

**Digestion and Emotion in Early Modern
Medicine and Culture, c. 1580–c. 1740**

Michael Lee Walkden

PhD

University of York

History

May 2018

ABSTRACT

This thesis presents an overview study of the relationship between digestion and emotion in seventeenth- and early eighteenth-century English medicine and culture between the approximate dates of 1580 and 1740. By placing a wide range of medical and non-medical writings side by side, this study aims to reconstruct a former way of being in the world which might be termed 'embowelled emotion,' in which affective states were perceived and at times explicitly described as having their origins in the digestive tract. It argues that the belly and bowels should be accorded a central role in accounts of early modern emotion, challenging recent trends in Renaissance studies which have sought instead to emphasise the 'immaterial' dimensions of affective experience. As such, it presents a contribution to a large and ever-growing body of work on embodiment in early modern England, furthering current interdisciplinary debates over the relationship between body and emotion in early modern culture.

TABLE OF CONTENTS

ABSTRACT	p. 2
TABLE OF CONTENTS	p. 3
LIST OF FIGURES	p. 4
ACKNOWLEDGEMENTS	p. 5
DECLARATION	p. 6
INTRODUCTION: The Gut-Mind Connection	p. 7
CHAPTER 1: "Gut feelings:" Digestion and emotion in early modern medicine	p. 35
CHAPTER 2: "Melancholie of the gutts:" An embowelled history of hypochondria	p. 74
CHAPTER 3: "That they may vomit out their folly:" The emotional power of purging	p. 114
CHAPTER 4: "A very beneficial poison:" Hellebore and emotional disorder	p. 146
CHAPTER 5: "This sublime liquor:" Milk, emotion, and identity	p. 181
CHAPTER 6: "Fruits of sin:" Inwardness and indigestion in life-writing	p. 216
CONCLUSION: Passions of the Bowels	p. 257
BIBLIOGRAPHY	p. 264

LIST OF FIGURES

Figure 1. Early Print ngram showing relative frequency of “enthusiaſt” and “hypochondriack” in printed literature, 1600–1700 p. 90

Figure 2. Timeline showing recipes containing hellebore in ſucceſſive editions of the Royal College of Phyſicians’ Pharmacopoeia Londiniſis, 1618–1745 p. 156

ACKNOWLEDGEMENTS

This work was supported by the Arts & Humanities Research Council (grant number AH/L503848/1) through the White Rose College of the Arts & Humanities.

For academic and professional guidance, I would like to thank Professor Helen Smith and Dr Sophie Weeks at the University of York and Dr Richard Aspin and Dr Elma Brenner at the Wellcome Library. I am grateful to Professor Lauren Kassell of the Casebooks Project for giving me the opportunity to transcribe a selection of 'embowelled' cases from the notes of Richard Napier, and also to Dr Boyd Brogan for sharing unpublished work. Thanks also to Dr Tom Charlton at Dr Williams Library for sharing material from the manuscripts of Richard Baxter, and to Nicholas Rogers at Sidney Sussex College Library for helping me to navigate the scribblings of Samuel Ward.

I owe a huge intellectual debt to my supervisor, Dr Mark Jenner, who has been unwaveringly supportive throughout the research and writing process, and has significantly expanded my own knowledge and critical capacities.

For much-needed personal support and friendship over the years I would like to thank my parents Diana and Robert Walkden, my brother George Walkden, the entire Fritts-Smith family, David and Nicola Zendle, and Elizabeth Spencer.

Above all, endless gratitude to Rachel Fritts, whose belief in me has carried me through.

DECLARATION

I declare that this thesis is a presentation of original work and I am the sole author. This work has not previously been presented for an award at this, or any other, university. All sources are acknowledged as references.

INTRODUCTION

The Gut-Mind Connection

As philosophers, psychologists, and, later, neuroscientists investigated emotion over the centuries, they devised increasingly sophisticated theories to explain how emotions arise, pinning their origin to the mind, the brain, or the body. But over the last few years, scientific data has emerged suggesting that they may be influenced by a source almost nobody had expected.

—Emeran Mayer, *The Mind-Gut Connection* (2016)¹

The ‘gut-mind connection’ is currently having a renaissance. 2017 saw the publication of numerous studies into the dynamic relationship between human psychology and digestive health, adding to an expanding body of research that has been gathering momentum over the past decade.² One of the most striking findings to have emerged from this research is that many of the body’s most important neurotransmitters are produced and maintained by a vast colony of microbes in the gastrointestinal tract. A review of the scientific literature published in 2015 noted that the overwhelming majority of the body’s serotonin – the neurochemical targeted by the class of commonly prescribed antidepressant medications which includes Prozac, Zoloft, and Lexapro – resides in the gut, and facilitates multidirectional communication between the digestive tract and the central nervous system.³ The gut, the study concludes, plays a vital role in regulating mood patterns, and exercises a profound influence over cognitive and decision-making capacities, shaping the emotional and behavioural traits which form the constituent components of human identity. Once considered metaphorical, the ‘gut feeling’ is now a medical reality.

¹ Emeran Mayer, *The mind-gut connection: How the hidden conversation within our bodies impacts our mood, our choices, and our overall health* (London & New York: HarperCollins, 2016): 137–8.

² See for instance: Ryan Rieder, Paul J. Wisniewski, Brandon L. Alderman, and Sara C. Campbell, “Microbes and mental health: A review,” *Brain, behavior, and immunity* 66 (2017): 9–17; Timothy G. Dinan and John F. Cryan, “Brain-gut-microbiota axis and mental health,” *Psychosomatic medicine* 79, no. 8 (2017): 920–926; G. J. Treisman, “The Role of the Brain–Gut–Microbiome in Mental Health and Mental Disorders,” in *The Microbiota in Gastrointestinal Pathophysiology: Implications for Human Health, Prebiotics, Probiotics, and Dysbiosis*, ed. Martin H. Floch, Yehuda Ringel, and W. Allen Walker (Cambridge MA: Academic Press, 2017): 389–97.

³ S. M. O’Mahony, G. Clarke, Y. E. Borre, T. G. Dinan, and J. F. Cryan, “Serotonin, tryptophan metabolism and the brain-gut-microbiome axis,” *Behavioural brain research* 277 (2015): 32–48.

These findings have produced considerable excitement within the international scientific community – with one recent study describing the gut-mind connection as nothing less than “a paradigm shift in neuroscience” – and over the past few years, the reading public has also begun to catch on.⁴ Works of popular science writing, dietary advice literature, and even young adult fiction have helped to bring the microbiome and its ontological implications to a wide audience. In 2016, Ed Yong’s *I Contain Multitudes: The Microbes Within Us and a Grander View of Life* became a *New York Times* Bestseller, and last year, the hugely successful author and vlogger John Green made the microbiome a central motif of his latest novel, *Turtles All the Way Down*.⁵ Self-help gurus have also been quick to jump on the microbial bandwagon, with books like Raphael Kellman’s *The Microbiome Diet* and David Perlmutter’s *Brain Maker* achieving sizeable audiences worldwide.⁶ Perlmutter, a long-time champion of the gluten-free diet, has promised his readers that the “dazzling new science” of the gut microbiome will “completely revolutionize the treatment of neurological illnesses,” ushering in “a stronger, brighter, healthier future” for all.⁷

The gut-mind connection is, in short, a trending topic: its students can claim, with some justification, to be working towards the alleviation of human suffering whilst simultaneously redefining what it means to be human. Most crucially for career scientists, the whole field is seen as tantalisingly new, and promises to shed fresh light on hitherto unexplored aspects of human experience. In 2015, a young microbiologist told his TEDx audience in Santa Monica:

The story I want to share with you today unfolds a fascinating new revelation in our understanding of physiology: that we each have a second brain, another organ in our body which controls

⁴ Andrew P. Allen, Timothy G. Dinan, Gerard Clarke, and John F. Cryan, “A psychology of the human brain–gut–microbiome axis,” *Social and personality psychology compass* 11, no. 4 (2017): 2.

⁵ Ed Yong, *I contain multitudes: the microbes within us and a grander view of life* (London: The Bodley Head, 2016); John Green, *Turtles All the Way Down* (London: Penguin, 2017).

⁶ Raphael Kellman, *The Microbiome Diet: The Scientifically Proven Way to Restore Your Gut Health and Achieve Permanent Weight Loss* (Cambridge, MA: Da Capo Press, 2014); David Perlmutter, *Brain Maker: The Power of Gut Microbes to Heal and Protect Your Brain – for Life* (London: Little, Brown, 2015).

⁷ Perlmutter, *Brain Maker*, 3, 13–4.

as much of our physical and mental functions as the brain in our heads.⁸

The public, still grappling with the aggressive materialism of a neuroscience that insists that “we are our brains,” is now being presented with cutting-edge science which indicates that we are also, in fact, our bowels.⁹ Both the specialist and lay discourses surrounding the microbiome tend to assume that the literal connection between the mind and the gut is a twenty-first-century phenomenon: a wholly new discovery that will revolutionise the traditional, brain-centric model of cognition, emotion, and identity.

And yet, if we look back just a few centuries, we discover that the idea of a gut-mind connection is far from new. In early modern England, the belly and the brain were understood to be engaged in constant and intimate commerce with one another, and emotional health was believed to be crucially dependent upon the maintenance of a healthy gut. As the natural philosopher Margaret Cavendish wrote in 1655:

The motions and humors of the stomach have [great] affinity to the head, and many times cause the diseases therein, by the course and recourse thereto and therefrom; for some humors falling from the head into the stomach, do so disaffect that part, as it returns more malignity up again, and sometimes the stomach begins the war, sending up such an army of ill vapors, as many times they do not onely disorder the head, but totally ruinate it.¹⁰

Despite her atypical status as a female writer in a male-dominated intellectual culture – and despite her own particular reputation for eccentricity – Cavendish’s statement was by no means unusual for her time.¹¹ Although – as we will shortly see – explanatory schema for the early modern ‘gut-mind connection’ could vary, most, if not all, seventeenth-century physicians took it for granted that the gut and the mind were mutually

⁸ TEDx Talks, “Food for thought: How your belly controls your brain | Ruairi Robertson | TEDxFulbrightSantaMonica,” YouTube Video, 14:30, December 7, 2015, accessed 13 April 2018, <https://youtu.be/awtmTJW9ic8>.

⁹ Dick Swaab, *We are Our Brains: From the Womb to Alzheimer's* (London: Allen Lane, 2014).

¹⁰ Margaret Cavendish, *The philosophical and physical opinions written by Her Excellency the Lady Marchionesse of Newcastle* (London: Printed for J. Martin and J. Allestrye, 1655): 154.

¹¹ Katie Whitaker, *Mad Madge: The extraordinary life of Margaret Cavendish, Duchess of Newcastle, the first woman to live by her pen* (London: Vintage, 2004); Hero Chalmers, “Dismantling the myth of “mad madge:” the cultural context of Margaret Cavendish's authorial self-presentation,” *Women's Writing* 4, no. 3 (1997): 323–40.

interrelated, and that disorderly motions of the stomach and intestines could potentially result in “absurd thoughts and Imaginations.”¹² One author of popular health literature, writing in the second half of the seventeenth-century, insisted that “Diseases ascribed to the Head, though appearing there, yet for the most part do arise from inferiour parts, occasioned by their Impurities, Obstructions, and Disorder.”¹³ Another even went so far as to suggest that “the prime local Spring, or Seed of Madness” was “in or near the stomach, or its neighbouring parts.”¹⁴

These authors, and the audiences they wrote for, would have been puzzled by the idea that the link between digestive and emotional health was in any way new; for them, it was an integral part of lived reality. As this study will demonstrate, early modern medicine treated body and mind as an interconnected, irreducible whole, in which a malfunctioning gut could spell disaster for the entire constitution. For the maintenance of emotional health, dietary regimen was just as crucial – and just as hotly debated – as it is today.¹⁵ Those suffering from emotional distress were as likely to be prescribed a laxative medicine as to be referred to the spiritual guidance of a minister.¹⁶ And if we delve into the narratives of emotional suffering recorded in spiritual autobiographies, diaries, and the case notes of early modern physicians, we find that sufferers and practitioners often paid close attention to the state of the digestive organs.¹⁷ The lyrical expositor of Renaissance culture Piero Camporesi even claimed that, as the primary means by which

¹² Robert Burton, *The anatomy of melancholy vvhat it is. VVith all the kindes, causes, symptomes, prognostickes, and seuerall cures of it* (Oxford: Printed by John Lichfield and James Short, 1621): 258.

¹³ Everard Maynwaring, *Useful discoveries and practical observations, in some late remarkable cures of the scurvy* (London: printed by A.M. for T. Basset under St. Dunstans Church in Fleet-Street, 1668): 11.

¹⁴ Thomas Tryon, *A treatise of dreams & visions wherein the causes, natures, and uses, of nocturnal representations, and the communications both of good and evil angels, as also departed souls, to mankind* (London: n.p., 1689): 285.

¹⁵ See David Gentilcore, *Food and Health in Early Modern Europe: Diet, Medicine and Society, 1450-1800* (London: Bloomsbury, 2015); Sara Pennell, “‘A matter of so great importance to my health’: Alimentary knowledge in practice,” *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 43, no. 2 (2012): 418-424; Ken Albala, “Food for healing: Convalescent cookery in the early modern era,” *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 43, no. 2 (2012): 323-328. For two case studies focussing on the relationship between diet and emotion, see chapters 5 and 6 of this thesis.

¹⁶ Jeremy Schmidt, *Melancholy and the care of the soul: religion, moral philosophy and madness in early modern England* (Aldershot: Ashgate, 2007), especially chapter 3, “The pastoral care of melancholy in Calvinist England,” 47–82. See chapters 3 and 4 on the prescription of laxative medicines for melancholy.

¹⁷ Michael Schoenfeldt, “Fables of the belly in early modern England,” in *The Body in Parts: Fantasies of corporeality in early modern Europe*, ed. David Hillman and Carla Mazzio (New York: Routledge, 1997): 254–5. See also chapter 6 of this thesis.

psychosomatic health could be maintained or compromised in early modern medicine, “digestion was all.”¹⁸

In spite of this, the vital importance of digestion to the holistic psychophysiology of the seventeenth and eighteenth centuries continues to be ignored or downplayed in many historical accounts of early modern subjectivity. With several recent and important exceptions, which will be discussed shortly, attempts to reconstruct the affective landscape of early modernity have often paid scant attention to the visceral language through which emotional states were so frequently articulated. For example, while Steven Mullaney’s 2015 work *The Reformation of Emotions in the Age of Shakespeare* aims towards “the recovery and understanding of historical structures of feeling” – a term coined by the cultural theorist Raymond Williams in a bid to capture “meanings and values as they are actively lived and felt” – the author totally elides the fact that the language of feeling in the period under discussion was saturated with digestive terminology.¹⁹ His work does not make even passing reference to the role of the gut in emotional experience and expression, an omission which seems particularly large in light of the evidence presented in this study.

A similar neglect of the belly can be discerned in the historiography of mental illness. For instance, Andrew Scull’s recent account of ‘madness’ from antiquity to the present concludes that “The metaphysical wager that much of Western medicine embraced centuries ago, that madness had its roots in the body, has in most respects yet to pay off.”²⁰ Throughout his career as an ‘historian of madness,’ Scull has expressed scepticism towards 21st-century biological materialism, which he believes threatens to erase the social and cultural dimensions of mental illness (whilst also playing directly into the hands of Big Pharma).²¹ Consequently, his history of pre-modern ‘madness’ has surprisingly little

¹⁸ Piero Camporesi, *The Juice of Life* (New York: Continuum, 1995): 41.

¹⁹ Steven Mullaney, *The Reformation of Emotions in the Age of Shakespeare* (Chicago: University of Chicago Press, 2015): 24. Raymond Williams, *Marxism and Literature* (Oxford: Oxford University Press, 1977): 132. Devika Sharma and Frederik Tygstrup, “Introduction,” in *Structures of Feeling: Affectivity and the Study of Culture*, ed. Devika Sharma and Frederick Tygstrup (Berlin & New York: De Gruyter, 2015): 1–19.

²⁰ Andrew Scull, *Madness in civilization: the cultural history of insanity from the Bible to Freud, from the madhouse to modern medicine* (London: Thames & Hudson, 2015): 411; idem., “Madness and Meaning,” *The Paris Review* (blog), April 22, 2015, accessed 13 April 2018, <https://www.theparisreview.org/blog/2015/04/22/madness-and-meaning/>.

²¹ For a similar view, see Schmidt, *Melancholy*, 8–9. A vocal figure in the pushback against biological materialism in the wake of the “pharmacological revolution” – and a strong influence on the scholarship of both Scull and Schmidt – has been the historian and psychiatrist David Healy: David Healy, *Pharmageddon* (Berkeley: University of California Press 2012). See also Emily Martin,

to say about the body, and even less to say about the gut; the condition is preserved and pedestalled as a quasi-mystical category, an “elusive and evanescent” historical constant which defies rational explanation, and makes a mockery of any and all attempts to classify and treat it.²² Much like Mullaney’s ‘emotion,’ but in equally stark contrast to the affective cosmology of the early modern period, Scull’s portrayal of mental illness is almost entirely disembowelled.²³

One of the epistemological questions which animates the present study – but which it cannot hope to categorically resolve – is why so many historians continue to omit the digestive from their discussions of early modern emotion. One possible answer to this question is philosophical. Most, if not all students of early modern culture will be familiar with the dualism of mind and body that has often been attributed to René Descartes, but which in fact has a much longer and more complex genealogy.²⁴ The separation of mind and body in the Western philosophical tradition has provided a language for discussing mental and emotional activity that is not, of necessity, couched in anatomical terms. As Roy Porter has observed, such dualism remains woven into the fabric of Western social discourses and practices, “profoundly shaping linguistic usage, classificatory schemes, ethics and value systems.”²⁵ However, many scholars now feel that this view misrepresents human experience in its totality, and since the latter part of the twentieth century there have been numerous concerted attempts to correct what is now seen by many as a fundamental error of Western thought. In 1977, Richard Rorty’s *Philosophy and the Mirror of Nature* drew both praise and fierce criticism for its assertion that the so-called “mind-body problem” was nothing more than a “philosophical language-game,” and that the artificial division between thought and matter must be dissolved in order for

“Talking back to neuro-reductionism,” in *Cultural bodies: Ethnography and theory*, ed. Helen Thomas and Jamilah Ahmed (Oxford: Blackwell, 2004): 190–211.

²² Scull, “Madness and Meaning.”

²³ For more examples of this ‘disembowelled’ approach to early modern emotion, see the discussion below concerning the methodological backlash against the ‘new humoralists.’

²⁴ John Cottingham, “Cartesian dualism: Theology, metaphysics, and science,” in *The Cambridge companion to Descartes*, ed. John Cottingham (Cambridge: Cambridge University Press, 1992): 236–57. See also Wallace I. Matson, “Why Isn’t the Mind-Body Problem Ancient?,” in *Mind, Matter, and Method: Essays in Philosophy and Science in Honor of Herbert Feigl*, ed. Paul K. Feyerabend & Grover Maxwell (Minneapolis: University of Minnesota Press, 1966): 92–102; Charis Charalampous, *Rethinking the mind-body relationship in early modern literature, philosophy and medicine: the renaissance of the body* (London: Routledge, 2016).

²⁵ Roy Porter, “History of the Body,” in *New perspectives on historical writing*, ed. Peter Burke (Oxford: Polity Press, 1991): 212–3.

Western philosophy to move forward productively.²⁶ In a 1994 work provocatively titled *Descartes' Error*, the neurologist Antonio Damasio argued that contemporary research into the structures and processes of the human brain had thoroughly debunked the notion of a mind/body split.²⁷ In their influential *Philosophy in the Flesh* (1999), George Lakoff and Mark Johnson also placed cognitive science in opposition to the prevalent 'Cartesian' paradigm, arguing that "the very structure of reason itself comes from the details of our embodiment."²⁸ More recently, Elizabeth Wilson has offered a nuanced critique of mind/body dualism from a feminist perspective, suggesting that the concept of the "neurological body" offers a productive framework for exploring and refining theories of gender, sexuality, and emotion in the twenty-first century. Pushing back against a strain of feminist thought that she views as "instinctively antibiological," Wilson has called upon feminist scholars to develop a "more vibrant, biologically attuned account of the body."²⁹

An important consequence of these strands of anti-dualist critique has been a renewed attention to physicality in the humanities and social sciences over the past thirty years, a movement which has been dubbed the 'somatic turn' or the 'turn to the body' – and which one commentator has called "one of the most influential developments within social thought in recent decades."³⁰ Taking their lead from early works of body scholarship such as Bryan Turner's *The body and society* (1984) and Elaine Scarry's *The Body in Pain* (1985), historians and sociologists have increasingly recognised that centring bodily phenomena in accounts of the past can provide not only an effective counterbalance to the dualistic paradigm, but also a more holistic and inclusive means of

²⁶ Richard Rorty, *Philosophy and the Mirror of Nature* (Princeton: Princeton University Press, 2009): 23.

²⁷ Antonio Damasio, *Descartes' Error: emotion, reason and the human brain* (London: Vintage, 2006); idem., *The Feeling of What Happens: body, emotion and the making of consciousness* (London: Vintage, 1999).

²⁸ George Lakoff and Mark Johnson, *Philosophy in the flesh: the embodied mind and its challenge to Western thought* (New York: Basic Books, 1999): 14.

²⁹ Elizabeth Wilson, *Gut Feminism* (Durham: Duke University Press, 2015): 1; idem., *Psychosomatic: feminism and the neurological body* (Durham & London: Duke University Press, 2004): 14.

³⁰ Chris Shilling, "The rise of body studies and the embodiment of society: A review of the field," *Horizons in Humanities and Social Sciences* 2, no. 1 (2016): 2. For a cogent overview of the 'somatic turn' (and its prehistory) in history and cultural studies, see Mark S. R. Jenner and Bertrand O. Taithe, "The historiographical body," in *Companion Encyclopedia of Medicine in the Twentieth Century*, ed. Roger Cooter and John V. Pickstone (London: Routledge, 2003): 187–200; see also Michael Stolberg, *Experiencing illness and the sick body in early modern Europe* (Basingstoke: Palgrave Macmillan, 2011): 4–9. Some key works in the evolution of the 'history of the body' include: Michel Feher, Ramona Naddaff, and Nadia Tazi eds. *Fragments for a history of the human body* (New York: Zone, 1989): 3 vols.; Porter, "History of the Body;" Caroline Walker Bynum, "Why all the fuss about the body? A medievalist's perspective," *Critical inquiry* 22, no. 1 (1995): 1–33.

reconstructing past subjectivities.³¹ Within the history of medicine, for instance, the ‘turn to the body’ has been roughly coterminous with the emergence of a range of approaches which seek to shift analytical focus away from medical institutions, and to give greater attention to the accounts of patients and sufferers.³² These approaches owe much to Roy Porter’s early and influential call for a history of medicine written “from below,” in which it was suggested that an emphasis on the experience of illness could restore a “human face” to the discipline as a whole.³³ The field has also been strongly influenced by Arthur Kleinman’s *The Illness Narratives* (1988), in which the author – a medical anthropologist and practising psychiatrist – advocated a new model of patient-practitioner relationship in which the sufferer’s narration of their own experience is placed at the heart of the therapeutic encounter.³⁴ For many historians of medicine and disease, this emphasis on subjective accounts of physical and emotional suffering – exemplified in works such as Barbara Duden’s *The Woman Beneath the Skin* (1991), and more recently Michael Stolberg’s *Experiencing Illness and the Sick Body in Early Modern Europe* (2011) and Olivia Weisser’s *Ill Composed: Sickness, Gender, and Belief in Early Modern England* (2015) – has provided a powerful analytical tool for exploring the very different ways in which past peoples and cultures have inhabited their own bodies.³⁵

³¹ Bryan S. Turner, *The body & society: explorations in social theory* (London: Sage Publications, 2008); Elaine Scarry, *The body in pain: the making and unmaking of the world* (New York & Oxford: Oxford University Press, 1985). Much of the theoretical groundwork for the body histories of the 1980s was laid by the social theorists Michel Foucault and Pierre Bourdieu: see especially Michel Foucault, *Discipline and Punish: the birth of the prison* (London: Penguin Books 1991); Pierre Bourdieu, *Outline of a Theory of Practice* (Cambridge: Cambridge University Press, 1977). For influential works in early modern studies, see especially Gail Kern Paster, *The body embarrassed: drama and the disciplines of shame in early modern England* (Ithaca, N.Y: Cornell University Press, 1993); Jonathan Sawday, *The body emblazoned. Dissection and the human body in Renaissance culture* (London: Routledge, 1995); David Hillman and Carla Mazzio ed., *The body in parts: fantasies of corporeality in early modern Europe*, ed. (New York: Routledge, 1997).

³² See e. g. Lucinda McCray Beier, *Sufferers & healers: the experience of illness in seventeenth-century England* (London & New York: Routledge & Kegan Paul, 1987).

³³ Roy Porter, “The patient’s view: Doing medical history from below,” *Theory and society* 14, no. 2 (1985): 175–98.

³⁴ Arthur Kleinman, *The illness narratives: suffering, healing, and the human condition* (New York: Basic Books, 1988).

³⁵ Barbara Duden, *The woman beneath the skin: a doctor’s patients in eighteenth-century Germany* (Cambridge, MA: Harvard University Press, 1991); Stolberg, *Experiencing illness*; Olivia Weisser, *Ill composed: sickness, gender, and belief in early modern England* (New Haven: Yale University Press, 2015). For a more recent call for a “history of bodily experience,” see Séverine Pilloud and Micheline Louis-Courvoisier, “The intimate experience of the body in the eighteenth century: between interiority and exteriority,” *Medical History* 47, no. 4 (2003): 451–472.

Recent years have also seen an explosion in studies of the early modern period which, like this thesis, have taken the concept of 'emotion' as their starting point.³⁶ This has come in part as a response to calls to action from scholars such as Barbara Rosenwein and William Reddy. As a possible solution to the epistemological difficulty of discussing emotions as shared or collective phenomena, Reddy has coined the term "emotional regimes" to describe "The set of normative emotions and the official rituals, practices, and 'emotives' that express and inculcate them" in a given society.³⁷ Similarly, but in a more markedly pluralistic vein, Rosenwein has argued for the need to write the history of "emotional communities:" the social and affective spaces in which culturally specific "systems of feeling" can be identified.³⁸ Such communities, Rosenwein suggests, are capable of existing side-by-side or even overlapping at a given historical moment, and it is only through close, contextualised readings of emotional language and discourse that the historian can approach a reconstruction of past feelings. But while both Reddy and Rosenwein have done much to bring the study of emotion to the forefront of historical inquiry over the past two decades, the "History of Emotions" that has grown out of their work has at times appeared indifferent or ambivalent towards the body. As Rosenwein has observed, while Reddy's 'emotives' can be immensely useful for the study of verbal discourse, his approach tends to "privilege words over other forms of emotional behavior," making it less useful as a tool for understanding how the body participates in emotional experience and expression.³⁹ Despite these observations, Rosenwein herself has also been reluctant to embrace a fully embodied view of emotion, and has recently argued that "the relationship between emotion and the body is neither obligatory nor

³⁶ See e.g. Gail Kern Paster, Katherine Rowe, and Mary Floyd-Wilson ed., *Reading the early modern passions: Essays in the cultural history of emotion* (Philadelphia: University of Pennsylvania Press, 2004); Brian Cummings and Freya Sierhuis ed., *Passions and Subjectivity in Early Modern Culture*, (Farnham: Ashgate 2013); Susan Broomhall ed. *Early Modern Emotions: an introduction* (London & New York: Routledge, 2017); Richard Meek and Erin Sullivan ed., *The renaissance of emotion: understanding affect in Shakespeare and his contemporaries* (Manchester: Manchester University Press, 2015).

