It is good news that *Cephalalgia* is now 30 years old. Its success from the beginning was due to the hard work and skill of its first editor Ottar Staastad.

Interest in migraine and headache had been increasing in the 1950s and many distinguished physicians and scientists such as Brain, Critchley, Sicuteri Anthony, Lance, Dalsgaard-Nielsen, Ekbom, Saxena, Isler, Graham, Friedman, Diamond and many others were all taking an interest.

In 1965 the Migraine Trust chaired by Lord Brain was formed and a committee set up. One of their first decisions was that there should be a migraine clinic in London where patients who were in the process of having a migraine could go, because at that time very few headache specialists had actually seen patients in an acute attack. The City of London Migraine Clinic was founded in the late sixties. Many important papers were being written by Scandinavian, British and other authors interested in migraines and these were often rejected by the neurological journals. So *Cephalalgia* came at a very opportune time.

In the past 30 years most of the leading workers in the migraine and headache field have contributed articles to *Cephalalgia* and it is now regarded as the best journal for papers on this subject. Despite all this there still remains a great deal that is not known about migraine and its treatment. Some of the unanswered questions seem very simple, but there are no easy answers to any of them. What is migraine? In the classification the symptoms are described, but the actual pathological process is not known, although many theories have been put forward.

What initiates an attack of migraine? Again there are multiple precipitating factors mentioned, almost as many as there are migraine patients, including stress, flashing lights, chocolate, onions, bad diet, menstruation and so on. What is the mechanism of the attack? Again, many theories have been put forward, one of the most popular being spreading depression. Others include vascular changes or chemical disturbances, but so far there is no definite answer.

In a migraine attack the neurological symptoms, usually visual disturbances, indicate brain activity.