On the use of bromide of potassium and salicylate of sodium in headache / by T. Lauder Brunton.

30

ON THE USE OF BROMIDE OF POTASSIUM AND SALICYLATE OF SODIUM IN HEADACHE.

By T. Lauder Brunton, M.D., D.Sc. Edin., LL.D. Hon. Aber. F.R.C.P., F.R.S.

(Reprinted from the *Practitioner*, February, 1894.)

In a paper published in the *St. Bartholomew's Hospital Reports*, in 1883, I mentioned the use of salicylate of sodium in relieving headache.* The formula that I then recommended was two and a half grains of the salicylate of sodium, given either alone or with some aromatic spirits of ammonia, every half-hour while the headache lasts. In some cases this form of administration is no doubt useful, but since the paper in which I recommended it appeared, antipyrin has nearly displaced the salicylate as a means of cutting short a headache which has already begun. One great difficulty which is to be met with in treating nervous headaches, or so-called bilious headaches, is that once the headache has become severe, both secretion and absorption from the stomach are generally arrested, and that any medicine which is taken by the mouth when the headache is fairly begun lies in the stomach unabsorbed and useless. Consequently it is sometimes almost imperative to treat such cases, when the headache is intense, by the subcutaneous injection of morphine. It may not unfrequently be noticed that if the headache comes on shortly after food has been taken, for example, an hour or half an hour after breakfast, the secretion will have occurred before the pain has commenced, and the gastric juices will dissolve the food. But the food will not be absorbed and will be brought up in full quantity, but well digested, many hours afterwards, say in the evening. Should the headache, however, have become well established before

* 'Disorders of Digestion,' p. 98.

breakfast, and food be taken notwithstanding the pain, the secretion of gastric juice is frequently arrested, so that the food will be brought up at night almost unchanged, neither digested nor absorbed. In consequence of this arrest of absorption in many cases of headache, medicine administered by the mouth after the pain has become severe is of little or no use. It simply remains unabsorbed in the stomach. It is on this account that patients are often disappointed in the action of such a drug as antipyrin, and will look upon it as uncertain because at one time it has acted like magic and at another time it has had no effect whatever. If taken before the absorption has ceased, so that it has become absorbed, it is very likely to act like a charm upon the headache; but if taken when the pain has become severe and the absorption has become arrested, it lies in the stomach and remains useless. In some cases where the headache is intense and absorption from the stomach has ceased, almost the only way of relieving pain is by the subcutaneous injection of morphine. This, however, is a method which one only employs when everything else fails, because of the risk which it entails of establishing the morphine habit.

To the treatment of this class of cases I will return afterwards, but I wish first to say a few words about the causation of headache.

In my former paper I mentioned that in treating a case of headache the first thing to do was to see if the teeth were sound and the eyes normal, and that next the throat, ears, nose, and scalp should be examined, in order to detect any source of local irritation. In estimating the effect of different conditions in causing headache, I should say roughly that between 80 and 90 per cent. of all headaches are due to visual defects, about 10 per cent. to decayed teeth, and somewhere about 5 per cent. to disorders of the nose, throat, and other causes. The commonest defects of vision are uncorrected hypermetropia, myopia, astigmatism, inequality of the focal distance of the two eyes, and imperfect convergent power. This last is one not generally considered, but in the case of a student at St. Bartholomew's who was unable to read for his examination at the London University, all other defects had been corrected, and still the

headache remained, until my colleague, Mr. Jessop, corrected his convergence by means of wedge-shaped glasses, when the headache at once disappeared.

In cases of migraine associated with inequality of visual power in the two eyes, the headache is apt to affect the side of the weaker one. In one interesting case of a lady who suffered from migraine, the headache sometimes came on one side and sometimes on the other. I found that on the one side there was a weak eye and on the other there was a decayed tooth. In another case a lady had been suffering from headaches for nearly thirty years, and looked upon them as a dispensation of Providence, which she considered it not quite right to meddle with. However, her brother, an old fellow-student of mine, pressed her to come and see me. I gave her no medicine, but sent her to one of my colleagues, who provided her with a proper pair of spectacles, and in three months the dispensation of Providence had almost completely disappeared. Another curious case was that of a lady-principal of a large ladies' college in the United States, who had been recommended to me by my friend Dr. Putnam, of Boston. For two years she had been unable to perform her duties on account of severe pain at the back of the neck, about two and a half inches below and one inch to the right of the occipital protuberance. I thought that she had got some injury to the vertebræ, and my treatment being all in vain I asked my friend Dr. Ferrier to see her. He also was inclined to think that there was something wrong with the cervical vertebræ, but we could not come to a definite diagnosis. She went to Germany, and was treated there also for her headaches, but all in vain. On her way back to America she came to see me to say good-bye, and then incidentally mentioned that a cousin of hers had suffered in a somewhat similar way and had been greatly benefited by an oculist. At once the truth flashed upon me, and I sent her to get her eyes carefully measured. She had just time to get spectacles before the steamer started. Two or three months later I heard from her that her headaches had nearly disappeared, so that she was able to resume with comfort her position as principal of the college.