³⁷ William Reddy, *The Navigation of Feeling: A Framework for the History of Emotions* (Cambridge: Cambridge University Press, 2001): 129.

³⁸ Barbara H. Rosenwein, "Worrying about emotions in history," *American Historical Review* 107, no. 3 (2002): 821–45. See also the earlier important work by Peter and Carol Stearns: Peter N. Stearns and Carol Z. Stearns, "Emotionology: Clarifying the History of Emotions and Emotional Standards," *American Historical Review* 90, no. 4 (1985): 813–36.

³⁹ Barbara Rosenwein, "Review: William M. Reddy. *The Navigation of Feeling: A Framework for the History of Emotions*. New York: Cambridge University Press. 2001," *American Historical Review* 4, vol. 107 (2002): 1182. For an example of how Reddy's framework can lead to a privileging of the linguistic over the physical, see for instance Jyotsna G. Singh, "Th'expense of spirit in a waste of shame": Mapping the "Emotional Regime" of Shakespeare's Sonnets," in *A Companion to Shakespeare's Sonnets*, ed. Michael C. Schoenfeldt (Oxford: Blackwell, 2006): 277–89.

invariable, but depends on the norms and needs of expression within each emotional community.”⁴⁰

However, if one accepts the basic anti-dualist premise that all emotional discourse has its roots in corporeal structures, then any history of emotion must also, by extension, be at least in part a history of the body. As the anthropologists Nancy Scheper-Hughes and Margaret M. Lock have argued, the study of emotion in an historical or anthropological context is culturally revealing precisely because it provides “an important ‘missing link’ capable of bridging mind and body, individual, society, and body politic.”⁴¹ Even the etymology of the English word ‘emotion’ draws us inexorably back to the body: Thomas Dixon has charted in detail the shifting English definition of the word, showing that its early usage denoted “physical disturbance and bodily movement;” only by the early nineteenth century was it displacing ‘passion’ as the principal term for an intense and sometimes debilitating mental state without an explicit bodily correlate.⁴² Today, physicality remains embedded in the idioms English speakers use to describe their emotional and cognitive states, whether “using their heads,” “pouring out their hearts,” or experiencing “kneejerk” or “gut” reactions.⁴³ Despite the numerous and sometimes convoluted discursive and epistemological strategies that Western thought has used to remove itself as far as possible from the facts of the flesh, our language continues to betray us: embodiment, as Thomas Csordas has argued, is nothing less than “the existential ground of culture and self.”⁴⁴ It is therefore not only possible but crucial for historians of human emotion to embrace the manifold ways in which emotional language and experience are shaped by our constituent materials.

Fortunately, several influential scholars have recognised the importance of viewing the relationship between body and emotion in more holistic terms. Duden, for instance, has

⁴⁰ Original quotation: “J’espère avoir montré dans cet article que la relation entre l’émotion et le corps n’est ni obligatoire ni invariable mais qu’elle dépend des normes et des besoins en matière d’expression à l’intérieur de chaque communauté émotionnelle.” Barbara H. Rosenwein, “Les communautés émotionnelles et le corps,” *Médiévales* 61 (2011): 74.

⁴¹ Nancy Scheper-Hughes and Margaret M. Lock, “The mindful body: A prolegomenon to future work in medical anthropology,” *Medical anthropology quarterly* 1, no. 1 (1987): 28–9.

⁴² Thomas Dixon, “‘Emotion:’ The history of a keyword in crisis.” *Emotion Review* 4, no. 4 (2012): 338–44. See also Thomas Dixon, *From passions to emotions: the creation of a secular psychological category* (Cambridge: Cambridge University Press, 2003); David Thorley, “Towards a history of emotion, 1562–1660,” *The Seventeenth Century* 28, no. 1 (2013): 3–19.

⁴³ For a discussion of the relationship between metaphor, emotion, and physicality, see Zoltán Kövecses, *Metaphor and emotion: Language, culture, and body in human feeling* (Cambridge: Cambridge University Press, 2003).

⁴⁴ Thomas J. Csordas, ed., *Embodiment and Experience: The existential ground of culture and self*, (Cambridge: Cambridge University Press, 1994).

drawn historians' attention to the *perception* of the body – one's own or another's – as the experiential site of emotion. Her study of the female patients of Johann Storch, an eighteenth-century German medical practitioner, approaches the body as “the experienced object of women's complaints, anxieties, fears, and self-perception,” defying any clear distinction between physical and emotional experience.⁴⁵ Lyndal Roper, meanwhile, has called for a history which embraces “the psychic and the corporeal” dimensions of past subjectivities, suggesting that much previous feminist scholarship has rested upon what she calls a “denial of the body.”⁴⁶ Roper's seminal study of witchcraft and demonic possession in early modern Germany therefore seeks to recapture a sense of premodern “individual subjectivity” through an emphasis on the mutual interrelatedness of body and psyche.⁴⁷ More recently, Fay Bound Alberti and Monique Scheer have both separately called for an approach to the historical study of emotion which makes use of Pierre Bourdieu's concept of *habitus*, viewing emotions as “embodied thoughts” that are “produced in and through social interactions.”⁴⁸ Through this approach, they suggest, the history of emotion can become a site for the fruitful exploration of social and cultural themes without abstracting from the bodily experiences and self-perceptions of the individual.

Following the examples set by these scholars, this study works from the premise that emotional experience, now and in the past, can be most productively explored within the ontological framework of embodiment.⁴⁹ For the purposes of this study, I use the terms

⁴⁵ Duden, *Woman beneath the skin*, 183.

⁴⁶ Lyndal Roper, *Oedipus and the Devil: Witchcraft, Religion and Sexuality in Early Modern Europe* (London: Routledge, 2013): 26, 4.

⁴⁷ Roper, *Oedipus and the Devil*, 3.

⁴⁸ Fay Bound Alberti, introduction to *Medicine, emotion and disease, 1700–1950*, ed. Fay Bound Alberti (New York: Palgrave Macmillan, 2006): xiii–xxvii; Monique Scheer, “Are emotions a kind of practice (and is that what makes them have a history)? A Bourdieuan approach to understanding emotion,” *History and Theory* 51, no. 2 (2012): 193–220; Bourdieu, *Outline*. See also Michelle Z. Rosaldo, “Toward an anthropology of self and feeling,” in *Culture theory: Essays on mind, self, and emotion*, ed. Richard A. Shweder and Robert A. Levine (Cambridge: Cambridge University Press, 1984): 137–57.

⁴⁹ Embodiment is now a vast field of scholarship which transcends traditional disciplinary boundaries. Important works which have informed the present study include: Thomas J. Csordas, “Embodiment as a Paradigm for Anthropology,” *Ethos* 18, no. 1 (1990): 5–47; idem., “Introduction: the body as representation and being-in-the-world,” in *Embodiment and Experience: The existential ground of culture and self*, ed. Thomas J. Csordas (Cambridge: Cambridge University Press, 1994); Francisco J. Varela, Evan Thompson, and Eleanor Rosch, *The Embodied Mind: Cognitive science and human experience* (London: MIT Press, 2017); Lakoff and Johnson, *Philosophy in the Flesh*; Lawrence Shapiro ed., *The Routledge handbook of embodied cognition* (New York: Routledge, 2014); Shaun Gallagher, *How the body shapes the mind* (Oxford: Clarendon Press, 2005); Margaret Wilson, “Six views of embodied cognition,” *Psychonomic bulletin & review* 9, no. 4 (2002): 625–36.

‘embodiment’ and ‘embodied’ to denote not just an emphasis on physicality, but also the idea that the body possesses its own intelligent powers of thinking and feeling, rendering the notion of an immaterial, free-floating model of ‘mind’ essentially obsolete.⁵⁰ The medical historian Michael Stolberg has succinctly defined the paradox which lies at the heart of attempts to understand of the body and the cultural forces which shape it, noting that while the body is “framed and influenced by culture,” this influence is “limited and shaped, in turn, by the body’s natural, biological properties.”⁵¹ An emphasis upon embodiment offers a working solution to this endlessly reflexive interpretive dilemma, creating a space for discussion of the body as a seat of subjective agency in its own right, through which every level of affective life – social, cultural, mental, emotional – is perceived and acted upon.⁵²

Within the interdisciplinary field of early modern studies, ‘embodied emotion’ already has several important and influential exponents. In a series of studies, Gail Kern Paster, Michael Schoenfeldt, and David Hillman have examined how the Renaissance literary aesthetic of inwardness can be understood in embodied terms when set against the theoretical backdrop of Galenic humoral medicine.⁵³ Adopting a ‘humoralist’ reading of Shakespeare and his contemporaries, these scholars have placed themselves in the vanguard of a phenomenological movement to recapture “the extraordinarily somatic nature of the period and its language” through a greater attentiveness towards humoral tropes.⁵⁴ However, while this movement has produced some strikingly original and

⁵⁰ For several recent examples of this approach to early modern studies, see Charalampous, *Rethinking*, and Laurie Johnson, John Sutton, and Evelyn Tribble, “Introduction: Re-cognising the Body-Mind in Shakespeare’s Theatre,” in *Embodied Cognition and Shakespeare’s Theatre*, ed. Laurie Johnson, John Sutton, and Evelyn Tribble (London: Routledge, 2014): 1–12; Charles T. Wolfe, “Forms of materialist embodiment,” in *Anatomy and the organization of knowledge, 1500-1850*, ed. Matthew Landers and Brian Muñoz (London: Pickering & Chatto, 2012): 129–44.

⁵¹ Stolberg, *Experiencing illness*, 161.

⁵² Csordas, “Embodiment,” 5.

⁵³ Paster, *Body embarrassed*; Gail Kern Paster, *Humoring the body: emotions and the Shakespearean stage* (Chicago & London: University of Chicago Press 2004); Michael C. Schoenfeldt, *Bodies and selves in early modern England: physiology and inwardness in Spenser, Shakespeare, Herbert, and Milton* (Cambridge: Cambridge University Press, 1999); David Hillman, *Shakespeare’s entrails: belief, scepticism and the interior of the body* (Basingstoke: Palgrave Macmillan 2007); Mary Floyd-Wilson, Matthew Greenfield, Gail Kern Paster, Tanya Pollard, Katherine Rowe, and Julian Yates, “Shakespeare and Embodiment: An E-Conversation,” *Literature Compass* 2, no. 1 (2005), accessed 6 May 2018, <https://doi.org/10.1111/j.1741-4113.2005.00180.x>. See also Katharine Eisaman Maus, *Inwardness and theater in the English Renaissance* (Chicago: University of Chicago Press, 1995).

⁵⁴ Hillman, *Shakespeare’s entrails*, 2.

insightful studies, it has not been without its detractors.⁵⁵ Critics have censured the ‘new humoralists’ for paying insufficient attention to other crucial factors – particularly Christian theology and moral philosophy – which shaped emotional expression in early modern England.⁵⁶ Some have viewed their approach as dangerously reductive: witness one recent critic’s strident claim that “Reducing affectivity to the singular template or script of Galenic physiology is to ultimately hamstring the interpreter’s ability to understand the past.”⁵⁷ Perhaps the most prominent and influential anti-humoralist voice has been Richard Strier, who has argued that the “contradictions, crudities, and crippling ambiguities” of Galenic medicine render it fundamentally incapable of providing a phenomenology of early modern emotion.⁵⁸

Many of these criticisms are not without foundation. The new humoralists have indeed shown a tendency to treat Galenic physiology as a totally hegemonic system of natural knowledge, at times using the terms ‘humoral’ and ‘embodied’ almost totally interchangeably. Paster, for instance, has made the dubious claim that the body of “the early modern subject ... was always a humoral entity.”⁵⁹ Not only does this approach neglect the influence of Christian symbolism and eschatology upon conceptions of the body; it also paints a misleading portrait of humoral medicine as a hermetically sealed, internally consistent knowledge system. As I show throughout this study, this was not the case; while humoralism undoubtedly pervaded medical thought throughout the period under discussion, the rituals, practices, and substances associated with it proved to be highly malleable, and were frequently adjusted to reflect the specific cultural and spiritual climate of post-Reformation England. The new humoralists have tended to adopt a relatively static understanding of Galenism, often drawing from a relatively narrow range

⁵⁵ Attacking the perceived reductivism of the ‘new humoralists’ is currently very much in vogue in Renaissance literary studies – in addition to those cited below, see for instance Richard Meek and Erin Sullivan, introduction to *The renaissance of emotion: understanding affect in Shakespeare and his contemporaries*, ed. Richard Meek and Erin Sullivan (Manchester: Manchester University Press, 2015): 3–5; Mullaney, *Reformation of Emotions*, 56–9; Stephanie Shirilan, *Robert Burton and the Transformative Powers of Melancholy* (Farnham: Ashgate, 2015): 9–10; Bridget Escolme, *Emotional excess on the Shakespearean stage: passion’s slaves* (London: Bloomsbury, 2014): xxv.

⁵⁶ See especially Angus Gowland, “Melancholy, passions and identity in the renaissance,” in *Passions and Subjectivity in Early Modern Culture*, ed. Brian Cummings and Freya Sierhuis (Farnham: Ashgate 2013): 85–104.

⁵⁷ Kirk Essary, “Clear as Mud: Metaphor, Emotion and Meaning in Early Modern England,” *English Studies* 98, no. 7 (2017): 701.

⁵⁸ Richard Strier, *The Unrepentant Renaissance: from Petrarch to Shakespeare to Milton* (Chicago & London: University of Chicago Press, 2011): 18. See also Richard Strier and Carla Mazzio. “Two Responses to ‘Shakespeare and Embodiment: An E-Conversation,’” *Literature Compass* 3, no. 1 (2006): 15–31.

⁵⁹ Paster, *Body embarrassed*, 10.

of primary texts, and this has proven particularly problematic where their studies have ventured into the mid-seventeenth century, when (as explored in chapter 1 of this thesis) the Galenic hegemony faced some important challenges from chemical and nervous physiologies.⁶⁰

However, the fact remains that the present study has more in common with the work of the new humoralists than it does with their critics, some of whom have used these shortcomings to justify a wholesale rejection of what they see as the “mischaracterisation of early modern psychology as materialist, [and] of emotions as thoroughly ‘embodied.’”⁶¹ Manifestly uncomfortable with what they view as the reductive materialism of the new humoralists, these scholars have rejected not just the idea of the ‘humoral subject’ but the whole project of understanding the mind/body nexus in a holistic register. They have often been dismissive of the idea that early modern bodies might themselves possess thinking or feeling powers, implicitly upholding the ingrained ‘Cartesian’ hierarchy of mind over matter. “Emotions”, writes Kirk Essary, “were *not merely bodily phenomena* for Renaissance thinkers, who brought a cornucopia of philosophical, theological and literary traditions to bear on questions to do with human experience.”⁶² Similarly, the intellectual historian Angus Gowland has argued that, for early modern English writers, “Passions were *not simply embodied* in particular organs and associated with particular humours, but were also, and primarily, ensouled.”⁶³ Strier, meanwhile, has suggested that the task of historical phenomenology requires scholars to turn their attentions away from embodiment and towards the reconstruction of “*the world of persons* – the world of beliefs, hopes, fears, loves, hates, wishes, desires, etc.” – a list from which the body remains notably absent.⁶⁴ Strier takes it as axiomatic that discourses of health and illness have little to offer such a project, writing that “I see no reason to think that the history of medicine or of theories of physiology gets one closer to the experience of persons in the past than the history of ideas does.”⁶⁵

⁶⁰ Favourite texts of the ‘new humoralists’ have tended to include: Helkiah Crooke, *Mikrokosmographia a description of the body of man* (London] Printed by William Jaggard, 1615); Thomas Walkington, *The optick glasse of humors* (London: Imprinted by Iohn Windet, 1607); Thomas Wright, *The passions of the minde in generall* (London: Printed by Valentine Simmes, 1604).

⁶¹ Gowland, “Melancholy, passions and identity,” 92.

⁶² Essary, “Clear as mud,” 701 (italics mine).

⁶³ Gowland, “Melancholy, passions and identity,” 90 (italics mine). See Chapter 1 of this thesis for a criticism of Gowland’s opposition of ‘embodiment’ and ‘ensoulment.’

⁶⁴ Strier & Mazzi, “Two responses,” 16.

⁶⁵ *Ibid.*, 17.

This study emphatically rejects this renewed attempt to ‘disembody’ the early modern emotions, and seeks instead to illustrate the intense physicality of emotion in this period, showing how the histories of medicine, illness, and the body all continue to offer rich sources of evidence for those looking to reconstruct past emotions as thoroughly embodied phenomena. Focussing upon what Mark Jenner has called “the culturally embedded nature of people’s perceptions and uses of their own bodies,” this study presents a wide-ranging exploration of the theories, practices, and beliefs from this period that presupposed a dynamic and often inseparable relationship between emotion and digestion.⁶⁶ In doing so, it also explores how some of these ideas were linked to wider social and cultural discourses – particularly those of religion and spirituality – which the new humoralists have been accused of neglecting. By taking this approach, which explores medical history through the lens of historical phenomenology, I hope to demonstrate that it is possible to reconstruct an early modern “world of persons” in which the body remains fully and vibrantly present.⁶⁷

~

The central argument of this thesis, then, is as follows. Firstly, and most fundamentally, I argue that much of the emotional expression found in medical, literary, and spiritual writing from the period 1580–1740 can be usefully understood in terms of what I call *embowelled subjectivity*: an especially gastrointestinal form of embodiment in which actions, thoughts, and feelings are perceived and conceptualised in relation to the workings of the digestive system. In making this argument, I have drawn on the small but growing body of work that has taken the connection between digestion and emotion in early modernity as its starting point. Foremost among these is the work of Michael Schoenfeldt, whose *Bodies and Selves in Early Modern England* (1999) remains a foundational text in the study of early modern embodied selfhood. Offering novel readings of four prominent literary figures from the period, and placing their works within the interpretative framework of humoral subjectivity, Schoenfeldt has argued that “all acts of ingestion and excretion are very literal acts of self-fashioning” – a conclusion

⁶⁶ Mark S. R. Jenner, “Body, image, text in early modern Europe,” *Social History of Medicine* 12, no. 1 (1999): 154.

⁶⁷ For a working definition of ‘historical phenomenology,’ see Bruce R. Smith, “Premodern sexualities,” *Publications of the Modern Language Association of America* 115, no. 3 (2000): 325–6.

which this study both supports and expands upon, particularly in chapters 2–6.⁶⁸ Schoenfeldt’s readings stress the stomach’s crucial position “at the centre of an organic system demanding perpetual, anxious osmosis with the outside world;” ‘self-fashioning’ therefore consists in the attempt to regulate emotional experience by regulating what, when, and how substances enter or leave the body.⁶⁹ David Hillman in *Shakespeare’s Entrails* (2006) has followed Schoenfeldt both in identifying the “corporeal interior” as “the central locus of consciousness, emotion and transcendent meaning” in early modern English culture, and also in documenting the growing anxiety with which people of this period sought to police the boundary between self and environment.⁷⁰ More recently, in the work most closely allied to the present study, Jan Purnis has demonstrated how the complex interplay between stomach and emotion in literary and theatrical productions also served to express broader social and political themes.⁷¹ Purnis, drawing on neurobiological accounts of the enteric nervous system, has argued that twenty-first-century cognitive scientists could learn a great deal from turning their attentions to the early modern notion of “a belly that is especially thoughtful, seemingly with the capacity to think and reason on its own” which, she argues, offers an important corrective to the linear narrative of scientific progress.⁷²

Another important – if somewhat ambivalent – contribution to the discussion of embowelled emotion can be seen in the recent work of Erin Sullivan, whose *Beyond Melancholy* (2016) self-consciously positions itself across the dividing line between literary studies and medical history. Building upon Strier’s vocal challenge to the new humoralists,

⁶⁸ Schoenfeldt, *Bodies and selves*, 11; idem., “Fables of the belly.” See also Stephen Greenblatt, *Renaissance Self-Fashioning: from More to Shakespeare* (Chicago: University of Chicago Press, 2005).

⁶⁹ Schoenfeldt, *Bodies and selves*, 26.

⁷⁰ Hillman, *Shakespeare’s entrails*, 15–23.

⁷¹ Jan Purnis, “The Stomach and Early Modern Emotion,” *University of Toronto Quarterly* 79, no. 2 (2010): 800–818. Renaissance literary studies that have engaged with digestion, usually in relation to the metaphor of the ‘body politic’ or the Aesopian ‘Fable of the Belly’ in Coriolanus, include: Bruce Thomas Boehrer, *The Fury of Men’s Gullets: Ben Jonson and the Digestive Canal* (Philadelphia: University of Pennsylvania Press, 1997); Robert M. Durling, “Deceit and Digestion in the Belly of Hell,” in *Allegory and Representation*, ed. Stephen Greenblatt (Baltimore: Johns Hopkins University Press, 1981): 61–93; David G. Hale, “Intestine sedition: The fable of the belly,” *Comparative Literature Studies* 5, No. 4 (1968): 377–88; On the early modern body politic see idem., *The body politic: A political metaphor in Renaissance English literature* (Hague: Mouton, 1971); Jonathan Gil Harris, *Foreign bodies and the body politic: Discourses of social pathology in early modern England* (Cambridge: Cambridge University Press, 1998).

⁷² Jan Purnis, “Shakespeare’s Second Brain: The Belly-Mind Relationship in Early Modern Culture,” in *Embodied Cognition and Shakespeare’s Theatre: The Early Modern Body-Mind*, ed. Laurie Johnson, John Sutton, and Evelyn B. Tribble (London: Routledge, 2013): 235–52. On the enteric nervous system, see Michael Gershon, *The Second Brain: A groundbreaking new understanding of nervous disorders of the stomach and intestine* (London: HarperCollins, 1999).

Sullivan has recommended that early modern historians view ‘sadness’ and ‘melancholy’ (black bile) as functionally distinct concepts: the former emotional, the latter physiological. The primary intellectual goal of Sullivan’s work is to

reclaim the significance of the ‘immaterial’ dimensions of affective experience, illustrating how contemporary religious and philosophical concerns, such as the theology of predestination and the powers of the rational soul, helped shape the cultural understanding and representation of sadness as powerfully as medical humoral theory.⁷³

Despite her commitment to ‘reclaiming the immaterial,’ however, Sullivan’s book ultimately offers some of the most persuasive and detailed evidence yet provided for precisely the embowelled view of early modern emotion put forward in this thesis. Setting the case notes of physicians alongside the satirical ‘humours comedies’ of the late sixteenth and early seventeenth centuries, Sullivan argues that the overwhelming presence of digestive imagery and language in these sources can be taken as evidence for viewing ‘melancholy’ as just one aspect of the “wider field of affective experience related to Renaissance sadness.”⁷⁴ However, Sullivan’s analysis rests upon a largely unquestioned assumption that digestive processes cannot be credited with emotive agency in their own right: the flatulence and indigestion which she identifies as the principal symptoms of the melancholy sufferer are considered to be “physical maladies” as opposed to the “emotional symptoms” of “sadness,” “grief,” “despair,” and “godly sorrow.”⁷⁵ Sullivan’s work deploys some highly sophisticated analysis and interpretation which has proven immensely valuable for the present study; nonetheless, throughout this thesis I seek to challenge some of her underlying assumptions about the perceived ‘unfeelingness’ of the early modern gut, and to show that many writings of the period did not draw as sharp or clear a distinction between indigestion and emotion as her study would suggest.

A secondary strand of my argument is that emotion in seventeenth-century English medicine was frequently portrayed and treated as both figuratively and literally *excremental*, and that this factor cannot be overlooked if we hope to accurately reconstruct the emotions of the embowelled subject. The history of medicine has

⁷³ Erin Sullivan, *Beyond melancholy: sadness and selfhood in Renaissance England* (Oxford: Oxford University Press, 2016): 5.

⁷⁴ *Ibid.*, 201.

⁷⁵ *Ibid.*, 106.

produced lively and at times colourful discussions of early modern bodily secretions, including not only literatures on blood, sweat and tears but also urine and breast milk as well as hair and skin (both of which were considered excrements in the humoral cosmology).⁷⁶ But next to the substantial and ever-growing literature on, for instance, menstruation – which has drawn attention for its expression of a gendered and thus heavily politicised form of physicality – the excrements of the belly and bowels, and their historical role in the construction of emotion, have received comparatively little attention.⁷⁷ Some of the reasons for this are not particularly difficult to fathom; David Inglis has drawn attention to modern scholarship’s reluctance to engage with what he calls the “faecal realm:” “the spaces, both material and symbolic, within which the human body’s defecatory capacities are played out.”⁷⁸ Raising the topic of excretion can produce a range of aversive responses – amusement, disgust, embarrassment, or even anxiety – all of which can effectively obstruct meaningful discussion of the cultural underpinnings of these feelings themselves. This problem may be especially acute in the academic world, as many like to consider intellectual activities as separate from – or even offering an escape from – the ignominy of bodily functions.⁷⁹ For many scholars, the ‘life of the mind’ exists on a rarefied (and, implicitly, sanitised) plane, in which the intellect is freed from the unglamorous constraints of the material body. The gut is therefore an abject part of our embodied selves that we often choose to ignore, that we feel we must “permanently thrust aside in order to live.”⁸⁰ However, as we will shortly see, a host of explicit anxieties about the body’s innate excrementality haunted the pages of early modern medical and religious texts alike.⁸¹ While Mikhail Bakhtin’s classic study *Rabelais and His World* (1965) furnished Renaissance scholars with the now familiar and evocative image of the festive,

⁷⁶ H. F. J. Horstmanhoff, Helen King, and Claus Zittel ed., *Blood, sweat, and tears: the changing concepts of physiology from antiquity into early modern Europe* (Leiden & Boston: Brill, 2012); Michael Stolberg, *Uroscopy in early modern Europe* (Farnham: Ashgate, 2015).

⁷⁷ See e. g. Patricia Crawford, *Blood, bodies and families in early modern England* (London & New York: Routledge, 2004); Margaret Healy, “Dangerous Blood: Menstruation, Medicine and Beliefs in Early Modern England,” in *National Healths: Gender, Sexuality and Health in a Cross-Cultural Context*, ed. Michael Worton and Nana Wilson-Tagoe (London: UCL Press, 2004): 83–94; Sara Read, *Menstruation and the female body in early-modern England* (Basingstoke: Palgrave Macmillan, 2013).

⁷⁸ David Inglis, “Dirt and denigration: The faecal imagery and rhetorics of abuse,” *Postcolonial Studies* 5, no. 2 (2002): 207.

⁷⁹ Keith Thomas, “Bodily Control and Social Unease: The Fart in Seventeenth-Century England,” in *The Extraordinary and the Everyday in Early Modern England*, ed. Angela McShane and Garthine Walker (London: Palgrave Macmillan, 2010): 9–30.

