemed to be a tendency to rapidity of the pulse, especially in the more purely nervous cases. I noted a tendency to a feeble pulse in some cases, while astigmatism accounted largely for the headache. The feeble sometimes jerky pulse was noted in anaemic cases along with the headache. Headache however may exist with any condition of pulse.

Posture in some cases, causes the pain in headache. Headaches associated with marked anaemia are relieved by the recumbent, and aggravated
by the upright position. Congestive headaches on the other hand are aggravated by the recumbent and relieved by the upright position. I have observed that the sitting position seems to ease headaches associated with Phthisis. The pain of migraine is sometimes lessened by the recumbent position, in many cases of migraine however the pain is rendered much more severe by lying down. Headaches associated with Astigmatism and eye strain, also the febrile anaemic headache, that occurs in connection with physiological and pathological menstruation are often relieved by the recumbent position. Sitting in an arm chair with a long sloping back, seems to be the easiest position for certain congestive headaches and for the headache seen often in ear diseases. The headache associated with Rheumatism, Syphilis and Alcohol, and the headache connected with nasal conditions, and that arising from cataract of the frontal sinuses, seem to be slightly lessened by this latter position. Sudden
change of position excites headache in those predisposed.

Treatment of Headache.

Each case of headache stands by itself, and no general rule can be laid down in regard to treatment. Blood letting had been recommended in certain forms of congestive headaches; theoretically it may do good in severe cases, but I have not ventured to try it. I have seen many cases where nasal haemorrhage relieved congested states of the head, and the headache accompanying that condition. I have seen some relief to the pain by applying blisters behind the ear in severe congestive conditions, this effect no doubt being largely due to the venous connection of the mastoid area and the lateral sinuses, for the same reason blistering over the parotid gland, and at the inner angle of the eye, will give relief in suitable cases.

The case is recorded of an eccentric medical man who on being called in consultation with another medical friend, over the case of a lad suffering from severe headache and suspected typhoid, cleared the room of the friends, and, having no
instrument at his command, seized the patient by the nose, and gave him a good shaking, with the result of profuse bleeding from the nose, which gave great and permanent relief to the patient. The application of cold to the head, either in the form of ice, or cloth ring out of very cold water gives some relief in certain cases. A native of India told me quite recently that the headache of Malarial fever is very often situated in the temples, eyeballs, and for a certain distance above the eyes, and that ice applied locally gives great relief in most of the cases. The relief to pains in the head by cold applications is I presume due to a nervous effect. An ice bag applied to the spine has also been recommended in headache notably in the Congestive headache. Intense heat in the form of fomentations or poultices relieves certain cases. I have already referred to position as a means of relief to headache. A judicious combination of position and the application of cold or heat, in the forms already mentioned often relieves headache, when drugs seem to have but little effect.
Evaporating lotions of Ether, Alcohol, Vinegar, afford some relief more especially in weak persons.

Diet is an exceedingly important matter in the treatment of headaches of all descriptions. Migraine according to Haig, is much benefited by strict regulation of the diet, in the intervals of the attack.

The Weir Mitchell treatment, in the interval of the attacks of severe migraine is of value. It is chiefly however by a judicious combination of the various methods of treatment, that we can relieve the severe forms of migraine. Rest, Hygiene measures, moderation in all things, proper diet and treatment directed to the constitutional fault, in which the migraine occurs, and correction of the errors of refraction by appropriate glasses in some cases, and removal of other exciting causes are the main lines of treatment.

In the actual attack of migraine, constant rest in the recumbent position with the head slightly raised. The inhalation of one of the nitrites, especially the Iso Butyl nitrite, in doses suitable to
the age of the patient, I have found to be of great benefit, especially if anaemia be present. The inhalation of Chloroform or Ether may be necessary in aggravated cases of Migraine. I have found Chloride of Ammonium very useful in some cases of Migraine also in Foscie, and also in other headaches of nervous origin. I think Chloride of Ammonium is one of the best drugs we have in this relation.

Morphia hypodermically is sometimes required in aggravated cases of Migraine, and is often effectual. The same may be said of Cocaine, especially in cases where we have a low temperature of the body associated with headache.

I have found Nitroglycerine very useful in diminishing the frequency of the attacks, especially in anaemic subjects.

Antifebrin and Antipyrin, especially the former, sometimes eases the patient in slight attacks of Migraine, especially when given in an empty stomach.

Butyl Chloral Hydrate is serviceable in some cases.
Guarana is recommended by many, as being of use in migraine. I have found marked benefit from oil of eucalyptus especially in the headache of influenza, and even in some headaches of purely nervous origin.

Salicylate of Sodium and Salicylic acid are both useful in the headache associated with Rheumatic conditions, and in the Migraine associated with the Uric Acid diathesis.

Potassium in large doses is very useful in the headache of Hysterical conditions, in that associated with Nervous exhaustion, and in slight cases of Migraine.

Iodide of Potassium in combination with the Potassium is very valuable, in the pains in the head in Syphilitic subjects, also in Headache associated with Rheumatism, Gout and Neuralgic conditions.

Success Belladonna combined with Chloral. Fifteen to twenty minims of the former, with ten grains of the latter, has been recommended during the period of the attacks of Migraine, to be given at night. The last combination
has been especially recommended in pains in the head due to eye strain when the third nerve is affected.
Hyoscymamine has been used with benefit in cases of eyestrain.
Preparations of caffeine have been found very useful in cases of migraine.
The old remedies Quinine, Arsenic along with the more modern Salicin, are used with benefit in headaches of Malarial origin.
Methylene Blue, internally and hypodermically has been found useful by Dr Erlich in some cases of migraine.
I have found the Tincture of Acetate to be an invaluable preparation, in headache associated with Influenza.
Carbonate of Ammonium internally and by inhalation is of value in the pain in the head accompanying nerve exhaustion also in Gouty cases.
I have found Antimony of value in the congestive headaches of children.
The Tincture of Gelsemium in fifteen-minim doses has been recently recommended, especially for the cases
of headache where Ptosis exists, also in
the headache of nervous exhaustion,
and in neuralgic headache, especially
in those cases, where sleeplessness
is associated with the headache.
Pilocarpine injected subcutaneously
in gradually increasing doses, in
certain cases associated with acoustic
faults, where Syphilis exists, will
probably give some relief.
The above-named remedies give more
or less relief to the pain in suitable
cases. There are no doubt many other
drugs that might be added to the
above list. Hydrochloric Acid often
relieves the headache associated with
certain stomach conditions. I have
often observed the last named fact
especially in cases where the tongue
is clean. The undoubted beneficial effect
of a good purge must not be forgotten.
An emetic is often beneficial
especially when the headache is
associated with an overloaded stomach.
The action of counterirritants to the
head must also be borne in mind.
Massage and Electricity are also of
value, and the warm bath is often
invaluable. Trephining has been
found of benefit in the headache associated with, and often following after epilepsy. Trehining is also sometimes necessary in cases of inha-
cranial fluid pressure, and in the headache associated with localized
removable organic changes in the
membranes of brain substance, and
after certain injuries
Superabundant cerebro-spinal fluid,
may be removed beneficially in the severe headache accompanying
certain cases of "General Paralysis" namely by Laminectomy of the
second or third lumbar vertebra,
 puncture of the loose arachnoid pia,
and, as suggested by Mr. John
Duncan, the insertion into the
pial sac of small threads of horse
Case I

Mr. G., aged 43, is of a nervous temperament. He has had a large family.

