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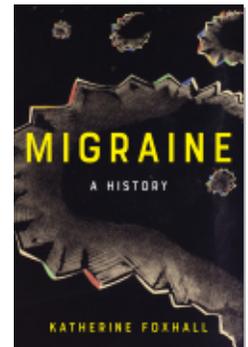
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A “Deadly Tormenting Megrym”

Expanding Markets and Changing Meanings

Francis Thomson’s Letter, c. 1590

It is difficult to say for certain exactly when, and in what town, Francis Thomson, hiding in his pigeon house, was composing a letter, but it was certainly a Monday morning, in England, around the last decade of the sixteenth century. It was an urgent request for help from Sir Michael Hicke, the secretary to Lord Burghley, Queen Elizabeth I’s lord treasurer. Hicke was certainly a powerful man. As a central figure in the practical administration of the queen’s business, Hicke greatly influenced the distribution of royal favors, and in the 1590s he was at the height of his powers. Thomson’s letter might have found its way to Hicke’s desk among requests from mayors needing assistance against their enemies, petitioners requesting grants and sales of land, and churchmen asking for ecclesiastical appointments.¹

Written on a single page, in the formal secretary hand common to the Tudor period, Thomson’s letter is an unusual one among the petitions and obsequious pleadings now bound in a thick, leather-cased volume in the British Library. After several lines of the usual flattering formalities in which he begged the secretary’s “diligence & assistance of frendshipe,” Thomson got to the point: a Mr. Topylff “intendeth shortly to bringe me in truble.” Thomson pleaded with Hicke and Lord Burghley to take pity on a man in his “old dayes,” so he might live without Mr. Topylff troubling him. In return for protection, Thomson promised Hicke a gelding, purchased from his brother at considerable cost. He signed his letter, but then added a further note at the bottom, emphasizing his difficult situation: “I am much troubled so by the mygrame & sciatica in my hypp.” Thomson had planned to go to Buxton for

his ailments, “but now I know not what to doe for feare of Mr. Topylff.”² Although it contains only the briefest of references, Thomson’s letter gives us a sudden insight to his world. He suffered from two long-term, perhaps chronic conditions, and his belief that his infirmities would continue had shaped his travel plans for the summer ahead, but the religious and political atmosphere of post-Reformation England made a rude intrusion into his chances of getting treatment. In writing to the representatives of the very highest authority in the land, Thomson hoped his plight would be taken seriously. Unfortunately, we have no further information about Thomson, whether he received a response from Hickee, or whether he did, in the end, make it to Buxton.

Thomson’s letter takes us out of the domestic setting and into the public sphere. While the continued availability of herbal remedies and phlebotomy attest to continuities and adaptations from earlier eras, there were always new things to try in an increasingly commercialized medical marketplace. From the hills of Derbyshire to the chaotic streets of central London and the drawing rooms of fashionable Bath, from the most reputable of society physicians to astrologers and itinerant, gone-tomorrow street corner salesmen and -women, we have a great deal of evidence about the variety of treatments available to the pained—and paying—early modern customer. Thomson’s letter is just one of many sources from the early modern period that give a real sense of migraine as a chronic debilitating disorder affecting people from across the social spectrum, disrupting their ability to work, earn, and contribute. As well as providing rich evidence of the treatment options, including bathing and astrological medicine, available to those seeking a cure for migraine, this chapter examines sources from the early modern period that reveal significant shifts in the understanding of what migraine was. In 1661, we get the first sense that a person’s identity might be defined by the chronic condition of having migraine. Thomas Blount’s *Glossographia* introduced the term “hemicranick” to describe a person “subject to the sickness called Megrim or Hemicrania.”³

While humoral theories certainly remained relevant, by the seventeenth century, migraine was increasingly being allied to various disorders, including the vapors, apoplexy, vertigo, epilepsy, and hysteria. It is not until the eighteenth century, however, that we begin to see migraine being discussed in the context of wider concerns about nervous diseases as the product of luxurious urban living, rich diets, and sedentary lifestyles. At that point, migraine had begun to be perceived as the disorder of a particular kind of person, someone who was sensitive, effeminate, and nervous.

Taking the Waters

Francis Thomson's wish to go to the isolated town of Buxton, nestled among the hills of Derbyshire, is explained by the presence of St. Anne's Well, which had long been held to have holy and medicinal properties. Many wells and springs had gained a reputation for miraculous healing during the Middle Ages, reflecting what Alexandra Walsham has called a "sacralised landscape" of traditional piety. Wells offered a resource for people who could not afford to pay for medical care, or whose ailments seemed otherwise incurable.⁴ Archaeological evidence suggests that there had been a bath at Buxton ever since the Romans had called the place *Aquae Arnemetiae*. By the twelfth century, there was a chapel dedicated to St. Anne.⁵ In 1460, William Worcester wrote of a well and "many miracles making the infirm healthy," noting that even in winter, the water was warm.⁶ During the Reformation, Buxton was one of multiple sites associated with miraculous healing and Catholic worship coming under attack from religious reformers. In 1538, Sir William Bassett, working for Thomas Cromwell, removed the images of St. Anne at Buxton, defaced the tabernacles, and took away the crutches, shirts, and sheets that "yngnorant pepull" had left as offerings. Although Bassett locked up the baths and wells, within decades the visitors had returned.⁷

In 1569, the Earl of Shrewsbury's physician recommended that his wealthy patient visit Buxton to relieve an attack of gout. The earl was so impressed he bought the well, chapel, and surrounding grounds.⁸ Next to where the Buxton springs flowed into a brook, the earl built "a very goodly house," square, solid, and four stories high, capable of lodging thirty visitors to the spring at one time. Seats, protected from the cold air, surrounded the baths, and fires aired clothing.⁹ The significance of Buxton as a place of medical pilgrimage is shown in John Speed's famous *Theatre of the Empire of Great Britaine*, the first printed volume to comprehensively map all the English and Welsh counties. In the bottom right-hand corner of his early seventeenth-century map of Derbyshire, Speed depicted the Earl of Shrewsbury's lodgings at St. Anne's Well (fig. 4.1), one of two only bathing places portrayed among the university colleges, ancient monuments, great castles, historic battles, and sea monsters. The other was St. Winifred's Well in Flintshire, which, like Buxton, had received royal patronage. In 1416, Henry V visited St. Winifred's Well after his victory at Agincourt. Though Speed mocked the "zealous, but blind devotion" of the pilgrims who traveled to the Welsh holy well, his prominent inclusion of these



Fig. 4.1. "Sainte Anne's Well," detail of "Map of Derbyshire," Atlas 2.61.1/21, from John Speed, *Theatre of the Empire of Great Britaine*, 1611/12. Reproduced by kind permission of the Syndics of Cambridge University Library

two bathing places, and his mention of reports that the waters of St. Anne's Well had effected "great cures," nevertheless witness their importance as sites of healing. Speed acknowledged that "daily experience sheweth that they are good for the stomacke, and sinewes, and very pleasant to bathe the body in."¹⁰

