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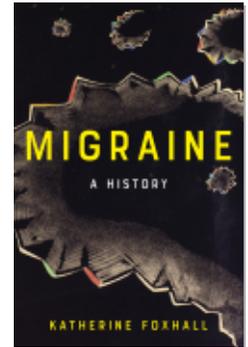
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“Take Housleeke, and Garden Wormes”

Migraine Medicine in the Early Modern Household



Mrs. Corlyon’s *Booke*, 1606

A noblewoman’s recipe book, dated 1606, explains that “you shall know the Megreeme by this it lyeth in the Browes, or in the Noddell [the back of the head], or in the one side of your heade.”¹ The book belonged to Alathea Talbot, Countess of Arundel and Surrey, well known for her interest in physic, but its authorship was attributed to a woman named Mrs. Corlyon. One of the principal factors in head pain, Corlyon explained, was a physical process she described as “the opening of the heade,” for which she identified three common causes: too much moisture about the brain, a sudden jump or fall, or the shaking of “vehement riding or such like.” In order to recognize when your head had opened, Mrs. Corlyon gave a relatively straightforward and quick diagnostic test that could be undertaken by anyone. First, you must “bowe downe the end of your thombe.” Then you should attempt to fit the half of the thumb between the two knuckles into the space between the upper and lower teeth of the fully opened mouth, with the upper joint pointing toward your upper teeth and the lower joint to your lower teeth. If you cannot fit the portion of the thumb between the two joints into the space between your teeth, “then your heade is opened,” she explained.

Corlyon’s simple thumb test provided a quick way—which could also be used preemptively—to determine whether further action was needed to treat a head that was opened. She also provided a simple physical method for, quite literally, forcing the two sides of the head back together. Leaning over a table on your elbows, put your face in your hands with your thumbs under the two sides of the skull bone behind the ears, with the fingers facing toward the top of the head. Gathering your face into your hands, squeeze the face and tem-

ples together, so the fingers met at the top of the head. This hold should be continued for half an hour at a time and repeated as often as necessary. To be sure of success, Corlyon recommended that the sufferer also anoint their temples near the ears and the back of their head with either her ointment for palsy or one made of lavender; recipes for both were provided later in her book. The ointments should be taken in a drink of cow's milk mixed with green or dried balm, rosemary, and nutmeg. Every day, the patient should drink a quart of this concoction, as hot as possible, so the perfumed air "may ascende into your heade."²

Mrs. Corlyon included detailed instructions for the preparation of three herbal remedies for megreeme. The first, a remedy "to staye the humours from fallinge to the Eyes, and goode for the meegreeme," came in the first chapter, for diseases of the eyes, in a section that also included preparations to take away redness and soreness in eyes, clear the sight, remove growths, and prevent cataracts. Two more migraine remedies came in the chapter on diseases of the head: a "gargas" (gargle) to be held in the mouth, and a plaster to be applied to the forehead and temples after using the gargle. Other remedies in her chapter included concoctions to "stay the rhewms," procure sleep, and clear the head of corrupt air or wind.³

Mrs. Corlyon's directions for diagnosing and treating migraine through both physical and herbal means take us beyond learned physicians and formal texts. Her book provides a unique and invaluable insight into how migraine in the early modern period might have been understood by ordinary people, and how it was treated within the home. In the present chapter, Mrs. Corlyon's collection forms the basis for tracing a path through early modern ideas about the symptoms, causes, and treatment of migraine, its relationship to other conditions, and the rich variety of medicaments that could be made up and applied. During my research, I collected nearly a hundred separate recipes from manuscript remedy collections and printed books from the sixteenth and seventeenth centuries. There are different kinds of treatments, including plasters and caps to be placed on the head, drinks, powders, gargles, and aromatic preparations to be held in the mouth.⁴ These remedies incorporate nearly sixty separate herbs and plants, in addition to spices or strongly flavored ingredients such as nutmeg, cumin, cinnamon, ginger, and mustard, as well as twenty different oil, resin, and liquid bases, including wine, ale, olive oil, frankincense, and turpentine. Egg white, honey, and bread helped bind other elements together into pastes that could stick to linen or leather patches. A number of recipes called for earthworms, the rationale for which

we will discuss later in this chapter. While many of the collections did contain instructions for minor surgical operations, the practice of bloodletting appears to have remained beyond the purview of domestic approaches to megrim, which were concerned almost entirely with the production of medicines using ingredients derived from plants and animals.⁵

Although recipes and instructions such as Mrs. Corlyon's tell us little first-hand about the lives of individual sufferers, and although, in many cases, we do not have much information about the owners of the books, the instructions about the qualities of the ingredients required, and the manner in which these concoctions must be made and followed, do reveal a lot about the kinds of diseases these writers anticipated. In the previous chapter, we saw that medieval writers often identified both hot and cold causes for migraine, while here we find that most "receipts" called for "hot" and "dry" herbs (as in Mrs. Corlyon's one for "Megreeme in the heade"), revealing that by the early modern period, migraine was widely understood in everyday practice to be brought on by excess moisture and cold humors in the head. When they are assembled and analyzed together, recipes and remedies provide a rich picture of the ways in which people dealt with migraine and their ideas for managing a disease that could be both acute and chronic. They also give important insight into the ways in which medical information circulated between print and pen among householders in the early modern period.