Menstruation. Slight menorrhagia lately. Patient has menstruated every fortnight for several years back. Her last menstruation lasted one week.

Tenderness of head on percussion exists over the area indicated in Figure 1. It is confined to the right side of the head.

Sensation of Pressure. Patient has a feeling of weight over the area indicated in Figure 2. Patient has no turning feeling in her head but says her head feels "numb, cold, and strange."
Pain is felt in the area indicated in Figure 1. Patient says the pain shoots into both of his eyes. There is no eruption on the scalp, and the periosteum and bones seem to be normal. Hair is tender at the roots, all over the head. Patient cannot bear the combing of her hair. The length of her hair is a great trouble to her.

Drowsiness is present when the pain in the head is severe. The headache confuses her mind. She cannot remember much when the pain is severe. She feels depressed and anxious. She prefers to remain undisturbed, and to be left to her own way. She is anxious minded. She wishes to work, but cannot do so. She has a feeling of fear when headache is severe.
Sight. Patient complains of mistiness in her vision. When the pain in her head is severe she cannot read at all. She notices headache is often started when she tries to read. Eyelids feel very heavy. She says her eyes "wate" when the pain in the head is severe.

Hearing is slightly deficient on the right side, but patient has no earache, and no apparent ear disease.

Smell is not affected.

Taste is normal.

Vertigo is present, causes her to fall.

Patient has no feeling of nausea and she does not vomit.

Pulse 88, feeble, low tension.

Patient does not notice that position eases headache, but she says sleep eases it slightly.

Headache does not get worse during the night.

Eyes are Myope and Hypermetropia and Astigmatism.

Ears, no apparent disease.

Smell not affected, mucous membrane normal.

Taste normal. Teeth good, no toothache or tenderness on tapping of any tooth.

Digestion. Poor appetite, otherwise normal. Does not usually suffer from constipation, urinary, normal at present. No urates.

Diagnosis. The fifth nerve seems to be affected. Eyes are at fault. Highly neurotic case.

Case 2

Mr. H., aged 65. Family History not noteworthy.

Tenderness on percussion over an area indicated in Figure 3. The tenderness extends one inch above the left eyebrow.

Fig. 3

Sensation of weight, on area indicated in Figure 4, temples being excluded.

Fig. 4
Pain is at present limited to the left temple. The painful area can be covered by a cloth, no throbbing, but it shoots across the brow. Scalp is normal. Bone and periosteum is normal.

Hair feels very painful when it is combed. Thinking process thought is in no way confused during headache. Speech is not affected. Memory is good. The headache causes a feeling of depression and a sense of anxiety and fear.

Sight is not affected in any way. Ears, slight deafness of both ears, both ears contain wax in large quantity. Smell is normal.

Taste. Food has no taste.

Vertigo is present, patient has been sick and has vomited.

Pulse 85, fair tension.

Patient says pain is lessened when she lies down. Sleep eases the pain. The pain is not worse during the night. Eyes no refraction error.

Ears, concretions of wax in both ears. Noses: mucous membrane seems to be normal.

Teeth, no tooth ache or any pain caused by striking any tooth.

Digestion is poor. Some teeth in the mouth.
Tongue is furred. Poor appetite. Sickness and vomiting are present. Bowels are constipated.

Urine, a trace of albumen otherwise normal.

Diagnosis: Headache related to disorder of the alimentary system.

Treatment: Brisk purge, and a mixture containing hydrochloric acid. Headache cured.

Case 3

John S., aged 33, has been a fairly healthy man. He once had an abscess in his thigh. He has now got a form of influenza. Tenderness of head on percussion is present over the area indicated in Figure 5, especially the left side.

Fig 5.
Feeling of pressure is not present.

Pain of a shooting character is felt over the area indicated in Figure 8. It extends for half an inch above the orbital margins.

Fig. 8

Scalp seems to be normal. Bone and Perioseum normal. Hair is not tendu at the roots.

Thinking process. There is no confusion of thought, when the pain is severe, but a feeling of depression is caused by the pain. Sight. There is no mistiness or vision present during the continuance of the pain or at any other time. Patient says both eyes burn in their sockets and there is excessive secretion of tears. Both eyelids feel heavy and have a tendency to close.

Hearing is good in both ears. Ear normal, no
Earache
Sniff is not diminished
Taste slightly diminished
Vertigo noted. Pulse 85, moderate tension.
Nausea is not present
Povure. Patient feels less pain when bent up in an armchair. The recumbent position increases the pain. Sleep does not seem to lessen the pain.
Eyes. Slight astigmatism, which often causes patient to rest during his work in an office. Ears normal
Nose. Mucous membrane of left nostril is very red and inflamed looking. There is a profuse watery discharge from the left nostril. Patient says this nose feels "stuffed up"
Teeth. No pain in, or on striking any tooth.
Urine. A trace of albumen otherwise normal.
Diagnosis. Cataract of frontal sinuses of nose.
Treatment. Antipyretic in ten grain doses greatly relieves the pain. The sitting position and general treatment of the influenza.
Case 4

George 13, aged 19. Rheumatism exists in the family. Four years ago he had a discharge from the right ear. He has a discharge from the right ear at the present time. Tenderness on percussion is present over areas indicated in Figure 7. Feeling of pressure is felt over an area shown in Fig 8.
Pain of a dull acheing character is complained of over an area indicated in Figure 9.

Scalp. Bone and Pericranium & Hair are normal

Thinking process: There is no confusion of thought but patient feels dull and depressed

Sight: is not affected by the headache.

There is slight tinging in both eyeballs when headache is bad.

Hearing: deficient in right ear

Vertigo is present to a slight degree

No nausea, sickness or vomiting

Pulse: 96. Moderate tension

Posture: Patient says headache is worse when he lies down. The headache is very bad during the night. No distinct history of Syphilis

Sleep eases the pain a little.
Eyes are normal as regards refraction.

Ears. Six days ago patient felt a pain in his right ear, he felt as if his ear was stopped up the canal disappeared after the discharge came through. Tenderness on percussion over the area, indicated in Figure 9, but no tenderness or pain in the mastoid region.