Visitors to the Buxton baths paid a local poll tax for their use: a registration fee of 4d (around half a day's pay for a laborer), with an additional levy, dependent on a person's rank, increasing from 1s for a yeoman, to £3 10s for a duke. The influx of wealthy visitors attracted beggars, and the Poor Law of 1572 contained a clause forbidding any "dysedased or ympotent poore person living on Almes" to come to Buxton unless they had received permission from

two justices of the peace and an understanding that their own parish would provide the necessary funds.¹¹ By the end of the 1570s, Buxton boasted two inns and eight alehouses to cater to visitors.¹² Although its water was cooler than at Bath, physician John Jones—author of the first popular guide to the baths, published in 1572—stated travelers to Buxton did not have “halfe so many greevouse accidentes” as at the more well-known destination.¹³

Buxton’s most famous visitor was Mary Queen of Scots, seeking relief from her ailments. She first came there in 1573, staying for five weeks, and returned a further eight times, until 1584. These trips caused great consternation for Queen Elizabeth I, who constantly feared Mary’s involvement in plots. Lord Burghley, the recipient of Thomson’s letter, was the man charged with Mary’s strict surveillance. In 1587, Mary Queen of Scots was executed after being found guilty of involvement in the Babington Plot, the seeds of which, some historians have speculated, may have been sown during meetings in Buxton.¹⁴ The town’s popularity with Catholics attracted considerable attention and suspicion, for “much intrigue went on under the cover of taking the waters.”¹⁵ It is clear that Francis Thomson’s fears for his safety were he to undertake a journey to Buxton were well founded. In 1578, Richard Topcliffe had warned the Earl of Shrewsbury of the “sundry lewde Popish beasts” who congregated at his well.¹⁶ During the 1580s and 1590s, Topcliffe was notorious as a hunter of recusants, like Thomson, who refused to attend Protestant church services. Describing himself as a “Discoverer and Taker Up of Papists,” Topcliffe interrogated and tortured Catholics imprisoned by the government.¹⁷ Thomson’s letter, his experience of migraine and sciatica, and his desire to go to Buxton for treatment can only be fully understood within the religious and political contexts of the time. Going to Buxton was more than a journey of healing, it was also an act of political resistance.

John Jones’s promotion of the Buxton baths sheds further light on its attraction for someone like Thomson. Downplaying the potential for miracles, Jones instead explained the medicinal effects of the “Buckstones Bathes” through its chemical properties. They strengthened weak members, promoted respiration, and “wypeth away fylth.” Because the water was temperate, rather than hot (as at Bath), it moderated “overheated members” and dried those that were too moist. Thus the Buxton baths helped alleviate diseases caused by too much heat, as well as those resulting from too much cold and moisture. Jones’s list of disorders that could be cured by the waters was long, including rheums, fevers, headaches, “weak sinews,” ulcers, cramps, itching, vomiting, ringworm, consumption, inflammation, obstructions of the liver, and burn-

ing urine. The baths benefited those who were “short of wind,” as well as relieved green sickness and “stone.” He recommended the waters for various sexual difficulties, such as for women who had trouble conceiving or “weake men that be unfrutefull.” A visitor should bathe for up to two or three hours, both morning and evening, after exercise and purging, but before eating meat. The best time of year was when the sun was high (between early May and late September), but pestilential seasons should be avoided. Jones had reinterpreted the source of Buxton’s curative powers for a post-Reformation audience, but he did not entirely dispense with religion. He beseeched those persons who came away uncured “not to exclaim upon God and good men,” for some infirmities became deeply rooted over time, so no remedy would be effective. He included a prayer, to be recited before bathing, that called on God to provide relief, comfort, and ease, as well as to “strengthen these baths.”¹⁸

If Jones presented Buxton as some kind of balneological cure-all, other healing wells and springs were known to cure specific ailments. Robert Storye of Leicester traveled twenty miles to the new King’s Newnham bath in Warwickshire for his migraine.¹⁹ Pilgrims traveled to Loch Siant in Skye, an island off the northwestern coast of Scotland, to cure headaches, kidney and bladder stones, and consumption.²⁰ Had Francis Thomson been looking for a cure for migraine and sciatica in the 1720s, he might well have been tempted to visit the “English Spaw” in the forest outside Knaresborough, which physician and alchemist Edmund Deane recommended for inveterate headaches, “migrims,” “turnings and swimmings of the head and braine,” dizziness, epilepsy (or falling sickness), and the like, such as “cold and moist diseases of the head.”²¹ Deane explained that the chemical virtues of the spring came from its qualities of “vitrioll,” a classical term denoting the ability “to heate and dry, to bind, to resist putrefaction, to give strength and vigour to the interiour parts,” as well as to cleanse and purify the blood. Thus “vitrioline waters,” as at Knaresborough, could heal diseases that seemed without hope of recovery by drying the “over moist braine”; cutting, loosening, and purging the body of “vicious and clammy humours”; and comforting the stomach.²²

Consulting the Cosmos

If Thomson did decide that the trip to Buxton was dangerous, he might well have been tempted to try another contemporary treatment option: a consultation with an astrologer, such as Richard Napier or Simon Forman. Napier, an alchemist, physician, and Anglican minister, had been tutored by astrologer-physician Forman, whom he first consulted in 1597. Forman had established

his reputation during the plague of 1592, but, without formal education, he made a lifelong enemy of the College of Physicians, who believed him (ironically) to be ignorant of astrology.²³ Napier and Forman met in London and Buckinghamshire, and they would become the most famous astrologer-physicians of the time. Most remarkably, between them, the two men left a staggering 80,000 case records.²⁴ Between 1597 and 1634, thousands of patients, from all social backgrounds, consulted Napier, who has been described by historian Michael MacDonald as "the last Renaissance magi," at his home in Great Linford, Buckinghamshire. Napier saw up to fifteen patients a day, a number in line with other astrologers, who recorded seeing between one and two thousand patients a year.²⁵ As MacDonald notes, Napier was no quack, but rather a physician who "presumed that the maladies of mind and body could be studied as systematically as the movements of the planets."²⁶ Napier's casenotes follow a standard format, recording the patient's name, whether he saw them in person, their age, their occupation, where they lived, and the exact time and date of the consultation. On a "horary chart"—a grid drawn on the page—Napier could then map the heavens at a specific point in time. By locating the patient (and the problem) relative to the cosmos at the precise moment they asked their question, the astrologer placed them "at the vortex of the natural forces that impelled the universe."²⁷ Below this grid, Napier could record details of the patient's description of their ailment, his observations of their symptoms, information from the stars (and whether this tallied with the account he had been given), and his prescription for any treatment.

Napier's casebooks contain at least eighteen instances in which megrim was the topic of the question asked of the astrologer. These cases included slightly more men than women, the patients ranging in age from their early twenties to an anonymous "old woman," aged sixty-five. Although it is perhaps surprising that there are not more examples of megrim in the casebooks, the records nevertheless provide important first-hand evidence—rare from this period—of how the experience of megrim was understood at the turn of the seventeenth century. For instance, Thomas Norman described a pain that was "hot."²⁸ Other cases suggest a chronic illness, which perhaps explains the decision to consult the astrologer. Goody (a title denoting a married woman of lowly station) Joan Markham came to Forman with a "continuall megrim" in May 1598. Although not recording if he offered her a prescription, Napier judged that the woman's illness had been the result of her taking "a great grief" after the death of her son.²⁹ In 1603, when Francis Dale consulted Napier's assistant, Gerence James, he described a megrim and pain in his head of "long contin-

uance.”³⁰ Jonas Tanner had suffered a megrim in his head and eyes for twelve years, but he consulted Napier when the megrim gave him more trouble than before.³¹