Early Modern Household Recipe Books

Mrs. Corlyon's *Booke of Diuers Medecines, Broothes, Salues, Waters, Syroppes, and Oyntementes* is modestly sized and bound in its original calf leather cover. The initials stamped in gold leaf on the cover and the inscription on the first page reveal that the book was owned by Alatheia Talbot, but a note inside the front cover explains that most of the recipes "have been experienced and tried by the special practize of . . . Mrs. Corlyon." The date suggests that the blank volume may have been a gift on the occasion of Alatheia's marriage to Thomas Howard, the second Earl of Arundel (1586–1646), into which Alatheia transcribed the contents, perhaps from Mrs. Corlyon's own book.⁶ Recent research by historians has revealed that the Wellcome Library's manuscript is identical to another in the Folger Shakespeare Library, suggesting that Mrs. Corlyon belonged to a well-known family of Cornish gentry.⁷

Mrs. Corlyon's *Booke* is one of the best preserved in the Wellcome Trust's archive of early modern manuscripts containing domestic recipe collections.⁸ These were both practical household manuals and highly prized family heir-

looms. Because of their importance, a great number of similar manuscripts have been carefully maintained over time and can be found in major libraries and archives.⁹ Elaine Leong has described them as "treasure stores of practical knowledge," filled with information to be used "just in case."¹⁰ Recipe books contained a wealth of shared, collected, and inherited knowledge to aid in the running of a household, including instructions on how to concoct medicines and salves, clean a gunshot wound, make basic pies for everyday meals and elaborate puddings for special occasions, preserve gluts of seasonal produce, and administer veterinary treatments to maintain the health of precious livestock. These volumes are a revelatory window into the goings-on of early modern lives, and they allow us to combine the history of household medicine with the broader culture of scientific knowledge, the commercial economy of the medical marketplace, and the reception of early printed material.¹¹ While Alisha Rankin's work on networks of respected noblewomen healers in Germany has used recipe books to showcase these women as integral to mainstream cultures of pharmacy, scientific experiment, patronage, and exchange, other historians have emphasized that such books are not just indicative of women's knowledge, but also are illustrations of how generations of men and women contributed to the compilation of family books.¹² More recently, attention has shifted to how these collections—particularly exemplars such as Mrs. Corlyon's, which was devoted to the everyday practice of medicine—can help us understand the history of particular disorders and states of health, often by examining the contents of the recipes themselves.¹³

Although many manuscript recipe books are written in several hands and bear the marks of being added to and passed on over generations, Alatheia Talbot's version of Mrs. Corlyon's *Booke* is a "best copy," written in the same handwriting throughout and meticulously set within carefully ruled borders. Each remedy is titled in red ink, with the rest of the writing in black, a common way of laying out medieval and early modern manuscripts. We might best understand this manuscript as a personal treasure, rather than a practical manual that Alatheia used on a regular basis. A few supplemental remedies that appear on the spare pages at the end of chapters and in the back of the volume seem to have been added later. Nearly all of these are credited to named individuals, suggesting that Alatheia chose to supplement her collection with just a few trusted recipes, in addition to the majority that initially came from Mrs. Corlyon. Individual recipes deemed particularly valuable are accompanied by terms such as "soveraign," "*probatum est*," "experienced," or "these drinks do help."

Corlyon's collection is organized in twenty-five thematic chapters. As had been standard practice for medical handbooks during the medieval period, it follows a head-to-toe organization, starting with the eyes, then progressing downward through the body in chapters dedicated to the head, ears, face, teeth and mouth, throat, lungs, and stomach, until reaching disorders of the digestive system. Five additional chapters deal with preparations for less localized disorders, including jaundice, bleeding, sweat, plague, and gout. One chapter lists "generall medecines for particular effectes," and the final five chapters deal with different types of medicine: broths, waters, syrups, salves, and ointments. There are remedies for ailments as diverse as deafness, toothache, sciatica, consumption, kidney stones, and the expulsion of wind, as well as a number of preparations for general, less diagnosable weaknesses. Together, the recipes cover a huge number of different problems. This is a highly personal early modern encyclopedia of bodily and medical knowledge.

Between Print and Pen

While some elements of Mrs. Corlyon's approach, such as the diagnosis of an open head, are distinctive, in general her ideas are representative of the humoral and herbal knowledge contained in manuscript and printed collections of the period. Corlyon's identification of excessive moisture, or the dangers of too much shaking, reflected widely held ideas that the sources of head pain could either be internal (humoral) or external, the latter for reasons such as the temperature being too hot or cold, or individuals eating the wrong foods (though, in the early sixteenth century, Sir Thomas Elyot's *Castel of Helth* suggested that vehement shaking might usefully serve to cure, rather than provoke, "mygrimes").¹⁴ It is not clear, however, where Mrs. Corlyon obtained her theory about the dangers of an open head as the cause of headache. Neither her rationale for head pain, nor her description of such a physical treatment, appear in any of the manuscript or printed sources that I have been able to find from the early modern period.