⁸⁰ Julia Kristeva, *Powers of Horror: An Essay on Abjection* (New York: Columbia University Press, 1982): 3.

⁸¹ Shigehisa Kuriyama “The forgotten fear of excrement,” *Journal of Medieval and Early Modern Studies* 38, no. 3 (2008): 413–42.

carnavalesque moment of excremental release, scholars such as Paster, Schoenfeldt, and Mark Breitenberg have contrasted this image with the aesthetic of anxious interiority that was the hallmark of so many writings from the seventeenth century, which emphasised the importance of “voluntariness and self-control” over the excretion or retention of bodily waste-products.⁸² Whether we view these accounts as mutually exclusive, or as contrasting representations of embowelled emotion across two quite different “emotional communities,” it is clear that any discussion of the relationship between selfhood and the gut in this period would be incomplete if it did not give serious consideration to the affective power of shit.⁸³

This study therefore aims, through its emphasis on embowelment, to go some way towards remedying what Jeff Persels and Russell Ganim have called “the relative academic neglect of the copious and ubiquitous scatological rhetoric of Early Modern Europe,” arguing that ideas about excrementality and the inherent ‘dirtiness’ of the bowels formed a crucial dimension of embodied subjectivity for many emotional communities throughout the period 1580–1740.⁸⁴ Mary Douglas, in her landmark study *Purity and Danger*, famously advanced the definition of dirt as “matter out of place”, a cultural variable defined by the specific boundaries of a given society.⁸⁵ Drawing on a range of anthropological studies, Douglas noted that while practices, substances, and groups judged ‘dirty’ varied from culture to culture, the basic perceptual structure which placed all things on a continuum from ‘pure’ to ‘impure’ remained relatively stable. Many of the societies discussed by Douglas were concerned with policing the boundary between the acceptable and the unacceptable through their own unique systems of signs, symbols, and

⁸² Mikhail Bakhtin, *Rabelais and His World* (Bloomington: Indiana University Press, 1984); Paster, *Body embarrassed*, 78; Schoenfeldt, *Bodies and selves*; Mark Breitenberg, *Anxious masculinity in early modern England* (Cambridge: Cambridge University Press, 1996).

⁸³ For studies of scatology and excrement in early modern culture, see for instance: Kuriyama, “Forgotten fear;” Peter J. Smith, *Between two stools: scatology and its representations in English literature, Chaucer to Swift* (Manchester: Manchester University Press, 2012); *Fecal matters in early modern literature and art: studies in scatology*, ed. Jeff Persels and Russell Ganim (Aldershot: Ashgate, 2004); Mark Jenner, “The roasting of the rump: scatology and the body politic in Restoration England,” *Past and Present* (2002): 84–120; Paster, *Body embarrassed*, 113–62; Bruce Thomas Boehrer, “The Ordure of Things: Ben Jonson, Sir John Harington, and the Culture of Excrement in Early Modern England,” in *New Perspectives on Ben Jonson*, ed. James Hirsh (London: Associated University Press, 1997): 174–196. See also Stephen Greenblatt, “Filthy rites,” *Daedalus* 111, no. 3 (1982): 1–16.

⁸⁴ Jeff Persels and Russell Ganim, introduction to *Fecal matters in early modern literature and art: studies in scatology*, ed. Jeff Persels and Russell Ganim (Aldershot: Ashgate, 2004): xiii.

⁸⁵ Mary Douglas, *Purity and Danger: an analysis of concepts of pollution and taboo* (London and New York: Routledge, 2001): 36. See also Ben Campkin, “Placing “Matter Out of Place”: Purity and Danger as Evidence for Architecture and Urbanism,” *Architectural Theory Review* 18, no. 1 (2013): 46–61.

meanings. “Pollution dangers” – phenomena which posed an implicit or explicit threat to these systems – were invariably met with violence, fear, or ridicule.⁸⁶ As this study demonstrates, early modern English medical writers were heavily preoccupied with Douglasian anxieties about purity and corruption, and so an ‘embowelled’ history of this period must also, inevitably, engage with those materials and substances which were most frequently and intimately involved in these anxieties: from violent laxative medicines like black hellebore (discussed in chapter 4) to dangerously ambiguous aliments with the potential to either corrupt or purify the body, such as milk or fruit (chapters 5 and 6 respectively).

The final point of my argument is necessarily more tentative, and builds upon a trend which has been frequently identified in early modern studies, but which has yet to be made the subject of a comprehensive study. This thesis suggests that, between the end of the period under discussion (c. 1740) and the present day, English intellectual culture has undergone a process of collective transformation which might be called the ‘Disembowelment of Emotion.’ The early modern period has been described by David Hillman as having witnessed

the gradual displacement of the corporeal interior from its position as the central locus of consciousness, emotion and transcendent meaning to its ‘scientific’ understanding, post-Renaissance, as a merely physical system, the technological centre of a breathing, pumping, digesting machine whose consciousness lies either in the brain or in the soul.⁸⁷

Roy Porter has similarly suggested that:

As the fluids (humours) declined in prominence by contrast to the solids (organs), the guts, belly and bowels (those humoral containers) lost their ancient importance as referents for one’s self and its feelings, to be replaced in polite thinking by the head, the brain, and the nervous system.⁸⁸

⁸⁶ Douglas, *Purity and danger*, 105.

⁸⁷ Hillman, *Shakespeare’s entrails*, 16–17.

⁸⁸ Roy Porter, *Flesh in the Age of Reason* (New York: W. W. Norton and Company, 2003): 61. See also Purnis, “Belly-Mind Relationship,” 235–6.

This model of change, with its emphasis on the compartmentalisation and sanitisation of the organs of ‘mind,’ is in part a legacy of the highly influential “civilizing process” theory of Norbert Elias. Under the Eliasian model, habits and behaviours which had once been acceptable increasingly became the subject of social stigma over the course of the sixteenth and seventeenth centuries, and this stigma ultimately became internalised and self-enforced through increasing thresholds of shame and disgust. The ideals of ‘civility’ and ‘politeness’ rested on the ability of the individual to exercise bodily self-restraint. Spitting in public, blowing one’s nose on a tablecloth, or engaging in unrestrained outbursts of emotion all became affronts to civility, and the subject of strong moral censure.⁸⁹ While more recent studies have helpfully complicated the more simplistic or homogenising aspects of the Eliasian model, it continues to provide a broadly persuasive blueprint for explaining how certain early modern conceptions of bodily *habitus* can appear so radically different from those of the present day.⁹⁰ It also offers one possible explanation for the process of ‘disembowelment’ that is not dependent on a narrative of linear scientific progress, but instead reflects a broad cultural shift with regard to the organs that were felt to best embody the human condition.

My acceptance of the ‘disembowelment’ model has also been influenced by the theories of Fernando Vidal, who has recently and convincingly argued that modern Western society has witnessed the emergence of a form of ‘cerebral subjectivity’ or “brainhood,” defined as “the property or quality of being, rather than simply having, a brain.”⁹¹ As the first two chapters of this thesis illustrate, while Vidal’s ‘embrained’ model of selfhood stands in stark contrast to the far more holistic embodiment of early modernity, the period between 1580–1740 did witness some important developments in the move towards a more exclusively ‘cerebral’ form of embodiment. One of these, which has been a major feature of scholarship into the development of ‘Enlightenment’ sensibilities, was the emergence of the brain-based neuropsychology of Thomas Willis, which is discussed in chapter 1.⁹² Another illustrative development was the gradual shift

⁸⁹ Norbert Elias, *The civilizing process* (Oxford: Blackwell, 1994).

⁹⁰ See e.g. Anna Bryson, *From courtesy to civility: changing codes of conduct in early modern England* (Oxford: Clarendon Press, 1998).

⁹¹ Fernando Vidal, “Brainhood, anthropological figure of modernity,” *History of the human sciences* 22, no. 1 (2009): 6; Robert L. Martensen, *The Brain Takes Shape: An early history* (Oxford: Oxford University Press, 2004): vii–ix.

⁹² See George S. Rousseau, *Nervous Acts: essays on literature, culture, and sensibility* (Basingstoke: Palgrave Macmillan, 2004); Vidal, “Brainhood,” 13–4.

in the etiological understanding of ‘hypochondria’ over the course of the seventeenth and eighteenth centuries, which is addressed in chapter 2.⁹³

Demonstrating the process of ‘disembowelment’ *in* this period, however, is not the primary purpose of this study. I instead argue that, despite the important and influential challenge of the nervous physiology, emotional experience continued to be widely understood, discussed, and treated in embowelled terms until as late as 1740, where my chronology ends. I chose 1580 and 1740 as the approximate bookends for this study because a preliminary survey revealed that the themes of embowelment and excrementality remained a persistent feature of medical discourse and practice throughout this period. A still more comprehensive and ambitious study would chart the trajectory of ‘embowelled’ and ‘disembowelled’ emotion through the latter part of the eighteenth century, and follow its journey through the nineteenth and twentieth centuries into the present day. This is, of course, well beyond the scope of the present study.⁹⁴

Sources and Methods

While this thesis examines a wide and eclectic array of primary source material, it focuses primarily on medical texts printed in English between 1580 and 1740. I have chosen to focus my study exclusively on English texts, partly due to linguistic constraints, but also due to the sheer range and accessibility of material available in English. Digital resources such as *Early English Books Online*, *Eighteenth Century Collections Online* and *Early Modern Print* have enabled me to make use of a much greater quantity of printed materials than would otherwise have been possible. As a result, the texts examined range widely in nature, purpose, and authorship, from general treatises on the practice of medicine to advertisements for pills and potions; from learned expositions of medical

⁹³ Russell Noyes Jr., “The transformation of hypochondriasis in British medicine, 1680–1830,” *Social history of medicine* 24, no. 2 (2011): 281–98.

⁹⁴ Interest in digestion as a feature of eighteenth- and nineteenth-century medicine and culture has also been on the rise over the past decade: see especially Jonathan Andrews and James Kennaway, “‘The Grand Organ of Sympathy’: ‘Fashionable’ Stomach Complaints and the Mind in Britain, 1700–1850,” *Social History of Medicine* (2017) accessed 4 May 2018, <https://doi.org/10.1093/shm/hkx055>; Elizabeth A. Williams, “Stomach and psyche: Eating, digestion, and mental illness in the medicine of Philippe Pinel,” *Bulletin of the History of Medicine* 84, no. 3 (2010): 358–86; Christopher E. Forth and Ana-Carden Coyne ed., *Cultures of the Abdomen: diet, digestion, and fat in the modern world* (New York: Palgrave Macmillan, 2005); Ian Miller, *A modern history of the stomach: gastric illness, medicine and British society, 1800–1950* (London: Pickering & Chatto, 2011).

theory to practical health literature intended for a more ‘general’ audience.⁹⁵ I have made extensive use of non-medical texts in order to provide relevant cultural context, and this has proven especially useful for exploring the wider resonance of certain predominantly medical vocabularies – ‘purgation,’ ‘hypochondria,’ ‘hellebore’ etc. – beyond the domain of medical theory and practice.

As noted above, the beginning and end dates of this study (1580–1740) are necessarily approximate, and have been selected in order to permit the inclusion of sources and texts from either end of the timeline which feature important discussions or examples of embowelled emotion. Some of the works discussed – for instance Robert Burton’s *Anatomy of Melancholy* (1621) and Thomas Willis’s *Cerebri anatome* (1664) – have already been heavily studied, while others – for instance the writings of Everard Maynwaring and Thomas Tryon – are less widely known. The final chapter focuses primarily on a number of seventeenth-century spiritual ‘ego-documents,’ which, like the rest of my source material, have received varying degrees of attention from historians: Richard Baxter’s *Reliquiae Baxterianae* (1696), for instance, has been heavily studied, while the autobiographical writings of Dionys Fitzherbert and Elizabeth Isham have only recently begun to receive sustained attention. By combining obscure and familiar sources in this way, and by setting theoretical and didactic literature alongside the practice-books of physicians and the subjective ‘illness narratives’ of sufferers, this study offers a wide-ranging exploration of the different ways in which embowelled emotion could be expressed and described.

Throughout this study, I use the term ‘emotional disorder’ to refer to any condition which both a) was thought to commonly produce symptoms that would now be understood as ‘mental’ or ‘psychological’ (especially ‘negative’ emotions such as sadness, fear, or anger), and b) was understood in pathological terms, as a condition which could be treated and potentially cured in a medical setting. While this approach inevitably risks anachronism – as Dixon’s work highlights, ‘emotion’ was not a commonly used term for much of the period under discussion – it also offers a way of circumventing some of the difficulties inherent to establishing a clear distinction between ‘mental’ and ‘physical’ illness.⁹⁶ It can

⁹⁵ Mary E. Fissell, “The marketplace of print,” in *Medicine and the Market in England and its Colonies, c. 1450–c. 1850*, ed. Mark Jenner and Patrick Wallis (London: Palgrave Macmillan, 2007): 108–32; idem., “Readers, Texts, and Contexts: Vernacular Medical Works in Early Modern England,” in *The Popularization of Medicine, 1650–1850*, ed. Roy Porter (London: Routledge, 1992): 72–96.

⁹⁶ Dixon, “Emotion.”

be argued that all early modern illness experiences were ‘emotional’ to some degree, since the experience of pain or suffering always straddles the boundary between symptom and response. However, certain disorders – such as ‘madness,’ ‘hypochondriack melancholy,’ and ‘falling sickness’ – were clearly far more likely to be associated with unusual behaviour or disordered affect than (for instance) a scald, a broken leg, or even a ‘falling out of the fundament’ in this period. A major goal of this study is to demonstrate the heavily digestive nature of conditions which have often been studied under the rubric of ‘mental illness,’ and whose inherent disembodiment has often been assumed. My understanding of ‘emotional disorder,’ by contrast, follows Scheper-Hughes and Lock in viewing emotion as the point of fusion or “missing link” between mental and corporeal phenomena. It should therefore be understood as an imperfect working solution to the dualistic implications of the term ‘mental illness.’⁹⁷

Structure

It is of course impossible to produce anything approaching a definitive history of a topic as vast and multifaceted as early modern ‘embowelment.’ The six case-studies I present here offer, rather, a series of windows onto relevant aspects of early modern English culture between 1580 and 1740.

The first chapter explores the various ways in which ‘gut feelings’ were understood in early modern medicine and natural philosophy. The main purpose of this chapter is to show that early modern thinkers were not only aware of a connection between digestive and emotional phenomena, but that this connection formed a vital aspect of medical cosmology. This chapter provides an introduction to the dominant frameworks that shaped medical psychology in this period: the humoralism of antiquity and the Platonic/Aristotelian concept of the tripartite soul, and the challenges to these models by Helmontian and Willisian psychophysiology. The chapter begins by examining a number of disease etiologies in which what we might now call ‘mental’ symptoms were framed in terms of gastrointestinal phenomena. I then examine and contrast the medico-psychological theories of Jan Baptist van Helmont and Thomas Willis in turn. I note that, despite the dominance of Willis’s brain-oriented psychology in learned medicine from the latter part of the seventeenth century and its important influence on Enlightenment philosophy, Van Helmont’s less familiar but far more embowelled gastro-psychology proved remarkably popular among many lay medical writers and practitioners in England,

⁹⁷ Scheper-Hughes and Lock, “Mindful body,” 28–9.

for whom the affinity between mind and gut remained a crucial component of individual health and wellbeing well into the eighteenth century. In closing, I argue that the Helmontian locating of the 'sensitive soul' in the stomach challenges the notion of any clear bifurcation between 'embodiment' and 'ensoulment' in this period, suggesting instead that the feeling capacities of the soul were themselves perceived by many to have their seat in the viscera.

Chapter 2 charts both continuities and changes in the embowelled understanding of 'hypochondria' in the seventeenth and early eighteenth centuries. I demonstrate that, while the rise of Willisian nervous physiology clearly played an important role in shifting the physiological seat of hypochondria from the bowels to the brain (and ultimately helped to shape its modern definition as a wholly 'imaginary' disorder), much medical discourse up to 1740 continued to conceptualise the condition in digestive terms, and it was only after this period that it became fully 'disembowelled.' Furthermore, the tension between the 'embowelled' and 'imaginary' understandings of hypochondria in this period, combined with the concomitant rise of a 'culture of sensibility,' appears to have fuelled the increasingly pejorative references to the condition that proliferated in polemical literature from the late seventeenth century, which often emphasised its flatulent and excremental associations. Focusing on the role of digestion in successive early eighteenth-century treatises on hypochondria, I show that, while the clinical picture of the condition in this period was complex and contested, it continued to be portrayed as an embowelled emotional disorder until at least 1740.

The third chapter explores the significance of emetic and laxative purging both as a practical treatment for emotional disorders, and as a defining emotional characteristic of the period. Drawing on evidence from physicians' cases and printed medical works, I argue that, far from being a blanket remedy applied indiscriminately by practitioners, purging was a nuanced practice that reflected the embowelled view of emotion and identity in this period. In narratives of real cures for emotional disorder, as well as in accounts of exorcism and even in metaphors of political purgation, the critical moment of 'recovery' was commonly signalled by the voiding of matter from the belly, either by vomit or stool. The purge clearly had an emotive power for early modern readers that ran deeper than its theoretical groundings in humoral theory; the visceral reality of expulsion offered a tangible means through which cure could be conceived. Understanding emotional suffering in terms of excremental substances that could be literally cast forth from the belly and bowels gave sufferers a means of exercising control over their own

emotions through a form of expulsive self-fashioning. However, it also functioned as a form of ritualistic self-flagellation, reflecting an institutionalised hostility towards the excremental interior. The prevalence of purgation as both hygienic practice and rhetorical device can, I suggest, reveal a great deal about the culture of habitual repentance that shaped so much of the affective life of seventeenth-century England.

Each of my final three chapters provides a case study of a specific substance, presenting three contrasting examples of how an act of ingestion could be conceived as emotionally transformative within the embowelled framework. In chapter four I examine the practice of purging with hellebore as a treatment for emotional disorder. Although now largely forgotten, hellebore has been strongly associated with insanity for most of recorded European history, and it is only during the last two centuries that it has lost this association. Taking a phenomenological approach, I argue that the study of this specific substance, its representations, and its practices are significant not just for plant-folklore and the history of medical practices, but to wider histories of premodern emotion, subjectivity, and the body. The use of hellebore reveals an embowelled view of human psychology in which the gut played a key role in shaping emotional experience. It also reflects a potentially negative understanding of emotion as excremental matter; as something inherently impure, dangerous, and evil, warranting a violent remedy that was as punitive as it was therapeutic.

The fifth chapter explores another possible understanding of the relationship between digestion, emotion, and identity through the dietetic writings of two authors: the merchant, occultist, and popular medical writer Thomas Tryon, and the eighteenth-century Newtonian physician George Cheyne. In Tryon and Cheyne's writings, milk was believed to embody and transmit positive human qualities such as innocence and moral purity, which were believed to be physiologically incorporated through the process of digestion. While Tryon and Cheyne's social, professional, and intellectual backgrounds were starkly different, their writings on milk were rooted in remarkably similar spiritual and symbolic frameworks. I argue that Tryon and Cheyne's writings on the digestive-emotive power of milk also channelled fears about the threats posed by luxury and mixture to the purity of English society. Through an analysis of these writings, I demonstrate that both authors held an embowelled worldview in which emotion and identity were believed to be shaped by the literal processes of consumption and digestion.

The final chapter focusses on several episodes drawn from early seventeenth-century spiritual life writing, demonstrating how narratives of fruit-eating were shaped by signs and symbols drawn from the heavily overlapping cultural realms of humoral medicine and Protestant soteriology. As I show, the physiological consequences of fruit-eating could carry immense moral significance for the godly individual in seventeenth-century England. Far from being a purely medical concern, the eating and excreting of fruit could be of great emotional significance to early modern Protestants. Many godly writers recorded anguished memories of immoderate or illicit fruit-eating as reminders of the human capacity for sin, even channelling elements of the Fall narrative into their own alimentary encounters. By attributing deep spiritual significance to these very literal episodes of dietary consumption, these narratives deeply problematise any attempt to dichotomise the physical and the emotional in the godly culture of early seventeenth-century England.

I conclude with a brief case study of the melancholic Editha Staughton, drawn from the case notes of John Hall, physician of Stratford-upon-Avon. I use this example to illustrate how the concept of embowelled emotion can open up new ways of interpreting and understanding past subjectivities. In closing, I suggest that reflecting upon the embowelled nature of pre-modern emotional experience can offer valuable food for thought in the twenty-first century, at a time when the relationship between digestion and emotion is once again being renegotiated.

CHAPTER 1

“Gut feelings:”

Digestion and emotion in early modern medicine

That sense whereby I did perceive [*sic.*] that I understood and imagined in the Midriffs, and not in the Head, cannot by any words be expressed.

—Jan Baptist van Helmont, *Works* (1664)¹

Introduction

From around 1600, the astrological physician and clergyman Richard Napier recorded and treated more than a thousand cases of emotional disorder from his study in the sleepy village of Great Linford, Buckinghamshire.² His patients’ complaints varied widely: some were “mopish,” “foolish,” “melancholy,” or “tempted of Satan” (suicidal); others were possessed by groundless fear and anxiety, or bursts of uncontrollable rage. Some kept to their beds all day long, while others were unable to sleep at all. Many were troubled with worldly concerns such as financial difficulties, marital strife, bereavement, or disappointment in love. When Napier judged a patient to be “troubled in mind,” this could indicate anything from suicidal depression to incessant laughter, singing, rhyming, and “idle talk.”³

However, while the illness narratives found in the Napier casebooks appear to have varied widely in tone and circumstance, many of them did share a common experiential thread. Whether his patient was mopish or raging, frantic or foolish, Napier frequently framed their emotional suffering in distinctly digestive terms. For instance, one patient, depressed after being falsely charged with stealing a sheep, felt himself “griped in his belly as if an ill thing within him.”⁴ Another, suffering from “sore grief and fright,” said

¹ Jean Baptiste van Helmont, *Van Helmont's works containing his most excellent philosophy, physick, chirurgery, anatomy* (London: Printed for Lodowick Lloyd, 1664): 274.

² For a classic study of Napier’s casebooks, which provides both a biography of the practitioner and a detailed discussion of his mind-sick patients, see: Michael MacDonald, *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England* (Cambridge & New York: Cambridge University Press, 1983).

³ Bodleian Library, MS Ashmole 221, f. 282v, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE18517>.

⁴ Bodleian Library, MS Ashmole 196, f. 99v, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE42365>.

that she had “fire and brimstone” in her stomach.⁵ In 1603, Napier was visited by a Mrs Leate, who had “took fear and grief for the death of her child;” she appeared “sick in mind” and “complaineth of her belly.”⁶ And Mary Berry of Cranfield, cast into misery by her husband’s debts, was “troubled much with windiness of the stomach with sudden melancholy passions.”⁷ Many patients specifically reported pain or discomfort in their left sides: William Gawyn visited Napier multiple times, afflicted with “a great griping and plucking about the left side” which Napier judged to proceed from “melancholia flatulencia.”⁸ Still more described a sensation of something rising from the belly towards the head: Mrs Taylor of Lidlington’s mental suffering was attributed to “wind in her guts [which] runneth up into her stomach and fumeth up into her head,” and Mr Claver’s disorder, similarly, stemmed from corrupted matter in the guts which “ascendeth upward and filleth his brain.”⁹ In all of these accounts, and many, many others from Napier’s case notes, the gut played an integral role in the experience of emotional disorder.¹⁰

⁵ Bodleian Library, MS Ashmole 216, f. 12v, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE28434>.

⁶ Bodleian Library, MS Ashmole 197, f. 117r, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE14274>.

⁷ Bodleian Library, MS Ashmole 228, f. 162v, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE12453>.

⁸ Bodleian Library, MS Ashmole 216, f. 21v, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE28500>; Bodleian Library, MS Ashmole 216, f. 42r, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE28652>. See also Bodleian Library, MS Ashmole 216, f. 67r, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE28826>; Bodleian Library, MS Ashmole 228, f. 55v, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE11817>.

⁹ Bodleian Library, MS Ashmole 415, f. 224v, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE21977>; Bodleian Library, MS Ashmole 221, f. 125r, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE17428>.

¹⁰ For other cases of mental illness in which the gut played an important role, see: Bodleian Library, MS Ashmole 216, f. 150r, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE29422>; Bodleian Library, MS Ashmole 216, f. 160r, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE29490>; Bodleian Library, MS Ashmole 216, f. 119r, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE29221>; Bodleian Library, MS Ashmole 221, f. 104v, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE17302>; Bodleian Library, MS Ashmole 404, f. 249r, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE20139>; Bodleian Library, MS Ashmole 404, f. 64r, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE19094>; Bodleian Library, MS Ashmole 408, f. 31r, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE43036>.

Historians have rightly recognised that the brief snippets of early seventeenth-century life contained within the Napier casebooks offer fascinating windows onto the lived experience of mental and emotional illness in early modern England.¹¹ However, their accounts have sometimes ignored or downplayed the surprising frequency with which Napier and his patients articulated their suffering in digestive terms. For instance, while Michael MacDonald's classic study of the Napier casebooks contains a rigorous quantitative analysis of the 'psychological symptoms' of his mind-sick patients, it pays strikingly little attention to their gastrointestinal complaints. Besides observing that Napier's case notes frequently "list both mental and physical symptoms," MacDonald's study assumes from the outset that these categories of symptom can be clearly delineated, and plainly considers the physiological and the emotional to be "separate levels of existence."¹² As we saw in the introduction to this thesis, such assumptions have been relatively common to the historical study of emotions. Despite what David Hillman has described as the "extraordinarily somatic nature of the period and its language," many scholars have been content to describe early modern mental and physical illness in largely dualistic terms, paying relatively little attention to the embowelled language through which powerful or debilitating emotional states were often articulated.¹³ This study, as stated in the introduction, offers a counterpoint to such approaches by emphasising the intensely embowelled nature of early modern medical discourses around the emotions.

This chapter, then, has two main purposes. Firstly, it provides broad outlines of some of the main physiological frameworks which shaped the understanding and treatment of emotional disorders in the period between 1580 and 1740, and the different ways in which a range of medical writers attempted to conceptualise and articulate an embowelled view of emotional experience up to the middle of the eighteenth century. The three major medical psychologies discussed in this chapter – the humoralism of Galen and Hippocrates, the chemical medicine of Jan Baptist van Helmont, and the 'nervous

¹¹ MacDonald, *Mystical Bedlam*; Ronald C. Sawyer, "Patients, Healers, and Disease in the Southeast Midlands, 1597–1634," (Ph.D. diss., University of Wisconsin-Madison, 1986). More recently, Napier has drawn renewed scholarly attention thanks to an ongoing digitisation project: see "Richard Napier (1559–1634):" The Casebooks Project, accessed February 2, 2018. <http://www.magicandmedicine.hps.cam.ac.uk/on-astrological-medicine/about-the-astrologers/richard-napier>. For an example of recent work on Napier's patients, see Boyd Brogan, "The Masque and the Matrix: Alice Egerton, Richard Napier, and Suffocation of the Mother," *Milton Studies* 55, no. 1 (2014): 3–52.

¹² MacDonald, *Mystical Bedlam*, 242–51, 43, 183.

¹³ Hillman, *Shakespeare's entrails*, 2. See for instance Scull, *Madness in civilization*, discussed in the introduction to this thesis.

physiology' of Thomas Willis – will all feature prominently in subsequent chapters of this thesis, and their outlines here are therefore intended to provide key context for later discussions.