Goodman John Roughead was a frequent visitor to the astrologers, appearing around twenty times in Napier’s casebooks, and once each in Forman’s and James’s. Napier described Roughead several times as a neighbor, or “of our towne.” Proximity partly explains why he consulted Napier so often, but it is also clear that Roughead had a longstanding problem with megrim. He first appears to have consulted Napier in May 1601 for a “hot megrim” that a blow with a “flale” had helped. In 1602, Roughead visited three times: in March, “payned in his head”; in May, for hemisrania; and in June, for megrim. In January 1607, he would return for his “deadly tormenting megrim in his head,” and again in 1609, for his “great extreme payne” in his head.³² On several of these occasions, Napier prescribed “jeralog,” which seems to have been his favored remedy for megrim, a shortened term for *hiera logadii*, a purgative treatment for melancholy and vertigo. He also prescribed blood-letting.³³ For Randall Young, Napier prescribed a mixture containing various ingredients, including cumin and fenugreek, to be boiled with milk. This seems to have been a variation on a much older recipe—for which there is fifteenth-century evidence—that called for cumin powder boiled in cow’s milk until thick, and then laid hot on the head in a plaster.³⁴

For others who consulted Napier, a megrim was one of a cluster of symptoms. In November 1598, Thomas Houghton described the extreme pain in his head and eyes as being “like a megrim.” Houghton was obviously very uncomfortable: besides his head pain, he had “a great swelling” and no feeling in his right hand, arms, and side. Napier noted with interest that the man’s foot was “most wonderfully swollen,” along with “a great heat in his stomack & a hot water [tha]t commeth out of his mouthe.” Though Napier wrote “megrim” in the center of the horary chart, the man’s comment about the pain being like a megrim suggests that he used the term descriptively, assuming general knowledge of what it meant. Megrim itself would not normally have been associated with such extreme swelling, the brown color of which Napier blamed on cholera and melancholy “broken out.”³⁵ But Napier’s identification of cholera reflected the long held belief, discussed in chapter 2, that choleric fumes could cause megrim, and this was likely to produce pain on the right side. Having said that, on 31 May 1600, Forman saw Agnes Vale, a thirty-nine-year-old woman who also had megrim combined with a swollen arm, but this time on her left side.³⁶ In August 1598, Robert Vilveyne came to ask the as-

trologer what his disease was. Noting that the young man was “much payned w[ith] a megrim,” Napier concluded that his problem was caused by “fleme and melancholy, mingled with red choler,” a result of Venus being in Cancer.³⁷

An anonymously authored booklet from the late seventeenth century, *The Great and Wonderful Prophecies of Mr. Patridge, Mr. Coly, Mr. Tanner, and Mr. Andrews*, gives us a taste of the kinds of highly specific—not to mention alarming—predictions that later pamphleteers produced in the name of astrology. It warned that in September, a “most hateful” opposition of Saturn and Mars would occur. This would provoke many “robberies, inhumane actions, and treacherous enterprises.” Mankind would also be threatened “with strange *Distempers of Body*, as *Fevours*, occasioning *Megrim*, *Madness*, *Phranzies*, *Appoplexies*, *Lethargies*; with many other *Anonimous Diseases* and *Un-natural*, hard to be cured, and often terminate in *sudden Death*.”³⁸ It would be easy to dismiss astrology, as manifested in sources such as this, but it was rarely so extreme an approach and sat well within the bounds of early modern medical culture. We have already seen how important astrological factors were in guiding the common practice of phlebotomy. Napier’s ideas at the turn of the seventeenth century may have been astrological, but his framework for explaining megrim was largely a conventionally humoral one, and his treatments drew on a long tradition of herbal remedies. Apart from providing important evidence of migraine as a chronic disorder that waxed and waned, cases such as John Roughead’s reaffirm the ongoing historical reality of this pain. It was extreme, it seemed deadly, it continued tormenting the person, and it came back, time and time again. We can also see how the onset of megrim, or a change in its character, could be interpreted within the context of significant events in the patients’ lives, whether physical or emotional, a theme to which we will return in the nineteenth century.

Print, Pills, and Powders

Through print formats, medical knowledge became more widely accessible in the early modern period. In England alone, 2,700 editions of medical works intended for nonpractitioners were published between 1641 and 1790.³⁹ As we saw in the previous chapter, printed books blurred the boundaries between domestic and learned medicine and often included versions of recipes that appeared in household collections. These books were also used by professional practitioners, and they may have been particularly useful as stores of knowledge in rural areas. In 1690, Henry Williams, an apothecary in the remote village of Clynng in northwestern Wales, owned both Philip Barrough’s

Methodo of Phisicke and Rembert Dodoens's *New Herball* on the shelves of his shop.⁴⁰ We might imagine Williams referring to these volumes when asked for a treatment for migraine. The customer might have left with Barrough's ointment made of oil of dill, ireos, white pepper, serpillum (thyme), castoreum (the secretion from a beaver's castor sac, used to mark its territory, and a common ingredient in early modern medicines), euphorbium, and wax, with instructions to apply it to the forehead and the muscles of the temples. More likely, perhaps, Williams simply might have supplied the raw ingredient euphorbium (a resin made from the euphorbia plant, commonly known as spurge), instructing the customer to mix it with vinegar and apply it to the opposite side of the head from their pain. If the patient complained of sudden pain, the apothecary could have dispensed myrrh and frankincense, again using Barrough as his authority.⁴¹

An apothecary's cashbook from the West Riding of Yorkshire in the first decade of the eighteenth century gives a sense of how much a migraine sufferer might have expected to pay for a simple treatment during this period. The cashbook details every patient the apothecary saw, visited, or provided a urine analysis for over an eight-year period. Though he didn't mention migraine by name, he often treated head disorders, using familiar descriptions for pain, such as "windy" or "beating" (recall Bartholomaeus's thirteenth-century description), and recorded a number of cases of headache accompanied by "rheumy eyes." Charging his patients either six- or ninepence, the apothecary offered two treatments. When John Lang's daughter came to him with a "pain in head," he took blood from the right foot, while for Christopher Lang's wife, who suffered "a windy pain in side & head," he bled from the left foot. In both instances, the patients paid sixpence. In April 1705, the apothecary saw another man with "sore rheumy eyes, pain in head" and prescribed a blistering plaster, again at a cost of sixpence. Yet he charged ninepence for the same treatment for Joshua Wright's girl, aged fifteen, who had a "violent pain in head with beating."⁴²

Advertisements for preparatory medicines provide some of the clearest evidence of how the demand for migraine relief spilled out of homes and into the streets by the late seventeenth century. In 1695, the Licensing of the Press Act lapsed. First passed by the English Parliament in 1662 to reassert control over the press following the restoration of Charles II, this legislation aimed to prevent sedition and treason by requiring all books be licensed before their printing and distribution. The act had been difficult to enforce from the beginning, and it first lapsed between 1679 and 1685, but, after 1695, new period-

ical titles began to appear in greater numbers. The makers and sellers of medicines took full advantage of this new freedom to widely advertise their wares in cheap newspapers. Two of the earliest and best known ones were the *Post Boy* and the *Post Man*, established in 1695. These may have had a circulation of three or four thousand each week, and both regularly carried an advertisement for Capital Salts.⁴³ Billed as "an admirable Remedy for the Diseases of the Head, as Vertigo or Giddiness, Megrim, Head-ach, Lethargy, Apoplexy, Epilepsy, Hysterick, Fits, Hypochondriack passions, all Vapours," potential customers were promised this "exquisite remedy" would prevent as well as cure disease, help digestion, purify the blood, strengthen the heart and vitals, and generally keep the body in good health.