Nose. Mucous membrane reddened. Smell deficit, taste good no toothache.

Taste: is normal. Appetite good. slight constipation.

Patient is somewhat nervous in appearance. Urine is normal. Diagnosis: Headache related to ear disease.

Treatment. Antipyretic in ten grain does ease pain in the head and locoal.

Case 5

Mary Wells, aged 16, dressmaker. Anaemic, often troubled with severe headache and sickness. Tenderness on percussion over area indicated in Figure 10.
Sensation of pressure. Patient has a "heavy" feeling over an area indicated in Figure 11.

Patient has also a burning feeling over the above area.

Pain of dull character is felt all over the pressure area indicated in Figure 11.

Patient has a feeling of great drowsiness and indisposition to do anything thinking process. Patient feels "confused in the head."

Sight is not affected, but eyes ache slightly.

Hearing is good. No disease of the ear.

Vertigo is present, especially when patient rises from recumbent position.

Nausea is present, especially when the pain is bad. No vomiting.
Pulse: small jerking not easily compressed.
Posture: Headache lessened when patient lies down. Patient had "facial ache" one molar time last night. Patient's headache was very severe during the night.
Menstruation occurred two weeks ago and was deficient in quantity.
Eye: No error of refraction.
Ears: normal in every way.
Nose: Mucous membrane normal.
Teeth: Four decayed molar, no toothache.
Digestion: Poor appetite. Tongue is slightly furrowed. No acidity. Patient has been sick twice this day during which time the headache was very severe.
No Vomiting, Constipation is present. Urine (write)

Diagnosis: Headache associated with anaemia and Constipation.

Treatment: Inhalation of 10% Bubyl Nitricure relieves the headache entirely. However, it causes slight dizziness. Purge and treatment of the anaemia.
Case 6

Thomas A., aged 45. Drank heavily two years ago. He is an abstainer now. Smokes a good deal. Tenderness on percussion over area indicated in Figure 12.

Feeling of pressure, and a "muffling" feeling over the area indicated above, and a heavy feeling in both eyes. Pain over area indicated in Figure 13.
Patient has no feeling of drowsiness
Thinking process. Headache "fuddles" memory, patient feels depressed and anxious when pain is severe
Sight dim, especially after trying to read
Great pain in both in the eyeballs. Patient has often to stop his work and press both eyeballs to ease the pain
Hearing. Normal.
Vertigo is sometimes present.
Nausea is present, the sickness seems to increase the headache. Patient has vomited all his food to day.
Pulse 80 low tension, weak.
Patient. Headache is relieved by the recumbent position. Sleep does not ease it much. Pain comes on whenever open eyes in the morning.
Eyes are astigmatic. Not can read japen 1 at 14 inches. V = \frac{20}{40}.
Ears: no earache or disease.
Nose. Mucous membrane normal.
Teeth: no tooth ache or pain on pressure.
Digestion. Sour taste in the mouth, has vomited. Bowels normal. Urine contains urate.
Diagnosis. Headache associated with toxic condition and Astigmatism and Eye pain.
Treatment. Purge and Spectacles, and mixture containing Carbonate of Ammonium
Case 1.

Agnes H. aged 36, has had a large family and is now pregnant. Menstruation absent for eight months. Patient has false labour pains, and her uterus is slightly dilated. Patient is anaemic and exhausted looking. Headache is severe. Tenderness on percussion is present above both eyes as shown in Figure 14. Percussion over the bridge of the nose, however slight, seems to "shake" both eyes.

Fig 14.

Sensation of pressure is present over an area indicated in Figure 15. There is no feeling of burning, numbness or tingling. Patient feels very drowsy. Her voice is low and very husky. Speech normal.
Thinking process. Patient cannot concentrate her mind on anything. She is anxious, irritable, depressed.
Sight is very dim. Headache seems to cause a film before her eyes.
Hearing: slight deafness of left ear. Left ear contains a mass of wax.
Vertigo. Patient has been feeling very jiddy, but giddiness is relieved since the clay cloth. Nausea is absent, no vomiting.
Pulse 80. Moderate tension.
Pain. Headache is easier since patient went to bed. Her head aches when she rises in the morning.
Eye: refraction is normal. Urine contains urate. Teeth: no toothache or any pain on striking teeth.
Digestion: poor appetite. Sour taste in mouth. Glands: Many. Throat is painful, and slightly inflamed, looking. Patient says "When I speak loud the child seems to rise higher."
Patient has very dark rings below both eyes.
Patient has done a lot of hard work.
Patient has had thirteen children.
Diagnosis: Headache associated primarily with exhaustion, aggravated by raised labor and exposure to cold weather.
Treatment: Rest and Antifebrin with granules along with a mixture containing Strycht and Calomel of Ammonium. Case relieved.
Case 8

John Workman aged 10. Fell and cut his forehead four minutes ago. He has been subject to "fit" all his life. He has had fits since the injury.

Tenderness on percussion over an area indicated in Figure 15. A in Figure 15 equals cicatrix of injury.

Sensation of Pressure over the same area. Fig 15.

The same area burns, tingles, and boy says "something is tugging on it".

Pain of a tingling character is felt over an area shown in Figure 16. Scalp cicatrix Fig 16.

Patient is drowsy at present. Pericranium feels normal.

Thinking process is defective. Memory is worse since the injury. Patient seems drowsy, dull, and tinctured.
Right: No dimness of vision. No Myopia. No Hypermetropia. No astigmatism.
Fundi of each eye seems to be normal.
The case is still under observation.
Hearing is good in both ears. No earache.
Smell and Taste are both good.
Vertigo and Nausea are present.
Patient has suffered from sickness and vomiting for one week.
Pulse 75. Weak. Low tension.
Posture. Recumbent position eases the pain. Sleep eases the pain. The pain is often very severe during the night.
Patient says the Pain "is inside the head."
Eyes, Ear and Nose are normal so far as I have yet discovered. Teeth do not ache.
Digestion. Sour taste in the mouth. Tongue is furred. Poor appetite. bowels are regular. Urine normal.
Treatment. Purge relieves the headache. This case is still under observation.

Case 9.

Williams aged 36 fell and injured the back of his head four days ago.
Percussion tenderness on areas indicated in Figures 17 and 18.

Sensation of pressure is felt in both temples in the same areas as shown for percussion tenderness in Figures 17 and 18.
Pain of a shooting paroxysmal character is felt in the area indicated in Figures 19 and 20.
Pain seems to be "inside of the head."

**Fig. 19.**

**Fig. 20.**

Both eyeballs ache.

Scalp is slightly bruised over the area shown in Figures 19 and 20. A. Periannium felt normal.

Hair is tender at the root in the area A above.