Mrs. Corlyon defined megreeme by the location of the pain (in the brows, the nape of the neck, or one side of the head), which reflected an ongoing influence of the classical division of headaches into three types. What is unusual is that she included this information in her recipe book, when she, like her contemporaries, rarely gave details about the character or symptoms of diseases for which she offered treatments. In fact, Corlyon included diagnostic information with only two recipes in the book: how to tell what was a megreeme, and how to distinguish between a stitch and a more serious pleurisy.¹⁵

For many gentlewomen, printed medical books would have been an important addition to their collection, particularly in the case of those for whom providing physic within the local community, as well as the household, was an important aspect of their social role.¹⁶ By the sixteenth century, the diagnostic information for individual ailments that is missing from recipe collections could commonly be found in printed medical books. Andrew Boorde's *Breuiary of Helthe*, published in 1547, is one of the earliest medical texts in vernacular English, rather than the Latin of learned authors.¹⁷ It, too, offered a great deal of information about megrim. Boorde's *Breuiary* was arranged alphabetically by the Latin terms for ailments, with English-language descriptions in the margins alongside for easy reference. Each entry also gave the Greek names for the illness, as well as its characteristic symptoms and causes, before offering a remedy. The *Breuiary* placed a heavy emphasis on diet, both as a cause of sickness and in its treatment. This approach certainly reflected the continuing importance of ideas about balancing humors and regimens, but it also conveniently led Boorde's readers to his companion book, *A Compendyous Regyment or a Dyetary of Helthe*.

We might usefully think of Boorde's *Breuiary* as a handbook that aimed to help an ordinary person understand the terminology their physicians might use. Boorde explained that he did not want to exasperate genuine doctors and masters of the science of physic with his publication, nor did he expect it to allow people to cure themselves. He kept his entries brief, so he did not reveal the science of physic to all, which might lessen public regard for physicians and allow "every bungler" to practice it. Instead, Boorde provided enough information for patients to diagnose their disorders, arming readers with the ability and confidence to make a more informed judgment about the credibility of those who offered cures.¹⁸

Boorde began his entry for hemicrania by explaining to readers unfamiliar with Latin that it was a compound of the terms "hemi," meaning "the mydle," and "craneum, which is to say the skulle." "Megryme," to use its English word, would thus be felt in the middle part of the head, with pain descending to the temples, "and doth fetch a compas lyke a rayne bowe." At different times the pain might lie more to one side of the head than the other.¹⁹ Boorde's use of the term "compas," meaning to range over the head, can be traced directly back to Bartholomaeus's thirteenth-century *On the Properties of Things*, which had been much reproduced since. It is important to note that Boorde's reference to a rainbow was not a description of the kind of visual experiences of aura that artists and scientists would come to depict in the nineteenth century, but

of the *shape* of the pain, as an arc around the top of the head. Nevertheless, the fading nature of rainbows, and their tendency to appear brighter on one side in the sky, made this a particularly telling analogy. Boorde explained that megryme was caused by a “reume” (a flow or flux of humors, particularly one originating in the head) that was “intrused” (projected inward) in the head and could not be removed other than by using medicine.²⁰ Rheums could be either hot or cold, and they were often described as “thin” or “sharp.” Rheums became a problem, and caused disease, when they moved, or “flowed,” usually downward into the nose, eyes, or neck. This idea is apparent in the first of Mrs. Corlyon’s recipes, which was supposed both to prevent humors from falling to the eyes and to be good for meegreeme.

Roughly forty years later, Philip Barrough’s *Method of Phisicke* defined hemicrania as “a painfull evill remaining in the one halfe of the head, either on the right halfe or on the left, and is distinguished by the seame that runneth along in the skull . . . this griefe in Englishe is called the migrime.”²¹ Barrough gave a number of different explanations for the effects of humors in causing headaches, and he dedicated several pages to apprising readers of the best ways to treat headaches resulting from heat and cold, dryness and moisture, and the humors of blood, choler, and phlegm. He also offered remedies for pains from “windynes” (an echo of Bartholomaeus again), the stomach, fevers, or a simple hangover. Barrough’s ideas about the causes of different kinds of headache were complex, but he showed how the quality and severity of the pain could give clues as to what created it and help identify appropriate treatments. For example, a dry cause might produce a moderate pain, but if the abundant humors had a “sharpe and byting qualitie,” the pain would prick and shoot accordingly. Inflammation of the head caused a beating, pulsing headache.²² For migrime, Barrough identified the source as “the ascending and flowing of many vapours or humours eyther hote or cold, eyther by the vaines, or by the arteries, or by bothe,” an explanation that had changed little since Galen. Sometimes the eruption of pain could emanate from the brain thrusting out its “excrementes and superfluityes.”²³ The dangers of vapors were not necessarily just internal. Ambroise Paré identified goldsmiths and metal gilders as particularly at risk from megrim, because they routinely breathed “noysome vapour or smoake,” such as that given off by antimony or quicksilver.²⁴ In 1615, London physician Helkiah Crooke made an early connection between migraine and vomiting, commenting: “Seeing the stomack hath obtained so many sinewes, it is no wonder if when the braine bee stroken or affected, the stomacke also bee disturbed, and vomitings caused, especially in

the Hemicrania or Meigrame."²⁵ Crooke's discussion of vomiting was unusual at this point in time, as the association of megrim with nausea or sickness only became more common from the eighteenth century on.

