THE MODERN TREATMENT OF HEADACHES

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649466344

The Modern Treatment of Headaches by Allan McLane Hamilton

Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

www.triestepublishing.com

ALLAN MCLANE HAMILTON

THE MODERN TREATMENT OF HEADACHES

Trieste

Presented to
Lane Library by

—THE—

Dr. WM. H. NEWELL.

MODERN TREATMENT

—OF—

HEADACHES.

—BY—

ALLAN McLANE HAMILTON, M. D.

1888.
GEORGE S. DAVIS,
DETROIT, MICH.

B

PREFACE.

A little book of this character hardly needs a preface. I might, however, offer a word of apology for my failure to mention many remedies, which in the hands of my reader have doubtless been of great value in the treatment of this most common of ailments.

I have written these few pages, drawing from my own experience, without any great reference to other articles or books, and the remedies suggested are those in which I believe. I hope imperfect as they are, they may contain here and there a serviceable hint.

ALLAN MCLANE HAMILTON.

20 East 29th St., New York.

INTRODUCTION.

HEADACHES.

The complex nature of head pain must, to a great extent, affect such a thing as exactitude in diagnosis, and the multitude of immediate and remote etiological factors, and the circumstances of a modifying character in such cases, require a survey of the whole domain of disease. General symptomology must be regarded, and in but few cases can we consider headache as a distinct disorder. Head pain is external or internal, and due to a variety of influences that affect the sensory parts either of the scalp, or the contents of the cranium. Circulatory variations with resultant modifications of pressure—either hyperæmic or anæmic—the presence of toxic agents, fungus growths, transmitted irritation from remote centres, malnutrition or some grave disease of the fifth nerve; all enter in the production of this most common form of distress. No one disputes the fact that extensive disease within the skull may exist without headache. When we consider the arrangement of the skull and its soft parts, we immediately ascribe to the dura an important role as a developer of headaches. This membrane contains a large number of blood vessels and sinuses, and whenever hyperæmia, or a serious lesion is found where there are resisting bony parts, headache is almost a certainty. Many headaches, I am sure, are alone due

to extra-cranial disturbances, notably scalp congestion and inflammation, and it is very probable there are headaches of an annoying character, which, as Briquet and Mills have pointed out, are simply myalgic. I am clearly of the opinion that many alleged "eye" and "uterine" headaches are ordinary myalgic affections of the temporal and occipito-frontalis muscles.

Location.—The localization of pain is of value in determining the nature of headache, but not so much as some authors would have us believe. Some years ago all vertical headaches were considered "uterine," now much sub-occipital pain is supposed to be due to pelvic disorders. There is no absolute certainty in connecting a headache with this or that bodily disorder, so far as its seat is concerned, but a study of the accompanying symptoms is of great moment, for there is after all, a more or less relative connection. It is of importance to study the time of appearance, duration, modifying influences, age of the patient, and his appearance and behavior.

The individual is very likely to be mistaken in regard to the seat of his pain, and is disposed to ascribe what may undoubtedly be a superficial pain to deeper parts. Wilks says: "I suppose that one's feelings ought not to influence the judgment, otherwise it would be thought that the pain is situated in the very depths of the brain itself. I once had an opportunity of testing the power which the individual has in discovering the seat of pain. Having scalded

my head with steam rising from a pipe to vaporize a sick-room, I endeavored to analyse the character of the pain which followed, but was unable to discern how it differed in kind from the pain of ordinary headache." This is quite true, and the hyperæsthesia of many terminal filaments is quite apt to confuse the powers of space perception. An intense local pain, on the other hand, may appear to be general, as in migraine.

As I have said, the most important pathological states which are conducive to headache are those which bear relation to the condition of fulness or emptiness of the cerebral vessels. As one-fifth of all the blood in the body goes to the head, we may expect to find important disturbances in function when the amount is either greatly increased or modified. As results of cardiac excitement or disease, increased vascular tension, determinations or hyperæmic states of other organs; or exhausting fluxes; we find varieties of headache which are known as *congestive* or *anæmic*, though their distinction is by no means an arbitrary one. Certain toxic headaches belong to the first order, and neurasthenic ones to the latter. Anæmic headaches are often "uterine," and if we mingle the clinical and pathological terms we find ourselves in a helpless tangle. I prefer a different classification, which is the following:

1. Congestive headaches.
2. Anæmic headaches.

3. Organic headaches (as a rule due to structural cerebral changes).

4. Toxic headaches (*e. g.* lithæmic, uræmic, malarial, *et al.*)

5. Neuralgic headaches.

6. Neurasthenic headaches.

CHAPTER I.

CONGESTIVE HEADACHES.

Under this head come two forms: (*a*) that in which there is a general cerebral congestion and pain; (*b*) that which begins at least in one-sided pain, with lateral hyperæmia. Its forms are numerous and its causes very extensive. No age is free from it and it is perhaps the most common of all headaches. Generally speaking it is accompanied by a subjective sense of fullness, by more or lesss psychic hyperæsthesia at one time, and dulness at another; by confusion of ideas; throbbing and distension of the temporal vessels, suffusion of the skin, injection of the conjunctiva and sometimes of the sclerotics. Brilliancy of the eyes, or a lack-lustre expression, and a tendency to sleep, diffused pain, which causes the patient to declare that his head is encircled in an iron band, or that "it feels as if it would burst," are the sensorial disorders. It may occur quite suddenly in the course of an attack of indigestion, or gradually develope in the person who has suffered from obstinate constipation for a few days. In point of duration it may last for several days, or be almost continuous during the existence of an exciting cause.

In its familiar form it may result from want of sleep, a late supper, or a debauch, in which event it is often matutinal, and is associated usually with