One of the best-known medical empirics of the time was William Salmon: astrologer; author of almanacs, domestic manuals, medical compendiums and herbals; writer on anatomy, alchemy, religion, and surgery; and purveyor of pills from various London premises. Salmon's *London Almanack* for 1701 carried advertisements for his Family Pills and Panchymagogue Pills, both of which listed megrim as one of the diseases they could cure. "Panchymagogue" meant a medicine that would purge all humors from the body, and Salmon promised a "singular" cure against "Headach, Vertigo, Megrim, Lethargy, Frenzy, [and] madness" (not to mention French pox, gonorrhea, sciatica, gout, obstructions of the womb, alienation of the mind, dropsy, jaundice, leprosy, and stubborn ulcers). Salmon's Family Pills offered relief for megrim "beyond any Medicine ever yet known." He boasted:

these *Family Pills* are the chief medicine now used, in the cure of all the aforesaid diseases, not only in *England*, but in many foreign Countries and Kingdoms, being cried up and prized above all other Medicines whatsoever; in so much that in some thousands of Families, on most occasions they are the only Physick (and from thence they came to be called family pills) being known to be safe in operation, and certain in the end proposed; for no person curable, troubled with any of the aforesaid diseases, has failed of cure . . . and several hundreds, yea, thousands of People who have taken them, have given them this commendation.

Salmon seems to be playing directly to an audience tired of the constant hunt for relief. He sent his pills by mail and promised that the person who took them would no longer need to undergo "long, dangerous, and chargeable courses of Physick, suffer by bad medicines, and be driven time after time, from one Physician to another." These Family Pills were gentle, friendly, and

operated according to the laws of nature. Moreover, they could be administered to children as young as age two, in which case he recommended disguising the medicine in an apple, honey, or a stewed prune. Adults could take the pills with a little beer, ale, wine, or broth, according to taste. While Salmon's Panchymagogue Pills cost eight shillings an ounce, the Family Pills could be purchased more cheaply: twelpence a box, or five shillings an ounce.⁴⁴

If Salmon failed to convince—or if his pills should, by some extremely unlikely circumstance, not live up to their billing—there were a number of other pharmaceutical choices for migraine that vied for attention in the explosion of cheap print. The *Post Boy* and the *English Post* regularly advertised “Medicinal Snuff or Cephalick Powder,” which “seldom fails to cure the most inveterate and violent Aches or Pains in the Head, Vertigo or Dizziness, Megrin, lethargy, Sleepiness, Dullness, or Drowsiness.” Not only this, but the miraculous powder could cure deafness, prevent apoplexy, or even remove mercury “lodged in the head by an ill course of Physick used for the Venereal Disease.”⁴⁵ In 1704, a number of newspapers, including London's *Daily Courant*, the first daily in Britain, advertised a “True Head Snuff.” This was “different from all other Snuffs” and warned potential purchasers of the dire consequences of taking other powders, which would only be “the Introducers of Ruin and Death.” By 1705, this medicine had been renamed “the Grand Cephalick or Head Snuff.”⁴⁶ Other options included head pills and tincture, Capital Liquid Snuff, Cephalick Errhine, Dr. Tyson's Snuff, Lower's Restorative Powder, and “the most Noble Volatile Smelling [Salts] Bottle in the World.”⁴⁷

Remedies could be purchased from a wide variety of tradespeople. In 1718, a customer could get Dr. Lower's purging Cordial Tincture, along with their cabbage, from Mr. Leening, the grocer, next to Little St. Helens Gate; from Mr. Hobson, the distiller; with their coffee from John, in Swithins Lane; or from Mr. Ford, the bookseller, in the short, but well-known, street called Poultry. In 1718, “the most famous Chymical Preparation in the World” could be bought at the Cocoa Tree Chocolate House in Pall Mall or the British Coffee House near Charing Cross, reflecting the well-known association of coffee culture with medical culture. Virtually all of the remedies advertised in pamphlets printed in London could be purchased along the central thoroughfares of the Strand and Fleet Street, with clusters of sellers around landmarks such as Charing Cross, St. Dunstan's Church on the Strand, and the Royal Exchange on Poultry and Cornhill. The area of central London directly east of St. Paul's Cathedral, in which many remedy sellers congregated, had been the traditional center for apothecaries since the medieval period. The streets around

St. Paul's Cathedral—Holborn, Fleet Street, and the Strand—were some of the capital's wealthiest, but this was also a hectic part of town, where marvelous animals, contortionists, giantesses, street vendors, and fire-eaters vied for the attention of passersby.⁴⁸

The most famous, expensive, and long-established London apothecary shops were in the Royal Exchange, with many more around Cheapside and Poultry. The Royal Exchange itself was the capital's center of commerce and business, a "great place of noise and tumult." In 1711, Joseph Addison described "so rich an assembly of countrymen and foreigners consulting together upon the private business of mankind, and making this metropolis a kind of emporium for the whole earth."⁴⁹ The Exchange housed 160 shops, while, in the evening, a gaggle of "mumpers, the halt, the blind, and the lame; your vendors of trash, apples, plums; your ragamuffins, rake-shames, and wenches" replaced the crowds of merchants. Watchmakers, stockbrokers, newspaper vendors, and the sellers of patent medicines congregated outside the Exchange. In 1717, Mrs. Garway, with her supply of Lower's Restorative Powder, could be found there, dwarfed by the vast columns at the entrance of the Royal Exchange Gate. Printed advertisements always gave customers precise instructions about where their "exquisite" remedies could be found, using easily identifiable landmarks: "at the Golden Ball, next door but one to Tom's Coffee House, adjoining Ludgate"; "Adam's Toy shop in Spring-garden passage, going into St. James' Park"; "Mr. Ascough's toy shop at the sign of the Queen Arms, adjoining the Thatch'd House tavern in St. James's Street."

Navigating this area on a quest to purchase some medicinal snuff while in the throes of a throbbing, tormenting migraine would have been a nauseating prospect indeed. If we imagine the disorientation of such sufferers trying to get through these streets, the precise directions to particular locations take on a new significance. One of the advantages for customers in having these businesses clustered together, within a few streets, was that even if the particular remedy they wanted could not be found, or the details of an advertisement got lost, something else might be found nearby. St. Dunstan's Church on Fleet Street appears to have been a hotspot for medical salesmen and -women. Medicinal snuff, or cephalick powder, could be purchased "at Mr. Roper's bookseller, at the Black Boy over against St. Dunstan's Church" between 1700 and 1703. Some years later, Mr. Osborne sold "True Royal Snuff" from his toyshop at the Rose and Crown, by the same church. Between 1720 and 1724, customers were also directed here for "the Most Noble Volatile Smelling [Salts] Bottle in the World."