Although Boorde and Barrough had different ideas about migraine, due either to the effects of trapped rheums or rising vapors, both men acknowledged, as had been common since the classical period, that pain could result from either hot or cold causes, and that the disease was characterized by an excess of humors or moisture in the head. For Boorde, the key to successfully alleviate all head pains was to determine their humoral characteristics and then treat them accordingly, either by bleeding, purging, heating, or cooling. These remedies were designed to draw out the offending stuck rheum, rather than to moderate the sufferer's temperature. Boorde recommended purging the head with "gargaryces and sternutacions" (gargles and sneezes), and then anointing the temples with oils or applying a mustard plaster to the temples. Above all, the sufferer should avoid becoming constipated and protect their head against extremes of temperature, whether hot or cold.²⁶ Barrough also recommended purges to remove humors, again chosen to either cool or heat the affected area, depending on the cause of the migrime. An ointment consisting of oil made from the herb dill and powder from the pulverized root of the "ireos" lily (which could be imported from Florence) treated a distemper produced by cold. If hot humors or vapors were the culprit, a sufferer could take remedies based on mildly cooling ingredients, such as oils of roses or chamomile. This course of action was particularly recommended for women, children, and eunuchs, all of whom, by virtue of already being cold, should not be cooled too much further. For more drastic cooling, juices made from houseleek, purslain, knotgrass, unripe grapes, nightshade, and lettuce were useful ingredients. The juices of poppies or mandrake, on the other hand, should be avoided.²⁷

It is notoriously difficult to find the extent to which information printed in books was either read or used in practice, or what the sources of that information were in the first place. In some cases, there is direct evidence of a knowledge exchange between manuscript and printed recipe collections. One example is a "singuler remedy for all diseases in the head" in John Partridge's *Widowes Treasure*. This required a handful each of chamomile, betony, and vervain leaves, pounded together and steeped in ale wort, then mixed with cumin seeds, hartshorn powder, vinegar, egg yolk, and saffron to form a hot plaster to be laid on the head. Seventy years later, Thomas Collins reproduced two versions of this recipe in his *Choice and Rare Experiments*.²⁸ The recipe

appears again in Miss Shaw's manuscript collection of recipes, probably dating to the second half of the seventeenth century.²⁹ But it is also true that even the most well-circulated printed recipes were not necessarily incorporated into manuscript collections. Thomas Moulton first published his *Myroure or Glasse of Helth* in 1531, and, over the remainder of the sixteenth century, the volume went through at least seventeen editions.³⁰ Moulton included one recipe "for the migrym" that required four handfules of red rose flowers and three handfules each of chamomile and vervain. These herbs should be boiled together in white wine, then put into a linen bag and placed on the head "as hote as the sicke may suffer." Although relatively easy to prepare, Moulton's recipe seems not to have caught the attention of compilers of household collections, perhaps on the simple grounds of practicality. As well as relying on the seasonality of a particular color of roses, it required constant reapplication of the hot plaster for a day and a night, or longer if need be.³¹ Recipes involving more obscure ingredients, derived from the medieval and Mediterranean traditions of classical medicine, also appear not to have translated well, such as one from Thomas Cartwright requiring "Bole Armoniack, Sanguinis Dragonis, and Terra Sigillat."³²

While published books often contained details of and uses for single herbal ingredients, known as simples, compilers of manuscript recipe collections rarely stuck with one item when several would do. Yet, as we have already seen, these were not just randomly thrown together concoctions of whatever leaves and roots could be found in the back garden. Their combination reflected a distinct rationale, informed by centuries of accumulated knowledge regarding the natural properties of plants. During the early modern period, printed herbals—such as those published by William Bullein, William Copland, and Rembert Dodoens in the sixteenth century and, most famously, by Nicholas Culpeper in the seventeenth century—reproduced the classical knowledge of Greek physician Dioscorides, thus widely disseminating the information needed to mix together different ingredients that would either complement or moderate each other.

Using this system, we can begin to understand the mentality behind Mrs. Corlyon's recipes. "A Gargas or Medecine for the Megreeme in the heade" advised (fig. 3.1):

Take Sage Rosemary and of Pellitory of Spaine, the rootes of eche of these a like quantity, and boil them in a pinte of Vineger, uppon a chafing dish of coales, untill halfe be consumed, then putt therein two good spoonefulles of Mustard

being made with good Vineger, and so lett it boile a while, And then take a litle of it, as hott as you can suffer and holde it in your mouthe, as you shall feele occasion and then spitt it out, and take more and this doe five or six tymes euery morninge so long as you shall fynde occasion or feele your selfe greued.