Headache due to visual defect is usually frontal, temporal, or occipital. Had the pain in this lady's case been a few inches higher up I should at once have suspected the eyes as its cause; but it was so low down in the neck that I never thought of connecting it with visual defect.

The first point, therefore, in the treatment of cases of headache is to ascertain whether there is any deficiency in the sight, and if so to have it corrected. It is astonishing to find how many people's vision is abnormal without their being aware of it. Some time ago a patient came to me from South Africa, complaining that he was losing his head. He had a large business, and whenever he sat down to his account-books he could get along pretty well for five minutes, and then he said everything seemed to go round and he could not add two and two together. Upon examining him I found him perfectly healthy in all respects, excepting that his eyes were becoming presbyopic. The consequence was that when he attempted to do his accounts he was able by a powerful effort of the will to see the figures for a few minutes; then his power of accommodation failed, everything on the page became dim and blurred, and he could do nothing more. A pair of spectacles put him all right without the aid of any medicine whatever.

One very common form of headache commences in this way. The patient sometimes feels a little unwonted irritability at night, but this irritability is not always present. If it is so, it is very often the precursor of a headache. He awakes in the morning about four, five, or six, with a feeling of weight in the head, but not a headache. He is very drowsy, disinclined to rise, and is apt simply to turn over and go to sleep again almost at once. If he does this he awakes again about seven or eight with a distinct but not severe headache, usually frontal or temporal. As the day goes on the headache becomes worse and worse, until in the afternoon or evening it becomes almost unbearable. It then finishes up with sickness, after which the patient becomes easier, but feels much exhausted. A headache of this sort may frequently be prevented by the patient taking a mixture of bromide of potassium and salicylate of sodium overnight, or by getting up and taking it when he awakes with

