

this drug is most valuable in the management of the geriatric patient. In our series, the drug was shown to be a satisfactory sedative in either prolonged dosage or in a single dose at night. The great advantage of using prothipendyl was that there was a lack of 'hang-over' effect in the majority of cases. This lack of 'hang-over' made nursing much easier and lessened the risk of bed-sores, inhalation bronchopneumonia and kindred problems which are associated with geriatric care. It is of interest to note that prothipendyl is said not to cause damage to the liver and has been used on more than one occasion to sedate patients who had developed jaundice when on chlorpromazine (Barthel and Gerber, 1960). There was no occasion in this trial to use the drug as an anti-emetic, but this could be valuable in geriatric medicine (Davison *et al.*, 1962).

Summary

Fifty patients, 32 of whom were over the age of 70, were treated with prothipendyl (Tolnate) to reduce their symptoms of anxiety, tension, irritability and confusion and also a disturbed sleep pattern. Of the 50 patients treated, 32 showed a satisfactory response and 18 showed either no response or deteriorated. Side-effects were minimal.

Acknowledgement

My thanks are due to Smith, Kline and French Laboratories Ltd. for the supplies of prothipendyl used during this trial.

REFERENCES

- Barthel, J. H., and Gerber, K. W. (1960). *Med. Mschr.*, **14**, 304.
 Davison, J. R. *et al.* (1962). *Brit. J. clin. Pract.*, **16**, 781.
 Exton-Smith, N. A. (1962). *Practitioner*, **188**, 732.
 Izac, L. (1961). *Sem. méd. (Paris)*, **37**, 784.
 Schiemann, W. (1959). *Ärztl. Wschr.*, **14**, 505.

THREE YEARS OBSERVATION OF TRIOGESIC IN THE TREATMENT OF MIGRAINE

V. AINSWORTH, M.R.C.S., L.R.C.P., M.B.B.S.

Rotherham

THE FOLLOWING OBSERVATIONS which I have made over a period of three years started on the occasion when one of my patients, who had been treated for sinusitis, reported that the treatment had greatly benefited his attacks of migraine. It was for his migraine that the

patient requested a repeat of the treatment, the sinusitis having resolved by this time. The result proved so satisfactory that more widespread trial seemed justified. It is the result of this trial which forms the following report.

Material and method

The treatment used in this report goes by the proprietary name 'triogetic'; this consists of phenyl propanolamine, mepyramine maleate, and phenyramine maleate 25 mg., together with paracetamol 500 mg. The tablet does not have to be administered during the prodromal period as does ergotamine tartrate, it is effective when the headache has already commenced. For adults I have given two tablets six-hourly as necessary. There are no unpleasant side-effects, save a mild drowsiness in very occasional cases. I have been most impressed with the regular and prompt relief given. The time taken for relief varies from ten minutes to half an hour.

I have collected 34 cases in the last three years in a four-partnership practice of some 11,300 patients. This does not represent the incidence of migraine in the practice for three reasons:

1. The work is divided between partners on a rota basis covering one main surgery and two branches. Thus one partner sees only a proportion of all patients attending.

2. Only cases classed as unmistakably migraine were included. I preferred to have the classical picture of prodromal visual symptoms, followed by headache, followed by nausea or vomiting. Though all three are present in only one-third of the cases during some attacks, at least two of the symptoms are present in each case, in each attack.

3. Patients suffering from migraine, whose established treatment was already giving satisfaction, were not encouraged to change, as this was considered to be against their own interests.

Thus my observations are limited to new cases, and to a hard core of cases which had proved refractory to past therapy.

These observations are deficient in so far as there was not a control group on inert tablets. Under general practice conditions the double blind technique is always difficult. However, I have quoted the effect of my previous therapy in cases where this applied.

Results

Two groups of observations are recorded, 1 to 21 ended in 1963, A to M ended in 1964. The Table represents the results and observations made in each case.

