Migraine

Continued from this Journal 1996;60:338.

S Cerfontain, 1547–1616, Don Quixote (1605, 1615)
When the head aches, all the limbs partake of the pains.

William Shakespeare, 1564–1616, Romeo and Juliet (1595)
Lord, how my head aches. What a head have I!
It beats as it would fall in twenty pieces.

Paula Aeginete, sixth century
. . . a permanent pain of the head, liable to be increased by noises, cries, a brilliant light, drinking of wine or strong smelling things which fill the head.

Lord Chesterfield, 1694–1773, Letters to my son (1749).
Those who see and observe things, heroes and statesmen, discover that they have headaches, indigestion, humours and passions, just like other people.

Christopher Hibbert, 1924–, The making of Charles Dickens (1967)
Over and over again, as before his marriage, overwork had a deleterious effect on his health. Towards the end of the previous year he had been suffering from “the torrent of rheumatism in the face” and intermittent headaches of such violence that he was sometimes—so he told Bentley—wholly disabled from putting pen to paper and he was prescribed as much medicine as would confine an ordinary-sized horse to his stall for a week.

I was troubled at that time with violent headaches, for which I found walking the best though a painful cure.
I used to set out from my studio half blind with pain and, stumbling resolution on, would find the pain lessening and at last going altogether. One day with one of these headaches I set out from the Rue Campagne Perrière and walked out by the Lion de Belfort to the fortifications, when, though I found my headache slackening, the fine spring evening made me unwillingly turn back.

James Pope Hennessy, Anthony Trollope. About Anthony Trollope’s bankrupt father:
In later years Mr Trollope’s surviving children agreed amongst themselves that their father’s brain and physique had become deranged through excessive use of calomel, which causes severe mercury poisoning. All his life he had been subject to violent migraines, for which calomel in appropriate doses was then believed to bring relief. But instead of small, regular doses, Mr Trollope took to calomel with the blind zeal of a modern heroin addict. He became more and more excitable, making scenes with his sons about money, and to everyone who came his way he would behave as unpleasantly as only he knew how to do. As prime victim for his rage he would especially pick upon his second son, Henry, who was indolent and apathetic but who was probably already riddled by consumption. During such scenes Henry would appeal to his mother for help. After them, Mrs Trollope, like many of her contemporaries would take laudanum in order to sleep.

It is probable that Mr Crawley, the austere and peniless clergyman in Framley Parsonage, who suffers from pride and melancholia and who is forever drilling Latin into his children, may have been suggested to Anthony Trollope by his father’s stern character and gloomy pursuits.

Mary Steuart 1916–, Wildfire at Midnight (1956)
It was precisely at one forty eight am. The tiny illuminated face of my travelling clock stared uncronomically back at me from the bedside table. I scowled at the clock again, then slipped out of bed. I was jaded and depressed, and I knew that I had already reached the stage when my failure to sleep was so actively irritating that sleep had become an impossibility. What was worse, I knew I was in for one of the blinding nervous headaches that had devastated me all too often in the last 3 or 4 years. I could feel the warning now, like a tiny electric wire thrilling behind my eyes, pain, with the elusive threat of worse pain to come.
I sat on the edge of the bed, pressing my hands hard against my eyes, trying to will the pain away, while still, in my wincing brain, whirled and jostled the images that, conspiring to keep sleep at bay, had switched the agonizing current along my nerves.
I shivered, then fanned and stood up. I wasn’t even going to try and ride this one out; I was going to dope myself out of it, and quickly. The life-saving tablets were in my handbag. I paddled across the room to get it, gripping vaguely among the grotesque shadows that distorted the corners of the room. But it wasn’t on the dressing table. It wasn’t on the mantelpiece. Or on the floor near the handbasins. Or by the bed. Or—it was by now a search of despair—under the bed. It wasn’t anywhere in the room.
I sat down on the bed again, and made myself acknowledge the truth. I hadn’t taken my handbag on that walk. I had left it in the lounge. I could see it in my mind’s eye, standing there on the floor beside my chair, holding that precious pill-box, as remote from me as if it had been on a raft in the middle of the Red Sea. Because . . . nothing, I told myself firmly, wincing from a fresh jagg of pain, nothing was going to get me out of that room that night. If anyone was to perform the classic folly of taking a midnight stroll among the murderous gentlemen with whom the hotel was packed, it was not going to be me. On this eminently sensible note I got back into bed, blew out the candle, and settled down to ride it out.