Secondly, this chapter seeks to problematise recent historical accounts which have sought to locate the emotional experiences of early modernity primarily in the soul *as opposed to* the body.¹⁴ As mentioned in the introduction, Angus Gowland has recently claimed that for early modern thinkers, “Passions were *not simply embodied* in particular organs and associated with particular humours, but were also, and *primarily*, ensouled.”¹⁵ As I demonstrate through my discussion of the Helmontian and Willisian theories of the physiological seat of the ‘sensitive soul,’ Gowland’s conclusion fails to consider the full range of embodied discourses on the complex interrelationship between physical and affective states in this period. Van Helmont, as we will shortly see, asserted that the capacities of emotional experience and imagination were located neither in the brain, nor in a disembodied, free-floating idea of soul, but that the ‘sensitive’ aspect of the soul governed these functions from its physical seat in the mouth of the stomach. Far from being “simply embodied,” or “primarily ensouled,” Helmontian psychophysiology asserted that passion, sensation, and even the soul itself were all intrinsically embowelled.

I begin with an outline of the humoral physiology which shaped a great deal of medical thought in early modernity, and which, as has already been noted, has tended to dominate discussions of embodied subjectivity in this period.¹⁶ After briefly examining the theory of vapours that was the principal means by which the humoral gut was understood to produce emotional states, I then discuss several examples of emotional disorders that were commonly explained in this way. The next section explores the largely neglected gastro-psychology of Jan Baptist van Helmont, and demonstrates that the Helmontian idea of the ‘soul-in-the-stomach’ gained a degree of traction in England in the second half of the seventeenth century. I then contrast Van Helmont’s ideas with those of Thomas Willis, who put forward the contrasting theory that the sensitive soul was seated in the medullary substance of the brain. In the final section, I examine some of the embowelled

¹⁴ Mark Jenner and Bertrand Taithe have rightly noted that the soul “has been inextricably entwined with understandings of the body and of subjectivity for most of the last two thousand years,” but that it has been “all too frequently omitted from somatic investigations.”

¹⁵ Gowland, “Melancholy, passions and identity,” 92 (italics mine). See also Schmidt, *Melancholy*.

¹⁶ For a prominent critique of the ‘new humoralism’ discussed in the introduction, see Strier, *Unrepentant Renaissance*, 18.

(and less-embowelled) discussions of emotional disorder that were taking place in late-seventeenth and early eighteenth-century England, when vocal support for Helmontianism was rapidly dying out and the Willisian ‘nerve science’ was in the ascendant. I conclude with some reflections on the fate of embowelled emotion post-1740, suggesting that the apparent erasure of the bowels from psychological discourse can in part be attributed to the growth of what Fernando Vidal has termed an “ideology of brainhood,” whose roots can be found in the seventeenth century.¹⁷

“Vapours of black discontent:” Humoral psychology and the gut

Despite a somewhat controversial reputation for his use of astrological methods, Napier, like so many sixteenth- and early seventeenth-century English medical practitioners, drew the bulk of his therapeutic rationale from the Galenic system of medicine.¹⁸ Galenic physiology was rooted in the theory of the four humours: blood, phlegm, yellow bile and black bile. Most, if not all disorders, were attributed to some form of imbalance or corruption of these four vital fluids. The passions were thought to be especially sensitive to the humoral constitution: an excess of cholera could lead to fits of rage, while black bile (melancholy) produced apprehension and despondency.¹⁹ Galen had divided human physiology into nine “complexions” which were dependent upon the relative balances of the humours within the body, and which predisposed individuals to certain illnesses, passions, and behaviours.²⁰ Humoral emotion – as literary scholars and medical historians alike have demonstrated – was thus an inherently physiological matter.²¹ Under the

¹⁷ Vidal, “Brainhood.”

¹⁸ Owsei Temkin, *Galenism: rise and decline of a medical philosophy* (Ithaca: Cornell University Press, 1972); Nancy G. Siraisi, *Medieval and early Renaissance medicine: an introduction to knowledge and practice* (Chicago: University of Chicago Press, 1990). On Napier’s astrological medicine, see MacDonald, *Mystical Bedlam*, 24–32; Lauren Kassell, *Medicine and Magic in Elizabethan London* (London & Oxford: Clarendon, 2005): 65–70; idem., “Casebooks in Early Modern England: Medicine, Astrology, and Written Records,” *Bulletin of the History of Medicine* 88, no. 4 (2014): 595.

¹⁹ See e.g. Paster, *Humoring the Body*, 13–20; Jacques Bos, “The rise and decline of character: humoral psychology in ancient and early modern medical theory,” *History of the Human Sciences* 22, no. 3 (2009): 29–50.

²⁰ Siraisi, *Medieval and early Renaissance medicine*, 101–4. For a sixteenth-century discussion of the Galenic doctrine of complexions, see Levinus Lemnius, *The touchstone of complexions generallye appliable, expedient and profitable for all such, as be desirous & carefull of their bodylye health* (London: Imprinted by Thomas Marsh, 1576).

²¹ On embodied emotion and the “humoral subject” in Renaissance literary studies, see Paster, *Humoring the Body*, especially 1–24; Schoenfeldt, *Bodies and selves*, 1–39; Mary Floyd-Wilson and Garrett A. Sullivan, Jr., introduction to *Environment and Embodiment in Early Modern England*, ed. Mary Floyd-Wilson and Garrett A. Sullivan, Jr (Basingstoke: Palgrave Macmillan, 2007): 1–13. See also Ulinka Rublack, “Fluxes: the Early Modern Body and the Emotions,” *History Workshop Journal* 53, no. 1 (2002): 1–16.

Galenic cosmology, the tactile qualities of ingested substances were assimilated by the body and ultimately transmuted into useable material that shaped not only the individual's physical constitution, but also their identity and disposition. This was a system which, as Michael Schoenfeldt has suggested, offered "a rich and malleable discourse able to articulate and explain the vagaries of human emotion in corporeal terms."²²

Seventeenth-century humoral physiology existed alongside a Platonic and Aristotelian psychological framework, in which the life of the body was attributed to a semi-immaterial soul or *animus*. Although the finer points of this doctrine were the subject of heated theological and physiological dispute throughout the Renaissance and early modern period, in the late-sixteenth century there were certain tenets that were widely agreed upon.²³ Philosophically, the soul itself was less an abstract, divine entity to be set in opposition to the earthly body than a way of collectively describing the processes by which the body lived, moved, perceived, and interacted with its environment. The operations of the soul thus included, in addition to the 'higher' faculties of reason, will, and memory, the full range of life-sustaining bodily processes: breathing, muscular motion, the circulation of the blood, perspiration, reproduction, and of course the alimentary functions of ingestion, digestion and excretion.²⁴ Mediating between soul and body were the spirits or *pneuma*, an ethereal vapour or fluid which was capable of travelling throughout the entire body, giving life and motion to all its parts.²⁵

Following Aristotle, European universities taught that the faculties of the soul in humans could be broadly understood in terms of a tripartite (and, significantly, vertical) model.²⁶ At the top of this hierarchy was the *rational soul*, which managed the intellectual operation – reason, memory, and will – through the governance of the 'animal spirits.' This aspect of the soul, located in the head, was what set humans above animals and other life-forms: within the Judaeo-Christian tradition, it represented the superior

²² Schoenfeldt, *Bodies and selves*, 6.

²³ Emily Michael, "Renaissance theories of body, soul, and mind," in *Psyche and Soma, Physicians and Metaphysicians on the Mind-Body Problem from Antiquity to Enlightenment*, ed. Paul Potter and John P. Wright (New York: Oxford University Press, 2000): 148–72.

²⁴ Katharine Park, "The Organic Soul," in *The Cambridge History of Renaissance Philosophy*, ed. Charles B. Schmitt, Quentin Skinner, and Eckhard Kessler (Cambridge: Cambridge University Press, 2008): 467; Fernando Vidal, *The Sciences of the Soul* (Chicago: University of Chicago Press, 2011): 32–3.

²⁵ Park, "Organic soul," 469.

²⁶ Park, "Organic Soul," 467–9; Daniel Garber, "Soul and mind: Life and thought in the seventeenth century," in *The Cambridge History of Seventeenth-Century Philosophy*, ed. Daniel Garber and Michael Ayers (Cambridge: Cambridge University Press, 2000): Vol. 1, 760. For an overview of the spirits in Renaissance natural philosophy, see Angus Gowland, *The worlds of Renaissance melancholy: Robert Burton in context* (Cambridge: Cambridge University Press, 2006): 48–51.

capacities with which God had endowed all of humankind. Below this – situated in the chest or heart – was the *sensitive soul*, which occasioned movement, emotion, and sensory perception: functions shared between humans and most animals, and overseen by the ‘vital spirits.’ Finally, there was the *vegetative soul*, which, through the authority of the ‘natural spirits,’ governed the basic operations of all living organisms: growth, nutrition, and reproduction. These operations took place in the generic ‘lower parts’ – the digestive and reproductive organs – and were located in the liver. The ‘lower’ two faculties or divisions of the soul – sensitive and vegetative – were sometimes collectively referred to as the ‘organic soul,’ signifying those traits which humans shared with all other living things.²⁷ The spirits, likewise, were divided into a three-tiered, vertical hierarchy, corresponding directly to each aspect of the soul and the body part in which it was thought to be located. This was a relatively holistic physiology that attributed a degree of vitality to every major organ of the body. While the Aristotelian-Galenic model still gave primacy to the brain as the principal seat of human agency, it also acknowledged the important roles played by other parts of the body in the processes of perception, imagination, motion, and emotion. Even the ‘lower parts’ were understood in vitalistic rather than mechanistic terms: that is, as active participants in the production of ‘ensouled’ personhood, albeit in a more rudimentary and often more undesirable fashion than the ‘sensitive’ heart and the ‘rational’ brain.²⁸

In the sixteenth and early seventeenth centuries, this hylomorphic humoralism was the dominant framework within which medical writers discussed the interplay between digestion and emotional experience. For instance, when the Elizabethan physician Timothy Bright published his *Treatise of melancholy* in 1586, he described ‘natural melancholy’ as:

the grosser part of the bloud ordained for nourishment, which either by abundance or immoderate hotnesse, passing measure, surchargeth the bodie, and yeeldeth up to the braine certaine vapors, whereby the understanding is obscured.²⁹

²⁷ The summary above is drawn largely from the authoritative account in Park, “The Organic Soul,” 467–9.

²⁸ Vidal, *Sciences*, 31–3.

²⁹ Timothie Bright, *A treatise of melancholie* (London: By Thomas Vautrollier, 1586): 1–2.

Under the humoral model, ‘vapours’ were the principal means by which the digestive organs were thought to interact with the brain.³⁰ In ‘hypochondriac’ or ‘windy’ melancholy, the spleen – the generative organ of the melancholy humour – produced an overabundance of black bile, which flooded into the stomach and poisoned the whole system, sending up fumes through the alimentary canal to “darken the mind, and overcloud the brain.”³¹ This could result in all manner of symptoms, from “noise in the Ears, dimness of Sight, Giddiness, Fear, and Sorrow, and divers Melancholly Phansies” to gastrointestinal disturbances such as “windines, sharp belkinges, burninges, and grevousnes of the sides.”³²

The imbrication of digestion and emotion in humoral medicine meant that diet played a crucial role in emotional health and illness.³³ A common cause of emotional disorder was believed to be the consumption of ‘melancholic’ foodstuffs. These could be discerned by their sensory qualities: darker meats such as beef, venison, goat and hare were held to be particularly troublesome, and thick and viscous red wines were eschewed in favour of thinner and lighter whites. ‘Windy’ foods such as beans, onions, leeks and garlic were also to be avoided, as these were thought to stir up the melancholy vapours and bring them more swiftly and forcibly to the head.³⁴ A well-ordered diet, operating on the principle of opposites, was one of the touchstones of Greek therapeutics, and this dietary emphasis was very much alive in seventeenth-century medicine.³⁵ In 1630, the Edinburgh doctor John MakLuire condemned rye bread for being “black, heavie, engendring melancholious blood.”³⁶ A 1671 pamphlet by the royal physician John Archer rejected hare meat on a humoral grounding, as “Melancholly meat, therefore not so good for those that have dry

³⁰ Katharine Hodgkin, “Scurvy Vapors and the Devil’s Claw: Religion and the Body in Seventeenth-Century Women’s Melancholy,” *Studies in the Literary Imagination* 44, no. 2 (2011): 1–21; Stolberg, *Experiencing illness*, 142–4.

³¹ Nicholas Culpeper, *Culpeper’s school of physick* (London: Printed for N. Brook, 1659): 347. For a detailed discussion of hypochondriac melancholy, see chapter 2 of this thesis.

³² Lazare Rivière, *The practice of physick in seventeen several books* (London: Printed by Peter Cole, 1655): 352; Philip Barrough, *The methode of phisicke conteyning the causes, signes, and cures of inward diseases in mans body from the head to the foote* (London: By Thomas Vautrollier, 1583): 36.

³³ See e.g. Gentilcore, *Food and health*; Albala, “Food for healing;” Joan Thirsk, *Food in early modern England* (London: Hambledon Continuum, 2007).

³⁴ Bright, *Treatise of melancholie*, 25–31; Barrough, *Methode of phisicke*, 36; Burton, *Anatomy*, 85–96; Ken Albala, *Eating right in the Renaissance* (London & Berkeley: University of California Press, 2002), 71–2.

³⁵ Mark Grant, *Galen on Food and Diet* (London: Routledge, 2000).

³⁶ John Makluire, *The Buckler of bodilie health whereby health may bee defended, and sicknesse repelled* (Edinburgh: Printed by John Wreittoun, 1630): 42.

bodies.”³⁷ And much of the dietary advice given in Robert Burton’s famous *Anatomy of Melancholy*, reprinted at least seven times during the seventeenth century, was lifted directly from Galen: for instance his hostility towards cabbage, which he claimed “causeth troublesome dreames, and sendes up blacke vapors to the braine.”³⁸

Humoral medicine also provided early modern physicians with a broad nosology of embowelled emotional disorders. The widespread acceptance of the theory of vapours meant that it was not at all unusual for seventeenth-century doctors to seek the root causes of emotional symptoms outside the head, in the twists and turns of the digestive tract. As well as hypochondriac melancholy – discussed in more detail in the following chapter – there was the “falling sickness,” regarded as the early modern precursor to epilepsy.³⁹ The recognised symptoms of this disorder were (as the name suggests) the unexpected fainting or ‘falling down’ of the sufferer, sometimes accompanied by raging fits and foaming at the mouth. Because the disorder entailed “a depravation of both mind & senses,” and frequently produced other behavioural and emotional symptoms, it could sometimes occupy the same space as madness, melancholy, and related “diseases of the mind” in published medical works.⁴⁰ Writers in the Galenic tradition recognised a common variant of this disorder that proceeded from the stomach or bowels. The sixteenth-century medical writer Andrew Boorde, for instance, described the possible causes of falling sickness as follows:

a melancoly humour the which is bred in the hinder part of the head, or else of evill humours abounding in the stomake, the which doth vapour and fume up to the braine, opilating the vital spirites.⁴¹

While it was understood that falling sickness did not always occur as the result of disordered digestion, evidence from practice certainly suggests that this was a common assumption. At Stratford-upon-Avon in 1623, the Puritan physician John Hall treated a

³⁷ John Archer, *Every man his own doctor in two parts* (London: Printed by Peter Lillicrap, 1671): 34.

³⁸ Burton, *Anatomy*, 91; Grant, *Galen on Food and Diet*, 140–1.

³⁹ Owsei Temkin, *The falling sickness: a history of epilepsy from the Greeks to the beginnings of modern neurology* (2nd ed., Baltimore: Johns Hopkins University Press, 1971).

⁴⁰ See for instance C. B., *A short method of physick shewing the cure of forty-five severall diseases which are the generall and most inclined to men and womens bodyes* (London: Printed by M. S., 1659): 1.

⁴¹ Andrew Boorde, *The breviarie of health wherin doth folow, remedies, for all manner of sicknesses & diseases, the which may be in man or woman* (London: By Thomas East, 1587): ff. 46r–46v.

twenty-year-old male patient for “falling-sickness, by consent from the stomach” with a course of purges and vomits.⁴² Later in the seventeenth century, the empiric William Salmon compiled a large number of successful cures for cases of falling sickness.⁴³ Many of these cases were believed to have proceeded from the stomach or digestive organs, and practically all were treated with some form of purgative or emetic medicine.⁴⁴ In one case, an epileptic patient “was so sick as to Vomit a great deal of green Choler, and sometimes a great deal of tough viscous and yellow Flegm ... From whence it appeared that the Cause was really lodged in the Stomach.”⁴⁵ Similarly, in a man whose head was “afflicted with Pain, Swiming, Melancholy and the Falling-sickness,” the physician observed that “his Bowels are exceedingly impure, by means whereof the Body is infected.”⁴⁶

Vapours were also used to explain cases of vertigo: essentially chronic dizziness, which could be both a symptom and a disease in its own right.⁴⁷ In a popular English medical work titled *The Method of Physick*, the author, Philip Barrow, placed the cause of this distemper in the opening of the stomach, “when through corrupte humours being gathered abundantly in it, vapours and windy exhalations are carried up to the braine, & so turne about the animall spirits contained in it.”⁴⁸ Barrow offered a pragmatic solution to this problem: “Let the patient use commonly after meate to eat some restrictive thing that will close the mouth of the stomake, and hinder the ascending of vapours up to the head.”⁴⁹ As with falling sickness, the vertigo caused “by consent” with the stomach was coupled with gastrointestinal symptoms such as flatulence, abdominal pain, nausea and vomiting. The condition was characterised by disturbed motion; turbulence experienced

⁴² John Hall, *Select observations on English bodies of eminent persons in desperate diseases first written in Latin by Mr. John Hall* (London: Printed by J. D., 1679): 23. See also Joan Lane ed., *John Hall and His Patients* (Stratford-upon-Avon: The Shakespeare Birthplace Trust, 1996): 51–3. See the following chapter and conclusion for more of Hall’s cases.

⁴³ William Salmon, *Iatrica, seu, Praxis medendi, The practice of curing being a medicinal history of above three thousand famous observations in the cure of diseases, performed by the author hereof* (London: Printed for Thomas Dawks and Langley Curtiss, 1681): 239–333. Philip K. Wilson, “Salmon, William (1644–1713): medical empiric and author,” *Oxford Dictionary of National Biography*, accessed April 29, 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-24559>.

⁴⁴ On the use of purgative medicine as a treatment for emotional disorder, see chapter 3 of this thesis.

⁴⁵ Salmon, *Iatrica*, 249.

⁴⁶ *Ibid.*, 262.

⁴⁷ Temkin, *Falling sickness*, 99, 89; Boyd Brogan, “His belly, her seed: medicine and gender in early modern exorcism,” forthcoming in *Representations*.

⁴⁸ Barrough, *Methode of phisicke*, 15.

⁴⁹ *Ibid.*

in the organs of digestion produced cognate symptoms in the organs of thought and perception, and vice versa. A vertiginous patient's constant dizziness was the result of the "inordinate movement of windy vapours" engendered in the stomach, rising to the brain to produce the impression that "every thing turneth round."⁵⁰ Although the brain was held to be the afflicted organ, the root cause of the problem stemmed from a disordered belly.

A further emotional disorder that was commonly perceived to originate in the gut was the 'incubus' or nightmare. The symptoms of this condition included frightening dreams and disturbed sleeping patterns, but also a sensation of paralysis and suffocation similar to modern night terrors or sleep apnea.⁵¹ Again, under the humoral doctrine, the stomach was thought to be the principal offender, in this case by sending up vapours to the brain and also by constricting the lungs and impeding normal breathing patterns. Causes of this disorder included poor diet and sleeping on one's back as well as sadness or excessive anxiety: Bright attributed it to both "feares, and terrours, which retayneth the impression in sleepe, and ... blacke and darke fumes of melancholie, rising up to the braine, whereof the fantasie forgeth obietes, and disturbeth the sleep."⁵² This embowelled understanding of nightmares could also be intimately tied up with magical and religious thinking; as late as 1695, the physician John Pechey wrote of the incubus: "It is commonly supposed by the ordinary sort of People that this Disease is occasioned by the Devil, or an Evil Spirit's lying upon their Stomachs, which," he added, "perhaps may be so sometimes."⁵³ In some accounts the "evil spirit" was substituted for "some Witch or Hag," or else "a man of monstrous stature," but in all of these cases, this nocturnal apparition was described as sitting or lying on the sufferer's stomach.⁵⁴ While some medical accounts – especially from the late seventeenth century onwards – shied away from explicitly ascribing the causes of disease to magical forces, the language used

⁵⁰ John Tanner, *The hidden treasures of the art of physick* (London: Printed for George Sawbridge, 1659): 62.

⁵¹ Barrough, *Method of phisicke*, 34; Bright, *Treatise of melancholie*, 131–2. On the incubus see Sasha Handley, *Sleep in Early Modern England* (New Haven: Yale University Press 2016): 187; W. F. Macle hose, "Fear, fantasy and imagination: the incubus in scholastic medicine," in *Emotions and Health, 1200–1700*, ed. Elena Carrera (Leiden: Brill, 2013): 67–94.

⁵² Bright, *Treatise of melancholie*, 131–2.

⁵³ John Pechey, *The store-house of physical practice being a general treatise of the causes and signs of all diseases afflicting human bodies* (London: Printed for Henry Bonwicke, 1695): 12–3.

⁵⁴ Robert Johnson, *Praxis medicinae reformata: = or, The practice of physick reformed* (London: Printed for Brabazon Aylmer, 1700): 35–6; Edmund Gardiner, *The triall of tabacco* (London: By H. L., 1610): 55.

to describe emotional disorders continued to retain many parallels with demonology.⁵⁵ The offending vapours were sometimes cast as dark and malignant spirits engendered by sinful conduct, throwing both body and mind into disarray, as in this medical description of the incubus from 1700:

The cause of this distemper, is most commonly intemperance in eating and drinking, especially in the Night; whereby crude halituous Vapours are bred in such plenty, that nature cannot disperse nor dissolve them before sleep; and therefore they are raised up to the Ventricles of the Brain, by which imagination, sense and motion are all depraved.⁵⁶

Finally, there was hysteria or “suffocation of the mother,” viewed by some writers as a specifically feminine variant of hypochondria. This disorder shared the same vertical pathology as the other diseases described above, but in hysteric cases, the melancholy vapours were believed to rise from a corrupt and excremental womb.⁵⁷ Despite its separate anatomical seat, hysteria was in fact characterised by a similar range of digestive symptoms: the physician Edward Jorden recorded “Gnawing in the stomacke,” “breaking of wind,” “vomiting,” and “rumbling and noise in the belly or throat, like vnto frogs” alongside more conventionally emotional symptoms such as “sadnesse and lamentation.”⁵⁸ “Suffocation of the mother” could therefore be as much of an embowelled disorder as hypochondria, incubus, or falling sickness: only in the case of the early modern ‘female malady,’ it was the “dark uterine bowel” that was believed to be at fault.⁵⁹

From the examples that have been outlined in this section, it should be clear that the medicine of sixteenth- and seventeenth-century England was far from considering

⁵⁵ Keith Thomas, *Religion and the decline of magic: studies in popular beliefs in sixteenth- and seventeenth-century England* (London: Weidenfeld & Nicolson, 1971). See also Stuart Clark, “Demons and Disease: The Disenchantment of the Sick (1500–1700),” in *Illness and Healing Alternatives in Western Europe*, ed. Marijke Gijswijt-Hofstra, Hilary Marland, and Hans de Waardt (London & New York: Routledge, 1997): 38–58.

⁵⁶ Johnson, *Praxis*, 36.

⁵⁷ Katherine E. Williams, “Hysteria in seventeenth-century case records and unpublished manuscripts,” *History of Psychiatry* 1, no. 4 (1990): 383–401; Brogan, “Masque and the Matrix.”

⁵⁸ Edward Jorden, *A briefe discourse of a disease called the suffocation of the mother Written vppon occasion which hath beene of late taken thereby, to suspect possesion of an euill spirit, or some such like supernaturall power* (London: Printed by John Windet, 1603): 17–18. Michael MacDonald ed., *Witchcraft and Hysteria in Elizabethan London: Edward Jorden and the Mary Glover Case* (London: Routledge, 1991).

⁵⁹ Camporesi, *Juice of life*, 97.

digestive and emotional disorders as totally separate entities. Even when the language used to describe these conditions shifted freely between the fantastical and the physiological, the 'lower parts' continued to play an important causal role in humoral accounts of emotional illness.

Jan Baptist van Helmont and the Soul in the Stomach

The rise of chemical medicine over the course of the sixteenth and seventeenth centuries brought with it new schematics for the relationship between body and soul.⁶⁰ One of the most fundamental challenges to the prevailing orthodoxy came from the Flemish physician Jan Baptist van Helmont, who sought to establish a form of psychophysiology in which the gut was given a far greater role in governing the passions than the Galenic model had allowed for. Born in 1580 and active in the first half of the seventeenth century, Van Helmont was one of the most influential – and controversial – medical writers of early modern Europe.⁶¹ His physiological theories built upon the ideas of the iatrochemical physicians, who had provided a sustained critique of the humoral doctrine during the sixteenth century.⁶² He was an advocate of experimentation and direct observation – a trait shared by English contemporaries such as Francis Bacon and William Harvey – and also a fundamentalist reformer in the spirit of Paracelsus, seeking to burn the traditional medical establishment to the ground and erect a more accurate system of knowledge in its place.⁶³

Van Helmont was also a prolific writer, penning works on all manner of topics, ranging from plant mass and spontaneous generation to the motion of meteors.⁶⁴ But despite the extent of his output and his significant influence on the medical theories and practices of the seventeenth century, his writings on the relationship between digestion and emotion have not received the scholarly attention they deserve. As Walter Pagel has noted,

⁶⁰ Allen G. Debus, *The chemical philosophy: Paracelsian science and medicine in the sixteenth and seventeenth centuries* (Mineola: Dover Publications, 2002).

⁶¹ The classic study of Van Helmont's life and work is Walter Pagel, *Joan Baptista van Helmont: reformer of science and medicine* (Cambridge & New York: Cambridge University Press, 1982). For a more recent study, see Georgiana Hedesan, *An Alchemical Quest for Universal Knowledge: The 'Christian Philosophy' of Jan Baptist Van Helmont (1579–1644)* (London: Routledge, 2016).

⁶² Pagel, *Van Helmont*, 19; Charles Webster, *The Great Instauration: Science, Medicine and Reform, 1626–1660* (Peter Lang: Bern, 2002): 276–9. On Paracelsus and his legacy, see Walter Pagel, *Paracelsus: an introduction to philosophical medicine in the era of the Renaissance* (Basel & New York: Karger, 1982).

⁶³ For an embodied approach to early modern empiricism, see the essays in Charles T. Wolfe and Ofer Gal ed. *The body as object and instrument of knowledge: embodied empiricism in early modern science* (Dordrecht: Springer, 2010).