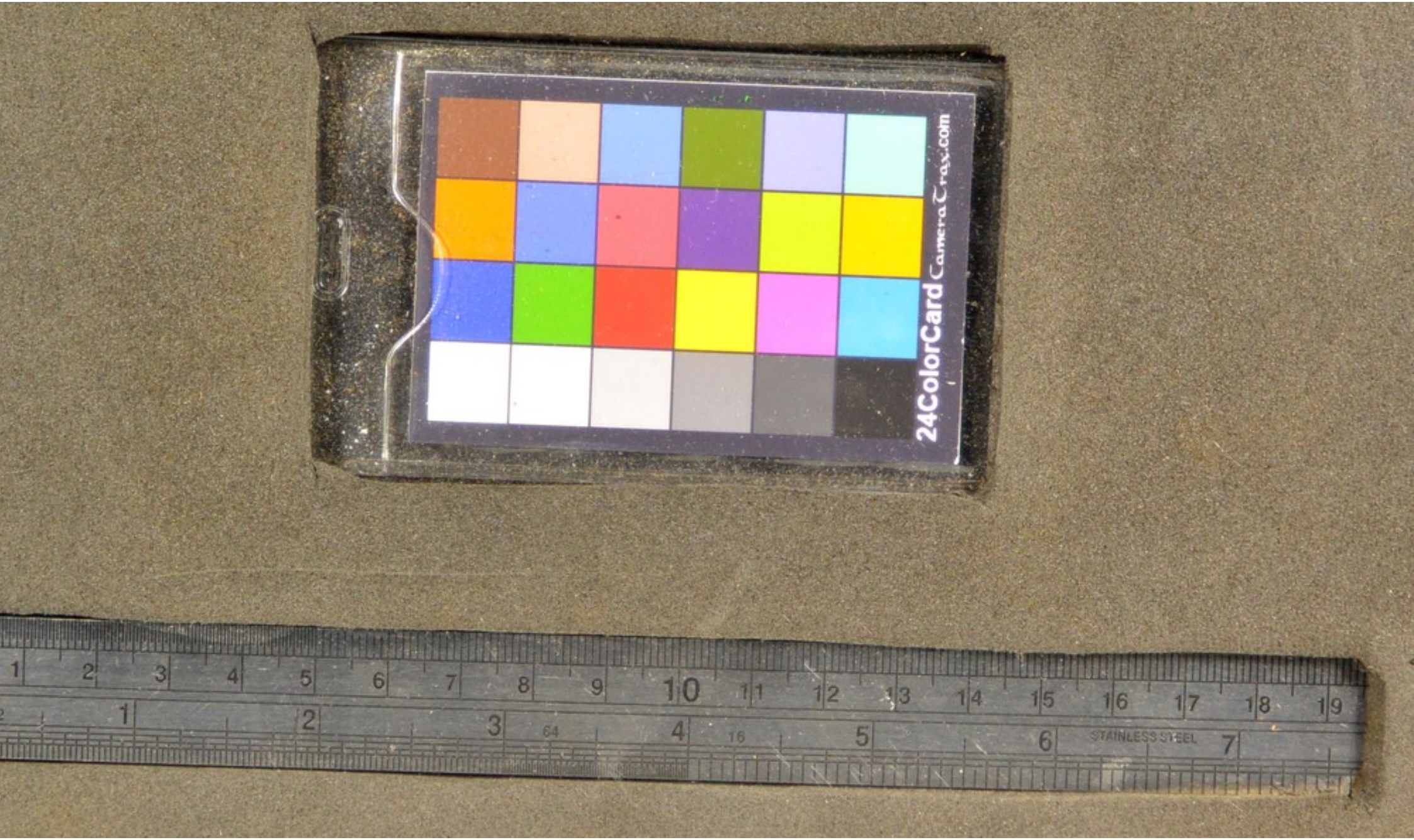
a heaviness in the early morning, instead of turning over and going to sleep again. The quantity necessarily varies with different individuals and with the severity of the headache: but thirty or thirty-five grains of bromide of potassium with five to fifteen grains of salicylate of sodium, in half a tumblerful of water, may be looked upon as an average dose. If the patient feels the irritability indicative of the approaching headache overnight, or if he should have the excessive brightness which is the precursor of headache in others, he should take this dose at bedtime, and will very probably awake without the headache. If in spite of it he should awake with a heaviness in his head between four and six, he should repeat the dose, or should take it for the first time if no indication of headache has been felt the night before, but the heaviness has come on during sleep. He will then probably turn round, fall asleep again, and awake without the headache. If, however, there should be either heaviness or headache on awaking about seven A.M., a third dose should be taken. I have tried both the bromide and the salicylate separately, but I do not think that they act nearly so well as when taken in combination. Only about ten days ago I had a letter from a doctor who was suffering from a very severe headache after influenza. He had tried antipyrin, which had relieved it for the time, but had to be continued every twenty-four hours. He had also tried chloride of ammonium and bromide of ammonium with the same result. I advised him to try twenty grains of salicylate of sodium with forty of bromide of potassium in half a tumblerful of water, and after four doses of the mixture the pain subsided.

I have not used the bromide of potassium mixed with the salicylate of sodium for any prolonged time, but one patient of mine has been taking salicylate of sodium for her headaches for eight years. The headaches began to come on at the age of forty-two, and had lasted for twelve years when I saw her first on February 13, 1886. Two years after the headaches came on she had neuralgia, attacking the palate, ears, and side of the head, and when I saw her she had the pain violently just above the eyes. She had been a long time in India and had suffered

from ague, but she had been well with the exception of the headaches. These came on every fortnight with violent sickness and intense pain which lasted sixty hours. She had tried iron, strychnine, and ipecacuanha, without any benefit, and vegetable diet did her no good. The only thing that was of any service was an injection of a third of a grain of morphine at a time. I advised her to take salicylate of sodium in twenty-grain doses three times a day, but she took it three times in the night, one dose at bedtime, one in the middle of the night, and one in the morning. This lessened the headaches from once in fourteen to once in thirty-two days. I advised her to take only half the dose of salicylate, but this seemed to do her no good, so, of her own accord, she reverted to the full dose. As her husband and I both felt anxious lest the continued use of the salicylate should prove harmful, we left it off from time to time, but these intermissions were of short duration. Thus she has practically now gone on taking it for about eight years.

Few of the minor ailments of life are more troublesome than headaches, for they not only cause much pain, but destroy one's power of work and capacity for keeping engagements. Twenty years ago we had very little power to prevent them or to cut short their duration, whereas now, by attention to the eyes and teeth, and by the use of bromides, salicylates, antipyrin, phenacetin, exalgine, and other remedies synthetically produced, nine cases out of every ten can either be cured or greatly relieved.

HARRISON AND SONS, Printers in Ordinary to His Majesty, St. Martin's Lane.


24ColorCard
CameraCraxi.com
STAINLESS STEEL