Some advertisements gave testimonials, along with addresses, implying that these users could be found and their endorsement checked. Potential customers for “True Royal Snuff for Purging the Head” were promised that directions on how to take the snuff, as well as “the dwelling places of several that have received benefit by it,” would be inserted in the paper given out with the snuff.⁵⁰ Crucially, of course, this information would only be revealed after the vendor had pocketed the money. Sometimes the advertisement was for a service, rather than a pill or potion. One such puff piece (published a number of times between 1695 and 1713) contained the testimony of one William Fletcher, who had been cured of his “megrim, Giddiness or Swimming Pains in the Head” by Mr. John Moore at the Pestle and Mortar, Abchurch Lane, who had let his blood and given him a medicine. Fletcher’s testimony described how he had been afflicted “so that oftentimes I was in danger of falling down as I Work’d or Walk’d which continued upon me for the space of 6 Years, and using divers medicines for my Cure without success.” Fletcher had traveled from Enfield, twelve miles north of central London, to be bled in the nostril on one side of his head. A year later, he returned to be bled in the other side, leaving him “perfectly cured of that Vexatious and Troublesome Disease.”⁵¹ Whether or not William Fletcher was a real patient, the personal touch, and the detail of distance, promised that this was a treatment worth traveling for.

These purveyors of pills, powders, and phlebotomy were not marginal to a more orthodox and effective version of medicine happening elsewhere. For many people, this *was* medicine, particularly for urban residents, where the idea of a well-stocked herb garden, from which the ingredients for a recipe could be sourced, or for whom taking a journey to the warm, healing waters of somewhere like Buxton was an expensive and impossible fantasy. Pills and potions cost a few pence and were worth a try, because a consultation with a physician would set you back a guinea or two. Even those who could afford the advice of the best physicians regularly self-medicated. Yet the pufferies and the testimonials often proved to be empty promises. As Jane Cave’s poem, “The Headache, Or Ode to Health,” attested:

In vain, the British and Cephalic Snuff,
 All patent medicines are empty stuff;
 The lancet, leech, and cupping swell the train
 Of useless efforts, which but give me pain;
 Each art and application vain has proved
 For ah! my sad complaint is not removed.⁵²

It is easy to dismiss proprietary medicines as useless concoctions, shamelessly and cynically flaunted by quacks and charlatans, which were, at best, overpriced and ineffectual, and, at worst, downright dangerous. As Lisa Forman Cody has commented, the stereotype is that "eighteenth-century medical concoctions were made of nothing and good for nothing."⁵³ But, as Roy Porter has argued, the power of suggestion offered hope when other practitioners failed. Rather than dismissing those who purchased these treatments as gullible fools, we should acknowledge the worth of such sentiments. "So long as disease remained powerful," Porter explains, "so did all forms of healing."⁵⁴ Appreciating that there is a long history for migraine pills and potions is important, because it remains the case that many patients who are unable to access effective, regular medicines continue to turn to a range of self-help books, diets, homeopathy, natural remedies, and medical aids. In her recent memoir about migraine, Paula Kamen talks of the long and circuitous journey she took to find effective medication, and of the range of treatments outside the mainstream that followed constant failure. Alternative medicine, she writes, "appealed precisely because it was *not* Western medicine, which I had grown to revile and fear." Historians of medicine are used to talking about the medical marketplace, but Kamen uses a different, and revealing, phrase to describe this kind of world: the "marketplace of ideas."⁵⁵ As she states: "The absurdity wasn't that the 'cures' were alternative and increasingly offbeat. It was that, in my desperation and hope for a magic bullet, I would almost always try them."⁵⁶

Tar-Water

Tar-water was one of the medical phenomena of the mid-eighteenth century. George Berkeley, a philosopher, Irish patriot, and bishop of Cloyne, revealed the secrets of his fashionable panacea in *Siris*. Tar-water could be made by pouring a gallon of cold water on a quart of tar (the kind that could be extracted from cedar and pine trees). This should be stirred thoroughly and left to stand for forty-eight hours to allow the salts and "active spirits" of the tar to infuse, before pouring off the clear water. Having initially heard of the drink being used against smallpox in the American colonies, Berkeley had tried it in his own neighborhood, first for smallpox, and then to counteract an increasing range of disorders as his confidence in it grew. Apart from being safe and cheap, Berkeley believed tar-water had multiple virtues. In comparison with many acids, it was "gentle, bland and temperate"; it quickened the circulation of the body's fluids without wounding the solids; its fine parti-

cles softened and enriched the sharp, vapid blood; it was not dangerous, like opium; it could warm and cool; and it “contains the virtues of the best chalybeat and sulphureous waters,” without the need to observe a dietary regimen. Tar-water should be drunk daily: half a pint in the morning and at night, preferably warm. Berkeley saw tar-water as a panacea for the distress of the Irish nation—the answer to overcoming the poor health of his people.⁵⁷

While the medical profession engaged in a pamphlet war against Berkeley, Thomas Prior’s *Authentic Narrative of the Success of Tar-Water* collated over three hundred letters and testimonials regarding its ability to cure everything from ague and asthma to vapors and vomiting. Three of these narratives came from individuals who attested to tar-water’s efficacy in treating megrim: Cornelius Townsend of Betsborough, County Cork; the Reverend Mr. Thomas Goodwin of Dublin; and an anonymous woman “cured of a megrim and inveterate headache.”⁵⁸ Townsend’s story described the state he had been in before discovering tar-water: “Such a costive constitution . . . my fundament was so inflamed with piles, that I was very apprehensive of a fistula, my flesh was bloated and very tender everywhere; I was subject to a palpitation of the heart, cramps, meagrim, &c. from all which (I thank God) I am quite free by the constant use of Tar-Water only.” Commenting on the case of an anonymous lady, Prior added that several other persons had informed him that until they took tar-water, “they used to be seized with a dizziness in their heads on walking in the streets, so that they were obliged to catch hold of the rails as they went along to prevent falling.”⁵⁹

Some three decades later, another pamphlet of testimonials appeared. In 1771, an eccentric and imposing, but nevertheless cordial and cheerful figure had arrived in Dublin. Handsomely dressed in Turkish clothes, with a “pompous” gait and a huge black beard covering his chin and upper lip, Dr. Achmet Borumborad claimed to have fled to Ireland from Constantinople. Dr. Achmet, as he became known, gained the favor of prominent Irish physicians and members of Parliament, and he received a grant to establish hot and cold seawater baths for the use of Dublin’s poor.⁶⁰ By the 1776 season, he boasted of admitting more than 1,900 people into his baths. Unfortunately for Borumborad, his career as a society favorite ended spectacularly: at a grand dinner for his patrons, after drinking copious amounts of wine, nineteen parliamentary men fell into his cold saltwater bath. After falling in love with an Irishwoman, Dr. Achmet revealed himself as Mr. Patrick Joyce from Kilkenny.⁶¹ In 1777, before his undoing, Borumborad had published the details of 138 named cases from the Poor Baths Register. He insisted that he had been reluctant to

publish the "many extraordinary cases" of those who had been relieved and cured at the Poor Baths, as such publications were justly considered "empirical gasconade, solely calculated to ensnare the ignorant and unwary." He felt accountable, however, for the expenditure of public money to provide free treatments for the poor in his baths.