⁶⁴ Van Helmont, *Works*, 63–70, 109.

historians of medicine have tended either to dismiss Van Helmont as a backward-looking, irrational alchemist and mystic, or to portray him – equally inaccurately – as a pioneer of modern scientific thought.⁶⁵ This general confusion as to Van Helmont’s place in the ‘grand narrative of scientific progress’ perhaps accounts for the relative paucity of studies of his life and work until relatively recently. Lately, however, scholarly interest in Van Helmont has grown considerably, as historians are increasingly acknowledging the depth and breadth of the alchemical influence on early modern English medicine.⁶⁶ Antonio Clericuzio has recently produced a detailed study of the Helmontian theory of digestion, and has traced the dissemination of Van Helmont’s ideas among English physiologists in the latter part of the seventeenth century.⁶⁷ William R. Newman and Lawrence M. Principe, meanwhile, have suggested that Van Helmont’s writings constituted “probably the most wide-ranging and influential chymical theory of the second half of the seventeenth-century.”⁶⁸ Most recently, Georgiana Hedesan has explored the mutual permeability of spirituality and natural philosophy in Van Helmont’s writings, arguing that “religion and alchemy were entwined in his thought to such extent that their discourses were not clearly separate.”⁶⁹ As Hedesan demonstrates, even Van Helmont’s ideas about digestion and fermentation – which Pagel has described as “secular Helmontian controversies” – were in fact deeply informed by his Christian philosophy.⁷⁰ But even where historians have considered Van Helmont’s wider influence on seventeenth-century English culture – as in the work of Charles Webster and Peter Elmer – these studies have generally been more interested in the importance of Helmontian chemistry to wider English movements for social and political reform, rather than the impact that his physiological theories may have had upon seventeenth-century medical conceptions of embodied emotion.⁷¹ Van Helmont articulated an especially embowelled form of psychology that was embraced by many of his followers in England, and may well have

⁶⁵ Pagel, *Van Helmont*, 203–4. For an example of Van Helmont being retrofitted into a ‘rise of modern science’ narrative, see for instance J. H. Baron, “The discovery of gastric acid,” *Gastroenterology* 76, no. 5 (1979): 1056–1064.

⁶⁶ Lawrence M. Principe, “Alchemy restored,” *Isis* 102, no. 2 (2011): 305–12.

⁶⁷ Antonio Clericuzio, “Chemical and mechanical theories of digestion in early modern medicine,” *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 43, no. 2 (2012): 329–37.

⁶⁸ William Newman and Lawrence M. Principe, *Alchemy Tried in the Fire: Starkey, Boyle, and the fate of Helmontian chymistry* (Chicago & London: University of Chicago Press, 2002): 296.

⁶⁹ Hedesan, *Alchemical quest*, xiv.

⁷⁰ *Ibid.*, 118–9.

⁷¹ Webster, *Great Instauration*, 276–9; Peter Elmer, “Medicine, religion and the puritan revolution,” in *The Medical Revolution of the Seventeenth Century*, ed. Roger French and Andrew Wear (Cambridge: Cambridge University Press, 1989): 10–45.

influenced the course of English medicine well into the eighteenth century. It is to this aspect of his ideas and influence that I will now turn.

Galenic physiology held that there were three stages to the digestive process. Food taken into the stomach was heated, as in an oven, and broken down into a milky white fluid called chyle. This was then transported to the liver, where it was transformed into blood. From the liver, the blood entered into the veins, which distributed it to the body's various organs and members.⁷² Van Helmont, however, emphatically rejected this theory on several grounds. Firstly, he disputed the premise that heat was the agent of digestion in the stomach, pointing out that most meats did not simply melt into juice when roasted or boiled. Furthermore, he argued, if heat was the cause of digestion, how could cold-blooded creatures such as fish and reptiles digest their food? Any discernible heat produced in the process of human digestion was incidental; perhaps a side-effect, but not the cause of digestion itself.⁷³ In place of heat, Van Helmont argued, the stomach transformed foodstuffs into useable physiological material by way of an 'acid ferment.'⁷⁴ He explained the observational basis for this conclusion with a bizarre anecdote from his childhood:

I learned the necessity of this ferment of the stomach, while being a Boy, I nourished Sparrows; I oft-times thrust out my tongue, which the Sparrow laid hold of by biting, and endeavoured to swallow to himself, and then I perceived a great sharpness to be in the throat of the Sparrow, whence from that time I knew why they are so devouring and digesting.⁷⁵

It was by French-kissing sparrows, then, that the young Van Helmont gained his first clues to the true agent and process of digestion. But the moment that the penny really dropped was when he accidentally spilled sulphuric acid on one of his gloves. The corrosive power of the acid working on the glove, he reported,

⁷² Albala, *Eating right*, 54–62.

⁷³ Van Helmont, *Works*, 199; Clericuzio, "Chemical and Mechanical Theories," 332.

⁷⁴ Van Helmont, *Works*, 202; Robert Multhauf, "J. B. van Helmont's reformation of the Galenic doctrine of digestion," *Bulletin of the history of medicine*, 29 (1955): 154–63; Walter Pagel, "J.B. van Helmont's reformation of the Galenic doctrine of digestion and Paracelsus," *Bulletin of the History of Medicine*, 29 (1955): 563–68; idem., "Van Helmont's ideas on gastric digestion and the gastric acid," *Bulletin of the History of Medicine* 30, no. 6 (1956): 524–36.

⁷⁵ Van Helmont, *Works*, 201.

did presently resolve it into a juice, in the part which it had moistned; which thing confirmed to me a young Beginner, that meats are transchanged by a sharp or soure thing, and so that a ferment doth inhabit in the stomack, which should change all things cast into it.⁷⁶

Working from the principle that fermentation, not heat, was the key agent of transformation in the digestive process, Van Helmont developed his own “six-fold digestion of human nourishment” to replace the tripartite model of the Galenists. In the first stage, taking place in the stomach, ingested substances were broken down into chyle by a “sour ferment” drawn from the spleen. The chyle then passed into the gall bladder, where it underwent further fermentation, before proceeding into the mesenteric veins and then to the heart, where it was transformed into arterial blood. In the final stage of digestion, this blood was transformed into the rarefied ‘vital spirits,’ which were then distributed throughout the body, in a process that was superficially similar to the Galenic-Aristotelian physiology.⁷⁷

Van Helmont described the stomach and spleen as a “duumvirate,” working together to promote digestion and maintain the whole body in good health. He credited these organs with a primitive but crucial agency as the joint governors of digestion, and placed special importance on the pylorus (the opening from the stomach into the small intestine). He wrote that

I have apprehended a great hinge of health, and sickness, to be involved in the Pylorus ... he hath seemed to me, to be the Rector or governour of digestion ... truly he is the Ruler of the whole Family-administration of the stomach, even unto the last Circle of the Intestines or greater bowels.⁷⁸

⁷⁶ Ibid.

⁷⁷ Van Helmont, *Works*, 205–21; Clericuzio, “Chemical and Mechanical Theories,” 332–3. The chemical conception of vital spirits and its relationship to the classical tradition was in fact far more complex: see especially D. P. Walker, “Medical Spirits in Philosophy and Theology from Ficino to Newton,” in *Music, spirit and language in the Renaissance*, ed. Penelope Gouk (London: Variorum Reprints, 1985); Antonio Clericuzio, “The internal laboratory: the chemical reinterpretation of medical spirits in England (1650–1680)” in *Alchemy and Chemistry in the 16th and 17th Centuries*, ed. Piyo Rattansi and Antonio Clericuzio (Dordrecht: Kluwer Academic Publishers, 1994): 51–84; Simon Schaffer, “Godly men and mechanical philosophers: souls and spirits in Restoration natural philosophy,” *Science in context* 1, no. 1 (1987): 53–85.

⁷⁸ Van Helmont, *Works*, 222, 224, 225.

Under the Helmontian view, defects of the stomach and spleen could be held accountable for the full range of psychophysiological maladies, since their successful co-operation was critical to a healthy digestion – which, in turn, was essential for all-round wellbeing. For Van Helmont, the central position of the stomach was indicative of its sovereign power over the body; “no otherwise, than as the Root of Vegetables is the vital place of the same.”⁷⁹

Van Helmont’s digestive physiology had significant implications for the understanding of emotion. He explicitly rejected the theory of vapours that, as we have already seen, was the dominant explanation for emotional disorders under the humoral model. The anatomy of the head and throat, he argued, precluded the motion of vapours to the brain; any vapours rising through the oesophagus would simply accumulate in the roof of the mouth. Vapours were even less plausible as an explanation for nightmares and disturbed sleep, as they would surely exit the body via the mouth and nose before ever reaching the brain.⁸⁰ This was a momentous and largely unprecedented claim; as Van Helmont himself noted, vapours were among the many theories that Paracelsus had accepted too uncritically from the Galenic tradition, having thereby “rendered himself ridiculous.”⁸¹ However, in rejecting vapours, Helmontian physiology in fact attributed an even greater role to indigestion as a cause of emotional disorder. While humoralism had claimed that the reasoning brain was afflicted and perverted by fumes sent up from the digestive organs, the Helmontian model was yet more holistic, giving the stomach the principal role in the production and mediation of the passions. According to Van Helmont, passions were themselves formed not in the head nor heart but in the midriff, which was not only the governor of bodily health but also the seat of the ‘sensitive soul’ – the aspect of the tripartite soul that was believed to govern emotional experience, and which, as we have seen, had traditionally been identified with the heart.⁸² The sensitive soul, Van Helmont claimed, distributed its “lightsom and vital beames” throughout the body, “dispelling the darkneses of sin and of mortal decay.”⁸³ In order to discharge this duty most effectively, it required a central lodging with direct physical channels to every part

⁷⁹ Ibid., 287. Hedesan, *Alchemical quest*, 118, 150–1.

⁸⁰ Van Helmont, *Works*, 291.

⁸¹ Ibid., 280. Pagel, *Paracelsus*, 328.

⁸² Park, “The organic soul,” 467–9; John Henry, “The matter of souls: medical theory and theology,” in *The Medical Revolution of the Seventeenth Century*, ed. Roger French and Andrew Wear (Cambridge: Cambridge University Press, 1989): 100–1; Porter, *Flesh in the Age of Reason*, 72. On the idea of the heart as the physical seat of emotion, see especially Fay Bound Alberti, *Matters of the Heart: History, medicine, and emotion* (Oxford: Oxford University Press, 2010).

⁸³ Van Helmont, *Works*, 284.

of the body. The head, situated at the very top of the body, was manifestly unsuited to such a purpose. Indeed, Van Helmont lambasted traditional medical authorities for their squeamishness in being “unwilling to have the soul beheld in a sack or membrane,” and for favouring instead the more sanitary vessels of the brain or heart.⁸⁴

Under Van Helmont’s distinctly gastric psychology, madness and related emotional disorders were all caused by “poysonous” images and impressions formed in the belly, darkening or entirely blotting out the vital rays of light conveyed by the soul to the rest of the body. He described hypochondriac melancholy as “Midriffie Melancholy,” nightmares as being “stirred up from the Midriffs,” and claimed that falling sickness and vertigo likewise arose “from the mouth of the stomach.”⁸⁵ As in so much of his work, Van Helmont drew heavily upon direct experience, self-observation, and appeals to physiological self-reflection (quite literal ‘gut feelings’) to support his conclusions. On one occasion, he invited his reader to reflect upon the part of the body in which strong emotional reactions were most immediately and intuitively felt, writing that

it is easily perceived, that all the force of the first conceptions, and every entring and primitive stirring of disturbances doth happen about the mouth of the stomach: For if a Gun send forth a noyse unexpectedly, a shaking about the mouth of the stomach is perceived by the same stroak: so, if a sorrowful Message be brought on a sudden, a sudden and speedied alteration is no where felt, but in that Central Inn of the soul.⁸⁶

As we have already seen, Van Helmont was not shy about sharing his own subjective experiences if doing so would help to illustrate a philosophical point. One of the key passages in his treatise on the pyloral soul – which he sardonically termed his “mad or foolish idea” – recounted his own recollection of a ‘gut-feeling.’ Troubled by unspecified family matters, he had been restlessly pacing his house when he was struck with a profound realisation:

I felt that I did understand, conceive, savour, or imagine nothing in the head ... but I percieved [*sic.*] (with admiration)

⁸⁴ Ibid., 289.

⁸⁵ Ibid., 341, 273, 284, 299.

⁸⁶ Ibid., 285.

manifestly, clearly, discursively, and constantly, that that whole office was executed in the Midriffes, and displayed about the mouth of the Stomach ... I felt that thing so sensibly and clearly, yea, I attentively noted, that although I also felt sense and motion to be safely dispensed from the head into the whole body, yet ... the whole faculty of discourses was remarkably and sensibly in the Midriffes, with an excluding of the head, as if the mind did at that time, in the same place meditate of its own counsels.⁸⁷

In the winter of 1643, Van Helmont had a similar experience when, studying in the presence of his young daughter, he became dizzy and disorientated:

I presently felt about the mouth of my stomach, a sore-threatned swooning ... I knew therefore at length, that my giddiness proceeded from my stomach, and that it was there nourished by the same Root, from whence the swooning had proceeded: For some meats did promote that my giddiness, and specially about the evening, to wit, while they were not as yet cocted ... the same thing happens in the Mare, from meats well nigh concocted. I had remembred also, that as oft as I had passed over the Sea in time past, although I was in due health, and was very much given to eating; yet my Head ran round and staggered for many dayes after, until that by a gentle vomit, I had shaved away the filths out of my stomach, whereon that whirling Idea was imprinted ... Therefore (as they are wont to say) I believed ... that all giddiness of the Head doth climbe up from the parts beneath, without a vapour or smoak; but that the Head doth hearken to the stomach, through the government of action alone.⁸⁸

Van Helmont's works were distinctive for freely combining evidence drawn from empirical observation and subjective personal experience; he appears to have had a gift for reading the meaning of certain subjective bodily sensations and conveying these in a

⁸⁷ Ibid., 274–5.

⁸⁸ Ibid., 300–1.

way that other writers often struggled to do. He clearly did not feel that it was sufficient to convince his reader solely through logical, reasoned argumentation; although this is undeniably present in his work, the most persuasive and evocative passages are those in which he appealed to the reader's own corporeality to support his conclusions. Andrew Wear has observed that Van Helmont and his disciples favoured "less intellectual and more emotive and vituperative arguments," and Hedesan has similarly noted that "Although implicit reasoning is often visible in his thought, [Van Helmont] relies little on logical arguments."⁸⁹ Van Helmont's conscious and explicit rejection of rational argumentation was, in part, a reaction against the stifling approach to logic and rhetoric favoured in early seventeenth-century European universities. However, it perhaps also reflects the difficulties he found in verbally communicating his own subjective and inherently physiological experiences: despite his own valiant efforts, even Van Helmont was forced at times to concede that the sensations he was attempting to describe "cannot by any words be expressed."⁹⁰

The crucial dimension of the Helmontian challenge to the classical model, then, was that, under the new theory, the stomach was given a far greater role in governing the emotions. As Hedesan has noted, by accepting the Aristotelian model of the tripartite soul, Van Helmont's theories in fact reflected a degree of continuity with orthodox medical psychology.⁹¹ However, while the Aristotelian-Galenic gut constantly threatened to corrupt and pervert the reasoning capacities of the brain, the Helmontian gut was itself the first agent of thought and feeling, with the brain being no more than "the conductresse of conceits formed in the lower parts."⁹² Van Helmont lambasted the Schools for their logically consistent but experientially barren doctrines, which had caused them to neglect what he believed was a matter of instinct to most. Outside the universities, he insisted, popular opinion was on his side:

the Common people are of my opinion, which for the vital beginning, or seat of the Soul, do shew with the hand, the Orifice of the stomach, as oft as they are pressed with

⁸⁹ Andrew Wear, *Knowledge and practice in early modern English medicine, 1550–1680* (New York: Cambridge University Press, 2000): 377, 353; Hedesan, *Alchemical quest*, 49.

⁹⁰ Van Helmont, *Works*, 274–5.

⁹¹ Hedesan, *Alchemical quest*, 151.

⁹² Van Helmont, *Works*, 298.

straights, to wit, as well with the anguishes of the body and life, as with the afflictions of the mind.⁹³

In Van Helmont's writings, the gut possessed a primal wisdom and innate knowledge quite different from the carefully worked-through reasoning of the brain, and given his taste for contrarianism it seems probable that he would have taken pleasure in the controversy that his 'soul-in-the-stomach' thesis produced among philosophers and physicians alike.⁹⁴ Not only did it discredit a widely-held theory of "the Schools" through appeals to common physical experience; it also presented an apt physical analogy for the upheaval in natural philosophy that Van Helmont wished to see. By placing the sensitive soul in the 'lower parts' that had traditionally been allocated to the processing of nutriment and excrement, Van Helmont appears to have been suggesting that a form of understanding could be sought even in the lowest, darkest, and most squalid of places. The "lightsom and vital beames" issuing forth from the Helmontian pylorus presented a new and central role for the gut in processes of emotion and identity. And in a carnivalesque inversion of the vertical hierarchy of bodily organs, the spleen – described by Pagel as "a cesspool in which impure food is disposed of and the loathsome 'black bile' is produced" – came to occupy "a position of high dignity and responsibility."⁹⁵ These suggestions had sweeping implications for an intellectual world in which enlightenment was always to be sought above, and never below; in which, as Bakhtin described it, "All that was best was highest, all that was worst was lowest."⁹⁶

Van Helmont's ideas gained significant traction across Europe, and his influence can be observed in many English-language works from the second half of the seventeenth century.⁹⁷ Many English Helmontians appear to have enthusiastically embraced the theory of the soul-in-the-stomach and its pivotal role in emotional health and illness. One such figure was George Thomson, a prolific writer and polemicist who was also a

⁹³ Van Helmont, *Works*, 301–2.

⁹⁴ Henry, "The matter of souls," 100–1; P. M. Rattansi, "The Helmontian-Galenist Controversy in Restoration England," *Ambix* 12, no. 1 (1964): 1–23.

⁹⁵ Pagel, *Van Helmont*, 100.

⁹⁶ Bakhtin, *Rabelais and His World*, 401.

⁹⁷ On the reception and influence of Helmontianism in England, see Wear, *Knowledge and practice*, 353–433; Antonio Clericuzio, "From van Helmont to Boyle: A study of the transmission of Helmontian chemical and medical theories in seventeenth-century England," *The British Journal for the history of science* 26, no. 3 (1993): 303–334; Ole Peter Grell, "Plague, Prayer and Physic: Helmontian Medicine in Restoration England," in *Religio Medici: Medicine and Religion in Seventeenth-Century England*, ed. Ole Peter Grell and Andrew Cunningham (Aldershot: Ashgate, 1996): 204–27.

“doctrinaire Helmontian.”⁹⁸ In his *Ortho-methodoz itro-chymike*, Thomson reaffirmed the Helmontian claim that feelings and imaginations had their beginnings in the lower parts.

“In the first place,” he wrote,

the direct way to uphold, increase the Spirits, to keep them
Clear, Bright, and free from unreasonable, Sickly, Turbulent,
Melancholy Idea's, or Impressions, is to have an especial Care of
the Fountain, from whence these subtil Particles spring, i. e. the
Stomach.⁹⁹

For Thomson, the first step towards emotional wellbeing was, therefore, the maintenance of a healthy diet. Food taken in should be moderate in quantity, but of whatever quality the stomach most desired: as the seat of the appetites, it could be trusted to know what was best for itself. The only form of disordered eating, in the Helmontians' view, was *indiscriminate* eating: this caused “a cloudiness, dullness, sullenness, and darkness in the Vital Spirits, bringing them into such a disorder, that they Coin many foul, black Images.”¹⁰⁰ By contrast, those who listened to the wisdom of their bellies, even when it appeared to contradict the traditional rules of diet, could enjoy “a serenity and lustre in the Spirits.”¹⁰¹ The physician's duty was not, therefore, to deny patients the objects of their cravings, as the Galenists had done with the aim of balancing the humours. Rather, the Helmontian physician sought to appease the distressed stomach by satisfying its appetites, however unusual.

There is certainly evidence to suggest that Van Helmont's ideas filtered into pharmacy and practical medicine in the latter part of the seventeenth century. Thomson, for instance, advertising his own Helmontian medicines, exhibited all the self-promoting zeal of a true empiric.¹⁰² His “Stomack Essence,” he claimed, both “exceedingly strengthens the Stomack ... encreaseth and maketh Active the Vital Spirits, and their Instruments by which they work (called Ferments)” and “is admirably useful against Melancholy

⁹⁸ Clericuzio, “From van Helmont to Boyle,” 324–5; Wear, *Knowledge and practice*, 403–21.

⁹⁹ George Thomson, *Ortho-methodoz itro-chymike: or the direct method of curing chymically* (London: printed for B. Billingsley, 1675): 23.

¹⁰⁰ *Ibid.*, 24.

¹⁰¹ *Ibid.*

¹⁰² On the “medical marketplace,” see Harold J. Cook, *The decline of the old medical regime in Stuart London* (Ithaca: Cornell University Press, 1986): 28–70; Mark S. R. Jenner and Patrick Wallis, introduction to *Medicine and the Market in England and Its Colonies, c. 1450–c. 1850*, ed. Mark S. R. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007): 1–23; Beier, *Sufferers and Healers*, 8–50; Roy Porter, *Health for Sale: Quackery in England, 1660–1850* (Manchester: Manchester University Press, 1989).

Imaginations, passions from the Spleen, &c.”¹⁰³ The “woman-physician” Mary Trye advertised and sold Helmontian medicines for the falling sickness, claiming that “By these medicines the stomach, midriff, and centre of the body where this disease is first and chiefly seated ... will be cleared of the stupefactive poisonous matter, and this unsensitive dangerous disease taken quite away, without any return.”¹⁰⁴ On the same basis, the chemical physician Nathaniel Merry in 1682 insisted that he had

cured such when they have been given over as incurable, by relieving nature in its center by vital rays, restoring lost strength, and cheering the vital spirits, destroying all lurking venoms or poysons in the body, by archeal or vital medicines.¹⁰⁵

In 1680, the New England doctor Robert Couch related a case of a woman suffering from violent epileptic fits; Couch gave her a single dose of his special powder, curing her instantly of her symptoms. Such was the power of the medicine, according to the physician, that the patient never relapsed into her former state, even after flatly refusing to continue taking the medicine. Reflecting on the extraordinary and immediate efficacy of his powder (which seems even to have surprised Couch himself), he concluded that “the primary cause was not in the Brain, but in the Stomach, or some place near adjacent thereunto.”¹⁰⁶

One especially prolific medical writer who read and appropriated many of Van Helmont’s ideas was the merchant-scholar Thomas Tryon, whose ideas are discussed in greater detail in chapter 5 of this thesis. Though not a practicing physician himself – he sold hats – by the time he turned to writing Tryon had read and travelled widely, spending formative years in the Netherlands and Barbados, and constructing over the years a bric-a-brac philosophy incorporating elements of Pythagoreanism, Hinduism and Zoroastrianism, as well as Paracelsian and Galenic medicine.¹⁰⁷ Tryon’s relationship with Helmontianism was

¹⁰³ Thomson, *Ortho-methodoz*, 174–80.

¹⁰⁴ Mary Trye, *Medicatrix: or, The woman-physician* (London: Printed by T. R. & N. T., 1675): 135. Sara Read, “‘My Method and Medicines’: Mary Trye, Chemical Physician,” *Early Modern Women* 11, no. 1 (2016): 137–148.

¹⁰⁵ Nathaniel Merry, *Cure for the dogmatical incurables, performed in matter of fact by N. Merry philo-chym* (London: Printed by T. James at the printing-press in Mincing lane., 1682): 1; Cook, *Decline*, 198, 203.

¹⁰⁶ Robert Couch, *Praxis catholica, or, The countryman’s universal remedy* (London: Printed for Robert Hartford, 1680): 50–2.

¹⁰⁷ Virginia Smith, “Tryon, Thomas (1634–1703), vegetarian and author,” *Oxford Dictionary of National Biography*, accessed 1 May 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb->

somewhat conflicted: he followed Van Helmont and his disciples in explicitly attributing the cause of various psychosomatic illnesses to the stomach, and even adopted the language of poisonous images and vital rays when it suited his purposes. Confusingly, however, Tryon also seems to have subscribed to the theory of vapours which Van Helmont sought vigorously to discredit, thereby rendering his medical physiology doubly embowelled (but also inherently contradictory).¹⁰⁸ Tryon's selective use of Helmontian ideas highlights both the pervasiveness and the complexity of their influence on English medicine. Even those who found many of Van Helmont's idiosyncrasies difficult to stomach might still have been receptive to his general appeals to embowelled psychology, which did, after all, present a degree of continuity with the humoral model of emotional disorder. Although he rarely mentioned him by name, it was undoubtedly Van Helmont's influence which caused Tryon to believe, for instance, that "the prime local Spring, or Seed of Madness is in or near the Stomach, or its neighbouring parts."¹⁰⁹

Thomas Willis and the Soul in the Brain

However, even as Van Helmont's radical ideas were filtering into English medicine, a brain-based model of subjectivity was gathering momentum both in England and on the continent. At Leiden and Amsterdam, the iatrochemist Franciscus de le Boë ('Sylvius') was busily applying William Harvey's new theories on the circulation of the blood to his own research and teachings on the anatomical structures of the brain.¹¹⁰ Around the same time, in a 1649 work titled *The passions of the soul*, the French philosopher René Descartes argued that the soul operated on the body by means of the pineal gland: "The ultimate and most proximate cause of the passions of the soul," he claimed, "is simply the agitation by which the spirits move the little gland in the middle of the brain."¹¹¹ Descartes' pineal neurophysiology proved to be one of the less influential features of his thought – in fact, it was widely rejected – but it did foreshadow the rise of an entirely

[9780198614128-e-27783](#). For a more detailed account of Tryon's life and dietetic philosophy, see chapter 5 of this thesis.

¹⁰⁸ Thomas Tryon, *Healths grand preservative* (London: printed for the author, 1682): 4, 10, 12.

¹⁰⁹ Tryon, *Dreams & visions*, 285.

¹¹⁰ Frans de le Boë, *A new idea of the practice of physic; written by that famous Franciscus De Le Boe, Sylvius; late chief professor of physic in the University of Leiden* (London: printed for Brabazon Aylmer, 1675): 369–92.

¹¹¹ Descartes, *The passions of the soul*, quoted in John Cottingham ed., *The Cambridge Companion to Descartes* (Cambridge: Cambridge University Press, 1992): 382.

brain-based psychology that was just beginning to emerge from the crumbling edifice of humoral medicine.¹¹²

Back in England, the brain found a homegrown champion in the form of the physician and anatomist Thomas Willis. From the 1650s onwards, Willis began conducting the detailed studies of comparative brain anatomy that would eventually define his career and cement his place in the history of Western medicine. Historical studies of Willis have tended to emphasise his role as ‘pioneer’ or even sole founder of the modern neural sciences; he conducted anatomical surveys of the human brain and nervous system that were largely unprecedented in their level of detail, and today the Circle of Willis, the main set of arteries providing blood to the brain, is named after him.¹¹³ As Jamie C. Kassler has noted, Willis is often credited with “put[ting] the mechanisms of the brain and nervous system on their modern footing.”¹¹⁴ George S. Rousseau has influentially argued that Willis’s philosophical career – both as an anatomist and as a tutor to John Locke – provided much of the natural-philosophical underpinnings for the ‘culture of sensibility’ which exploded into the public sphere in the eighteenth century.¹¹⁵ In Rousseau’s account, by placing such a firm focus upon the brain as the source of nervous sensation and perception, Willis’s work touched off “a revolution in intellectual thought concerning the nature of man.”¹¹⁶

However, unlike Van Helmont, Willis did not consider himself a radical reformer. In his political life he favoured the royalist cause, though not to the degree of fervour shown by

¹¹² Gert-Jan Lokhorst, “Descartes and the Pineal Gland,” *Stanford Encyclopedia of Philosophy*, 2013, accessed Apr 4, 2018, <https://stanford.library.sydney.edu.au/entries/pineal-gland/>; Richard B. Carter, *Descartes’ medical philosophy: the organic solution to the mind-body problem* (Baltimore: Johns Hopkins University Press, 1983). On Henry More’s rejection of Descartes’ pineal psychology, see Henry, “The matter of souls,” 102–3.

