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Discovering the patient within

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The gently winding road from Jackson Hole to Yellowstone National Park follows the imposing Grand Teton mountains, which rise abruptly out of the flat plains of northwestern Wyoming. In May, the heavily snow-laden peaks contrasted dramatically with the skies above and lakes below. To the east lay sparse forestland within which I would soon make an unexpected discovery.

I was perhaps not in the best shape to fully appreciate my surroundings, having landed in the United States 8 hours earlier after a 24-hour, 3-stage flight from London. This in turn had been preceded by 4 night shifts as the Medical Registrar in a West London hospital, a busy role that affords little, if any, respite. Nevertheless, after a few hours' sleep, I rose and set off early, fueled by coffee and eager to see the famous landscapes and wildlife of Yellowstone.

The sun finally made its appearance as I approached the entrance to the park. The vivid greens and browns of the pine trees multiplied before my eyes and, as if on cue, some deer emerged by the roadside, grazing peacefully. I felt as removed from my usual environment and its stresses and tensions as I could possibly have hoped to be. Now was the time for serenity, natural beauty and calm.

As I began to wind alongside Yellowstone Lake, I noticed a little patch of blurriness affecting the vision in my right eye, which I became aware of over a few minutes. As a long-term wearer of contact lenses, this did not initially worry me—a speck of dust must have landed on the lens and a few blinks would surely do away with it fairly rapidly. This did not work, however, and so I decided to test my hypothesis.

I closed my left eye and observed the shimmering, zig-zag-edged shape in the inferior nasal quadrant of my vision. It looked just like those speech bubbles in comic books, the ones used to convey the force of our superhero's attack: KAPOW! I opened my left eye and now closed the right—the apparition was still there, inferior temporal quadrant, staring back at me. I remember going through the neuroanatomic pathway in my mind: if it's affecting both eyes simultaneously, then it's not the eyes, it's the brain. In

hindsight, I think it took a surprisingly long time for the penny to drop. This was without doubt the aura of a migraine.

I pulled into the next parking area, utterly fascinated by my discovery and now completely uninterested in the stunning surroundings. I had never had a migraine or an aura, and certainly was not aware of any of my relatives having them. In fact, I had until then had a fortunate and disease-free run, steering well clear of physicians in anything other than a professional capacity. Yet there was no denying that I was now experiencing a classical symptom of a common illness, one which I had learned about several years earlier and still dutifully inquired about to all the patients I met who presented with a headache. “Any shining lights or zig-zag lines at the edges of your vision?”—this until-then abstract question had suddenly taken on a new meaning. I had seen artists' depictions of fortification spectra but had probably remained somewhat incredulous. As it turns out, mine was a scintillating scotoma. I could understand pain, nausea, or breathlessness, as these are symptoms that we all experience at one stage or another, at least to some degree; but a mysterious, twinkling apparition would have been asking too much of my rational mind.

Within half an hour, it was gone. I set off again, wondering whether to expect a headache and how long it might be. About 45 minutes later, I stopped off to explore the Mud Volcano area. The smell of hydrogen sulfide which filled the air and the grotesque belching of the mud springs were the backdrop for my first migraine. The headache crept up on me slowly, as did the accompanying nausea and irresistible urge to seek shelter. Concerned that the acrid fumes were making it worse, I got back into the car and drove on.

I managed barely a few miles before admitting defeat. The headache was as much a heaviness as a pain and it felt as if it was clouding my mind. The nausea persisted despite the fresh air coming in through the open window. The heat of the sunshine on the left side of my face was too much to bear and I pulled over in despair. Craving darkness, I fashioned

Dr. Morton answers questions and reads extracts from this essay in a podcast recorded with Dr. Ted Burns, available at Neurology.org; a full reading of the essay is available on the iPad® and Android™ devices.

a makeshift blind to keep the sun out and laid the seat back to lie down. There, almost rolled into a ball, I waited for the illness to pass, rocking gently every time a car sped past.

When I resurfaced, the sun had made way for a dense layer of white clouds. The ensuing coolness was welcome but the light was still difficult to take. The heaviness that had engulfed my head had eased off, and the nausea was fading away. Frustrated as I was to have already lost several hours in such a beautiful place, I decided to push on towards my final destination, the Old Faithful geyser. The 2-hour drive was noticeably less enjoyable than the first part of that day's journey, but I could sense that the fog was slowly lifting. I arrived at my hotel and immediately went to bed, drawing the curtains to fill the room with blissful obscurity.

When I finally came to it a few hours later, the sight and sound of Old Faithful's tremendous eruption were simply awe-inspiring. I had known what to expect but nevertheless stood mesmerized as the colossal plume of water and steam shot up over 100 feet into the air. I ambled around the area and returned in time for the next wave. After the unpredictability of the day's events, there was something oddly

comforting about the reliability of this geyser. Walking through the surrounding basin, I discovered that many of its neighbors are not so consistent in their activity, forever defying prediction in a manner not unlike many illnesses.

As physicians, there inevitably comes a moment when we transition from being observers or pursuers of disease to experiencing it for the first time. We find ourselves affected by the same ills that we look for in our patients, and we finally come to understand what it means to be sick. Not only can we then better understand the symptoms of illness, but we can also appreciate the uncertainty and anxiety that come with the discovery that we too are vulnerable. I have not had another migraine since that day in Yellowstone, but not a set of night shifts goes by without my wondering whether the lack of sleep will provoke another. Perhaps it will never come, but a seed was planted out in Yellowstone, engendering a heightened understanding and empathy for the plight of my patients.

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