As the testimonies to Berkeley's tar-water had done, Borumborad's anonymous *Report of the Cases Relieved and Cured in the Baths* gives a valuable insight into the health of Dublin's poor in the eighteenth century. In both his and Prior's pamphlets, a litany of chronic, debilitating pain emerges from the pages. In many cases, megrim was one of a number of diseases preventing patients from working. We find Charles McManus, of Mabbor Street, North Strand, who described "a weakness in my back, and Megrim in my Head, and violent Rheumatick Complaints in my Shoulders and Arms" following a fall. After being ordered into the baths by Dr. Achmet, "I have been fine ever since . . . and am, thanks to God, enabled to follow my business."⁶² As James Bourke certified, "For three years I was most severely afflicted with a violent and inveterate scurvy, attended with ulcers in Legs and Arms, my Bones were also sore and racked with Pains, I also had a Megrim in my Head, and a great Dimness of Sight." Having become "loaded and almost overpowered with such a complication of disorders," and after trying a variety of other treatments without success, Bourke applied to Dr. Achmet. Like McManus, Bourke testified that he had been restored to perfect health and was now able to follow his trade once more.⁶³ Then we find Mary Bourne, who, for twenty years, had been "most severely afflicted with Pains in all my bones, a megrim in my Head, with Heats and Colds, and Swellings all through my body from a Contusion I received fifteen years ago." Having been reduced to a "mere shadow" of her former self, for five weeks Mary bathed and sweated at the hot baths, "as much as my weak state could bear," and found herself "perfectly freed . . . from all my long and dreadful complaints."⁶⁴ Bryan Green, having been for five years "most severely afflicted with worms, a foulness of stomach, and a megrim in my head," was enabled "to follow on my Business, and procure a comfortable subsistence for myself and Family" after being given medicine and using the baths. Borumborad also "freed" Catherine Desylva, who had been "severely afflicted with a great Giddiness and Megrim in my Head, and a near total loss of sight."⁶⁵

When they are read together in this way, the testimonies in these two pamphlets appear formulaic and repetitive. Each of the *Report's* accounts generally states the patient's name, residence, and the manner of their referral (usually

by parish wardens or priests). The illnesses are outlined in great detail, to emphasize the failure of other treatments and the desperation of the applicant, before recounting the miraculous good effects of the baths, which enabled a return to work and resumption of family responsibility. To our eyes, this uniformity makes the narratives appear suspicious, but medical testimonials throughout the eighteenth century often aped the conventions of both legal courtroom terminology and the reporting of miraculous cures. Few of Borumborad's patients would have known exactly what had been written on their behalf regarding their cures, as most signed only with their mark, in the form of an X, but the impression of authenticity was nevertheless vital for readers. For instance, in witnessing her "extraordinary cure," Elizabeth Newton named "most of the inhabitants on the Coal Quay [*sic*], Mr. Redmonds, Publican, Mr. Quogh, publican &c. &c.," who all knew of her disease and its relief. As was the case with advertisements for proprietary medicines sold in London, the names and places included in testimonies pinned the stories down with an appearance of accountability and authenticity. Historian Hannah Barker has suggested that medical advertisements instilled a sense of trust through the use of testimonies, transforming a mode of writing originally applied to corroborate an exceptional religious experience into one that could be employed for a more commonplace and secular medical purpose.⁶⁶ While some historians have suggested that stories of miraculous recoveries mainly came from respectable members of society, the examples here support Barker's argument that testimonials were much more democratic than this.⁶⁷ In the case of Borumborad's Poor Baths, the witnesses were drawn from the illiterate poor, not only to convince the sick of his baths' value, but also to persuade wealthy patrons and politicians to continue funding and supporting his establishment, so it could still provide treatments free of charge. It is this necessary believability that gives an authentic glimpse not just into the experience of megrim, but of how life with chronic illness, and pain more generally, affected the lives of ordinary people in the eighteenth century. In some ways the comic, flamboyant figure of Dr. Achmet is a red herring, because what he was offering was a standard therapy that people from all walks of life had taken advantage of for centuries: using hot- and cold-water baths to treat a whole range of long-term ailments, including migraine.

Medicine by Letter

If you had the means to pay for a physician's advice, you did not need to leave your home to take advantage of the medical marketplace. To consult famous

Edinburgh physician William Cullen, you simply needed to enclose two guineas with your letter, and he would dispense his advice by mail. Physicians themselves also consulted the great doctor, hoping, by association with his name, to give their own prescriptions a greater air of authority. In April 1777, Dr. John Alves corresponded with Cullen regarding one of his patients, a Mrs. Baillie of Lamington, a village to the southeast of Glasgow. Alves had visited Mrs. Baillie, a member of a prominent Scottish Highland family, who had been unwell for some weeks. She had been feverish and initially thought that her complaints were "agueish." She improved gradually under Alves's regime of vomits, saline draughts, nitre, manna, and magnesia to settle her stomach, but she then "caught some fresh cold." The pain shifted to her temple and eye-brow and came and went periodically. At this point, Alves consulted Cullen about "the meagrim pain." Cullen thought it was simply a catarrhal infection following a badly managed cold. If the feverishness and megrim continued, he recommended that his colleague repeat the vomits or use a laxative. If the cough got worse, or was accompanied by chest pain, Alves should take some blood. If the megrim continued, Mrs. Baillie should immerse her feet and legs in warm water.⁶⁸ Three weeks later, Alves wrote to Cullen again, because, while Mrs. Baillie's fever and cough had abated, "what distressed her most was a daily return of the Meagrim which lasted for several hours." Although she initially had been taken out of bed and treated as Cullen had advised, Mrs. Baillie refused to allow the doctor to apply leeches to her temples. Nor would she take the "nauseating doses" of emetics. Dr. Alves had given her Peruvian bark (a treatment for fever) and valerian (an herb with sedative properties) to relieve her headache, which seemed to work for a while, but he had then received yet another letter from his patient. In despair, Alves begged Cullen, "You will please say what I am to do with this feverishness should it still hang about her, & with the hemicrania, should it continue or increase." As the spring weather had begun to improve, Alves wondered if Cullen would approve of Mrs. Baillie being allowed to go outdoors, in a chaise. He apologized for the questions, but it would give his reluctant patient (and her friends) "great satisfaction . . . [if] they know she is going on by your Directions."⁶⁹ On 7 May, Cullen replied, reassuring Alves that as long as Mrs. Baillie's feet and legs were well secured, and she took only the exercise that her strength would cope with, he saw no danger from either the cough or the megrim. Referring Dr. Alves to his earlier advice, Cullen hoped Mrs. Baillie "will not be so refractory as before."

Besides containing valuable evidence about the treatments that patients

could expect to be prescribed for megrim in the eighteenth century, Alves's correspondence with Cullen illustrates how the meaning of megrim had changed by the seventeenth and eighteenth centuries. In the medieval and early modern periods, hemicrania was understood as a disorder in its own right, while, as we have seen in Napier's astrological casebooks, eighteenth-century advertisements, and the testimonials for Borumborad's baths and tar-water, megrim was often specified as being "in the head," as well as just one symptom that often appeared among a whole range of problems. Furthermore, in the testimonials and advertisements, megrim often seems to be associated more with dizziness than with pain. In 1627, the famous philosopher, author, and politician Francis Bacon had explained that "in every megrim or vertigo there is an obtenebration joined with a semblance of turning round," suggesting that some people, at least, considered the two terms to be interchangeable.⁷⁰ "Obtenebration" meant a shadowing, or darkening, and Bacon believed this was caused by the weakness of the body's spirits. While humoral understandings of hemicrania, inherited from the classical period, denoted a pain on one side of the head, in vernacular English usage, the plural word "megrimms" had come to be associated with depression or low spirits, or with an idea, a fancy, something done on impulse.⁷¹ Philippe de Mornay's *Discourse of Life and Death*, translated into English by the Countess of Pembroke, talked of "maigrims of the mind," while Puritan theologian Thomas Adams likened the ascending of vaporous humors through the veins or arteries to the "foggy mists and cloudes" of ignorance, arrogance, and affectation that obscured and smothered "the true light of [men's] sober judgments," causing a "spirituall Migram or braine-sickness."⁷² In French, the vernacular term *migraine* could also have the meaning of *pique*, or feeling irritated or resentful, which was more of an emotional or mental state, rather than a medical one. Indeed, famous French military surgeon Ambroise Paré (and his seventeenth-century English translator, Thomas Johnson) hinted at different meanings by emphasizing that migraine was strictly "a disease affecting one side of the head."⁷³ Poet and playwright Henry Brooke reflects this broader usage in his late-eighteenth-century tragedy, *The Imposter*:

