Appendix 1

Non-chronic migraine.

When there occurs pain with headache in one side of the head and the pain extends to the eye; [...] in this disorder cauterization is of two sorts, either with caustic or with the actual cautery. [...] Cauterization with caustic: take one clove of garlic; peel it and cut both ends off; then cut open the site of the pain in the temple with a broad scalpel till there is room to contain the clove under the skin; [...]. Then bind up the wound tightly over it with pads and leave for fifteen hours; then unbind it, removed the garlic, and leave the wound open for two or three days; then apply cotton wool soaked in butter till it suppurates. Then dress with ointment till it heals. [...]

Actual cauterization with iron [...]: Apply it [...] to the site of the pain, hold your hand steady and revolve it little by little. Let the thickness of skin burnt be about half; then remove your hand so as not to burn a subjacent artery, for thus a haemorrhage arises. [...]

Chronic migraine

[...] you should heat and edged cautery to white heat after you have marked the place with a line half a finger's breadth ling or thereabouts; and impress your hand once and maintain pressure till you cut down upon the artery and reach the bone. You must be careful of the mandibular joint which moves in chewing, that you do not cut the muscle or tendon that moves it, causing spasm. Have the utmost care of haemorrhage from the artery you have cut for the occurrence of that is dangerous, especially with one who does not know what to do, having no experience in practice; it is better to refrain from operating. [...]But if you see that this cautery is not
enough for this disorder and you see that the patient is of bodily fitness for it, cauterize him in the middle of the head as we have described, and treat the wound till healed. [...]  

Cauterization of the head.  
When the whole head is affected by chronic headache which has for long vexed the patient, and electuaries, laxatives, errhines, oils, and plasters have been applied; [...] then look well, and if his head is naturally strong of structure and is not weak, and if he feels a vehement frigidity, cauterize him over again a little above the first cautery; then cauterize him on each frontal prominence with one cautery so as to remove the thickness of the skin and expose as much of the bone as we have mentioned above; and burn him with one stroke on the hinder part of the head in the place known as the occiput; but in this cauterization be gentle and do not lay bare the bone; for this the patient would have intense pain, different from that of the other head cauterizations. [...]