Dizziness is present.

Thinking process. Mind is confused. Patient was unconscious for one hour after the injury.

Memory is deficient since the injury.

Sight. Slight dizziness of vision now and then.

Eyeballs ache. Ears are both heavy.

Hearing is good in both ears, slight "ringing" in left ear.

Smell and taste good.

Patient says pain shoots forward from injured area, sometimes it shoots down the back.

Vertigo is not now present. It was present.
immediately after the patient regained consciousness.

Nausea is present, and patient has vomited several times.

Pulse 86, regular, moderate tension.

Patina. Recumbent position eases the headache.

Moving about makes headache worse.

Sleep eases the pain. Patient has been drowsy since the injury.

Eye, Ear and nose are normal.

Digestion. Swollen tongue. Poor appetite.

Urine. No albumen. Deposit of urates.

Diagnosis. Headache caused by injury.

Patient takes beer, but was sober when he fell.

Headache has never existed in this patient before, although he is addicted to drink.

Treatment. Antifebrin in fifteen pain doses eases the pain. Punge and a mixture containing Carbinate of Ammonia.

---

Case 10

John Wilson aged 33. Works in a Brewery.

Family History not noteworthy.

Tenderness on percussion, over areas indicated in Figures 20, 21 and 22.

Feeling of pressure over the same areas, shown in Figures 20, 21 and 22. There is also a numb cold feeling in these areas.

Pain of an aching character exists over...
Fig 20.

Fig 21.

Fig 22.

All the areas indicated in Figures 20, 21 and 22 with the addition of an area situated over the left temple.

Patient says the pain is "inside the head." Coughing increases the pain.

Hair is very tender at the root in occipital region and slightly tender also in frontal region. Patient is drowsy.

Thinking process is not interfered with.

Sight, no mistiness of vision. Both eyeballs ache. Eyelids are very heavy. Secretion of tears is normal.
Hearing and smell are normal.
Vague deficiency. Vertigo and nausea are present. There has been no vomiting.
Pulse 80, regular, tender, moderate.
Posture: Pain is relieved when the patient sits up. Sleep does not seem to ease the pain.
Eyes: Slight asteigmatism. No myopia or hypermetropia. Vessels of both fundi seem to be congested.
Nose: Profuse watery discharge from both nostrils. Mucous membrane appears to be reddened and irritated.
Teeth: Good. No toothache or pain on striking teeth.
Digestion: Sour taste in the mouth. Poor appetite. Tendency to constipation. Nausea is present but no vomiting.
Urine: High colored. Patient is passing less water than usual. Deposit of Motes.
A trace of albumen, but otherwise normal.
Headache caused by cold, in a man who takes a great quantity of beer.
Treatment: Ammonium Chloride in ten grain doses eases the pain. Purge and Mixture containing Rhubarb and Belladonna.
Case II.


Tenderness on percussion over an area shown in figure 23.

Feeling of present over an area shown in figure 24.
Feels hot over weight area
Pain of a shooting character extending over the area indicated in Figure 24. Pupil seems to shoot into both eyes
Scalp no eruptions. Pain seems to be inside the head
Drowsiness present, and patient feels very dull
Sight: No diminution of vision is present. There is a little pain in the right eyeball when pain in the head is severe
Eyelids both feel heavy. No excessive tear formation
Hearing. Smell and taste are all good
Restless is present in a very slight degree
Pulse 75. Moderate telangetasia
Pulse: Recumbent position eases the pain. Sleep eases the pain greatly
Eyes slightly astigmatic. No myopia or hypermetropia
Ear good
Nose slight serous discharge. Membrane membrane very slightly reddened. Teeth: good no toothache. Pain on suturing teeth
Digestion. Tongue slightly furrowed. Slight constipation after a day's diarrhoea. No vomiting or sickness present.
Urine: Dark coloured. Slight deposit of albuminuria. Otherwise urine is normal
Diagnosis: Malaria headache
Note: After taking quinine the pain
Case 12.

George A., aged 24. Family and personal history is good.

Tenderness on percussion is present over an area the size of one shilling, over the root of the nose, also on the left temple as is shown in Figure 25.

Fig. 25

Feeling of pressure is not present, but there is a burning sensation over the area of the left temple shown also in Figure 25.

Pain is a dull aching continuous character situated in an area shown in Figure 25. The pain shoots from the left temple across the left eyebrow. The pain seems to be "inside of the head."

Scalp is normal with the exception of a cicatrix situated over the lower part of
the left mastoid. Patient fell in this region, three years ago. The wound took one month to heal. The cicatrix is adherent to the bone. There is no pain in the area of this old injury.

Drowsiness exists along with the headache. Thinking process. Headache does not confuse mind. Pain is sometimes so severe that patient cannot speak. He feels "dull and dizzy" and a feeling of fear and anxiety troubles him.

Sight: There is excessive secretion of tears and pain in the left eyeball but no diminution of vision. Left eyelid feels heavy.

Hearing is very good in both ears. No earache.
Smell is deficient. There is a watery secretion from the nostrils. Taste is normal. Slight vertigo is present. Nausea and vomiting are present. Pulse 72, regular, low tension, easily compressed.

Pastime has no effect on the headache. Sleep has little effect on the headache. Eyes are normal in every way. Ear. Hearing good in both ears. No earache. Nose. Watery discharge from nose for a fortnight. Mucous membrane is inflamed looking.

Teeth are good. No toothache.

Diet. Good appetite. Sickness & vomiting & constipation are present.

Urine. No albumen. Deprin of urea.

Diagnosis. After a few Influenza treatments. Paraphin in the pain does relieve the headache. Mixture containing Rhus carb. Carbonate of ammonia.

Case 13.

Robert Tait, aged 55, suffers from severe headache. All ammonia and bromides. He is very like a cretin.

Tenderness on percussion exists over an area indicated in Figure 21.

Feeling of pressure does not exist, but there is a burning sensation present.
Pain is present over the crown of the head in an area shown in Figure 22.
increases the pain.

Drowsiness is present, and has been so for about a fortnight. Patient speaks slowly. His tongue seems to be too large for his mouth. Patient has not got a good memory, and he speaks to himself a great deal.

Sight: Patient cannot now thread a needle. There is excessive secretion of tears, eyelids both feel very heavy.

Hearing is good in both ears. No earache.

Smell is deficient. Taste is not affected.

Vertigo is present. Nausea is present but patient cannot vomit.

Pulse: Slow and of low tension.

Pain. Recumbent position eases the pain.

Sleep does not ease headache.

Eyes could not be properly examined as patient is so weak. No astigmatism.

Ear. Hearing is good in both ears.

Nose. Mucous membrane reddened, and patient has watery discharge from nostrils.

Digestion: Poor appetite. Turred tongue.