Mrs. Corlyon's recipe for a gargle required the roots of three different herbs. Rosemary was widely considered to be beneficial for head pain. An anonymous early seventeenth-century pamphlet extolled the virtues of the "quintessence of rosemary flowers." It recommended those "that are subject to Melancholy, Lethargie, Megrim, Lunacie, Vertigo, Apoplexie, and any other

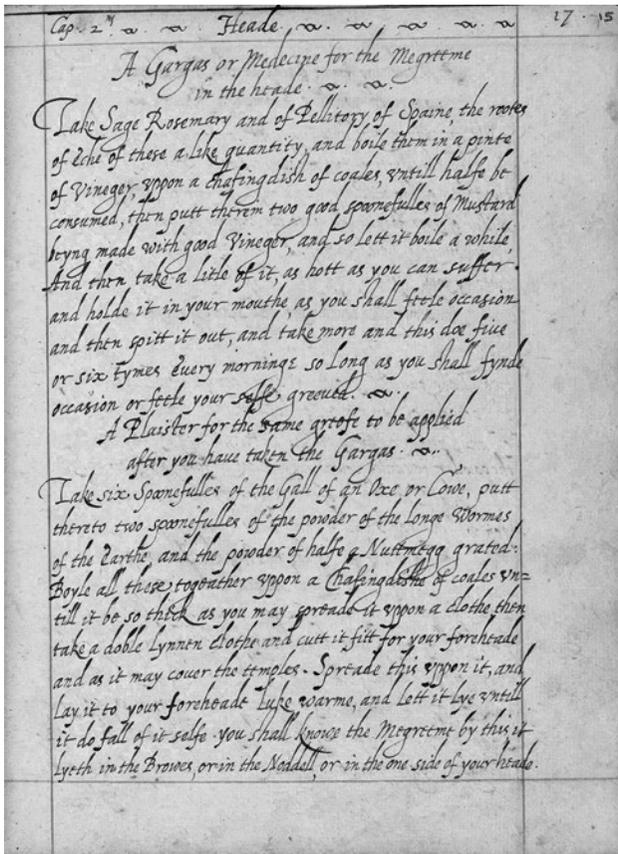


Fig. 3.1. "Medecyne for the Megreeme," from Mrs. Corlyon's *Booke of Diuers Medicines, Broothes, Salues, Waters, Syropes, and Oyntementes*, 1606. Courtesy of the Wellcome Library, London, licensed under CC-BY

infirmities that come to the head by reason of humiditie and coldnes” to take one or two drops in broth or good wine.³³

According to Copland’s *Herbal*, sage was hot in the first degree and dry in the second. Rosemary, too, was hot and dry, and both herbs were characterized by a strong (and not unpleasant) savory aroma that might have seemed to enhance the effect of the remedy infusing through the head when chewed or inhaled. Pellitory of Spain (also called Spanish chamomile), a small perennial with feathery leaves and a daisylike flower, had similar qualities, although to a greater degree.³⁴ Accordingly, it was well known for its use in remedying head complaints. Thomas Cogan’s *Hauen of Health*, a manual first published in 1584 and reprinted in several editions through the first decades of the seventeenth century, described pellitory of Spain as “hot in the third degree fully, and dry in the second,” its chief use being to purge the head of rheums and other grief. Cogan recommended chewing a little piece of the dried root to draw out an abundance of “flegmaticke and waterish humours.”³⁵ Gerard’s *Herball* described pellitory root as “very hot and burning,” useful against “the megrim or continuall paine of the head . . . the apoplexie, the falling sickness . . . a similar good and effectuall remedy for all cold and continuall infirmities of the head and sinewes.”³⁶

Hot and dry herbs like these appear in a number of manuscript recipe collections for plasters, drinks, and preparations to be gargled, or held in the mouth. Mixing these aromatic hot and dry herbs with pungent items from the kitchen, such as vinegar and mustard, would further enhance the effect of the herbs, whether they were designed to penetrate or warm through the skin, or create vapors that would ascend through the head from the nose or mouth.

In 1526, a very similar remedy for migraine, “postume,” and dropsy in the head appeared in the anonymously published *New Boke of Medecynes*. It required “iiii penyweyght of the rote of Pyllatory of Spayne / a half peny weyght of Spygnarde [spikenard].” These should be ground together and boiled in vinegar, mixed with a spoonful of honey and a saucer of mustard, and held in the mouth a spoonful at a time.³⁷ This same recipe can also be found in a fifteenth-century manuscript recipe collection.³⁸ Thomas Vicary’s *English Man’s Treasure*, the first textbook of anatomy to be published in English, contained an herbal remedy to purge the head. The recipe consisted of, among other things, “Pelitorie of Spaine,” “Stavisacre,” ginger, and cinnamon, placed in a linen bag soaked in vinegar and held in the mouth.³⁹ Vicary’s recipe bears more than a passing resemblance to Corlyon’s remedy, but we can trace this combination back further. A fourteenth-century collection of medical recipes

from the British Library has one for “mygrenen” requiring “peletir of spane and stafsacre in a lital poke,” which should be held for a long time between the teeth on the sore side and chewed.

If we replace the requirement for spikenard and stavesacre (in the delphinium family) with the similarly hot and dry sage and rosemary in Mrs. Corlyon’s recipe, we can see that Corlyon and her contemporaries were adapting long-established and trusted remedies, substituting plants with similar qualities that could be more easily obtained or grown in a northern European garden in place of the more exotic herbs. Versions of this medicament were still being widely circulated in the mid-seventeenth century. The Townshend family’s collection of medical and cookery recipes noted the mixture’s suitability for toothache and headache as well as megrim, recording that they had received the recipe from a Mr. Bamfield.⁴⁰ Other common herbs in remedies for megrim include vervain, betony, chamomile, fennel, and marjoram. These, too, were all considered to be hot and dry in various degrees.