TABLE
DETAILS OF CASES TREATED

<i>Case No.</i>	<i>Sex and age</i>	<i>Occupation</i>	<i>Duration of migraine</i>	<i>Past treatment</i>	<i>Result of past treatment</i>	<i>Result of triogesic</i>
1	F.40	Housewife	1957	Migril, amytal	Slight relief	Good
2	F.57	Housewife	Recent	None	—	Good
3	F.30	Machinist	Recent	Own analgesic	Unsatisfactory	Excellent
4	F.18	Ex-school	1962	Nil	—	Failed follow-up
5	F.49	Housewife	1951	Phenobarb, migril d. amphet. sulph.	Partial relief, side-effects bad	Good
6	F.36	Housewife	1958	Own analgesics	Poor	Excellent
7	F.32	Housewife	1962	Own analgesics	Poor	Very good
8	F.18	Factory	1961	—	—	Very good
9	F.38	Cafe owner	1958	Ergometrine oral, later parenteral, sonalgin, pheno., amytal	Partial relief	Very good
10	F.21	Factory	1962	Own analgesics	Partial relief	Failed follow-up
11	M.55	Telephone operator	1955	Amytal, sonalgin, cafergot	Unsatisfactory	Spontaneous improvement
12	F.37	Housewife	1948	No record	—	Poor
13	F.45	Housewife	1960	Amytal, equaprin, meprobamate	No benefit	Improved
14	F.65	Retired	1958	Paynocil, pheno.	—	Failed follow-up
15	F.50	Housewife	1956	APC, paracetamol zactirin, migril	Unsatisfactory	Very good
16	F.27	Housewife	1961	No record	—	Good

<i>Case No.</i>	<i>Sex and age</i>	<i>Occupation</i>	<i>Duration of migraine</i>	<i>Past treatment</i>	<i>Result of past treatment</i>	<i>Result of triogesic</i>
17	M.43	Storeman	1962	Nil	—	Failed follow-up
18	F.39	Housewife	1960	Amytal, APC, librium	No benefit	No benefit
19	F.21	Housewife	?	Not recorded	—	Failed follow-up
20	M.10	School	1956	Pheno., mylomide, equaprin	Poor	Improved
21	M.20	Un-employed	1957	Migril, phenomet	Slight improved	Excellent
A	F.28	Housewife	?	Own analgesics	Poor	Very good
B	F.33	Housewife	1959	Migril	Partial relief	Very good
C	F.49	Waitress	1951	Migril	Poor	Very good
D	M.46	Bricklayer	1952	Ergometrine	Partial relief	Good
E	F.19	Shop assistant	Recent	Phenobarb	Unsatisfactory	Very good
F	F.19	Shop assistant	Recent	Nil	—	Good
G	F.27	Housewife	1961	Migril	Unsatisfactory	Very good
H	F.44	Housewife	Many years	Variety analgesics	Unsatisfactory	Very good
I	F.26	Housewife	1953	Acetanilide, ergotamine	Partial relief	Very good
J	F.39	Housewife	Recent	Variety analgesics	Partial relief	Very good
K	F.42	Housewife	1958	Ergotamine	Unsatisfactory	Excellent
L	F.32	Housewife	1958	Cafergot, daprisal, ergotamine	Partial relief	No benefit at all
M	M.64	Joiner	Several years	None	—	Good

Thus out of 34 cases under observation the results may be expressed as:

Good, very good or excellent	..	..	..	23
Improved	..	..	..	2
Poor result or no benefit	..	..	..	3
Failed follow-up	..	..	..	5
Spontaneous improvement not related to treatment				1
				—
				34
				—

It is interesting to note that only six out of the 34 cases were men.

Treatment which must be administered at the start of prodromal symptoms tends to be inefficient. Sometimes prodromal symptoms do not present: I have known patients awake in the morning with an attack already fully developed. The patient may not be in a position to make use of the treatment when the prodromal symptoms present. Ergometrine has very unpleasant side-effects; I know of several cases who prefer to put up with the migraine than take ergometrine tartrate for this reason. One patient who was incapacitated for two or three days at a time found benefit from injections of ergometrine tartrate; but as the attacks were worse at the menses she was unable to use the drug when the attacks were at their worst. Two tablets of triogesic followed three or four hours later by equaprin gave most satisfactory relief.

The avoidance of precipitating factors is an ideal, but is not always practicable, save for correction of refractory errors and so on.

Triogesic is easy to administer: at any stage of the attack it is of benefit. It is safe and has minimal side-effects. Ten of the cases reported here did not respond to a variety of other therapeutic agents. One or two had been very refractory to treatment.

Causes of failed follow-up varied from a patient going to work outside the district to failure of the patient to co-operate in reporting as requested. To leave these cases out of the report would not give a fair picture of the proportionate improvement in the results.

Summary

Observations are recorded of the chance finding that triogesic provided significant relief in migraine.

Results are quoted of the effect of this treatment in 34 cases of migraine.

I offer the suggestion that one or more of the constituents of this proprietary drug appear to have a significant effect in the relief of migraine. At the same time as bringing about a specific benefit upon a significant number of cases, side-effects have been negligible. I believe that it is the decongestant effect together with the analgesic effect which provides this benefit.

I would be interested in other views on this line of treatment, as the effect of triogesic seems to me to be so specific. There exists the interesting possibility that some allied preparation may exert an even more specifically beneficial effect on migraine.