Urine contains Albumen and casts.

Diagnosis: Headache related to Bright's Disease of the Kidney.

Case 14.

Rose L aged 15. Menstruation. Regular
Patient is a strong girl
Tenderness on percussion over area indicated in Figure 23

Fig 23.

Feeling of weight in the same area Fig 23.
Patient has a slight burning feeling
Pain in both eyeballs and in the area indicated above. The headache is of a continuous stinging character
Coughing does not increase the pain
Scalp is normal
Hair is not tender at the roots
Patient is suffering from drowsiness
Headache causes dull depressed feeling
Sight, great dimness of the vision. Patient
cannot see at all well
Eyelids are both very heavy
Hearing is good in both ears
Smell normal. Taste is deficient
Vertigo. Nausea and Vomiting are absent
Pulse 76 feeble and of low tension
Posture. Recumbent position eases the pain
Sleep eases the pain. Closure of eyes also
eases the pain

Eyes are Myopic. Hypermetropic and
astigmatic. →

Near Vision J 4 at 18 inches
Distant Vision 6

Reading always causes a headache
Treatment: Spectacles. Purge & Tonic &c.

Case 15

Jane H, aged 55, has suffered from Headache
for five years
Tenderness on percussion over an area
indicated in Figure 24.
Feeling of weight is present over the same
area, but it extends further back over the
parietal region. There is also a feeling
of numbness and excessive tingling into the
last named area.
Pain "shoots out of the head into the left eye"
and the actual pain covers an area shown
in Figure 26.

Fig. 24

Fig. 25

Cough increases the pain greatly.
Scalp is normal. Hair is tender at the root especially over the weight area Figure 24.
Patient says "the pain is in the bone"

Dizziness is present.

Thinking process. The headache confuses the mind. The memory is not much affected by the pain. Patient gets depressed when the pain is severe. A feeling of anxiety is present when the pain is severe.

Sight. Dimness of vision exists in both eyes. Light increases the dimness of vision and increases the head pain. When patient looks at white china or the tea table, headache and dimness of vision are increased. There is pain in the left eyeball, the left eyeball seems "projecting out of the head." "Stars in eyes." Both eyelids feel heavy, especially the left.

Four days ago patient's eyes "watered with the cold."

Hearing is good in both ears. No caradane.

Smell and taste are good, slight deficiency of taste. Vertigo is present when headache is present. Nausea and vomiting are absent at present.

Pulse 85, regular. Medium tension.

Pain. Headache is relieved when patient sits up, and presses her hand on the painful area. Recumbent position increases the pain. The pillow seems to be "hard" to put head on. Sleep relieves the pain in the head slightly.

Eye. No astigmatism. Myopia and hypermetropia are present.

Hearing. There is slight deficiency in left ear.
Both ears contain wax but not in excessive quantity in either ear.

Teeth are good, no toothache or pain on striking any particular tooth.

Digestion: Appetite is good at present. Constipation is often present. There was sciatica of the right leg three years ago.

Nasal mucous membrane is inflamed.

There was a serous watery discharge from nose yesterday, after which the pain in the head abated for a short time.

Patient often suffers from "aches in the head." Urine: No albumen. Fairly normal.

Treatment: Antifebrin and Bromide Potassium relieve the pain in the head. Spectacles, etc.

Case 16

Susan T., aged 40. has had a large family. Uterus is diseased. Menorrhea and profuse Amenorrhea and exhaustion.

Tenderness of Head on Percussing. Area shown in Figure 26. Feeling of weight exists over an area shown in Figure 27. Patient has a burning feeling in the weight area.

Pain of a shooting character is felt over an area shown in Figures 28 and 29.

Hair is very tender at the roots. Patient cannot bear it to be combed.
Bear hair pins in her hair.

Drowsiness is present.

Thinking process. Patient's mind is not confused to any great degree. Her memory
however is defective. There are feelings of weakness, depression, and anxiety associated with the headache. Patient worries a great deal, and is afraid of the future.

Sight: Vision is dim in both eyes, she cannot now thread the needle. Patient has only been troubled with diminuendo of vision since she began to lose so much blood.

Eyelids feel heavy. No excessive secretion of tears.

There is no recognizable deficiency in the hearing, as far as I can discover. Smell and taste are good.

Vertigo is present. No sickness or vomiting.

Pulse: Feeble. Slow, easily compressed.

Sleep does not seem to ease headache. Recumbent position sometimes eases the pain. Headache is so bad sometimes, that patient rises out of bed to try and ease the pain. Waking. Fairly normal. Tiny little deficit.

Treatment: Morphine in twenty pain doses relieve the pain slightly. So also does iso butyl nitric inhaled. A moisture containing Bryt and Carnate of Ammonia. Rest. And attention to the uterus be be.
Case 17

Arnie Little aged 56. History not noteworthy. Patient is married. Stride. Temporal pain 2 years ago. Patient has been addicted to alcohol.

Feeling of pressure is also felt in same area. Head often feels very cold. Pain of a shooting character is felt in the area indicated in the figure above. The pain seems to shoot out of the above area, to the temples, but never to the eyes. Coughing always increases the pain. Scalp is normal. Hair is very tender at the roots when it is combed. Drowsiness is present.
Thinking process is not interfered with. Great depression is felt when the pain in the head is severe. Patient fears the future sight. No distress of vision. Patient sees stars falling in front of her eyes. Eyelids feel heavy. Taste is deficient. Smell sense is acute. Vertigo is present, especially when the pain in the head is severe.

Nausea and vomiting are both present. Pulse 80. Low tension.

Patient. Recumbent position eases the headache. Heat has little effect on it.
Eyes. Ears and nose are normal.
Treatment. Nitroglycerine in five to ten minute doses of (1/10 Sol in alcohol) relieves the headache entirely. Rest. Diet: B.

Case 18

Agnes E., aged 25. Sputa contains elastic tissue. Patient is anaemic and hypotensive. Tenderness on percussion exists over an area indicated in figures 31 and 32.
Patient has a feeling of weight over the same area. A feeling of "fullness" exists in the above areas.
Pain of a continuous dull character is
situated over the area as indicated in figures 31 and 32.

Scalp is normal.

Drowsiness is present, and has been so for some time.

Thinking process is not interfered with.

Patient is depressed, dull, and anxious.

Sight: "Black things" before her eyes.

No pain in the eyes or forehead.

Eyelids feel heavy.

Hearing fairly good in both ears.

Smell and taste are fairly normal.

Vertigo is absent. No nausea or vomiting.

Pulse 90, quick, weak, low tension.

Patient sitting up in bed, feels pain in occipital region. Pain feels as if
it was inside the head.

Nose. Membrane reddened and iritated looking. Slight Watery discharge from the nostrils.

