3/15/71

Dear Dr. Dwyer,

You saw me Thursday, 3/11, after Dr. Vouvalis had examined me for daily headaches and decided the cause was not in the eye.

While all you toldm me about the cafergot you prescribed was not entirely clear to me, I got the impression this was somewhat an experimental prescription, that my reaction to it might be some kind of guide to you, and that it had to be taken with some care. Accordingly, I tried to keep records that might be of some value in this.

Prior to World War II I was plagued with headaches, often severe. These seemed to disappear after the tapping of the back of my nose, to relieve a sinus condition. In any event, for so many years I now cannot recall how long, headaches have been exceedingly rare with me. I almost never had any until about the middle of February, when they suddenly became a daily event. These concentrated behind the right eye, involved the right side of the face only, and caused aches, seemingly in the teeth, where I have no teeth. Often, when they ended, a scalp sensitivity remained.

Tylenol was effective. I took two of them and within an hour the headache was gone, sometimes in half that time.

As I recall what you said of the cafergot, it is not a pain-killer but a treatment, specific for migrane. You prescribed a dozen, two to be taken immediately upon onset of the headache and one each half-hour thereafter (to a total of six) until it ended.

I took the ~~first~~ two 3/12 at 9 p.m., the third at 9:30. The headache eased at about 9:45. I began to feel nauseated at about 9:20 (which has been typical of these headaches). At 9:25 I felt the urge to move my bowels and did. This is rather exceptional for I farely have a bowel movement after the early morning. By 10:30 the headache was entirely gone except for something that has been typical, whether or not prior to the cafergot I do not recall, but in every case with it. There lingered a feeling of pressure at the raised, boney part of each temple.

I looked at the wrong note first. The first headache after the cafergot was 3/11, at 8:08, coming on suddenly and without warning. I took two pills, repeating one at 8:39. Tjis seemed to work as well as the Tylenol. In this case, perhaps because of the promptness with which I took the cafergot, there seemed to be less side-of-the face involvement. The nausea or the feeling of it persisted for a short while after the headache eased off, which was 40-45 minutes after taking the first pills. Slight twinges, not at all bad, persisted until about 10:30, but I didn't feel it necessary to take a fourth pill.

Because I wondered whether these could be tension-related or associated with any kind of emptional disturbance, I noted that this one followed the beginning of a phone call that dealt with a professionally-serious problem by about 45 minutes, its end by about 20 minutes.

On 3/13, at 4:50, I felt one coming on and took two pills promptly. It was about over at 5:10, so I took no further medication. In this case, the headache was not as severe and there was no nausea associated with it.

Last night, at suppertime, I was so tired I couldn't keep my eyes open. I took a short nap, which revived me but left me feeling tired. I went to bed about 11. I awakened at about 12:15 this a.m. with a bad headache and took two pills, returing to bed. I dozed off, awakened with the headache at about 1:10 a.m., took another, fell asleep and awakened at about 2:45 and took the last. I dozed intermittently, was aware of the lingering

but not quite as severe headache, and was able to doze off periodically until about 4:45 a.m., when I began to feel wide awake. At a little after 5 I got out of bed, feeling wide awake (and slighty unsteady). The pressure in the temples lingers, but the other manifestations of the headache are gone. It is now 6:10 a.m.

Aside from this last one, I believe the cafergot did effectively treat the headache, as well as the Tylenol.

Because I gathered from the care with which you told me I could not take too many and an inference of what I took to be the possibility of side effects, I note this other thing about which I plan to go to this clinic later this morning, when I will be in Washington.

About 5 p.m. last night I began to be aware of a slight discomfort on the top of my left instep. It gradually got worse, but never did get bad. I cannot associate it with any recent blow or accident. I did stumble five days ago, but then had no pain and didn't since. I took a walk yesterday and had no discomfort (in the a.m.) As I became more aware of the discomfort as time passed, I felt my instep and it seemed to be a little swollen. My wife confirmed this. It is now only slightly incomfortable, but I am aware of the discomfort when not on the foot. When I got out of bed during the night, walking on it was slightly uncomfortable. It is less so now.

Whether or not weather is or can be connected, the humidity is now 100% and there has been a heavy fog here all night.

My purposes in making this note are not only to inform you but also to ask you what I should now do. Should I be given more cafergot and continue with that or should I return to the Tylenol? It is important for me to know immediately because I live 50 miles away and must leave for New York very early Wednesday morning for a series of TV and radio appearances that are important to me. And they will be of a nature that will involve an emptional strain and drain. One thing I would not want is such a headache under these conditions. Should I, for example, as a precaution, take Tylenol shortly before the scheduled appearance? ~~as a precaution?~~

These appearances are of some importance to me and can influence what happens to a book I have written, now appearing.

Weather permitting, I plan to be at the walk-in clinic about 9 a.m., check in, leave this note for you, and do other business during the sometimes-long waiting period, then returning.

Sincerely,

Harold Weisberg