Seventeen minutes later I sat up, lit the candle again, got out of bed and grabbed my housecoat. I had reached in 17 minutes of irritatingly increasing pain, an eventful and considerable decision—and how much this was a product of reason and how much of desperation I can now judge more accurately than I could then. It was quite a simple decision, and very satisfactory. I had decided that James Farlane had murdered Heather Macrae. And since Jamesy Farlane didn’t live in the hotel, I could go and get my tablets with perfect safety.

Perfect safety, I told myself firmly, thrusting my feet into my slippers and knotting the girdle of my housecoat tightly round me—as long as I was very quick, and very quiet, and was prepared to scream like blazes if I saw or heard the least little thing.
. . . to be continued
Migraine.

E M Critchley

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encephalitis immunoglobulin is given either before or within four days of the tick bite. Immunoglobulin given after more than four days has been shown to delay the antibody response by means of feedback inhibition and worsen the clinical course, especially in children. We cannot offer a definitive explanation for the severe course of disease in our patient. It may be the unfortunate combination of a failure to react to the immunoglobulins and the development of a severe course of disease after a single exposure. It may also be possible that the patient was unknowingly exposed to additional tick bites days before the passive immunisation, thereby making it useless.

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CORRECTION

Migraine. J Neurol Neurosurg Psychiatry 1996;60:335;1996:60:448. These two listed publications were inadvertently not attributed. They were written by Dr E M R Critchley, affiliation as given in the third of the series, this volume (1996;60:584).

BOOK REVIEWS

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the United Kingdom and for members of the British Medical Association. Overseas customers should add £2 per item for postage and packing. Payment can be made by cheque in sterling drawn on a United Kingdom bank, or by credit card (Mastercard, Visa). Express identification: stating card number, expiry date, and your full name.


"Inevitably the disease progresses, but one must never give in too quickly, neither the sufferer nor the helper, who must always be quick with encouragement since success breeds success" (p454).

This book represents an impressive body of work relating to MND, but chapters on the cognitive deficits in this condition and the role of anti-GM1 antibodies in distinguishing MND and multifocal motor neuropathy with conduction block would have been welcome. The chapters are extremely well referenced, and issues are dealt with that are often skipped over by books of this type—for example, the chapters on the management of MND and the concluding chapter from the spouse of a patient with MND being notable examples. It is therefore a book which serves to summarise a complex and evolving field, and although that summary is somewhat dated it is not without relevance and importance to the neurologist’s current management of this disease.

ROGER BARKER


This text book has 344 pages of fairly small print, which is well laid out and beautifully illustrated. It also contains a large amount of information in tabulated form. The material is set out in 12 chapters covering the common neurological syndromes and investigations.

This book is comprehensive in its approach. This may appeal to some of its intended readers . . . medical students, house officers and non-neurologist practitioners. For others, its detailed, all-embracing comprehensiveness may impose comprehension. In general this group of readers requires more help in the identification of common, important, day-to-day neurology, from the large mass of rare conditions which are the responsibility of the neurological specialist. The textbook may attract young neurologists in the early stages of their training.

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For further details of membership of the BNPA, which is open to medical practitioners in psychiatry, neurology, and related clinical neurosciences, please contact: Dr Jonathan Bird, Secretary BNPA, Burden Neurological Hospital, Stoke Lane, Stapleton, Bristol, BS16 1QT. Telephone: 01179 701212 ext 2925/2929 or Sue Garratt at the address given above.

NOTICE

Announcement from the British Neuro-psychiatry Association: 1996 summer meeting

The 1996 Summer meeting will be held on 14-16 July at Robinson College, Cambridge. It will include topics on neurodevelopment, language, and the presentation of short scientific papers and single case videos by members. The Association’s AGM will be held on 16 July.

For further details of these meetings please contact: Sue Garratt, Administrative Assistant, BNPA, 17 Clocktower Mews, London N1 7BB. Telephone/Fax: 0171 226 5949.

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