Nasal Affections as a Cause of Headaches.

Any research which throws light upon the reason of headaches is one which must be necessarily of interest, and the following remarks in the *Cincinnati Lancet Clinic*, by Dr. J. H. McCassy, are worthy of study:—

"Nasal Affections as a Cause of Headaches.

For a number of years the subject of eye-strain as a cause of headache has received merited attention from the profession. The family physician and the oculist have reaped a reward commensurate with their labours. If the affections of the nasal passages had received like attention, and their abnormalties been truly regarded as a great causal factor in the production of headaches, the coal tar products and other narcotics would not have been dispensed so lavishly and indiscriminately for the relief of cephalalgias. This unwise practice has been followed by disastrous consequences, such as anæmia, debility, palpitation of the heart, and general depression.

Affections of the nasal fossæ and the accessory cavities exist for a long time without attracting the attention of the patient or practitioner. In connection with the discharge of my official duties as Superintendent of the Kansas State Insane Asylum, I examined nearly eight hundred patients several times a week, and searched diligently for the cause of headache. As might be expected, headache is alarmingly common among the insane. I am convinced that hypertrophies, vaso motor rhinitis, polypoids, spurs, deflections of the septum, catarrh of the ethmoidal, frontal and maxillary sinuses, etc., are frequently the cause of headaches, and in not a few cases of insanity.

Neurotic and neurasthenic patients are particularly prone to nasal hyperæsthesia, on account of the rapid swelling of the inferior turbinated bodies due to nervous influence.

The ophthalmic nerve, the first division of the fifth, with its branches, viz., lachrymal, frontal and the nasal, and other sub-divisions give sensibility to the nasal fossæ and to the accessory cavities. The *dura mater* derives its sensibility from branches of the fifth nerve. It is the only inter-cranial structure that is supplied by a sensory nerve. But the blood-vessels throughout the brain are accompanied by branches of the sympathetic. It is, therefore, easy to explain why abnormalities of the nasal fossæ and the accessory cavities would cause pain in any region of the head. It is difficult for the patient to locate the pain, because it does not always correspond to the part affected. Occipital tumour may cause frontal pain. Some years ago vertex pain was regarded as an index of uterine disease; now this index has changed to the occipital region.

Frontal catarrhal headache is attributed by the physician to the extension of congestion and inflammation from the nose to the frontal sinus, along the ordinary line of communication—the infundibulum. But should the pain be located in the temple, top of the head, or in the occipital region, the association of the pain with the trouble in the nose is likely to be overlooked.

Headaches may be classified as (1) *congestive;* (2) *anæmic;* (3) *toxic;* (4) *neuralgic;* (5) *neurasthenic;* (6) *organic;* (7) *reflex* (as eye-strain and structural changes of the nasal passages and the accessory cavities). Chronic catarrhal headaches may be subdivided into (1) *reflex;* (2) *neurotic;* (3) *inflammatory.* They are all characterised by a dull pain at the root of the nose, under the back of the eyes, and about the forehead, which may or may not be accompanied by depression of spirits and confusion of ideas. This train of symptoms is aggravated by wet, cold and changeable weather.

The *middle turbinated* body, when inflamed or pressed upon, is the cause of a world of trouble. There is scarcely any region of the head that is exempted from pain when this proud little body is molested. Just press it with a probe or throw a strong spray on it, and you will instantly start up the multiform symptoms of migraine; and any person who has ever been afflicted with this dreaded malady will readily appreciate this.

Diagnosis of Reflex Catarrhal Headaches.

They tease a patient through long months and years. They lack a history of central origin and symptoms referable to cranial sources, such as optic neuritis and paralysis, and that they are readily controlled by proper local treatment is sufficient to distinguish them from organic headaches.

They are distinguished from sick *headaches of gastric origin* by the furred tongue and other gastric disturbances, and from the *headaches of eye-strain* by their persistence after their refractive error has been corrected; from *lithemic headaches* by the tests for uric acid, and the fat, healthy appearance of the patient, which is in marked contrast with the sub-normal, careworn appearance of the subject of chronic catarrh; from *rheumatic headaches* by the severe pain in the occipital frontalis, temporal and sometimes the masseter muscles, with the characteristic soreness and stiffness in these muscles, which is worse in the evening, whereas the catarrhal headaches are present on awakening in the morning.

It is difficult to separate reflex catarrhal