Digestion. Poor appetite. Bowels regular.

Urine. No albumen. Pale and plentiful.

Treatment. Berndine of Potassium and Carbonate of Ammonium in a mixture relieves the pain entirely.

Case 17.

Marian J. aged 49. Patient is one of three highly neurotic sisters. Patient has not menstruated for six years. Patient had Pernicious fourteen years ago. She has now got influenza.

Tenderness on percussion of the head is indicated in an area shown in Figure 33.
There is an area over the middle of the frontal bone, three inches in diameter in its widest part, gradually narrowing to the root of the nose, where there is no tenderness on percussion. Figure 33.

Feeling of pressure. Patient has a feeling of weight over an area shown in Fig 34.

This area extends across the whole of the lower part of the forehead to the temporal region, reaching a level one inch above the highest point of the orbital arch. The area of pressure in the temples, continuous with the above, can be covered by a florin. There is a feeling of heat and numbness in the pressure area.

Fig. 34.

Pain situated over an area shown in Figure 34.
and of a shooting character, is complained of. The pain shoots down to the nose and eyes. The frontal pain is more severe than that situated on the temples.

Drowsiness is present, thinking process is not affected. Memory is not impaired. Patient is not depressed or anxious, and patient can find and give attention to words quite well, even when pain is very severe. Speaking loud increases the pain. Sight: Vision is dim. Her eyes burn, eyelids are heavy. Patient says "lifting her eyelids increases the pain. Reading has little effect on the headache, does not hurt it. Hearing good. No earache, no cardiac ache. Tegigo is not present.

Nausea is present, but patient cannot omit. Pulse: 85. High tension.

Temperature: 102.5.

Position. Recumbent position eases the pain. Headache is not worse during the night.

Headache keeps patient from getting up. Eye: Slight myopia, but no astigmatism.


Case 20

Ely G aged 47. Family history not noteworthy.

Menses normal. Patient has had twelve children and two miscarriages.

Tenderness on Percussion exist on an area shown in Figure 35.

Fig. 35

Feeling of pressure exist on an area shown in Figure 36. No feeling of weight over the brow.

Fig. 36
There is a feeling of heat over the area shown in Figure 36. Tingling and tingling are also referred to this last named area.

Pain over areas shown in Figure 37. Pain shoots and throbs out of this area.

Drowsiness is present.

Thinking process is not interfered with.

Patient feels depressed and auscible.

Sight. Vision is dim. Eyelids are painful. Eyelids are heavy. "Eyes water a great deal."

Vertigo is present. Patient cannot stand up in case of falling.

Nausea and vomiting are not present.

Pulse 88. Moderate tension.

Pallor. Patient has the least pain in the head when she is sitting on an arm chair, and leaning back a little.
Headache is much worse during the right sleep does not seem to ease the pain.

Hearing is good in both ears. When the headache is severe earache exists.

Taste and smell are almost absent.

Scalp is normal in appearance.

Hair is tender at the roots. Patient has to allow the hair to hang loosely. When hair is twisted up, it is too heavy for the head and increases the headache.

Eyes. Patient says she cannot read long because her eyes water of she does to.

Eyes are slightly myopic. No astigmatism has occurred.

Nose. Light-seeming discharge from the nose this morning. Mucous membrane reddened.

Teeth are very bad. They all ache more or less. The first upper left molar in particular.

Headache and toothache exist together.


Coughing increases the headache.

Pulse 77. Normal tension.

"Patient says Miss Carriage started the headache several years ago."

Diagnosis. Headache arising from toothache and Smadga disorder in a Syphilitic Subject- Treated. Antiphlogin in fifteen grains does ease the pain greatly. Attention to the teeth. Alimentary Canal. need eyes.
Case 21

Elizabeth G. aged 66. Family history not noteworthy. Tenderness over head on percussion only exists in a small area shown in Figure 38.

Sensation of weight is felt over an area shown in Figure 39.
The last named area seems to "burn", and there is also a numb feeling present, especially after the pain has gone.

Pain is felt in front of the ear at present.

Scrap is normal.

Hair is thin and dry, and tender at the roots.

Drowsiness is present.

Thinking process. When headache is severe, thought is confused. Memory is good.

Patient feels depressed and auscultates.

Sight: Diplopia of vision. Eyes feel heavy. There is an excessive flow of tears.

No astigmatism.

Hearing is deficient in right ear. There is severe earache in the right ear. The middle ear on the right side is inflamed. There is slight tenderness on percussion over the right mastoid area. There is no dilatation of vessels over the mastoid area, and there is offensive discharge from the right ear.

Smell and taste are both deficient.

Vertigo is present, but is less than it was.

Nausea is present, but patient has not vomited.

Pulse 86. Respiration normal.

Recurrent position: right ear upward.

Ease the headache and weight in the face.

Earache and headache increase when right ear gets hot.

Sleep ease headache a little. The
Caracche is worse during the night. Headache is not worse during the night. Eyes. Patient's eyes are fairly normal for her age and condition.
Ear. There is a cructeling feeling along with the caracche in the right ear. There is a discharging of purulent matter from the middle ear. Patient has been deaf in the right ear for three weeks.
Nose. Mucous membrane irritated, itching, watery discharge from nostrils today.
Teeth absent.
Digestion. Poor appetite. Nausea is present but no vomiting. Patient often suffers from constipation, but bowel are regular at present.
Abdomen. Wastes in abundance.
Diagnosis. Headache associated with ear disease.
Treatment. Antifebrin in fifteen grain doses eases the pain.

Treatement of the Disease of Middle Ear.
Case 22

Joseph W aged 32. Family History not noteworthy.

Tenderness of head on percussion over an area indicated in Figure 40.

Fig 40.

Feeling of weight is present in area shown in Figure 41.

Fig 41.
There is also a feeling of burning and tingling in the last named area.

Pain of a shooting character exists over area shown in Figure 441. The pain seems to shoot out of the head. Cough increases the pain. Hair is tender at the root especially towards the forehead.

Drowsiness is present. Thinking process. Thought is confused when pain is severe.

Sight. Dizziness is present. Vision seems to be "sparkle" before the eyes. Eyeballs do not ache. Eyelids feel heavy. Hearing. Left ear is quite deafened.

Smell and taste are both diminished. Vertigo is not present. Paresis and vomiting are absent.

Pulse 95. Tension is good.

Patient. Recumbent position eases the pain. Pain is bad, but not worse during the night. Nose feels "stuffed up." Membranes membrane of nose is hot and dry and red.

Teeth: Toothache twelve hours ago in one tooth.


Diagnosis. Headache caused by cold.

Treatment. Purge. Tincture of Aconite internally relieves pain.
Case 23

Mary A Dalziel aged 53. Has had a large family and has had three miscarriages. Tenderness on percussion of head exists over an area shown in Figure 42.