At this point, it is worth noting a somewhat surprising absence from these early modern recipe collections. Feverfew has a regular place in today’s herbal remedies and is commonly understood as having been used for centuries. It was certainly known in earlier periods. In the seventeenth century, Nicholas Culpeper’s *English Physitian* explained that “featherfew” was very effective against all pains in the head that had a cold cause, and John Pechey’s *Compleat Herbal* instructed readers to warm a handful of feverfew in a frying pan before applying it hot. Feverfew is easy to grow—its delicate leaves and clusters of pretty, white, daisylike flowers show up yearly in my own garden—but it seems to have rarely, if ever, appeared in early modern domestic practice.⁴¹ A likely explanation for this is that feverfew was native to the Balkan region of Europe and, although it was known, it was not commonly available in northern and western Europe until introduced more widely in later centuries.⁴²

The principle of using warming, drying ingredients applied to a range of disorders. Rheums of different sorts are mentioned in several places in Mrs. Corlyon’s *Booke*. A recipe to “stay rheums” in the chapter for disorders of the head also made use of sage, as well as the dry ingredients salt and bran, which would draw excess moisture outward from the brain. Her medicine to cleanse the brain used rosemary, with the explanation that chewing the leaves would allow the fragrant air to ascend into the head, and the offending humors would then be voided from the mouth. Recipes for toothache again used rosemary to draw out rheum, while Corlyon noted that if the cause of a sore throat was a cold rheum, then the reader could simply add a little sage to her gargle recipe.

She also recommended adding hot and drying herbs—including sage, rosemary, and thyme—to a bath for treating legs swollen with cold.

If a number of different disorders appeared to be manifestations of the same humoral cause, they might all be treated by a single medicine. For example, William Langham's *Garden of Health* recommended the ashes of ash bark for both megrim and toothache, while the anonymously authored *Here Begyn-neth a New Boke of Medecynes* contained two recipes "for the Mygrayme in the heed, for the dropsy in the heed, for y^e fevour in the heed & for all aches in the heed."⁴³ The collection of Johanna St. John (an English gentlewoman who employed a team of herb gatherers and distillers to run the productive gardens at Lydiard Park, her country house in Wiltshire), contained one recipe "for the megrim convulsions fitts or falling sickness" and another for a seasonal purging ale to be taken in April and September against "dropsys palsys megrime fowlnes of the lungs pains of the stomach."⁴⁴ Dr. Stephen's water—a staple cure-all in both printed and manuscript collections—was, Mrs. Corylon noted, particularly useful "for all diseases that come of rheume." The recipe for Dr. Stephen's water contained rosemary, thyme, sage, "pelitory of the wall," and chamomile, as well as warming spices such as cinnamon, aniseed, nutmeg, and coriander seed. If a person with migraine in the early modern period found they were unable to make or procure a specific remedy, it is likely that they would have turned to the ubiquitous Dr. Stephen's water in the same way that we might take a general painkiller in the absence of a more targeted drug. Other recipes treated migraine together with giddiness, dizziness, or falling sickness, an important association we will return to in the following chapter.

Earthworms

"A Plaister for the same greefe to be applied after you have taken the Gargas" (see fig. 3.1) recommended:

Take six Spoonfulles of the Gall of an Oxe or Cowe, putt thereto two Spoonfulles of the powder of the longe Wormes of the Earthe, and the powder of halfe a Nuttmeg grated: Boyle all these together uppon a Chafing dishe of coales untill it be so thick as you may sproade it uppon a clothe then take a doble lynnene clothe and cut it fitt for your foreheade and as it may couer the temples. Spreade this uppon it, and lay it to your foreheade luke warme, and lett it lye untill it do fall of it selfe. you shall know the Megreeme by this, it lyeth in the Browes, or in the Noddell, or in the one side of your heade.

The first part of Mrs. Corlyon's remedy, the "gargas" discussed earlier, was relatively simple to make, only required readily available ingredients, and was easy to prepare in large batches. It could have been included without difficulty into the daily morning routine of, or made for, a person with frequent attacks. It was not, however, designed to be used on its own, and the second part of her recipe required some distinctly less appealing ingredients to make a plaster that could be stuck to the head and left there until it fell off of its own accord. Corlyon undoubtedly considered the pairing of the recipes to be important, as elsewhere in the book she warned that "there is no helpe in any medicine unless it be carefully ministred, according to the trewe prescription thereof."⁴⁵

Nutmeg was a common ingredient in migraine remedies. One of Jane Jackson's recipes from her collection simply required the sufferer to grate a nutmeg onto a cloth, wet it with wine and rosewater, and bind it to the temples and forehead overnight. Johanna St. John's remedy warmed more aggressively, calling for celandine (considered hot and dry in the third degree), and as much ginger and nutmeg "as will lye on a Groat." In Lady Ayscough's recipe, dating from 1692, nutmeg was one of several spices—including frankincense, mastic, cloves, and cinnamon—to be combined with a number of hot herbs.⁴⁶

