

the head at a sufficient pressure, and in any case of persistent headache we have to eliminate cerebral tumour and heart disease at least. Or there may be irritation, for instance, in the eyes or ears, and one of the commonest causes of repeated headaches is eye strain caused by some defect in the visual apparatus. The inflammation, or even an accumulation of wax in the ear, may give rise to headache. The Academy headache is a very good example of eye strain, combined it may be in some cases with interference with the cerebral blood supply from the donning of a particularly tight corset or collar in order presumably to assist the artistic sense to appreciate the pictures. Toothache, again, is a good example of local irritation of the exposed nerve endings in a decayed tooth.

Failing to discover a local cause, we investigate the reasons for an unsatisfactory state of the circulating blood, and we may say here that such general causes most often show themselves in headaches. The most common cause of disordered blood is undoubtedly the insufficient removal of its waste products from chronic constipation, and fortunately most people when they have a headache take an aperient, but they often neglect to go to the root of the matter and remedy the cause of the constipation whatever it may be.

Then there is anæmia, which we have discussed in a previous article—also accumulation of waste products from kidney disease, also poverty of blood from insufficient food. But another cause, namely, constriction of the small vessels in the head from the action of the poisons which produce high blood tension on the nerves which regulate the size of the blood vessels often escapes notice, and many headaches in practice are really due to high arterial tension.

Again, the poisons of the acute infectious diseases may give rise to headache, notably in enteric fever. Some headaches again are rheumatic. We might multiply examples of "poison" headaches almost indefinitely, but these common ones will suffice.

Coming now to the treatment of neuralgias and headaches, it will be obvious that this lies, when possible, in the removal of the cause whatever it may be; we treat eye strain by prescribing appropriate spectacles, toothache by stopping or extracting the tooth, and so on. But it often happens that we want to do two things, to remove the cause and also to relieve the headache or neuralgia for the time being, and until the cause has been or can be removed.

For this latter purpose we have certain drugs

whose names are legion, but which all resemble one another more or less in that they act on the nerves going to the blood vessels of the affected nerve (and other nerves also), and cause these vessels to dilate so that the nerve gets an increased supply of blood and the pain is relieved. But, be it noted, this is only a temporary expedient, and it has no effect whatever on the cause of the neuralgia so that the dose has to be repeated. This has two disadvantages: firstly, the relief which the patient is able to obtain from taking the remedy whenever he, or more usually she, has neuralgia or a headache prevents her taking advice for the removal of the original cause, and, secondly, a drug habit is quite easily established. Now these vaso-dilators after a time lose their effect, and larger doses have to be taken, until harm is done from the depressing action on the heart which all members of this group of drugs have more or less. As a matter of fact, nearly all of these substances are sold broadcast to the laity (nurses usually annex them from the dispensary or from the complacent house physician) in tablet form, and incalculable harm results from this pernicious practice. Nowadays, it is difficult to come across anyone who is not addicted to tablet taking in some form or other, and one often gets a disquisition on the virtues of her particular tablet between the soup and the fish at a dinner party. Formerly phenacetin and antipyrin were the favourites, but of late years, aspirin seems to hold the place of dishonour.

Personally, I wish that these things could not be made into tablets at all. Certainly there can be nothing more silly than a patient who takes phenacetin or aspirin tablets for a carious tooth or chronic constipation.

In intractable cases of neuralgia affecting a particular nerve relief can often be obtained by excision of the piece of the nerve, or by injecting alcohol or osmic acid into its sheath, and of late years many excellent results have been obtained from the surgical treatment of neuralgia. This does not apply to headaches because the nerves are not accessible, but there is a local cause for practically every case of chronic persistent headache, which shows itself sooner or later, that is to say, when it is not due to a general disease which requires recognition.

The regrettable outbreak of cases of small-pox in the Metropolis affords an opportunity for a certain number of nurses to obtain experience in the nursing of this disease, an opportunity which at the present day is rare, and should therefore be made the most of.

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