These are the very megrimms of existence;
The dizzy rounds of thought, that foundering drown
In their own whirlpools.⁷⁴

The common understanding that animals, particularly horses, could be subject to megrimms complicates things further. When a horse was seized with

"meagrimms, sturdy or turnsick," it lost all balance or control. The animal "stops short, shakes his head, looks irresolute and wandering . . . in more violent cases he falls at once to the ground, or first runs round, and then sinks senseless."⁷⁵ This sense of megrim as occurring in the head, as well as the fuzziness of its association with a sense of dizziness, mood, or vertigo (seen as disorders of the head, rather than pains specifically) helps explain the emergence, at the end of the eighteenth century, of the new terms sick headache and bilious headache, which reasserted the link between headache and gastric symptoms that had traditionally been assumed by humoral models of hemicrania.

The language of migraine also became much more complicated and diverse on the European continent during the seventeenth and eighteenth centuries, a time of great interest in scientific classification, whether botanical or medical. For example, French physician and botanist Boissier de Sauvages identified ten different kinds of migraine (which he defined as violent, periodic head pain, often one sided or behind the eyes), including hysterical and ocular migraine, migraine caused by sinuses that were either obstructed or blocked by an insect, and a *migraine lunatique* that coincided with the phases of the moon. For Esther Lardreau, this "fastidious" enumeration reveals the sheer diversity of the language that was in use surrounding head pain.⁷⁶

These ideas also had an important effect on the thinking of British physicians, as illustrated by one revealing exchange of letters. In late August 1781, Sir Charles Blagden—physician, Francophile, army surgeon, and Fellow (later to be Secretary) of the prestigious Royal Society of London—received a letter from his friend, Thomas Curtis, who was concerned about the health of his son. For more than a decade, the young man had suffered a "very peculiar kind of head ach," which had begun to return more frequently as he reached adulthood. Moreover, for the previous eight to ten weeks, the headache appeared to return "exactly periodically," every two weeks on a Wednesday "nearest the full or change of the moon." Curtis described his son's symptoms. A headache would come on with "a dizziness, or partial vision," and last for about half an hour, followed by a violent pain "sometimes quite through from the forehead to the Pole." The headache would continue for four or five hours, or until he fell asleep. When his son woke up, he would appear quite well, except for "a little languor." Curtis also noted that his son's breath could be "offensive," and he complained of wind in his stomach. Therefore, Curtis asked, might the cause arise from the stomach?⁷⁷ Blagden was not the first physician Curtis had consulted. In previous years, he had sought the opinion of well-known Bath physicians Abel Moysey and John Staker (a fellow member of the

Bath Philosophical Society, founded by Curtis), but their prescriptions had been ineffectual, aside from some temporary relief. So, as the family headed to the small and secluded (some said dreary) seaside village of Newton on the Bristol Channel in Glamorgan, South Wales, to see if sea bathing might benefit the young man, Curtis had written to his friend.⁷⁸

Blagden responded swiftly to the letter. He apologized for an imperfect answer, produced from memory. As an army surgeon, he had only been able to take a few books directly related to military medical practice with him to Plymouth. Nonetheless, Blagden did remember that he had observed one of the young Curtis's headaches in London the previous year, and that his friend had mentioned the topic several times in conversation. Despite being away from his books, Blagden was confident that this was the kind of headache "better known in France by the name migraine, than among us by the corresponding word meagrim." Blagden's distinction between the French word *migraine* and the English term meagrim is telling. He explained that both migraine and meagrim were a corruption of the ancient word hemicrania, but they signified a different complaint, though "of a similar kind."⁷⁹ In proposing that the young man was suffering from the French type of migraine, Blagden did not elaborate on what he meant by the phrase, but it seems likely that he was aware of Boissier de Sauvages's classification of *migraine lunatique*.

Blagden was not convinced that the moon's phases were causing Curtis's son's illness, however, noting that while Wednesday, 6 June, had indeed coincided with the full moon, by mid-August, the young man's migraine would have occurred four days before the full moon. Blagden suspected the cause more likely lay in the young man's habits, or even in his expectation that the disease would return on a certain day. Blagden did not dismiss the lunar theory entirely, however, and thought the original impulse might have been from the moon. He noted that there were other states of the moon besides its phases that might produce an effect on the atmosphere, but nothing could be said with certainty until they had collected a sufficient series of observations. Blagden recommended recording the son's attacks until November. If the affliction continued to appear regularly on a Wednesday, it would, by that time, "be so near the quarter of the moon" that they could safely locate the problem in the young man's routine. If such were the case, Blagden would attribute the pain to "something of the nature of intermittent fever." If it turned out to be a lunar influence, he would suspect Curtis's son had "some tendency towards an epileptic affection," or at least a disorder of the nervous system.

If the young man's migraine returned on 12 September, the date of the next

full moon, Blagden instructed that he should have twelve ounces of blood let a week later, on 19 September, and then try taking the herb valerian "in considerable doses," beginning with two scruples (forty grains), three times a day, and increasing the dose until his stomach could bear no more. We have already seen Dr. Alves prescribing valerian for Mrs. Baillie, as this was a fashionable choice in the late eighteenth century. Distinguished physician Richard Mead, author of the famous *Treatise Concerning the Influence of the Sun and Moon upon Human Bodies*, had recommended frequent use of the pulverized root of a young valerian plant for periodic diseases of the head.⁸⁰ This seems to have prompted Scottish physician John Fordyce to try it for his own hemicrania. Finding it of very great benefit, he recommended taking dram doses of valerian three or four times a day in his essay, *De Hemicrania*.⁸¹ Valerian was not a new discovery, as it had long been known as an anticonvulsant. Moreover, the valerian family also contains spikenard, which, as we saw in chapter 2, had been a common ingredient in remedies for hemicrania since classical times. Both valerian root and spikenard have an earthy, musky odor, as well as sedative and relaxing properties.

Given Curtis's and Blagden's discussion about the moon, it is significant that valerian had appeared in Mead's work. Although overt zodiacal astrology had fallen out of fashion by the eighteenth century, an ongoing belief in the influence of the sun and moon on human bodies was most clearly, and influentially, represented in the work of royal physician Richard Mead, who used Newtonian physics to explain how "lunar action" caused distention of the vessels in the body, particularly resulting in diseases of the head. Mead proposed that illnesses manifesting once or twice a month should be treated by "evacuating" measures, such as bloodletting, plasters, or vomiting, if not to cure, then at least to ease the patient.⁸² As Meadian medical astrology remained an important part of military medicine throughout the century, Blagden's professional background as an army surgeon helps explain his ready acceptance of lunar influence as a possible cause for migraine, interwoven with some of the most up-to-date of medical theories coming from the continent.⁸³

The exchange of letters occasioned by the illness of Thomas Curtis's son provides important evidence for when and how the French word *migraine* came to be adopted in the English language. This was not simply an alternative name for meagrim, but a more advanced understanding of the disorder altogether. The letters between Blagden and Curtis hint at the vibrant cross-Channel exchange of ideas and knowledge that characterized elite science and medicine in this period and would continue to be influential during the

nineteenth century, as English-speaking physicians began to adopt nervous theories to explain migraine's pathology.