The two main elements in this part of Mrs. Corlyon's medicament were ox gall and earthworms. Animal parts had been a common ingredient in remedies since the ancient Egyptians, and particularly so after the first century, when Greek physician Dioscorides had singled out specific parts of animals and humans for their general medical value. We have already seen that a thirteenth-century Welsh remedy for migraine involved the skinned and boiled or roasted head of a hare.⁴⁷ In a fifteenth-century leechbook, a recipe for "mygreyne" required the gall of an ass mixed with powder from the stavesacre plant, which should be beaten, skimmed, and then applied on the head like a plaster.⁴⁸ Mrs. Corlyon made use of animal ingredients in several recipes. Those who needed to strengthen their backs or take away aches were offered an ointment of earthworms.⁴⁹ She used slugs against a "pyn or webb" in the eye and snail shells for colic, while "an especiall & good medicine" for falling sickness instructed the reader to take an ounce of "the Skull of a Man's heade."⁵⁰ This was by no means an outdated practice. The Royal College of Physicians of London's *Pharmacopeia* discussed the medical virtues of the different parts of various creatures, including vipers, swallows, and scorpions. William Salmon believed earthworms, in particular, to be beneficial for many complaints, including consumption, jaundice, hectic fevers, and diseases of the

head and brain.⁵¹ Other publications from this period mentioned using earthworms, including Pope John XXI's *Treasury of Health* (1553), which told sufferers to take a dead earthworm and make a plaster to be laid on the back of the head for "the palsey."⁵² Thomas Collins's *Choice and Rare Experiments* used a handful of earthworms in a remedy for general head pain.⁵³

Why use earthworms? We can find a valuable explanation for this in Elizabeth Sleight and Felicia Whitfield's collection of medical receipts from the late seventeenth century. They explained that nature's remedies had "extreme subtile parts," which were able to "undermine that which is hard, open that which is stopped & shut," and gently expel offensive matter. They singled out creatures "bred of putrefaction," such as earthworms, "timber sowes" (earwigs), snails, and the flesh of snakes—though admitting these might be "loathsome to take"—as particularly useful.⁵⁴ The rationale behind Corlyon's use of earthworms in a plaster for "megreeme" is thus revealed as being quite straightforward. It worked on the principle that creatures such as earthworms, which in life existed on rotting and putrefying matter, could counteract similar processes in the human body.

Another migraine medicament containing garden worms appears in at least three places in the seventeenth century, including in an anonymous publication, the popular *Closet for Ladies and Gentlewomen*. The recipe is short and simple, and the ingredients easily obtainable: "Take Housleeke, and Garden wormes, the greater part being Housleeke, stampe them together and thereto fine flower, and make a playster in a fine cloth and lay it the forehead and temples."⁵⁵ Unlike the warming sage and rosemary used by Mrs. Corlyon, however, houseleek was known as a cold herb, as were plants such as primrose, red rose, yarrow, and blessed thistle. While dry and hot herbs seem to have been most often used in household manuscript collections, suggesting that, in practice, migraine was most often understood as being the result of cold and moisture, ingredients with cold properties became a commonsense approach to treat a pain with a sensation of heat or burning.

Houseleek often appears in migraine remedies. In 1642, Jane Jackson reproduced two versions of the earthworm recipe in her manuscript collection, as well as a third worm-based preparation that omitted houseleek and simply mixed worms with bread. In 1655, the original recipe of houseleek and worms was republished in a book called *Natura Exenterata*, recycling the mixture for a new generation of medical readers.⁵⁶ The persistence of the earthworm recipe across several decades, in both manuscripts and print formats, reinforces a point made by Paul Slack: many of the printed medical works that prolifer-

ated in the Tudor period did not attempt to change the attitudes or practices of their readers, or introduce fashionable practices or innovations, but instead were conventional and conservative, with the aim of reinforcing other sources of medical knowledge, rather than promulgating new ideas.⁵⁷ Whether or not readers of *Natura Exenterata* were aware that this recipe had been around a long time, it remained authoritative as long as it seemed relevant.

Worms were again a key ingredient in the third of Mrs. Corlyon's migraine remedies, "A Medecine to staye the humours from fallinge to the Eyes, and goode for the meegreeme," which appeared in her chapter for diseases of the eyes:

Take one handfull of wilde Dasye rootes and washe and dry them in a cleane clothe, then shredd them and take a dozen greate earthwormes, and stampe them well together: Putt to all this as much as a pretty A[p]ple of sharpe Leaven Beate all well together and mingle all with the white of an egge and spredd it uppon a doble lynnenn clothe so large as the foreheade is, that it may come even to the browes and cover the temples: Let the party lye uppon his backe one hower after the Medecine is laid on, after binde it with a kercher [kerchief], and so lett it lye till it be all loose of it selfe. When you use this Medecine make a bagg of dried sage, so large as will cover from the moulde of the heade to the napp of the neck, and take a pretty quantity of Greeke Pitche and melte it alone in a litle earthenn pott, and spredd it with a flatt stick uppon the flesh side of the best Glovers Leather, and cutt your plaister so large as it may lye betweene the shoulders and upp towards the napp of the neck and lett it lye so long as it cleaveth. It is very good for the patient to forbear much butter or any thinge wherein Garlicke, Onions, or any Leekes be used.⁵⁸