Fig 42.

Feeling of pressure exists on the left eye in an area shown in Figure 43.

Fig 43.
Pain is felt over an area shown in Figure 44. Pain is of a throbbing and shooting character, and seems to shoot out of the left eyeball. Pain lasts for two or three hours at a time, and causes exhaustion and sweating.

Scalp no eruption on the scalp, one bald patch. Bone and periosteum normal.

Hair is tender at the roots. There is a bald patch. Figure 44, where patient says she received a knock several years ago. The injury patient says caused "a miscarriage" that night.

Drowsiness is present.

Thinking process is confused when headache is severe. Memory is very deficient, and when pain is bad patient has scarcely any memory.
Sight. Dimness of vision in both eyes.
Eyelids are heavy. Eyes “walt a great deal.”
Tenderness is present in left ear when pain in the head is severe. Hearing is not much interfered with.
Smell is deficient. Nose seems “plugged up.”
Taste is fairly normal.
Vertigo is present when patient stoops.
Harseness and vomiting are absent.
Pulse 90. good tension.
Recurrent poison causes the pain.
Pain in head is made worse when patient stoops. Headache is worse during the day.
Eye. Near vision, Jaeger 12 cannot be read at a distance of eighteen inches.
Distant vision seems to be fairly normal but Astigmatism is present.
Ear. Seems normal excepting the slight tenderness in the left ear. No pain behind the ears. No discharge from the ear.
Nose. Feels “stuffed up.” Otherwise seems normal.
Throat. No throatache or any pain on striking tonsil.
Digestion. Poor appetite. Tongue clean.
Bowels regular.
Urine. No albumen. Fairly normal.
Diagnosis. Headache associated with eye fault, in a possibly syphilitic woman who has caught “cold.”
Treatment: Antipyrin relieves the headache.
Rest, spectacles, and tonics.
Case 24:
Rachel M aged 42. Family history good. Headache has troubled this patient for seven years. Menstruation is normal. Tenderness on percussion is situated over an area indicated in Figure 45.

Sensation of weight is felt over the same area.

Pain of a shooting character is also felt in the area shown in Figure 45. The pain shoots out of the above area, over the crown of the head to the occipital region.

Scalp is normal.

Hair is tender at the roots, especially when it is combed. Browiness is present.

Thinking process: Mind is not confused.
Case 261 continued from page 163

Thinking process. When pain is severe
mind is confused. Memory is deficient-
especially when the pain is severe.
Headache causes a feeling of dullness
and depression.

Sight: Dimness of vision is present, when
pain in the head is severe. Eyes are
sore when the pain in the head is severe.
Lids are not heavy. Hearing is normal.
Smell and Taste are normal.

Vertigo is present. Nausea is present.
but patient has never vomited.

Pulse 70. Tension slightly increased.

Headache is worse during the night
Eye: No myopia or astigmatism
Ear normal. Teeth ache often.

Digestion. Nausea is present. Sour taste
in the mouth. Bowels are regular.
Patient is very Anemic

Urine is normal.

Diagnosis. Headache & Anemia.

Treatment. Rest. (Iron & Various Salts)

Antispin relieves the pain.
Case 23:

Age R. aged 68. Family history not notably tenderly on percussion with the ears in area indicated in Figures 46 and 47.

Feeling of pressure is felt in the areas shown in Figures 46 and 47. The same area sometimes feels hot sometimes cold. There is very often a tingling sensation in this area.

Pain is severe and of a shooting character. It shoots to the back of both ears especially to the right ear.

Cough increases the pain.

Scalp, Bone, and Periosteum are normal.

Hair is very tender at the roots when it is combed.

Drowsiness is present. Pain, when...
Case 24 (continued)

Headache makes patient feel very depressed.

Sight: Dimness of vision in both eyes.

No pain in the eyes along with the headache.

Lids: No heaviness of eyelids, but headache "causes profuse flow of tears".

Hearing: Right ear has been deaf for seven years, and thus has been tingling in it ever since.

Smell and Taste are deficient.

Nausea, Vomiting, and Fatigue are present.

Pulse 70. Regular. Tension moderate.

Recurrent position eases the pain.

Sleep eases the pain.

Eyes: Mistiness is present before both eyes. Patient cannot read when pain is severe. Patient can read Jaeger 2 at 18 inches. Eyes are corrected by permeoxide and Astigmatism.

Ears: Right ear seems blocked up with wax, which possibly accounts partly, for the seven years deafness.

Teeth: No Toothache, or pain on striking a tooth.

Digestion: Nausea and vomiting are present. Bowels are regular.

Urine: No albumen. Fairly normal.

Diagnosis: Migraine associated with nerve fault and alimentary disorder.

Treatment: Antipyrin relieves the pain.

Spectacles: Allotrim to Ear 

Hormach.
Case 26A.

Agnes H aged 21. Menstruation has been about six weeks, and patient is in my opinion pregnant and anemic. Tenderness on percussion is shown over an area in Figure 46.

Fig 46

Feeling of weight over an area shown also in Figure 46. There is a burning, tingling, cold, swimming feeling in this area.

Pain is especially severe in the middle line. Pain does not shoot. Coughing increases the pain.

Scalp is normal.

Drowsiness is present.

Pain seems to be situated "inside the head".

(continued on p. 157)
Case 262 continued from page 169

Thinking process. Mind is confused when pain in the head is severe.
A feeling of great depression is present. Patient feels anxious and afraid of the future.
Sight: Dimness of vision is present. Pain in both eyes when headache is severe. Eyelids are not heavy.
Hearing is deficient in the left ear. Left ear is very full of wax.
Smell and taste are not interfered with. Vertigo and nausea are both present. Patient has vomited.
Pulse 80. Tension slightly increased. Recumbent position eases the headache. Sleep eases the pain, but patient gets little sleep. Pain is worse during the night.
Digestion. Sour taste in the mouth. Waterbrash is present. Tongue furrowed.
Nausea is present, but patient has not vomited. Bowels are constipated.
Diagnosis. Headache associated with alimentary disorder, in a pregnant syphilitic woman.
Treatment. Brisk Purg (Calomel) and Antifebrin fifteen grains. Rest. caused the headache to disappear. Subsequent treatment of Syphilis.
Case 25 (continued)

Severe interferes with the memory.
Patient feels depressed when the pain is severe. There is also a feeling of anxiety and fear of the future.
Sight: No diminuished vision. Pain exists both in the eyes during the headache.
Patient requires glasses to read.
Reading with spectacles does not cause the headache.
Eyelids feel heavy and sore.
Hearing is deficient in both ears, especially the right.
Smell decent. Taste is good.
Vertigo is present.
Nausea and vomiting are both present.
Pulse 75. High Tension. Regular.
Patient cannot say that any particular position lessens the pain.
Movement often starts the pain.
Pain is not worse during the night.
Eyes. No astigmatism.
Ear. Caricature exists in right ear. Pain in the head began in the ear.