¹¹³ For a work in which Willis is repeatedly praised as a “pioneer,” see Carl Zimmer, *Soul made flesh: the discovery of the brain - and how it changed the world* (London: Heinemann, 2004). For a similar view from the life sciences, see Zoltán Molnár, “Thomas Willis (1621–1675), the founder of clinical neuroscience,” *Nature Reviews Neuroscience* 5, no. 4 (2004): 329–335.

¹¹⁴ Jamie C. Kassler, “Restraining the Passions: hydropneumatics and hierarchy in the philosophy of Thomas Willis,” in *The soft underbelly of reason: the passions in the seventeenth century*, ed. Stephen Gaukroger (London & New York: Routledge, 1998): 148.

¹¹⁵ Rousseau, *Nervous Acts*, 159; Robert G. Frank, “Thomas Willis and his circle: brain and mind in seventeenth-century medicine,” *The Languages of Psyche: Mind and Brain in Enlightenment Thought*, ed. G. S. Rousseau (Berkeley: University of California Press, 1990): 142–3; Stolberg, *Experiencing illness*, 214–16. On the culture of sensibility and its close links with physiology in the eighteenth century, see especially John Mullan, *Sentiment and sociability: the language of feeling in the eighteenth century* (Oxford: Clarendon, 1988); Anne C. Vila, *Enlightenment and pathology: sensibility in the literature and medicine of eighteenth-century France* (Baltimore: Johns Hopkins University Press, 1998).

¹¹⁶ Rousseau, *Nervous Acts*, 166; Martensen, *The Brain Takes Shape*, 118–21.

many of his contemporaries.¹¹⁷ Spiritually, he was Church of England through and through, and he was hostile to the ascetic zeal that characterised the extreme fringes of the Puritan movement.¹¹⁸ In his medical practice, Willis combined traditional humoral medicine with the increasingly accepted chemical doctrines that had been gaining ground in English medicine since the sixteenth century.¹¹⁹ While he embraced the Helmontian concept of fermentation, Willis dismissed Van Helmont's more ardent followers as "Pseudochymists and Fanaticks," echoing the dismissive rhetoric that was being directed towards 'enthusiasts' during the same period.¹²⁰ He also rejected the "Dreams of Helmont" of the 'duumvirate' of spleen and stomach and their dominion over the body, stating with characteristic bluntness that "I do not at all assent to these."¹²¹ Willis took a quite different approach to medical research from Van Helmont's subjective and decidedly unsystematic methods, instead focusing on rigorous anatomical observation and dissection – practices that were rapidly becoming mainstream in learned university medicine.¹²² Willis's work thus reflected what Michael Stolberg has described as "a growing esteem for experimental studies performed under controlled conditions as a source of authoritative medical knowledge."¹²³

Willis devoted much of his professional life to studying the brain and its relationship to the nervous system, both in humans and other animals. He laid out many of his foundational theories in the 1664 *Cerebri anatome*, which sought, in the author's own words, to "unlock the secret places of Mans Mind, and to look into the living and breathing Chapel of the Deity."¹²⁴ Willis claimed that the seat of the human imagination was to be found in the *corpus callosum*, the band of nervous fibres connecting both hemispheres of the brain, and that the function of memory was located in the cerebral

¹¹⁷ Michael Hawkins, "Piss Profits: Thomas Willis, His Diatribae Duae and the Formation of His Professional Identity," *History of science* 49, no. 1 (2011): 1–24.

¹¹⁸ Robert Martensen, "'Habit of reason': Anatomy and Anglicanism in Restoration England," *Bulletin of the history of medicine* 66, no. 4 (1992): 511–35; William F. Bynum, "The anatomical method, natural theology, and the functions of the brain," *Isis*, 64, no. 4 (1973): 445–68.

¹¹⁹ On Willis's medical practice, see *Willis's Oxford casebook (1650–52)*, ed. Kenneth Dewhurst (Oxford: Sandford, 1981).

¹²⁰ Thomas Willis, *Pharmaceutice rationalis* (London: Printed for T. Dring, C. Harper, and J. Leigh: 1679): 140. For more on the pejorative rhetoric of 'enthusiasm' in the seventeenth century, see the following chapter of this thesis.

¹²¹ Willis, *Pharmaceutice rationalis*, 22.

¹²² Andrew Cunningham, *The anatomical renaissance: The resurrection of the anatomical projects of the ancients* (Aldershot: Scolar Press, 1997); Sawday, *Body emblazoned*.

¹²³ Stolberg, *Experiencing illness*, 216.

¹²⁴ Thomas Willis, *Five treatises viz. 1. Of urines, 2. Of the accension of the blood, 3. Of musculary motion, 4. The anatomy of the brain, 5. The description and use of the nerves* (London: Printed for T. Dring, C. Harper, J. Leigh, and S. Martin, 1681): 51. See also Martensen, "'Habit of reason."

cortex.¹²⁵ Like Van Helmont, he believed in a sensitive faculty of the soul that governed the passions and motions of mind and body. However, in stark contrast to Helmontian thinking, Willis claimed that this sensitive faculty was situated *exclusively* in the head, and that it operated upon the body by means of the animal spirits – which, in the Galenic-Aristotelian framework, had been the exclusive preserve of the rational soul.¹²⁶ In the Willisian physiology, the animal spirits were dispatched from the brain to traverse the body through its network of hollow nerves, animating and giving life to the various parts of the body. This nervous doctrine offered an explanation for emotional phenomena that, like Van Helmont’s, was quasi-divine, but which placed the locus of mental and emotional activity firmly and exclusively within the brain.¹²⁷ Although Galenic physiology had frequently described the rational and intellectual faculties as primarily governed by the head, Willis’s doctrine was distinctive in that it also gave the brain primacy over emotional and sensory experience. As Robert Martensen has observed, “Willis’s characterization of passions as primarily cerebral and nervous restricted access by the lower body to the whole brain ... the physiological distance between mind, now firmly located in the cerebral hemispheres, and body had increased.”¹²⁸ Due to the unprecedented detail of his anatomical investigations and the far-reaching impact of his writings, Willis became, in Rousseau’s words, “the first scientist unassailably to posit that the seat of the soul [was] strictly limited to the brain, nowhere else.”¹²⁹

Under the Willisian physiology, disorders of the passions and disorders of the brain essentially became synonymous. These illnesses could proceed from a confused motion of the spirits, causing them to move too quickly or too chaotically through the nerves and throwing the brain into disarray. Mental and emotional strife could also be the result of “explosions” of the spirits leading to convulsive and involuntary motions in the sufferer.¹³⁰ One particular example, related in Willis’s *Essay on the pathology of the brain and nervous stock*, offers a unique insight into how this nervous physiology was applied to practical cases of emotional disorder. The patient was male and approximately forty years old, and was “troubled with convulsive Motions ... by reason of a great sadness.” On

¹²⁵ Martensen, *The brain takes shape*, 85–7. See also Ann Thomson, *Bodies of Thought: Science, Religion, and the Soul in the Early Enlightenment* (Oxford: Oxford University Press, 2008): 79–86.

¹²⁶ Martensen, *The brain takes shape*, 138–44.

¹²⁷ *Ibid.*, 88–90.

¹²⁸ *Ibid.*, 140.

¹²⁹ Rousseau, *Nervous Acts*, 165–6.

¹³⁰ Thomas Willis, *An essay of the pathology of the brain and nervous stock in which convulsive diseases are treated of* (London: Printed by J. B. for T. Dring, 1681): 1–3.

several occasions Willis witnessed a particularly unusual symptom in his patient, and he described this symptom in some detail:

... a certain bulk, like a living animal, was seen to creep from the bottom of his belly upwards, towards his heart and breast, and from thence to his head: I my self pressing his belly, with my hand, felt very plainly this kinde of motion, and as long as I hindred this round thing from ascending, with both my hands, and all my strength, he found himself indifferently well; but as soon as this swelling creeping upwards by degrees, had reached the head, presently the members of the whole body were cruelly pull'd together, that he would dash himself against the walls, or posts, as if possest by an evill spirit; He could hardly be held, and restrain'd, by four strong men, with all their force, but that he would leap from them, and fling out his arms, feet, and head, here and there, with divers manners of motions ... such a fit would last about a quarter of an hour, then coming to himself, he would talk soberly, and walk about in his Chamber; he knew what he had suffer'd, and ask'd pardon of the standers by.¹³¹

Willis's initial description feels like a rather more detailed version of one of Napier's cases of emotional disorder, and his subsequent explanation for these phenomena is therefore surprising. He not only attributed *all* of his patient's symptoms to a disordered brain, but also took the opportunity to sneer at the traditional, belly-based understanding of similar psychosomatic disorders:

If this strange distemper had hapned to a woman, it would presently have been said, that it was the mother, or hysterical, and the Cause of it would have been especially, for that the ascent of something, like a bulk, began the fit, from the bottom of the belly: But when this common solution, which most often is the mere subterfuge of Ignorance, cannot be admitted in this case, it seems most congruous to reason, to

¹³¹ Willis, *Pathology*, 37–8.

referr all these Symptoms, to the evill affections of the brain,
and nervous stock.¹³²

Willis drew upon many of the same rhetorical strategies as Van Helmont to promulgate his brain-based physiology of emotional disorder, combining anatomical and practical observations with a broad and pre-emptive disdain for opposing viewpoints. But while Van Helmont expressed a guarded suspicion towards reason as a mode of intellectual inquiry, believing that it “doth generate nothing but a dim or dark knowledge,” Willis’s work is peppered with assertions that begin “this seems consonant to common reason” or “Nor is it irrational to affirm...” as well as acid-tongued invective against “Quacks and others ignorant of Anatomy.”¹³³ Conspicuously absent from his writings were the direct appeals to subjective experience that Van Helmont made such extensive use of; as Martensen has emphasised, Willis preferred to restrict his supporting evidence to notes from his anatomical investigations and detailed patient case histories such as the one cited above.¹³⁴ There is a pleasing symmetry to the fact that Willis, the early champion of the brain, wrote in a considerably more ‘rational’ style than Van Helmont, who sought far more often to appeal to his readers’ gut instincts. These were two strikingly different approaches to the business of knowledge-gathering; the one subjective and heavily experiential, the other rationalist and ostensibly far more objective.

Willis’s ideas about the brain became hugely influential, and his work was enthusiastically embraced both at home and on the continent.¹³⁵ As the seventeenth century progressed, the idea of the self-in-the-brain was buoyed up on the one hand by the corpuscular physics of Isaac Newton and Robert Boyle, and on the other by the Enlightenment philosophies of Descartes and John Locke, both of whom stressed the overriding importance of reason in scientific matters.¹³⁶ It held appeal not only as a meticulously researched and tested medical theory, but also as the scientific affirmation of a new physical and moral ideal, the “self-contained, self-controlled, and restrained” model of sensibility that was Enlightenment Man.¹³⁷ In an important sense, it appears to have

¹³² Willis, *Pathology*, 38. See chapter 2 of this thesis for Willis’s views on hypochondria and hysteria.

¹³³ Van Helmont, *Works*, 18; Thomas Willis, *Two discourses concerning the soul of brutes* (London: printed for Thomas Dring, 1683): 58; Willis, *Five treatises*, “The Author’s Epistle to Dr Bathurst”; Willis, *Pharmaceutice rationalis*, 158.

¹³⁴ Martensen. *The brain takes shape*, 141.

¹³⁵ *Ibid.*, 190–4.

¹³⁶ Clericuzio, “From van Helmont to Boyle;” Theodore M. Brown, “Medicine in the Shadow of the Principia,” *Journal of the History of Ideas* 48, no. 4 (1987): 629–48; Rousseau, *Nervous Acts*, 166.

¹³⁷ Stolberg, *Experiencing illness*, 214–18.

marked a bid to move away from a form of humoral selfhood in which the reasoning powers of the brain were at constant risk of being overthrown by the mutinous rumblings of the lower parts.¹³⁸

“Intestine War”: Brain and Stomach in the Early Enlightenment

As Willis’s nervous physiology began to gain ground in late seventeenth-century England, Helmontianism – still itself a fledgling doctrine – faced some serious obstructions. As Robert G. Frank and Michael Hawkins have both shown, much of Willis’s success and subsequent influence had proceeded from his close ties to the Royal Society and the universities which formed the elite core of the scientific establishment in England.¹³⁹ This gave Willis, and his followers, a degree of social capital which the Helmontians sorely lacked. They had been denied legitimacy as a branch of professional medicine when, in 1665, a group of petitioners led by the Irishman Thomas O’Dowde had tried – and failed – to obtain a royal charter recognising a Society of Chemical Physicians.¹⁴⁰ To make matters worse, the Helmontian emphasis on charity led many of its adherents to work in impoverished, disease-stricken areas where other physicians feared to set foot. As a result, a disproportionate number of Helmontian physicians, including O’Dowde and most of his fellow petitioners, died in the plague years of 1665 and 1666, effectively hamstringing the petition.¹⁴¹ A further complication was that those who embraced Helmontian medicine came from a diverse array of social backgrounds, with little in the way of a cohesive professional identity to bind them together. If a Society of Chemical Physicians had been successfully established in the mid-seventeenth century, this may well have changed. However, as Harold Cook has demonstrated, the ultimate lack of institutional representation for the Helmontians in England made it extremely difficult for them to gain the level of patronage and influence enjoyed by their contemporaries in the universities and the College of Physicians.¹⁴²

¹³⁸ Martensen, *The brain takes shape*, 118–21.

¹³⁹ Frank, “Thomas Willis;” Hawkins, “Piss Profits.” On Willis’s scientific circle at Oxford, see Robert G. Frank, *Harvey and the Oxford physiologists: a study of scientific ideas* (Berkeley: University of California Press, 1980).

¹⁴⁰ Harold Cook, “The society of chemical physicians, the new philosophy, and the restoration court,” *Bulletin of the History of Medicine* 61, no. 1 (1987): 61–77; Charles Webster, “English Medical Reformers of the Puritan Revolution: A Background to the Society of Chymical Physitians,” *Ambix* 14, no. 1 (1967): 16–41; Rattansi, “Helmontian-Galenist Controversy.” See also Elmer, “Medicine, religion and the puritan revolution,” 43.

¹⁴¹ Grell, “Plague, Prayer and Physic;” Wear, *Knowledge and practice*, 377.

¹⁴² Cook, “Society of chemical physicians,” 76–7; Wear, *Knowledge and practice*, 427–9.

The esoteric nature of Helmontian physiology also made it a ripe target for ridicule – especially when Van Helmont’s theory of the appetite-driven soul-in-the-stomach was set against the elevated, enlightened and fundamentally rational brain. The Cambridge Platonist Henry More challenged the Helmontian notion head-on in his 1659 work *The Immortality of the Soul*, writing that “there is no more reason to think the Common Sensorium is in the mouth of the Stomack, because of the Sensible Commotions we feel there, then that it is seated in the Stars, because we so clearly perceive their Light.”¹⁴³ When, in 1660, More wrote to his friend and fellow philosopher Lady Anne Conway concerning his emotional and digestive health, he mockingly invoked the Helmontian notion of the soul-in-the-stomach to explain his condition:

my body ... has been as sad as lead, which I conceive is from the flaccidity of the mouth of my stomach, which Helmont makes the seat of the soule, and is a further argument that she is absent from her usuall residence.¹⁴⁴

In 1699 the naval surgeon James Yonge jeered at the “Maggoty Helmontians,” especially the recently deceased George Thomson, whom he declared “an Illiterate Dunce ... his Language Bombast, Affected, and very Silly: and his Assertions Heterodox, and Wrong.”¹⁴⁵ To illustrate this last point, Yonge quoted at length from Thomson’s writings, highlighting for special ridicule the Helmontian association between the soul and the gut.¹⁴⁶ And when the German medical compiler Johannes Dolaeus compared different ideas on the physical seat of madness in his vast synthesis of medical theory, he clearly aligned himself with Willis, dismissing the Helmontian view of the soul-in-the-stomach as “a quite different opinion from all the rest.”¹⁴⁷

This combination of factors – entrenched professional opposition, lack of institutional recognition, and a failure to appeal to growing Enlightenment sensibilities – ultimately spelled the decline of Helmontian medicine in England. As Wear has summarised it, “By the end of the [seventeenth] century the English Helmontians, who had never been

¹⁴³ Henry More, *The immortality of the soul* (London: Printed by J. Flesher, 1659): 85–7. Henry, “The matter of souls,” 101–2.

¹⁴⁴ “Henry More to Lady Conway, September 3rd 1660,” in *The Conway Letters: The Correspondence of Anne, Viscountess Conway, Henry More, and their Friends 1642–1684*, ed. Marjorie Hope Nicolson and Sarah Hutton (Oxford: Clarendon, 1992): 164.

¹⁴⁵ James Yonge, *Sidrophel vapulans, or, The quack-astrologer toss’d in a blanket* (London: printed and sold by John Nutt, 1699): 14.

¹⁴⁶ *Ibid.*, 14–17.

¹⁴⁷ Johann Doläus, *Systema medicinale, a compleat system of physick, theoretical and practical* (London: printed for T. Passinger, 1686): 20.

numerous, had disappeared from view; they left no successors to fight for a new practice of medicine.”¹⁴⁸ The decline of Helmontianism and the rise of Willisian nerve science effectively silenced the last systematic and collective attempt to conceptualise the gut’s action upon the mind. By the early eighteenth century, nerves had become the primary physiological language of emotional disorder in learned medicine, and attention was gradually beginning to shift upwards, from the chaotic motions of fluids in the lower parts to the drier, firmer, and cleaner workings of the brain.¹⁴⁹

However – and as will be seen more fully in the following chapter – the first half of the eighteenth century did witness continued attempts to reconcile the nervous physiology with the observable relationship between emotion and digestion. One prominent example of this trend was the Scottish physician George Cheyne.¹⁵⁰ Cheyne had a complex and at times troubled relationship with the nervous physiology and Newtonian physics: an early attempt to gain the recognition and approbation of the Newtonian circle had backfired spectacularly when he published an incomplete summary of Newton’s own findings without permission, prompting censure and disapproval from the Royal Society and from Newton himself.¹⁵¹ This experience seems to have plunged Cheyne (who by his own confession was “disposed to be easily ruffled”) into a state of deep depression and self-loathing.¹⁵² After a long public silence, however, he made a surprise return to print with his 1715 *Philosophical principles of natural religion*. This and his subsequent works – including the hugely popular 1733 *English Malady* – differed markedly from his debut effort. Though still firmly rooted in the nervous physiology, Cheyne’s medical theories, like those of Van Helmont and his followers, gave substantial emphasis to the digestive organs as “the primary and principal Delinquents, Sufferers, and Patients, in most, if not all nervous Symptoms.”¹⁵³ ‘Nervous disorders’ – which by this point had begun to displace ‘diseases of the mind’ as the closest correlate to what is now called mental illness – were

¹⁴⁸ Wear, *Knowledge and practice*, 432.

¹⁴⁹ Noyes, “Transformation;” Rousseau, *Nervous Acts*, 157–85.

¹⁵⁰ The following outline of Cheyne’s career is drawn from Anita Guerrini, *Obesity and depression in the enlightenment: the life and times of George Cheyne* (Norman, OK: University of Oklahoma Press, 2000); Roy Porter, “Introduction,” *George Cheyne: The English Malady (1733)*, ed. Roy Porter (London and New York: Tavistock/Routledge, 1991): ix–li. For a fuller explication of Cheyne’s life, medicine, and dietetics, see chapter 5 of this thesis.

¹⁵¹ Guerrini, *Obesity and depression*, 69–70. On Newtonian medicine, see Brown, “Medicine in the Shadow.”

¹⁵² George Cheyne, *The english malady: or, a treatise of nervous diseases of all kinds, as spleen, vapours, lowness of spirits, hypochondriacal, and hysterical distempers, &c.* (London: printed for G. Strahan, 1733): 325. See chapter 5 for a more detailed outline of Cheyne’s spiritual despair and recovery.

¹⁵³ *Ibid.*, 355.

thought to be caused by a tension or laxity in the body's fibres.¹⁵⁴ Cheyne focussed particularly on the latter, the "relaxation, weakness, and want of spring in the fibres" which he viewed as the source of his own personal suffering.¹⁵⁵ He insisted that the state of the body's fibres depended above all upon the state of the gut, and that "he, who without firm bowels, thinks to cure a nervous distemper, labours ... in vain."¹⁵⁶

Cheyne was not the only medical writer in this period to attempt to reconcile the idea of embowelled emotion with the rising tide of brain-centrism. In his 1718 *State of Physick and Diseases*, the physician John Woodward observed – as Van Helmont had before him – that the opening and closing action of the pylorus seemed to be directly influenced by episodes of sudden fear or prolonged sadness.¹⁵⁷ This led him to conclude – contrary to most of his contemporaries, but very much in line with the Helmontians – that the stomach was itself the seat of the passions. Therefore, he declared, "the great Wisdom and Happiness of Man consists in a due Care of the Stomach and Digestion."¹⁵⁸ For Woodward, this was to be achieved by moderating the quantity of "biliose salts" in the body through the dual therapies of diet and evacuation. The ideal diet was "exactly temperate, not heating, nor cooling;" like Cheyne, Woodward advocated "plain, thin, and light" food, "Nothing that is gross, heavy, strong, or that may imbarass the Stomach."¹⁵⁹ Frequent vomits were to be administered in most, if not all illnesses; through this means, Woodward alleged, the excessive bilious salts that caused disordered passions would be "flung directly out of the Body."¹⁶⁰

But it now appears that Cheyne and Woodward were on the wrong side of history. In an important respect, eighteenth-century medical theory bore witness to a process in which emotion, cognition, and human agency were increasingly perceived to be confined to the brain, with the functional link between emotions and digestion becoming marginalised within the scientific community in England and on the continent.¹⁶¹ As early as 1684, the Dutch chemist Steven Blankaart, a self-proclaimed admirer of both Willis and Sylvius, had

¹⁵⁴ Guerrini, *Obesity and depression*, 108.

¹⁵⁵ George Cheyne, *An essay of health and long life* (London: printed for George Strahan): 117.

¹⁵⁶ *Ibid.*, 117–18.

¹⁵⁷ Joseph M. Levine, *Dr. Woodward's shield: history, science, and satire in Augustan England* (Berkeley: University of California Press, 1977).

¹⁵⁸ John Woodward, *The state of physick: and of diseases* (London: Printed for T. Horne, at the South-Entrance of the Royal Exchange, and R. Wilkin, at the King's Head, in S. Paul's Church-Yard, 1718): 69–70.

¹⁵⁹ *Ibid.*, 70.

¹⁶⁰ *Ibid.*, 211.

¹⁶¹ Noyes, "Transformation;" Rousseau, *Nervous Acts*, 157–85.

adopted a largely disembowelled view of emotional disorder. Falling sickness, he claimed, was due to “an Explosion of Animal Spirits in the Brain;” nightmares proceeded not from vapours but from “a compression of the Cerebellum.”¹⁶² Blankaart acknowledged that madness had once been thought to proceed from an “Inflammation of the Midriff,” but confidently asserted that “Dr. Willis has confuted this Opinion of it, and says the matter of it lies in the Cerebellum.”¹⁶³ Similarly, in the English physician Gideon Harvey’s 1699 *Vanities of philosophy and physick*, which included a lengthy chapter on madness, the idea of any cause rooted in the digestive organs was conspicuously absent. Harvey instead displayed direct adherence to Willis’s work on the nervous system, insisting that madness was caused by “the Animal Spirits in the Brain being irregularly and violently mov’d ... which occasions the Common Sense, Memory and Phansie to be so depraved.”¹⁶⁴

Meanwhile, the embowelled theories of physicians such as Cheyne and Woodward, even stripped of their overtly Helmontian trappings, were met by many with derision and dismissal. Woodward was targeted by the Scriblerus Club, a group of public intellectuals which included such literary worthies as Alexander Pope and Jonathan Swift.¹⁶⁵ Never ones to shy away from scatology, the Scriblerians took great delight in juxtaposing the doctor’s anally retentive persona with his scrupulous vomit- and stool-counting methods of prognostication.¹⁶⁶ They took aim at Woodward in their 1713–14 *Memoirs of Martinus Scriblerus*, which satirised his penchant for vomiting, and again in the 1717 play *Three Hours After Marriage*, in which he was caricatured as the pompous and effete ‘Dr Fossile.’¹⁶⁷ John Arbuthnot, another Scriblerian, penned a cruel satirical account of Woodward’s death and autopsy, in which it was jokingly reported that “In the Cavity of the Stomach, as an ocular Proof of his Doctrine, presented it self an incredible Quantity of

¹⁶² Steven Blankaart, *A physical dictionary in which all the terms relating either to anatomy, chirurgery, pharmacy, or chymistry are very accurately explain’d* (London: Printed by J.D., 1684): 221.

¹⁶³ Ibid.

¹⁶⁴ Gideon Harvey, *The vanities of philosophy & physick together with directions and medicines easily prepared by any of the least skill, whereby to preserve health, and prolong life, as well in those that live regularly, as others that live irregularly* (London: Printed for A. Roper, and R. Basset, and W. Turner, 1699): 162.

¹⁶⁵ Valerie Rumbold, “Scriblerus Club [Scriblerians] (act. 1714).” *Oxford Dictionary of National Biography*. Accessed April 28, 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-71160>; Levine, *Woodward’s Shield*, 238–52.

¹⁶⁶ Kuriyama, “Forgotten fear.” See also chapter 3 of this thesis.

¹⁶⁷ Jonathan Swift, *The works of Dr. Jonathan Swift* (Edinburgh: printed by Alexander Donaldson, 1768): vol. 6, 15, 19, 48, 66; John Gay, *Three hours after marriage, A comedy, by Gay, Pope, and Arbuthnot* (Dublin: Printed for W. Whitestone, 1761).