This third remedy again contains two parts: the first instructions are for a plaster to be applied to the brows and temples, with a second plaster for the neck to be made out of sage and placed in a linen cloth. Here, Corlyon combined earthworms with daisies, another herb with a well-established reputation for treating migraine. John Gerard's influential *Herball* (first published in 1597) mentioned using daisies as a cure for megrim, explaining that sniffing the juice of the leaves and roots up into the nostrils would purge the head of "foule and filthy slimie humors" and help the megrim.⁵⁹ Corlyon's final advice to the patient—to make sure that they avoided particular foods—also has a long provenance that we can trace. As Luke Demaitre has observed, medieval authors believed that leeks, onions, cabbages, and nuts were "smoky" foods and therefore could cause headaches.⁶⁰ Accordingly, Boorde's and Bar-

rough's books both recommended that people with migraine should refrain from eating garlic, "ramsons," and onions, as well as avoiding wine, strong or new ale or beer, and new bread.⁶¹ Barrough added mustard and radish roots to this list, explaining that such ingredients send "sharpe vapours up to the head."⁶²

The Temporality of Disease

Recognizing that there is a strong rationale behind the combinations of ingredients in these remedies takes us a long way toward understanding early modern perceptions of migraine's causes and its effects on the body. Moreover, details about the preparation and administration of medicines can provide further valuable glimpses in this regard. The recipe in Corlyon's *Booke* that required both one plaster applied to the head and another, spread on the "best Glovers leather," for the shoulders and neck, called for a significant commitment from both the supplier of the medicine and the patient if it was to work. As well as necessitating a substantial collection of ingredients, processes, and materials, it required the patient to avoid certain foods, wear two different plasters, lie down for an hour, and then keep the plasters on for as long as it took for them to fall off. This was not a remedy that could be swigged down, with the rest of the day continuing normally. Then, as now, experiencing and managing migraine affected how people lived their lives.

Jane Jackson's recipe book is one of the most revealing collections for contemplating what kind of disease early modern people thought megrim to be. Jackson included no fewer than six separate entries for "Migrim in the Head." The first recipe was for the houseleek and garden worms remedy we have already considered, one that was quick, cheap, and simple. Jackson instructed her reader to pound the two elements together, mix them with fine flour, and then spread the paste onto a fine cloth, to be laid "to the forehead temples and all." Assuming that houseleek was readily available, the recipe would take a few minutes at most to prepare. The second remedy replaced the flour with vinegar, to make a plaster to be laid on the nape of the neck.⁶³ The simplicity of these medicaments, as well as the speed and ease with which they could be prepared from readily available ingredients, suggests that they were designed to be made up quickly and used as and when they were needed, perhaps frequently. The later recipes in Jackson's book became more complex. One required using "knotted wormes," but this time the instructions for their collection were quite specific: the worms must be gathered in the morning and left to stand until four or five o'clock in the afternoon. Then they had to be taken

out of their pot one by one, cast into a second vessel with a good piece of rye bread, and finely pounded together. Before going to bed, the paste should be wrapped in a linen cloth and bound to the temples all night. Moreover, the remedy was not expected to cure straight away; it would perhaps need to be applied four or five times before the head would "be whole." This was a time-consuming remedy to produce, suitable for an illness expected to last for several days.⁶⁴

The fifth recipe required equal portions of frankincense resin, mastic, turpentine, galbanum, olive oil, linseed powder, laurel, anise powder, and cumin, all mixed together and laid into a cap of leather, bound tightly round with a linen cloth.⁶⁵ It took planning and financial outlay to source so many unusual ingredients. We might understand the making or purchase of such a medicine as an investment. Moreover, while linen was commonly specified as the fabric for a plaster, this recipe required a leather cap. Such a commitment, however, would pay off, as Jackson promised the reader that once made, the medicine would last for twenty years. Jackson's recipe book illustrates a progression from everyday remedies that could be easily memorized and made up in minutes to a more sophisticated medicine that would give service for decades. It suggests that seventeenth-century notions of migraine, just as in our own time, appreciated that it could occur as an occasional acute attack, or as a chronic disease that could last for several days at a time, requiring vigilance and management over a significant part of a life cycle. Another interpretation is that the simplest, quickest recipes would also have been the ones a person without the means to buy medicine could either make at home or have someone, such as Jackson, provide the mixture as a philanthropic gesture, perhaps to a neighbor or a servant.

Conclusion

Tracing the provenance of recipes and their ingredients reveals a great deal about everyday knowledge of migraine—its causes, character, and treatments—in the early modern period. Most remedies followed a humoral framework that emphasized the virtues of hot, dry, aromatic ingredients in treating a disorder most often understood as caused by trapped cold and moisture. Understanding the degrees to which herbs such as sage and rosemary were hot and dry meant that older recipes, derived from a Mediterranean classical tradition, could be adapted and updated to better reflect the local availability of ingredients. While some mixtures were quick, simple, and cheap to make, others involved many ingredients, including imported spices and substances

that would have to be purchased from an apothecary. Comparing printed remedy collections with those in manuscripts also reveals that just because a recipe appeared again and again in print, it did not mean it necessarily translated into everyday practice, while others remained in current knowledge over centuries. Perhaps most important, these recipes suggest people understood that there were different types of migraine. The available treatments providing a flexible, varied—and, especially, practical—treasure trove of knowledge, allowing practitioners of domestic medicine to provide individual therapies that corresponded both to the quality and the temporality of a common, well-recognized illness.