Digestion. Tongue furred. No appetite.
Bowels loose. Nausea is present.
Patient vomited yesterday.

Urine. Copious deposit of white. Malodorous.
Patient has Asthma and Bronchitis.
Pain in region of occiput. Major nerve.
Treatment: Nitroglycerine in ten minutes does relieve pain.
Case 26 (73)


Tenderness on Percussion exists over an area shown in Figure 48. A

Fig 48.

Feeling of weight is felt over the same area. A. Figure 48.
Pain of a shooting character is situated also in the above area shown in Figure 48. A.

Light causes the eyes to ache.

Coughing increases the pain.

This is pain in an area B caused by Eczema situated there.

Scalp shows eczematous area B. Figure 48.

Hair is tender at the roots, especially in the eczematous area.

Drowsiness is present. (continued p. 165)
Case 27

Mary A., aged 31. Family history not notably.

Menstruation fairly normal, but patient has headache often before menstruating.

Present headache is not connected with menstrual epoch.

Tenderness on percussion is present over an area shown in Figure 49.

Fig 49.

Feeling of weight and heat is present in the area shown in Figure 49.

Pain of a paroxysmal character is present especially in the morning.

Coughing increases the pain.

Hair is tender at the roots all over the head. Patient says hair has come out "a great deal since she had influenza."

Headache is associated with depression.
Pain in the head makes memory very bad.
Patient says her memory has been
deficient since she had influenza.
Sight. No dimness of vision.
Eyelids feel heavy and painful when
headache is severe.
Hearing deficient in the right ear.
Since patient had influenza.
No pain in the ears.
Smell and taste are good.
Nose. Mucous membrane is normal.
Vertigo, nausea, and vomiting are absent.
Pulse. Quick, hard, feeble, tension low.
Patient.
Recurrent position eases the
pain. Sleep has little effect on the pain.
Headache is worse during the night.
Pain seems to be situated "outside the
bone."
Eyes are astigmatic. They ache when
patient reads.
Ears. Normal, excepting slight deafness in
the right ear.
Digestion. Appetite is poor. Otherwise
normal.
Diagnosis. Headache after influenza.
Treatment. Strawberries, Vitriolic Acid and
Opium in a mixture.
Case 28.

Mr. J. aged 44. Neurotic Family
Masturbation. Fairly normal
Tenderness on percussion exists in an area
shown in Figures 30 and 31.

Fig. 30.  
Fig. 31.

Feeling of pressure exists on the same
areas shown above. There is also a hot
feeling in above areas, and the brow and temples
tingle.

Pain of a shooting character is also
situated in the areas shown above.
It shoots from the forehead into the
temples. It also shoots into the eyelids.
Pain occurs in paroxysms.
Hair is very tender at the roots. Patient
dare not brush her hair.
Drowsiness is present.
Thinking process is greatly interfered with. Memory is deficient. Patient worries night and day. Patient is anxious, depressed and afraid of the future.

Sight: Dimness of vision in both eyes. Pain in both eyeballs. Eyelids heavy. Occasional secretion of tears.

Hearing is acute in both ears.

Smell is deficient.

Taste is good.

Vertigo is present. Nausea and vomiting are also present.

Pulse 72. Moderate tension.

Recumbent position eases the pain.

Headache keeps patient awake.

Eyes: Slight astigmatism. Continuous reading aids the headache. Eyes are hypermetropic.

Ear: normal.

Nose: Mucous membrane normal. No blocking.

Digestion: Poor appetite. Tongue furled. Sour taste in her mouth.

Diagnosis: Neuralgic headache occurring in a highly neurotic patient, who is probably wearing the Menopausal treatment. Diet: Purge. Course of Providence of Palaestriction and Nervine Tonic. Hygiene etc.
Case 29.

Thomas T., aged 50. Early Phtisis which has become latent, under Treatment Tenderness on percussion exists on an area shown in Fig. 52.

There is also an area of tenderness on percussion shown in Fig. 53.
Feeling of weight is not so well marked.

Pain exists in areas shown in figure 54. It is burning pain.

Coughing greatly increases the pain.

Scalp is normal.

Drowsiness is present.

Headache cause great depression and dullness.

Sight: Dimness of vision exists. No pain in the eyes. Eyelids feel heavy.

Hearing is good. No earache.

Smell and taste are good also.

Slight vertigo. Nausea and vomiting are both present.

Pulse 90. High tension.

Headache is relieved when patient sits in an armchair with a sloping back.
Mrs. Maria Membrane is reddened and irritated looking. Watery secretion from the nose to neck.

Teeth are good. No toothache.

Digestion: Nausea and Vomiting are present. Diarrhoea is present today.

Spuita contains Hausti Mucu in small quantity.

Urine: No albumen. Watery.

Diagnosis: Tonic Headache occurring in a Phthisical and Neurotic patient.


Pain is relieved.

Case 30

Mary A. aged 38. Menstruation. Type: three weeks. Duration: three days. Intensity: eight ounces. Dysmenorrhoea is present. Tenderness on percussion exists over one area.

shown
Figure 95.
Feeling of pressure on the same area shown in the above figure 55. There is a sensation of burning on the above area. The area feels numb and tingles. Pain is situated on an area shown in Figure 56.

Fig 56

Scalp is normal.
Hair is normal, no tenderness at roots.
Thinking process. Headache confuses thought. Memory is bad. Patient is depressed and anxious and fears the future. Patient has a "sinking feeling."
Sight. Patient sees stars before his eyes. No pain in eyeballs, but pain is situated in areas, which can be covered by the finger tips, at the sides of the root of...
the nose, close to the inner canthus of the eyelids. Both eyelids feel heavy.
There is excessive secretion of tears.
Hearing is slightly deficient on the left side. Smell and taste are normal.
Patient sometimes has a pain in the lower part of her back, the pain in
the head is not then so severe.
Vertigo is present in a very marked degree.
Nausea and vomiting are absent in
this attack of headache, but usually
accompany headache.
Pulse 60, feeble, low tension.
Posture: Patient has least headache
when she sits up. Sleep has very
little effect on the headache.
Pain in the head "seems to be in the
same" Patient had once an attack
of haemorrhage from the nose during
the headache.
Eyes: Slightly astigmatic.
Ear normal, excepting slight deafness of
the left ear. Teeth are normal.
Digestion: Tongue clean. Poor appetite.
Bowels constipated.
Menstruation, just commencing.
Urine. No albumen normal.
Migraine related to Menstruation.
Treatment: Rest. Antispastic, mild purge.