Bile, sufficient to produce that Modulation upon the Brain, which he gave the first hint of to the World.”¹⁶⁸ Poor Woodward appears to have done his own image no favours by placing such great emphasis upon the gut, laying himself open to the ridicule and disdain of his peers both within the social elite and the medical establishment. The esteemed eighteenth-century doctor Richard Mead – with whom Woodward fought a duel in 1719 – furnished him with the nickname ‘Don Bilioso de L’Estomac,’ an irreverent jab at his belly-based therapeutics.¹⁶⁹ In Dr John Quincy’s defamatory *Examination of Dr. Woodward’s State of Physick and Diseases*, the author – a practicing physician and apothecary – poured scorn on his rival’s claims that the stomach could directly influence the mind:

Incomprehensible Dr. Woodward! Well might a great many ordinary Philosophers, such as Cartesius, Malebranche, Locke, and the like, puzzle themselves, to bring Matter and Thought together in vain ... for that the whole Affair of Thinking is under the Influence of this Principle in the Stomach. This is such a Train of Thinking as quite confounds me.¹⁷⁰

Quincy, who supposedly objected to Woodward’s hypotheses on a purely theoretical basis, occasionally allowed his arguments to take on an almost anxious tone:

what a fine Condition then must the Affair of Cogitation be in, that is liable to such precarious Influences? ... For it’s certainly a consequence from the Doctor’s Scheme, that a Man may think himself into a Blockhead, and eat himself into a Wit.¹⁷¹

The ridicule and scorn that certain writers directed towards Cheyne and Woodward’s more embowelled theories appears to reflect a developing trend, at least within learned medicine, towards placing the body’s affective capacities squarely and exclusively within the brain. In 1726, John Hancocke’s treatise on water-drinking declared confidently:

¹⁶⁸ John Arbuthnot, *The miscellaneous works of the late Dr. Arbuthnot* (Glasgow: printed for James Carlile, 1751): 178. On Arbuthnot’s career, see Elizabeth Lane Furdell, *The Royal Doctors, 1485-1714: Medical Personnel at the Tudor and Stuart Courts* (Woodbridge: Boydell and Brewer, 2001): 239–45.

¹⁶⁹ Richard Mead, *The life and adventures of Don Bilioso de L’Estomac* (London: printed by J. Bettenham for T. Bickerton, at the Crown in Pater-Noster Row, 1719). Sophie Vasset, “Medical Laughter and Medical Polemics: The Woodward-Mead Quarrel and Medical Satire,” *Revue de la Société d’études anglo-américaines des XVIIe et XVIIIe siècles* 70 (2013): 109–33. On Mead’s career, see Furdell, *Royal doctors*, 241–2.

¹⁷⁰ John Quincy, *An examination of Dr. Woodward’s State of physick and diseases* (London: printed for Andrew Bell, 1719): 23–4.

¹⁷¹ *Ibid.*, 25, 28.

That the soul operates upon the body, and the body in its turn upon the soul ... and that the most common operation of both upon one another, is in, or somewhere about the brain, may, I think, be taken for granted.¹⁷²

And by 1758, William Battie – doctor to the mentally ill and later President of the Royal College of Physicians – felt able to write:

That the medullary or nervous substance continued from or rather connected with the brain is the seat of sensation, is a point *now so universally agreed upon*, that perhaps it might have been sufficient barely to have asserted it without any formal proof ... *no other matter whatever, whether animated or not, is such seat or instrument.*¹⁷³

Battie's comments suggest that, for many writing in the latter part of the eighteenth century, the physical seat of soul, mind, and emotion had ceased to be contested terrain. In this view, the feeling capacities of the bowels had ceased to be central to the experience, explication, and treatment of emotional disorders, and the bowels themselves had been reduced to little more than vital for the processing of nutriment and excrement.¹⁷⁴ As the brain increasingly became the sole organ of selfhood, the "cerebral subject" was born.¹⁷⁵

Conclusion

Throughout this chapter, I have sought to demonstrate that the attempt to portray the medical view of the passions in early modernity as "primarily ensouled" is inherently reductive.¹⁷⁶ Any discussion of 'ensoulment' which attempts to elide the body is doomed to failure, as early modern thinkers from Van Helmont to Descartes to Willis could not resist seeking the soul in those parts of the body – from the pylorus to the pineal gland – which they believed to be most intimately involved in the construction of selfhood. Van Helmont's psychophysiology, in particular – which has been largely neglected by scholars

¹⁷² Anon. [John Hancocke], *Febrifugum magnum, morbifugum magnum: or, the grand febrifuge improved* (London: n. p., 1726): 40. Mark Jenner, "Quackery and Enthusiasm, or Why Drinking Water Cured the Plague," in *Religio Medici*, ed. Ole Peter Grell and Andrew Cunningham (Scolar: Aldershot, 1996): 313–340.

¹⁷³ William Battie, *Treatise on madness* (London: printed for J. Whiston, 1758): 12–13 (italics mine).

¹⁷⁴ See introduction to this thesis.

¹⁷⁵ Vidal, "Brainhood."

¹⁷⁶ Gowland, "Melancholy, passions and identity," 92.

seeking to “reclaim the significance of the ‘immaterial’ dimensions of affective experience” – may never have attained mainstream status in seventeenth-century England, but it did gain a substantial following, influencing the thought of natural philosophers such as Walter Charleton, Robert Boyle, and even Willis himself.¹⁷⁷ While the dominant theoretical view of the soul in seventeenth-century philosophy did indeed hold that it was an immaterial, intangible, and fundamentally disembodied entity, practical attempts to systematise or treat disorders of the passions invariably forced medical writers to return their attentions to the body.

This chapter has provided a necessarily simplified overview of some of the key developments in medical theory concerning the relationship between emotion and digestion between 1580 and 1740. Galenic physiology, at least as it was understood in early modern England, had placed the rational operations of the mind principally in the head, but had frequently and explicitly allowed other organs – especially the spleen, heart, liver, stomach and bowels – to encroach upon this territory via the passions and other vital motions. The humoral model of selfhood was therefore not strictly localised to one body part, and the soul broadly inhabited and incorporated the whole organism.¹⁷⁸ In the mid-seventeenth century, as this system of knowledge began to buckle under the weight of its own long history, at least two possible directions presented themselves. Helmontian physiology sought to transform medical ideas about the soul and mind by placing the seat of the passions in the lower parts, while still allowing the rest of the body, brain included, a role in emotional experience. The Helmontians embraced a model of a selfhood in which the embowelled individual was answerable to their passions and appetites, and which acknowledged the centrality of instinct and ‘gut feelings’ to human thought and behaviour. The Willisian model, by contrast, sought to shift the soul in the opposite direction, isolating both the rational and sensitive faculties in the brain. This nascent model of cerebral subjectivity was increasingly used to cordon off the defining aspects of selfhood – reason, perception, and emotion – by situating them in the highest part of the body. These two philosophies were, it seems, fundamentally at odds, embodying an irreconcilable conflict between two radically different humanistic ideologies.

What followed was little less than an intellectual war for control of the emotions, waged – sometimes unwittingly – both through theoretical disputes and on the frontiers of

¹⁷⁷ Sullivan, *Beyond melancholy*, 5; Clericuzio, “From Van Helmont to Boyle.”

¹⁷⁸ Park, “Organic Soul.”

medical practice. As we will see in subsequent chapters, medical disputes concerning the relationship between digestion and emotion in this period reveal a host of deep-rooted anxieties: the idea of the ‘lower parts’ corrupting or usurping the ‘higher’ organs of reason tapped into fears over social mobility, moral purity, and the question of the inherent superiority of humanity over nature. As we have already seen, while the Helmontian notion of the soul-in-the-stomach initially drew a number of vocal adherents, it ultimately failed to gain a permanent foothold in England, and over the course of the later eighteenth and nineteenth centuries the gut began to be increasingly side-lined or ignored in the medical discourse around the emotions.¹⁷⁹ Rousseau has convincingly shown how the brain-based model of mind helped to bolster the twin Enlightenment ideals of sensibility and rationality which came to dominate public discourse over the course of the eighteenth century.¹⁸⁰ As William Bynum has shown, Willis’s ideas presented a quasi-corporeal challenge to old ways of thinking that appeared fresh and bold and new, but that reinforced, through their emphasis on the brain, the Platonic and scriptural assertion of humankind’s moral and physiological superiority over beasts.¹⁸¹ It provided a fully rationalised scientific justification for those who wished to play down the less desirable or controllable aspects of the human condition, from the unruliness of the passions to the ignominy of the bowels.

It takes only a moment of self-reflection to appreciate the extent to which the exclusively brain-based model of mind has now come to dominate modern perceptions of selfhood. As Fernando Vidal has recently argued, twenty-first century Western civilization has become increasingly defined by an “ideology of brainhood,” in which the individual self is conceived as a “cerebral subject.”¹⁸² The idea that “we are our brains” is now taken as axiomatic in many neuroscientific circles, and has also made significant inroads into popular culture.¹⁸³ A behavioural study published in 2015 found that, when individuals were asked to indicate the part of the body in which they located their ‘sense of self,’ the most common response was to point to the head.¹⁸⁴ However, as this chapter has sought to show, this has not always been the case for all cultures, or at all times. Indeed, if Van Helmont is to be believed, the “common people” of his time were more likely to have

¹⁷⁹ Porter, *Flesh in the Age of Reason*, 78–9.

¹⁸⁰ Rousseau, *Nervous Acts*.

¹⁸¹ See especially Bynum, “Anatomical method.”

¹⁸² Vidal, “Brainhood,” *History of the human sciences* 22, no. 1 (2009): 5–36.

¹⁸³ Swaab, *We are our brains*.

¹⁸⁴ Hajo Adam, Otilia Obodaru, and Adam D. Galinsky, “Who you are is where you are: Antecedents and consequences of locating the self in the brain or the heart,” *Organizational Behavior and Human Decision Processes* 128 (2015): 74–83.

intuitively located their 'selves' in their stomachs.¹⁸⁵ We might wonder what twenty-first-century ideas about emotion would look like if Van Helmont's gastro-psychology had proven to be more influential than Willis's brain-science in Europe three hundred years ago. But now, as the cognitive sciences begin to turn their attention back to the belly and bowels, modern society may be about to witness the emergence of a newer and markedly different form of embowelled subjectivity.

In the next chapter, I focus in more closely on the discourses surrounding 'hypochondria:' an emotional disorder whose meaning has transformed almost beyond recognition between the seventeenth century and the present day. Much like the less palatable aspects of Van Helmont's theories, hypochondria drew intense ridicule during the latter part of the seventeenth century, becoming a pejorative term with distinctly scatological associations – a development whose timing, I suggest, was far from coincidental.

¹⁸⁵ Van Helmont, *Works*, 301–2.

CHAPTER 2

“Melancholie of the gutts:”

An embowelled history of hypochondria

Introduction

Much like today’s beleaguered general practitioners, early modern physicians often found themselves confronted with ‘hypochondriac’ patients. However, their understanding of the term was profoundly different from how it is conceptualised today. For instance, in a letter from Thuringia dated 1612, the German physician James Mosan mentioned in passing that he had recently treated a patient for “that disease which is called *Melancholia hypochondriaca*,” noting that “in English some call it the Melancholie of the gutts.”¹

While in modern usage, ‘hypochondria’ is most commonly understood to mean “unwarranted and excessive concern or anxiety regarding one’s health and body functions,” its seventeenth-century definition was understood in far more literal – and visceral – terms.² Derived from the Greek *hypo* (“under”) + *khondros* (“cartilage”), the term was used anatomically by physicians of antiquity to describe the abdominal organs found just below the ribs – specifically the spleen, liver, stomach and intestines.³ The sixteenth- and early seventeenth-century hypochondriac did not so much suffer from ‘hypochondria’ itself as from a disorder or ‘passion’ of the hypochondria: a psychophysiological condition with both digestive and cognitive aspects. Commonly cited symptoms included stomach aches, heartburn, flatulence, diarrhoea and constipation with mysterious pains in the left side of the abdomen, along with what we might now consider more emotional symptoms such as sadness, anxiety and malaise. Seventeenth-century hypochondria was understood to be “bred by the Distemper of the Spleen, or Stomach,” and was still being classified as a “Disease of the belly” alongside “worms,”

¹ Francis Anthony, *The apologie, or defence of a verity heretofore published concerning a medicine called aurum potable* (London: Printed by John Legatt, 1616): 29.

² “hypochondria, n.” Oxford English Dictionary Online, Oxford University Press, accessed 26 April, 2018, <http://www.oed.com/view/Entry/90458?rskey=leOdTe&result=1&isAdvanced=false>.

³ For a brief history of the medical term from Ancient Greece to the twenty-first century, see German Berrios, “Hypochondriasis: History of the Concept,” in *Hypochondriasis: Modern Perspectives on an Ancient Malady*, ed. Don R. Lipsitt and Vladan Starcevic (New York: Oxford University Press, 2001): 3–20.

“loosness,” and “continual desire to stool” in editions of William Salmon’s *Synopsis medicinae* until at least 1699.⁴

And yet, by the late-eighteenth century, the idea of hypochondria as a digestive disorder had fallen out of favour with certain medical authorities to such an extent that its digestive symptoms were viewed by many as removable or even chimerical features of a fundamentally cerebral condition. For instance, the mad-doctor Thomas Arnold, who had observed numerous cases of emotional disorder as physician to the infirmary (and later asylum) in Leicester during the 1780s, was keen to remove the gut from the equation entirely:

I saw good reason to doubt whether the cause of this disease was in any degree seated in the viscera, and have been strongly inclined to suspect that it had taken up its habitation wholly in the head.⁵

Arnold disputed the received wisdom that flatulence or other defects of digestion were common and defining features of hypochondria. His brief outline of the condition might appear to the modern reader to look forwards rather than backwards, since he cited the characteristic symptom of the hypochondriac patient as:

distress about his own state of health ... to which he is ever anxiously attentive, and from which he can rarely divert his thoughts ... [which] often lead him to fancy himself threatened, or wasting, with dreadful diseases, which exist only in his distressed imagination.⁶

Arnold’s description of hypochondria is strikingly similar to the modern definition cited above. Both pinpoint the defining symptom of the condition as an irrational or unjustified fear of illness; it is, in this view, an ‘imaginary disease.’ The only difference between the twenty-first century medical conception of hypochondria and Arnold’s is that we now no longer even feel the need to explain that it has little or nothing to do with the gut; we have quite simply forgotten that it ever did.

⁴ Tanner, *Hidden treasures*, 281; William Salmon, *Synopsis medicinae: or, A compendium of the theory and practice of physick* (4th ed.: London: Printed by J.D. for S. and J. Sprint, 1699): 681–6.

⁵ Thomas Arnold, *Observations on the nature, kinds, causes, and prevention of insanity, lunacy, or madness* (Leicester: printed by G. Ireland, 1782–6): vol. 1, 225. For a recent discussion of Arnold’s role in the establishment of the Leicester Lunatic Asylum and his career as a mad-doctor, see Leonard Smith, *Lunatic Hospitals in Georgian England, 1750–1830* (London: Routledge, 2013): 35–8.

⁶ Arnold, *Observations*, vol. 1, 220–1.

The magnitude of this change has not been lost on historians, who have produced a range of readings of the ‘transformation’ of hypochondria and its social implications – but opinions have differed on exactly what happened, and why. Influential accounts by Roy Porter and John Mullan have stressed, respectively, the influence that the emergence of a consumer society and the literary model of refined ‘sensibility’ had in shaping an increasingly modern understanding of hypochondria in the eighteenth century.⁷ Fredrik Albritton Jonsson has persuasively argued that it was elite anxieties around social instability – “the vision of a corrupt and enfeebled elite threatened by mindless convulsions” – that ultimately “forced hypochondria to ascend upward in the body, out of the bowels and into the imagination” in this period.⁸ Russell Noyes has produced an excellent study of the changing physiology of hypochondria between 1680 and 1830, which emphasises the shift from the digestive to the imaginary over the course of this period. Noyes’ study concludes with the plausible suggestion that the move away from understanding hypochondria as “an affliction of the abdominal organs” reflected a de-somatising process that ultimately deprived the disease of a basis in physical reality.⁹ Most recently, Jonathan Andrews and James Kennaway have disputed the assumption that the complete ‘disembowelment’ of hypochondria and other ‘nervous’ disorders took place in the early eighteenth century, arguing that the head did not fully displace the guts from models of selfhood until the 1840s and 1850s. Situating their argument within broader discussions about nervous disorders as ‘fashionable diseases,’ Andrews and Kennaway have convincingly shown that the stomach remained “directly implicated in a wide range of modish digestive diseases” throughout the eighteenth-century.¹⁰

However, as this chapter demonstrates, while the term “fashionable disease” might be applied with some accuracy to the latter part of the eighteenth century, it is rather more problematic when applied to seventeenth- and earlier eighteenth-century understandings

⁷ Roy Porter, “Addicted to Modernity: Nervousness in the Early Consumer Society,” in *Culture in History: Production, Consumption and Values in Historical Perspective*, ed. Joseph Melling and Jonathan Barry (Exeter: University of Exeter Press, 1992): 180–94; John Mullan, “Hypochondria and Hysteria: Sensibility and the Physicians,” *The Eighteenth Century* 25, no. 2 (1984): 141–74. See also Roy Porter and Dorothy Porter, *In sickness and in health: the British experience, 1650-1850* (London: Fourth Estate, 1988): 203–10.

⁸ Fredrik Albritton Jonsson, “The Physiology of Hypochondria in Eighteenth-Century Britain,” in *Cultures of the Abdomen: Diet, Digestion, and Fat in the Modern World*, ed. Christopher E. Forth and Ana Carden-Coyne (New York: Palgrave Macmillan, 2005): 16, 26.

⁹ Noyes, “Transformation,” 281–98.

¹⁰ Andrews & Kennaway, “Grand Organ of Sympathy.”

of hypochondria, a fact which Andrews' and Kennaway's study largely ignores.¹¹ As Yasmin Haskell has shown through a case study of Malachias Geiger's *Microcosmus hypochondriacus* (1652), seventeenth-century conceptions of hypochondria tended to focus much less on its 'fashionable' dimensions, and much more on its embowelled, excremental aspects. Emphasising the disparities between seventeenth- and later eighteenth-century models of hypochondria, Haskell has argued that the disorder itself "does not yet seem to have been fashionable."¹² Furthermore, as Erin Sullivan has recently and graphically illustrated, a closer look at the case notes of seventeenth-century physicians reveals a condition seemingly far removed from the exalted 'genial melancholy' described by Marsilio Ficino, and one which can be more accurately characterised as "a mundane, uncomfortable, and ultimately very bodily kind of illness."¹³

In this chapter, I suggest that the digestive aspects of seventeenth- and early eighteenth-century hypochondria gave it an association with flatulence and excrementality which has been under-explored in the historical literature, and which, as both Haskell and Sullivan have indicated, suggests a distinctly 'unfashionable' but also viscerally 'real' view of the disorder. Presented as a contribution to the history of an "earlier, possibly even more 'hypochondriac' age" that Haskell has called for, this chapter tracks the embowelled understanding of hypochondria in medical literature through the seventeenth and early eighteenth centuries, identifying both continuities and changes in the way that the association between digestion and emotion was conceptualised.¹⁴ By setting this embowelled medical understanding of hypochondria against the context of its pejorative use in polemical literature from the period – which tended to cast the hypochondriac as a flatulent, excremental figure – I problematise the assumption that hypochondria was a straightforwardly 'fashionable' disorder, even in the eighteenth century when it did begin to acquire a veneer of respectability.¹⁵ More fundamentally, I challenge the anti-materialist accounts of historians such as Angus Gowland and Jeremy Schmidt, who have

¹¹ David Shuttleton, "The Fashioning of Fashionable Diseases in the Eighteenth Century," *Literature and medicine* 35, no. 2 (2017): 270–291; Clark Lawlor, "Fashionable Melancholy," in *Melancholy Experience in Literature of the Long Eighteenth Century: Before Depression, 1660–1800*, ed. Allan Ingram, Stuart Sim, Clark Lawlor, Richard Terry, John Baker, and Leigh Wetherall-Dickson (London: Palgrave Macmillan, 2011): 25–53; Heather R. Beatty, *Nervous Disease in Late Eighteenth-Century Britain: The Reality of a Fashionable Disorder* (London: Routledge, 2015).

¹² Yasmin Haskell, "The Anatomy of Hypochondria: Malachias Geiger's *Microcosmus Hypochondriacus* (Munich, 1652)," in *Diseases of the Imagination and imaginary disease in the early modern period*, ed. Yasmin Haskell (Turnhout: Brepols, 2011): 280.

¹³ Sullivan, *Beyond Melancholy*, 95.

¹⁴ Haskell, "Anatomy," 276.

¹⁵ Lawlor, "Fashionable Melancholy," 41–53.

attempted to portray hypochondria as a “mental disease” or a “disease of the soul” by downplaying its gastrointestinal dimensions.¹⁶ I suggest that early modern understandings of hypochondriac melancholy are obscured by attempts to place its material and affective dimensions in opposition to one another, and that it can be more meaningfully understood within a holistic framework of embowelment.

The chapter follows a broadly chronological structure. I begin by discussing the concept of hypochondria in late sixteenth- and early seventeenth-century English medical theory and practice, noting that the term principally referred to a disorder of the lower abdomen, in which flatulent and emotional symptoms were not easily separable. I then briefly examine a theoretical dispute which took place around the middle of the century, in which the point of contention was the anatomical seat of the condition. While the Oxford physiologist Nathaniel Highmore considered hypochondria to be a disorder of the stomach, his colleague Thomas Willis disagreed, placing the root cause of the condition in the brain, and thus establishing its more modern identity as a ‘cerebral’ disorder. I then explore the heavily moralised discourse around hypochondria in the second half of the seventeenth century, as the term increasingly became synonymous with the pejorative concept of ‘enthusiasm.’ I show that the language used to describe these two concepts relied upon a continued view of hypochondria as a flatulent gastrointestinal disorder producing irrational thoughts and behaviour, noting how this embowelled, excremental portrait of the hypochondriac complicates attempts to portray it as a straightforwardly ‘fashionable’ disorder. In the final section, I examine several prominent medical works on hypochondria that were published in the first half of the eighteenth century. Through close readings of these texts, I demonstrate that, despite the increasing influence of the ‘cerebral’ model of selfhood in the wake of Thomas Willis, medical writers up to 1740 continued to grapple with the questions concerning the digestive origins and symptoms of hypochondria, suggesting a far more complex picture of hypochondriac etiology than has generally been acknowledged.

“Beneath the Ribs:” Hypochondria before 1660

¹⁶ Angus Gowland, “Melancholy, Spleen, Hypochondria: Mental diseases in Europe and England from the Sixteenth to the Eighteenth Century,” in *Missvergnügen: Zur kulturellen Bedeutung von Betrübnis, Verdruss und schlechter Laune*, ed. Alfred Bellebaum and Robert Hettlage (Dordrecht: Springer, 2012): 95–116; Schmidt, *Melancholy*, 163–83, 185.

Discussions of hypochondria can be found in English medical texts from as early as the mid-sixteenth century, and these overwhelmingly followed the older definition of ‘beneath the ribs.’ In the 1547 *Breviary of helthe*, Andrew Boorde catalogued the disorder of “Passio ypocundriata ... a passion in or under the hipocunder ... the which doth kepe the compasse of both the sydes about the breastes or pappes, in the which places may be diuers impedimentes.”¹⁷ The word ‘passion’ in this context does not map directly onto the modern meaning of ‘emotion,’ denoting instead a more general sense of “physical suffering and pain;” it is surely no coincidence, though, that disturbances of the belly could be described using the same contemporary vocabulary that was used for disordered affect.¹⁸ Boorde, however, offered no further description of hypochondriac disorders besides saying that they “come either of ventosyte [flatulence], or els of some euyll humour there lyenge.”¹⁹ The condition was, however, given a more explicitly affective dimension in Philip Barrow’s 1583 *Method of physick*, which described a form of “melancholia” caused by “evill affect about the stomake and sides.”²⁰ The main symptoms of this condition, according to Barrow, were “rawenes, and much windines, sharp belkinges, burninges, and grevousnes of the sides” as well as “troublous and naughty dreames, sweaming of the head, and sound in the eares.”²¹ The disorder described by Barrow was therefore simultaneously digestive and emotional, and he drew no clear distinction or division between these two categories of symptoms. In each of these accounts, no mention at all was made of the “anxiety regarding one’s health and body functions” that characterises the modern condition of hypochondria: while Barrow listed generic fear as one of the many symptoms the sufferer might experience, it remained, in his account, an embowelled emotional disorder with its origins in the digestive system.²²

Hypochondriac melancholy was given a much fuller explication in 1621 with the publication of Robert Burton’s semi-encyclopaedic *Anatomy of Melancholy*.²³ In

¹⁷ Andrew Boorde, *The Breuiary of helthe for all maner of syckenesses and diseases* (London, by Wylllyam Myddelton, 1547): f. 92r, 76r.

¹⁸ “passion, n.” Oxford English Dictionary Online, Oxford University Press, accessed April 26, 2018, <http://www.oed.com/view/Entry/138504?rskey=gn9ZAW&result=1>. Paster, *Humoring the body*, 10–11. Dixon, *From passions to emotions*, 56–9; Susan James, *Passion and Action: The Emotions in Seventeenth-Century Philosophy* (Oxford: Oxford University Press 1999): 4–14.

¹⁹ Boorde, *Breviary*, f. 76r.

²⁰ Barrough, *Method of phisicke*, 35.

²¹ *Ibid.*, 36.

²² OED Online, “hypochondria, n.”

²³ Much recent scholarship on the *Anatomy* has favoured comparatively disembodied readings, focusing on its spiritual, literary, or intellectual dimensions: see for instance Mary Ann Lund, “Robert Burton the spiritual physician: religion and medicine in *The Anatomy of Melancholy*,” *The Review of English Studies* 57, no. 232 (2006): 665–83; Gowland, *The worlds of Renaissance*

describing “Hypocondriacall” or “windy” Melancholy, Burton led his reader through a labyrinth of symptoms that were simultaneously digestive and emotional:

If from the Hypochondries a rumbling, inflation, concoction is hindred, often belching &c. and from these crudities, windy vapors ascend vp to the Brain, which trouble the Imagination, & cause feare, sorrow, dulnes, heavines, & many terrible conceipts & Chimeras ... sharpe belchings, and fulsome crudities, heat in the bowels, winde, and rumbling in the guts, vehement gripings, and paine in the belly and stomacke ... indigestion, they cannot endure their own fulsome belchings, continuall wind about their Hypochondries, griping in their bowels.²⁴

What is clear from each of these descriptions is that the term ‘hypochondria’ did not exclusively or even primarily denote the “fear and sadness” which Gowland has described as the “characteristic symptoms” of melancholy, but something closer to the “flatulent digestive disorder with psychic side effects” that H. C. Erik Midelfort has identified.²⁵ The embowelled nature of these symptoms reflects the strikingly different worldview that shaped early modern ways of thinking about the nexus of physicality and emotion, in which, as Katharine Hodgkin has put it, “the complex intertwinings of mind, spirit, and flesh [were] not always readily separable.”²⁶ The medical theories of Boorde, Barrow and Burton were all firmly rooted in the humoral medical tradition, which, as we saw in the previous chapter, primarily explained emotional disorders in terms of melancholy vapours “arising to the Brain from the lower parts as smoak out of a chimney.”²⁷ It was therefore not at all unusual to find digestive and emotional symptoms significantly overlapping with one another, in a manner that could make them difficult or impossible to fully separate.

An anonymous seventeenth-century manuscript titled “Method of curing hypochondriacal melancholy” aptly illustrates the perceived association between

melancholy; Shirilan, *Robert Burton*. For a more embodied reading, see Douglas Trevor, *The poetics of melancholy in early modern England* (Cambridge: Cambridge University Press, 2004): 116–151.