In 1780, famous Swiss physician Samuel Tissot discussed migraine in an eighty-three-page chapter in his *Traité des nerfs*. Tissot distinguished migraine from the three other types of headache (he added a fourth variety to the usual triad, which he called *le clou*, or *l'ouef*) by the severity of the pain, its periodicity, its recurrence independent of accidental causes, and its distinctive symptoms—as a pain that occupied the temple, ear, eyebrow, and eye, and either the right or left side of the head.⁸⁴ Tissot argued that migraine was the result of a sympathetic communication between the nerves of the stomach and the head.⁸⁵

Nervous diseases seemed to be the price of modernity, wealth, and social progress. In his famous polemic on the nation's fitness, *The English Malady*, physician George Cheyne blamed intemperance, sedentary lifestyles, sensual pleasures, and the pollution of urban living for a whole range of nervous disorders. Those who engaged in works of imagination, memory, study, and thinking were most prone to maladies such as vapors and low spirits, because their nerves were “finer, quicker, more agile and sensible, and perhaps more numerous” than in other people. As society progressed, Cheyne worried that the bodies and constitutions of each generation would become “more corrupt, infirm, and diseas'd.”⁸⁶ Later in the century, William Cullen was the first English-language writer to elaborate a clear medical position regarding neuroses—diseases that affected the functions of the nervous system—though his classification certainly drew on the work of many before him. Cullen's classification quickly became out of date, but his emphasis on the centrality of the nervous system, rather than the blood vessels, as the chief determinant of health was significant. He acknowledged that neuroses were a potentially pointless category, since almost every disease might be called nervous.⁸⁷

In 1778, English physician John Fothergill urged his colleagues to take sick headache more seriously, noting that although “it occurs very frequently, [it] has not yet obtained a place in the systematic catalogues.” Fothergill observed that sick headache chiefly affected those who were “sedentary, inactive, relaxed, and incautious respecting diet.” This type of headache, he argued, proceeded from the stomach. Melted butter, fatty meats, and black pepper were common culprits in causing sick headache. This meant meat pies, containing all of these ingredients, were particularly dangerous, “as fertile a cause of this complaint as anything I know.” The wrong quantity of food could also produce the same effect, and acid bile would “excite this sick-headach in a violent degree.”

Sick headache was the result of repeated errors in diet or dietary conduct, which weakened the digestive powers and disordered the animal functions. Over time, a regimen of drinking mineral waters would help, but there was no point in turning to the *materia medica* without correcting the faulty diet.⁸⁸ Fothergill's writing, particularly when viewed in the context of concern about the nation's health, illustrates how nervous theories about migraine, which updated old humoral ideas about a sympathetic relationship between different parts of the body, could be allied with the concept of disease as attributable to failings of individual character, as well as to one's constitution. Such ideas also reveal that the association of migraine attacks with particular types of food has a very long history.

Conclusion

In May 1782, a year after Curtis and Blagden had corresponded about migraine, a flamboyant character graced the King's Theatre Masquerade in London. Gliding his way past the Venetian sailor, the gentleman in a coat of two different colors, and the usual "unremarkable" costumes of some eight hundred attendees, the dashing figure of the High German Doctor introduced himself to the gathering as "Le Sieur François de Migraine, Docteur en Médecine."⁸⁹ Throughout the eighteenth century, the cultivation of French language and conversational skills had been an essential element of an English gentleman's identity and of civility in polite society. By the end of the century, however, commentators concerned with national character were increasingly seeing the adoption of French elegance and delicacy as a threat to the strength and sincerity of English masculinity. In his *Comparative View of the French and English Nations*, John Andrews commented that if the English were to indulge in the company and attention of women "to excess," as the French did, "what we might gain in delicacy and refinement, we might lose in manliness of behaviour and liberty of discourse; the two pillars on which the edifice of our national character is principally supported."⁹⁰

Masquerades were first held at Somerset House by the French ambassador, the Duc d'Aumont, in 1713 (while, outside on the Strand, peddlers offered up their miraculous remedies). Such events, like the one attended by Le Sieur François de Migraine, had been all the rage since the 1760s. These were notorious social gatherings, lavish expressions of parody, debauchery, excess, and "perverse foreign fashion."⁹¹ So whom did our attendee represent? To call someone a High German Doctor in the eighteenth century was definitely to accuse him of quackery. A caricature (attributed to Sir William Bunbury) of



Fig. 4.2. *Monsieur le Médecin*, attributed to Sir Henry William Bunbury, 1771, accession number 2011.88(3). Metropolitan Museum of Art, the Elisha Whittelsey Collection, Elisha Whittelsey Fund, 2011

Monsieur le Médecin, with his carefully powdered wig, his snuff, and his parasol, gives a sense of what our masquerading character may have looked like (fig. 4.2).

Le Sieur François de Migraine is worth taking seriously, because he illustrates an important change in the understanding of migraine. Something was happening to migraine in the late eighteenth century. It had begun to gain a personality of its own, an identity that went beyond mere symptoms and theories about its causes. Esther Lardreau has described France as the homeland of migraine: “[It was] a grimacing image of the various fractures in the country, be they social or sexual. It was the disease of intellectuals, the disease

of ill-married women, the disease of the bourgeoisie."⁹² For English observers, its new association with flamboyance, with wilting Parisian nervousness and effeminacy, made this fresh kind of nervous migraine suspect. In the summer heat of August 1787, for instance, the writer of the *General Evening Post's* "Parisian Intelligence" column claimed that "half Paris had the *migraine*, and no lady of fashion could be prevailed upon to quit her boudoir."⁹³ It is telling that in 1819, out of more than twenty letters that Frederica, Duchess of York, wrote about her health to famous society physician Sir Henry Hallford (best known for ministering to mad King George III), all were in English, apart from two. The latter were the letters recounting the migraine she had suffered on a recent visit to Windsor. The episode apparently required her to pen these missives in French.⁹⁴

Throughout the early modern period, there is much evidence for migraine being a chronic disorder that affected the lives of people across the social spectrum, as well as many examples of the varied medical markets that promised relief in the form of baths, tonics, pills, powders, and tinctures. Le Sieur François de Migraine illustrates the culmination of a gradual but important shift in the way people saw migraine. Shifting from a humoral disorder denoting pain in one side of the head, we now see megrim emerging as a much more fluid concept. A megrim could certainly be an extreme, debilitating pain, but it could also be a fuzziness, or a sensorial disturbance. By the late eighteenth century, migraine was coming to be understood as a nervous complaint that could be caused by an emotional event, such as grief, or one that affected a particular kind of person. What is fascinating is how the first real evidence for not taking migraine—and those who had it—too seriously emerges not from discussions about gender per se, but from gendered anxieties about national character. In the wider culture, migraine seemed to provide an apt metaphor for certain assumptions about French national character in the unsettling political climate of the late eighteenth century.