

SYMPOSIUM ON HEADACHE AS A SYMPTOM

II. MIGRAINE*

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READING through a random selection of my notes of cases classified as migraine one observes the same phrases recurring again and again both in the history and in the description of the patient:—

“Life would be perfect had I not inherited the miserable tendency to sick headaches.”

“After all the worry of making preparation I cannot trust myself to be present when the occasion arises,” dinner party, meeting, or whatever it might be. Anticipation seems to bring on an attack.

The afflicted individuals have much in common, liker to each other than to their own sister. They are described as alert, bright, intelligent, conscientious, energetic, with obviously high standards of conduct, yet withall æsthetic, suggesting an easy fatigueability which some admit and others wont. My impression, supported by these notes, is that the vast majority are women, yet it is often stated that men are frequently victims, but if this is so they seem either less incapacitated or more stoical since, in my experience, they seldom seek advice. On the other hand, in army work during the war, numerous soldiers were so labelled with no other justification than that they had become tiresome complainers of headache of one sort or another in the Unit M.I. Room. “All headache is not migraine, and all migraine is not headache” is a dictum too often forgotten. That phrase hits at the core of the problem and stimulated my interest in the subject some twenty years ago when a patient, demanding full investigation, stated to me that even if I cured her headache she would still be far from well since in her view it was the liver or the stomach which was primarily at fault. In these days, as I shame to remember, the routine procedure following a negative physical examination, was to invoke the aid of biochemistry, X-ray, any and all the methods of precision, until eventually some local abnormality might be revealed, and so it happened that they, these earlier victims, were deprived of an appendix, gall stones, ovary, septic teeth, without alas a favourable effect on the presenting complaint. There is seldom, if ever, any need to put these people through the whole diagnostic mill. The story with its limited variations, the type of individual, and on occasion, if thought necessary, the therapeutic test, will

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diagnose correctly 99 out of 100 of them. A very different malady is disseminated sclerosis, yet in this as in migraine it is the pattern, recognisable from case to case, that makes of it an entity. What then are these several well-established criteria upon which we may depend? Most can speak of other members of the family similarly encumbered; their personal story of irregularly recurrent headache goes back probably to early adolescence. They emphasise a fairly well-defined prodromal stage in which there are present various and variable symptoms of accumulating toxæmia, such as malaise, irritability, inability to concentrate, the development of pallor, and feelings of chilliness, disturbance of appetite and digestion, and occasionally a feeling of false stimulation with restless excitable tension states. The incapacitating headache stage usually follows some hours later and is described as one-sided, mostly frontal and temporal at first, and spreading to the whole of the head and into the occiput or back of the neck. Nausea is usually present and vomiting occurs in about half the cases. Eye symptoms, such as blurring, scotomata, fortification spectra, and "neon" signs occur just before or during the headache stage in 20 per cent. of the cases. The whole affair is over in twenty-four to forty-eight hours, seldom longer. A stage of elimination is often described by the patient and, in most instances, is characterised by rapid elimination of urine. Local soreness lasts for a time. Relief or improvement following injection of ergotamine tartrate is another criterion for diagnosis in many cases.

This represents the typical case the proportion of which varies greatly in the reports of different authors but, broadly speaking, the higher the total the larger is the percentage. Alvarry and Palmer each quote over 500 cases and show that 60 to 70 per cent., or even more, are pretty true to type; other authors with smaller totals vary much more. But however great the variation there is always sufficient of the pattern to make the diagnosis certain.

Classification has for long been unsatisfactory. Migraine appears in the literature as psychoneurosis, vaso-motor neurosis, sometimes as an allergic intracranial œdema, and always spoken of by the average layman as a "sick headache" or a "bilious headache," but the great amount of accumulated research has made considerable strides towards elucidating the mechanism involved.

I must dispose of the vast themes of causation and therapy in very few words, leaving it to the discussion to bring out special points. Gone are the days of the mid-twenties when I was set the task of measuring the opening of the entrance and broadest diameter of the sella turcica, comparing those of migraine subjects with others, inspired by the enthusiastic writings of Timme and others. Periodic headache of pituitary origin does occur, but it is not migraine. The migraine subject has inherited something more subtle than a capricious endocrine. It must surely be some basic idiosyncrasy or constitutional

tendency, and this acts as a precipitating factor when a suitable emotional stress or tension exists. The latter alone is obviously insufficient, otherwise the migrainous population would be gigantic. Complete proof exists that the painful phase commences when there is a localised vaso-dilatation of the cerebral capillaries and arterioles, most often branches of the external carotic artery on one side, later spreading and being associated with a variable amount of cerebral oedema, all this visible externally as flushing, pulsation, and being tender to touch. Much weighty evidence is available to show that, in many instances, this is a form of allergy in a susceptible individual. Establishment of the entity "histamine headache" has helped to throw light on vascular headaches and, although it is readily distinguishable from true migraine, yet the mechanism in this stage of the cycle has many features in common, at least they both have the feature of vaso-dilatation. The rôle of allergy in this complaint is thorny and difficult, but it deserves, and has received a great deal of attention. Can it be, as seems attractive, that in the candidate the necessary tension so upsets the vaso-motor control of the gastrointestinal tract as to allow the offending molecule to be more readily absorbed when in fact it happens to exist?

Migraine is a tormenting, and at times agonising complaint, but now with a growing understanding of the matters involved many cases should be benefited more than they are, and it is no answer to pile up lists of forbidden foods, any more than it is advisable to make her dependent upon a variety of analgesics or sedatives. Ergotamine, or perhaps the new American Octin, cuts short many existing attacks, but they are relatively useless prophylactically, and in no sense a "cure." It is here that the art of medicine should be seen at its best, since at an early age it is possible to spot the potential victims and, by advice and guidance, so order their lives in such a way as to prevent the full development of a symptom-complex that is apt increasingly to become irreversible.