

Medical Matters.

THE URIC ACID HEADACHE.



Dr. Alexander Haig, M.A., F.R.C.P., in his valuable book on "Uric Acid as a Factor in the Causation of Disease," which has recently reached a seventh edition, gives an interesting description of the uric acid headache. He says:—

The points about this headache which best serve to distinguish it are: (1) its periodicity; it occurs once in a week, fortnight, month, or longer period, for many years, or for the whole life, tending to be more frequent and severe in spring and early summer. In women it may be associated with the menstrual epoch; it is usually worst at those hours in which the excretion of uric acid is normally greatest; its duration is generally under twenty-four hours, though in exceptional cases it may last for forty-eight; a patient goes to bed with a severe headache and wakes free. This short duration is of great diagnostic importance in distinguishing it from the more continuous headaches, such as those due to neuralgia or intra-cranial disease, which often last for days or weeks with little or no alteration. The uric acid headache is due to the passage of an excess of uric acid through the blood; but, apart from organic disease, this (uric acid collæmia) can only last a few hours; the uric acid is eventually excreted, and the headache ceases. There may be eye symptoms, such as finding half an object blurred, as the upper or lower half of a picture, or the right or left hand side of a page. As noted by Liveing and others, the pulse is slow and of high tension, the surface and extremities are cold, and the temperature subnormal. There are signs of dyspepsia, though slight. When the headache is severe, there may be nausea or vomiting. The urine during the attack is scanty and of high colour and specific gravity. There is often a family history of headache of the same type, or of epilepsy, together with gout and rheumatism, and not very rarely phthisis; chronic nephritis and cerebral hæmorrhage must also be added to the list of family complaints.

Mental depression is a concomitant symptom of the uric acid headache, also dulness and inability for effort, either mental or bodily, with forgetfulness of names of persons and things. It is closely related on one hand to sleepiness, and on the other to a mental disposition to take the worst possible view. In

this condition self-reliance is gone, a feather-weight will crush in the dust, and the greatest good fortune fail to cheer. A considerable amount of irritability and bad temper will be manifested, so that those around a sufferer are soon able to diagnose the condition for themselves.

All those who call themselves nervous, or are said to suffer from nervousness, and who are suffering from mixed conditions of anxiety and depression, will be found to have a slow collæmic circulation, with its various consequences. Nervousness is known to be often associated with rheumatism; when the uric acid is in the joints and fibrous tissues, patients are rheumatic, but relatively strong in nerve; but when it is in the blood, interfering with the circulation in the brain, they are no longer rheumatic, but are depressed and nervous.

Clear the blood of uric acid by any of the drugs producing retention, and, as blood pressure falls, the pulse rate quickens, the urine increases, the mental condition alters, ideas flash through the brain, exercise of mind and body is a pleasure, the impossible is within reach, and misfortunes slide like water off a duck's back. To such a terrible extent are we the creatures of the circulation of the brain. In all cases the cause of the misery is central (the circulation in the brain), but the mind, perturbed in its action, seizes first on one subject and then on another about which to worry itself. While the bad circulation continues these trials are just as real to the sufferer as if they arose from serious conditions.

Dr. Haig says:—In my own experience of mental depression, I find it so insidious in its onset that, knowing what I do of its collæmic causes, I have the utmost difficulty in realising that things are not really all wrong, and that a mere dose of calomel will make them seem bright. And if I am thus deceived, how much more those who know nothing of physical causation? The final cause of suicide is usually some apparent trifle which, however, appears at the time a terrible reality to the sufferer.

As to moral sense, reason, and resolution, they simply do not exist in such conditions. A man is, in fact, temporarily insane, and differs only in degree, not in kind, from the habitual inmate of an asylum. The one is held morally irresponsible, the other according to the *Lancet*, is not so. I feel sure that greater knowledge will compel us to a different view.

Any who wish to know more of this subject should study the book itself, which is published by Messrs. J. and A. Churchill.

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