²⁴ Burton, *Anatomy*, 257.

²⁵ Angus Gowland, “The problem of early modern melancholy,” *Past & Present* 191, no. 1 (2006): 84; H. C. Erik Midelfort, *A History of Madness in Sixteenth-century Germany* (Stanford: Stanford University Press, 1999): 167.

²⁶ Hodgkin, “Scurvy Vapors,” 10.

²⁷ Burton, *Anatomy*, 258. See the previous chapter for a discussion of the theory of vapours.

hypochondria, flatulence, and excrementality.²⁸ The manuscript describes “windy, or hypochondriac melancholy” as an “inveterate disease of the spleen,” and suggests that “nothing doth ever prevail, or conduce to recovery, than an orderly, and fitting observance of diet.”²⁹ The food of the hypochondriac must be “easy of concoction, plentifully nourishing ... begetting few excrements, and void of wind.”³⁰ Milk and all milk products are forbidden, for “they soon corrupt, and withal breed wind;” fruit is permissible, but never after a meal, as it will then “putrifyeth quickly by its stay upon the stomach.”³¹ The foods forbidden to the humoral hypochondriac are frequently described in excremental terms which highlight their uncleanness: for instance, fish taken from “muddy or foul standing pools” are explicitly prohibited.³² This document further demonstrates that perceptions of hypochondriac melancholy were intimately tied up with notions of digestive disorder and intestinal impurity, suggesting that the sufferer themselves might come to be materially associated with the lowest dregs of the body.

As Erin Sullivan has recently noted, evidence from seventeenth-century medical practice also suggests that the patient experience of melancholy “most often coincided with dysfunction not in the mind or imagination, but in the dyspeptic stomach, abdomen, and especially guts.”³³ Through an analysis of treatments for melancholy in the case notes of six seventeenth-century English physicians, Sullivan has shown that symptoms explicitly related to ‘hypochondria’ were the most frequently reported by physicians or patients, with ‘flatulence’ and other digestive ailments also occurring with surprising frequency.³⁴ This certainly appears to have been true for the patients of John Hall of Stratford-upon-Avon, who recorded several cases of “hypocondriack melancholy” in his case notes from the early seventeenth century.³⁵ In the case of Captain Francis Bassett – described as “afflicted with Hypochondriac Melancholy, with trembling and pricking of the Heart, as also with Pain in the Head” – Hall administered a convoluted series of purges and enemas – including the potent laxative black hellebore, which was strongly associated with madness – all of which “purged well, with happy event.”³⁶ When the hypochondriac Sir Henry Rainsford visited Hall, he too was plied with purges and clysters, this time with the

²⁸ British Library, Sloane MS 970, “Method of curing hypochondriacal melancholy,” f. 37.

²⁹ *Ibid.*

³⁰ *Ibid.*

³¹ *Ibid.*

³² *Ibid.*

³³ Sullivan, *Beyond melancholy*, 13; Haskell, “Anatomy,” 277.

³⁴ Sullivan, *Beyond melancholy*, 105.

³⁵ On Hall’s patients see Lane ed., *John Hall*; Sullivan, *Beyond melancholy*, 104–9.

³⁶ Lane ed., *John Hall*, 46–51. On purging and hellebore, see chapters 3 and 4 of this thesis.

aim of removing excessive wind from his body. Apparently this was successful: Rainsford was “well freed from the Wind,” and after a further round of vomits and enemas, was reported to be cured.³⁷ Mrs Alice Cookes of Snitterfield was likewise diagnosed with “Flatus Hypochondriacus, arising from the ill Disposition and Obstructions of the Liver and Spleen” – once again, the medicines prescribed by Hall exclusively targeted the stomach and guts.³⁸ And when a young man whose name was given as Mr Kimberley – described as having “laboured long of a general Lassitude” – was judged to be suffering from scurvy with “Hypochondriac Winds,” he, too, was purged accordingly, which apparently left him “perfectly well.”³⁹

However, while Sullivan has suggested that the case notes of Hall and other seventeenth-century physicians appear to reveal a condition in which “organic disorder was at least as important as, and perhaps even more so than, emotional distress,” her conclusion rests upon and reinforces an *a priori* separation of the organic and the emotional which early modern physicians would not have recognised – or, at least, not in the same way.⁴⁰ In fact, what these examples reveal is that emotional or imaginative distress could be understood *to proceed from* the belly and bowels, and that ‘digestive’ and ‘emotional’ symptom categories were not clearly delineable within a seventeenth-century physiological framework. This can be seen especially clearly in the case notes of Richard Napier. Napier’s use of the term ‘hypochondria’ in his medical practice appears to describe much the same condition as that recounted by Hall and the medical writers above: the patient William Gawyn, for instance, who presented with “a great gryping & plucking about the left syde” was accordingly judged to be suffering from “hypocondriaca passio” or “melancholia flatulentia.”⁴¹

However, it is clear that Napier also frequently perceived emotional symptoms in his hypochondriac sufferers, and that, in his view, these symptoms were intimately tied up with the gastrointestinal origins of the condition. In the case of Mrs Taylor of Lidlington, also judged to be suffering from “hypocondriaca passio,” Napier noted that his patient was “mutch troubled in mynde” due to “wynd in her guts” which “runneth up into her

³⁷ Lane ed., *John Hall*, 151–3.

³⁸ *Ibid.*, 336–7.

³⁹ *Ibid.*, 329–33.

⁴⁰ Sullivan, *Beyond melancholy*, 104.

⁴¹ Bodleian Library, MS Ashmole 216, f. 21v, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE28500>; Bodleian Library, MS Ashmole 216, f. 42r, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE28652>.

stomacke & fumeth up into her head.” As a result, she had become “fearfull” and “mutch disquieted.”⁴² In the example of Mrs Taylor, the emotional and digestive aspects of hypochondria were clearly inseparable; the conditions which we might now understand as ‘emotional’ were perceived to proceed directly from an affliction of the bowels. Similarly, Napier described the suicidal Edward Beech as “full of temptation & feare” whilst also noting that he suffered from a “hypocondriam passio” in his left side.⁴³ Again, Beech’s digestive and emotional symptoms cannot be regarded as separate or mutually opposed, but rather as intimately related aspects of a disorder which was understood and treated in a fundamentally holistic register. As Hall’s and Napier’s casebooks make abundantly clear, the dominant model of hypochondria in seventeenth-century medicine was an embowelled one, in which disordered operations of mind and emotion were inseparably tied up with the malfunctioning of the digestive tract.

Enthusiasm and Excrementality: Hypochondria After 1660

Around the middle of the seventeenth century, the precise anatomical seat of hypochondria was called into question in a technical dispute between two Oxford scholars: Nathaniel Highmore and Thomas Willis. This episode has often been viewed as historically insignificant, and Highmore’s argument has received little attention from historians compared to the ultimately far more influential narrative of brain-based physiology put forward by Willis, discussed in the previous chapter.⁴⁴ However, the nature of this particular debate aptly illustrates the redefinition of hypochondria that would take place over the ensuing century and a half, which would ultimately see its gastric origins side-lined in favour of a far more ‘cerebral’ etiology.⁴⁵

Highmore, an influential figure in his time who is now largely forgotten, was a chemical physician, surgeon, and anatomist, and a member of the elite natural-philosophical circle at Trinity College, Oxford led by William Harvey.⁴⁶ In 1660, he published his *Exercitationes duae ... de passione hysterica ... de affectionae hypochondriaca*. In this work, Highmore argued that the classical view of hypochondria as a disorder of the spleen was incorrect. Citing the Greek physician Diocles of Carystus (c. 375 BC – c. 295 BC), who had offered a

⁴² Bodleian Library, MS Ashmole 415, f. 224v, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE21977>.

⁴³ Bodleian Library, MS Ashmole 221, f. 117v, accessed Nov 27, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE17386>.

⁴⁴ Frank, *Harvey and the Oxford physiologists*, 89–103; Martensen, *The brain takes shape*, 162–4.

⁴⁵ Noyes, “Transformation.”

⁴⁶ Frank, *Harvey and the Oxford physiologists*.

similar amendment to the Galenic physiology of hypochondria, Highmore insisted that the stomach, as opposed to the spleen, was the organ at fault.⁴⁷ Hypochondriac symptoms, he claimed, proceeded from a weakened stomach which imperfectly digested the food that was taken into it, producing blockages in the guts and the rising of vapours to the head.⁴⁸ In Highmore's account, the familiar vertical etiology of hypochondria – in which emotional symptoms proceeded from the noxious risings of the 'lower parts' – was retained, but he echoed Diocles and Van Helmont in seeking to give the condition a more firmly gastric mooring.

However, Highmore's theory drew the ire of Thomas Willis, who viewed the condition very differently. Willis – as we saw in the previous chapter – broke still further from the prevailing medical orthodoxy, placing the root causes of hypochondria in the brain and nervous system.⁴⁹ Countering Highmore's claims that hypochondria could be identified first and foremost by its gastrointestinal symptoms, Willis made the largely unprecedented claim that: "I have known many, cruelly afflicted in this sickness, who have been well enough in their stomach."⁵⁰ The reverse, he claimed, was equally true: "I have observed others ... to have contracted a loosness of the stomach, with an ill digestion, windiness, and frequent vomiting, who ... were not at all accounted for hypochondriacs."⁵¹ Willis effectively reversed the traditional causal relationship, in which the spleen held sway over the head, positing instead that where splenic or digestive symptoms *did* occur, it was because

a grievous distemper of the minde, occasionally excited, within the brain, doth disturb the Spirits inhabiting it ... [this] is brought even to the Spleen; hence its ferment being put more into commotion, stirs up Convulsions, both in that Inward, and in the whole neighbourhood of fibres and membranes.⁵²

⁴⁷ Nathaniel Highmore, *Exercitationes duae, quarum prior De passione hysterica: altera de affectione hypochondriaca* (Oxon: Excudebat A. Lichfield, acad. typog. impensis R. Davis, 1660): 99–110. Philip J. Eijk ed., *Diocles of Carystus: A Collection of the Fragments With Translation and Commentary*, vol. 2 (Leiden: Brill, 2000): 189–91.

⁴⁸ Highmore, *Exercitationes*, 108–9.

⁴⁹ Martensen, *The brain takes shape*, 75–6; Frank, "Thomas Willis," 109, 123.

⁵⁰ Willis, *Pathology*, 91–2.

⁵¹ *Ibid.*, 92.

⁵² *Ibid.*, 95. See chapter 1 for a discussion of spirits in early modern physiology.

Despite using the language of ferments that was the hallmark of Helmontian physiology, Willis's conception of hypochondria could not have been much further from the understanding of the disease expressed in the writings of Van Helmont himself – who, in line with his gastro-centric psychophysiology, referred to the condition as “Midriffie Melancholy.”⁵³ In Willis's view, the spleen and stomach were at most secondary sufferers in a disorder whose origins were to be sought in the brain.⁵⁴

The timing of this dispute was surely not coincidental. As we have seen, while Willis's work did play an important role in the gradual shift towards a ‘cerebral’ model of emotion, the period in which he wrote was also marked by the emergence of newer gut-based explanations for psychological phenomena, many of which persevered in various forms into the eighteenth century. Moreover, Willis himself had a complex and at times contradictory attitude towards the relationship between digestion and emotion; as we will see in subsequent chapters, despite largely jettisoning the Galenic model of spleen-induced hypochondria, he continued to make use of many of the therapeutic practices and substances that it had upheld.⁵⁵ Nonetheless, Willis's brain-based etiology laid important groundwork for physiologists and anatomists of the later eighteenth century such as Robert Whytt and William Cullen, who, as Noyes has shown, continued to draw increasingly sharp distinctions between hypochondria and conditions such as dyspepsia, which they viewed as more exclusively digestive.⁵⁶

These changes, however, were slow in coming. Regardless of Willis's views on the matter, a new medical discourse of flatulent or gut-based hypochondria appears to have flourished in the second half of the seventeenth century. While Haskell has warned against taking contemporary claims of an early modern “hypochondria epidemic” at face value, and Gowland has suggested that there is “only weak support for the idea that there was a real ‘epidemic,’” medical writers of the time certainly did overwhelmingly claim that such an epidemic was taking place.⁵⁷ In 1675 the Durham doctor Edward Wilson judged “Hypocondriacal Winds and Melancholy Vapours” to be England's “Epidemical Disease,” and in 1695 the practising London physician John Pechey similarly described it

⁵³ Van Helmont, *Works*, 341. See the previous chapter for a discussion of Van Helmont's gastro-psychology.

⁵⁴ The influential English physician Thomas Sydenham largely followed Willis in his understanding of hypochondria: see e.g. Berrios, “Hypochondriasis,” 8.

⁵⁵ See chapter 4.

⁵⁶ Noyes, “Transformation,” 289.

⁵⁷ Haskell, “Anatomy,” 298; Gowland, “Problem,” 81.

as “the most frequent of all chronical Diseases.”⁵⁸ In addition to its supposedly widespread distribution, hypochondria was also considered notoriously difficult to cure; the recalcitrance of the condition earned it the nickname “*Opprobrium Medicorum*, the shame of Physitians.”⁵⁹ Against this backdrop, in the later seventeenth and early eighteenth centuries, a plethora of advertisements emerged claiming to cure, or at least mitigate the symptoms of hypochondria. These ranged from the familiar – enemas, vomits, and bloodletting – to the downright bizarre: one writer advocated walking naked into a hot stove to purge the melancholy vapours through sweat, while another recommended the funnelling of chemical fumes directly into the anus.⁶⁰ “Nothing will be found more efficacious,” bragged the author of this last treatment, promising his readers that it would provide “instant relief” from the symptoms of hypochondria.⁶¹

More often, hypochondriac remedies took the form of substances ingested in the form of pills, powders, spirits and waters, and the language used to sell these medicines frequently emphasised the digestive dimensions of the condition. The Helmontian George Thomson declared his ‘Stomack-Essence’ to be “admirably useful against Melancholy Imaginations, passions from the Spleen, &c. called *Hypochondriak*,” claiming that his medicine “exceedingly strengthens the Stomack, helps it’s Digestion ... scatters and expels Wind, Vapours, or any wandring wild Spirit.”⁶² Robert Couch, another Helmontian, promised that his ‘Balsamick Pill’ would cure hypochondria by “destroy[ing] the sharp putrefactive Ferment, discuss[ing] all windiness, refresh[ing] the spirits, and tak[ing] away melancholy.”⁶³ And the author of *The cordial spirit of saffron* recommended his product for those of “Melancholly, and sad Constitutions,” for, as he claimed, “it dissipates the Hypocondriack flatulency, it strengthneth and comforts the Heart, and wonderfully

⁵⁸ E. W., *Spadacrene Dunelmensis, or, A short treatise of an ancient medicinal fountain or vitrioline spaw near the city of Durham together with the constituent principles, virtues and use thereof* (London: Printed by W. Godbid, 1675): 74; Pechey, *Store-house*, 358.

⁵⁹ R. B., *Coral and steel, a most compendious method of preserving and restoring health* (London: Printed for the authour, 1660): 61. The medical compiler John Tanner similarly described hypochondriack melancholy as “the Scourge and Disgrace of Physitians.” Tanner, *Hidden Treasures*, 283.

⁶⁰ Thomas Cock, *Kitchin-physick, or, Advice to the poor by way of dialogue betwixt Philanthropos, physician, Eugenius, apothecary [sic.], Lazarus, patient* (London: Printed for Dorman Newman, 1676): vol. 2, 47–52. Anon., *An Account of the causes of some particular rebellious distempers* (London: n.p., 1670): 41.

⁶¹ For more examples, see: ‘J. H., lover of truth,’ *A treatise of the great antidote of Paracelsus, Van Helmont, Croulius, and by them called the elixir proprietatis* (London: printed for the authour, 1666): 9; Konstantinos Rhodokanakes, *Alexicacvs spirit of salt of the vworld, which vulgarly prepair’d is call’d the spirit of salt* (London: Printed by I. R., 1667): 26–7; Everard Maynwaringe, *The pharmacopoeian physician’s repository* (London: n.p., 1669): 34–5.

⁶² Thomson, *Ortho-methodoz*, 176–7.

⁶³ Couch, *Praxis*, 71.

causeth Mirth.”⁶⁴ Adopting the hyperbolic tone that was characteristic of the competitive early modern medical marketplace, each author insisted that their own product was without doubt the best and most well-suited to treating hypochondriac complaints.⁶⁵ The anonymous author of *The sick-mans rare jewel*, a book-length medical advertisement from 1674, claimed to have cured those who had suffered at great length under hypochondriac melancholy, and who had failed to find relief at the hands of other (presumably lesser) physicians. His “Remedium Melangogum” promised relief from the “Black and sad Disease” through visceral means, by

dissolving of the Tarterous Clammy Filths that obstruct the Viscera, Missentery, Liver, Spleen and Stomack ... and by consequence tak[ing] away all Inflammation ... in the Parts where these Filths are used to stick; so that the Tarterous Clammy Matters are washed away, the Stomack gently cleansed, the Flatus Hypochoudraicus (sic) repeled, and strangely allayed, the Hypochondriack pains vanish, and the Mind quieted.⁶⁶

The apparently free-form mingling of emotive language with the exceptionally embowelled imagery of intestinal cleansing – a theme discussed in greater detail in the following two chapters – was, it seems, a powerful sales tactic. Of course, as the author of this passage reminded his readers, he did not relate these matters in print out of boastfulness or self-aggrandisement, but simply “for the publick good.”⁶⁷ But while we might reasonably doubt the claims of altruism found in many of these advertisements, their existence does seem to suggest that, by the late seventeenth century, treating hypochondria through digestive remedies had become a lucrative endeavour. Even if reports of a “hypochondria epidemic” were exaggerated at the time, there were clearly enough sufferers who identified with the label to support a substantial market for treatments.

⁶⁴ Anon., *The virtues and uses of the cordial spirit of saffron* (London: Printed by R. Everingham, 1680).

⁶⁵ Porter, *Health for Sale*, 42–3; Porter and Porter, *In sickness and in health*, 203–10. On the “medical marketplace” in early modern England, see chapter 1.

⁶⁶ A. B., *The sick-mans rare jewel wherein is discovered a speedy way how every man may recover lost health, and prolong life, how he may know what disease he hath, and how he himself may apply proper remedies to every disease, with the description, definition, signs and syptoms [sic.] of those diseases* (London: printed by T.R. and N.T., 1674): 217–8.

⁶⁷ *Ibid.*

However, given the often intensely excremental language used to describe the causes and treatment of hypochondria in this period, and the apparently drastic and humiliating lengths that sufferers were prepared to go to in order to find relief, it is problematic to view contemporary claims of a ‘hypochondria epidemic’ as evidence for its growing status as a mark of social distinction. As noted in the introduction to this chapter, the scholarly trend of viewing hypochondria as a ‘fashionable disease,’ popular among the elite and well-bred of Georgian England, has sometimes caused historians to lose sight of its more potentially negative – and, specifically, excremental – associations in this period. These appear to have significantly increased in prominence during the final decades of the seventeenth century, when a peculiarly medicalised form of political satire – culminating in the scatological social critiques of Jonathan Swift in the early eighteenth century – became a recurrent feature of public discourse.⁶⁸ As personal and professional controversies grew ever more public in the aftermath of the Restoration, the label ‘hypochondriac’ came to be used more and more frequently as a term of abuse.

Henry Stubbe, for instance, the prolific polemicist and enemy of the Royal Society of London, deployed the term several times in a highly public dispute over Cartesian mechanism with Society fellow Henry More in 1671.⁶⁹ In his characteristically inflammatory style, Stubbe dismissed his opponent’s writings as nothing but “the Cavil of an angry Hypochondriack,” suggesting that More’s arguments were driven more by anger and delusion than cool-headed reason.⁷⁰ Later in the same work Stubbe returned to this theme, writing that “I was inclined to believe you were an Hypochondriack, and that your Opinions were not the result of your judgment, but of your temperament.”⁷¹ Stubbe’s use of the word “hypochondriack” in his vitriolic attacks on More implied a mind whose reason was impaired by vaporous emotions arising from the gut. By suggesting that More was ruled by his bodily “temperament” rather than his rational “judgement,” Stubbe used the trope of the hypochondriac to portray More’s views as absurd, base, and erroneous.

⁶⁸ Noelle Gallagher, “Satire as Medicine in the Restoration and Early Eighteenth Century: The History of a Metaphor,” *Literature and medicine* 31, no. 1 (2013): 17–39; Anita Guerrini, “A Club of Little Villains”: Rhetoric, Professional Identity and Medical Pamphlet Wars,” *Literature and Medicine during the Eighteenth Century* (1993): 226–44; Vasset, “Medical Laughter.” For an influential study of Swift’s scatology, see Carol Houlihan Flynn, *The Body in Swift and Defoe* (Cambridge: Cambridge University Press, 1990): 177–211.

⁶⁹ Webster, *Great Instauration*, 172–8; Harold J. Cook, “Physicians and the new philosophy: Henry Stubbe and the virtuosi-physicians,” in *The medical revolution of the seventeenth century*, ed. Roger French and Andrew Wear (Cambridge: Cambridge University Press, 1989): 246–71; idem., *Decline*, 172–8.

⁷⁰ Henry Stubbe, *A reply unto the letter written to Mr. Henry Stubbe in defense of The history of the Royal Society* (Oxford: Printed for Richard Davis, 1671): 71.

⁷¹ *Ibid.*, 77.

In a separate dispute of the following year, however, the chemist George Thomson turned the tables on Stubbe, using his own rhetoric against him. In this case, Thomson was defending his idols Van Helmont and Paracelsus against Stubbe's fierce attacks in print, which he described as "Hypochondriack flatuous outrages."⁷² Here Thomson was clearly dismissing Stubbe's arguments as ridiculous and false – much as Stubbe had done to More the previous year – but Thomson's choice of language also had scatological overtones. By terming Stubbe "flatuous," Thomson likened his words to farts, with the intended effect of instantly trivialising and degrading his opponent by calling to mind the ignoble organs of digestion. Given that the very real disease of hypochondria was, in the late seventeenth century, still fundamentally associated with digestion (and specifically flatulence) as well as disordered judgement, it is not unreasonable to assume that the increasingly pejorative figure of the hypochondriac could also carry these connotations, even when they were not explicitly signalled. The insubstantiality of the fart served as both a metaphor for and a literal embodiment of the hypochondriac's vaporous and increasingly imaginary conceits. These foolish imaginings could be quite literally understood, within the bounds of seventeenth-century physiology, as farts trapped inside the body, throwing the faculty of reason into disarray through their constant motion.⁷³

⁷² George Thomson, *A letter sent to Mr. Henry Stubbe on which animadversions are made by Geo. Thomson, Dr. of physick* (London: Printed for Nath. Crouch, 1672): 2.

⁷³ Thomas, "Bodily control;" Michelle O'Callaghan, "Performing Politics: The Circulation of the "Parliament Fart,"" *Huntington Library Quarterly* 69, no. 1 (2006): 121–38.

Moreover, the sharp increase in authors using ‘hypochondriack’ as a pejorative term in the 1670s and 1680s also coincided with the rise of a rhetoric of ‘enthusiasm’ (see fig. 1).⁷⁴ Broadly speaking, ‘enthusiasts’ were those who, overcome with religious zeal, had given themselves over to passions and base impulses. Like the late seventeenth-century ‘hypochondriack,’ it was most often a hostile and dismissive term for those who were thought to have taken leave of their wits, but could also be used to castigate those who preached deviant religious or political views. Jeremy Schmidt has rightly identified the Restoration critique of enthusiasm as “an incisive and critical moment in the discourse on melancholy, as in the history of English thought more generally.”⁷⁵ It represented, as Porter has demonstrated, a movement to consolidate religious and political authority in the years leading up to and following the Restoration.⁷⁶ The ‘enthusiast’ could be Catholic, Puritan, or Quaker – what unified the concept was an anxious and hostile reaction against any and all “threat[s] to consensus posed by the transcendental truth-claims of prophecy.”⁷⁷

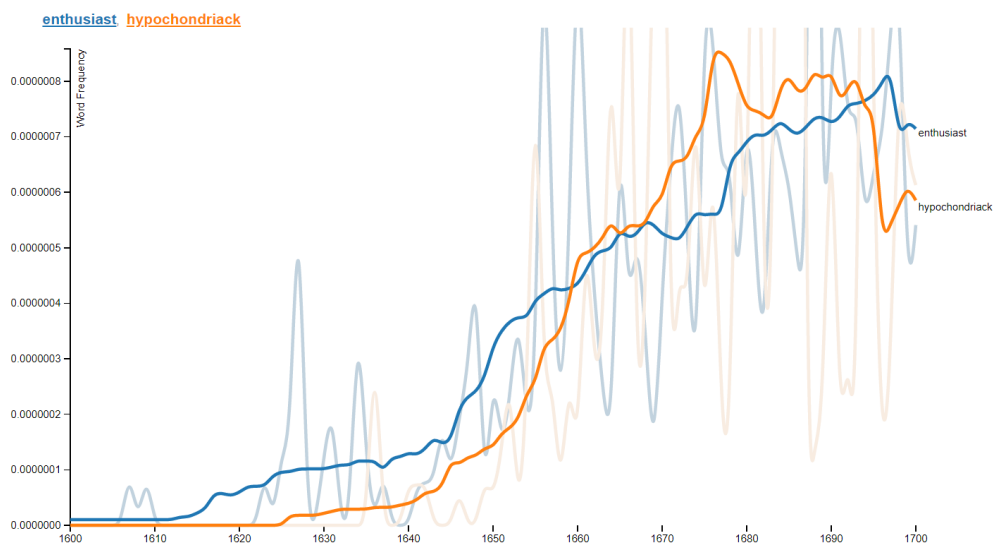


Fig. 1 – Early Print ngram showing relative frequency of “enthusiast” and “hypochondriack” in printed literature, 1600–1700

⁷⁴ Gowland, “Problem,” 107–9; Roy Porter, “The rage of party: a glorious revolution in English psychiatry?,” *Medical history* 27, no. 1 (1983): 40–1. On enthusiasm, see Michael Heyd, *Be sober and reasonable: the critique of enthusiasm in the seventeenth and early eighteenth centuries* (Leiden and New York: Brill, 1995); Adrian Johns, “The physiology of reading and the anatomy of enthusiasm,” in *Religio Medici: medicine and Religion in seventeenth-century England* ed. Andrew Cunningham and Ole Peter Grell (Aldershot: Scolar Press, 1996): 136-70; Schmidt, *Melancholy*, 83–128.

⁷⁵ Schmidt, *Melancholy*, 84.

⁷⁶ Porter, “Rage of party,” 50.

⁷⁷ Porter, “Rage of party,” 50.

The rhetoric of 'enthusiasm' is especially relevant to the present study because discussions of the concept frequently invoked the medicalised language of hypochondriac flatulence as a means of explaining the enthusiast's deranged passions.⁷⁸ In 1655 and 1656, respectively, Meric Casaubon and Henry More both published works which explicitly attributed the behaviour of enthusiasts to "nothing else but that flatulency which is in the melancholy complexion, & rises out of the Hypochondriacal humour upon some occasionall heat."⁷⁹ "Enthusiasts," insisted More,

for the most part are intoxicated with vapours from the lowest region of their Body ... What can it be but the heaving of the Hypochondria that lifts up the mind to such high comparisons from a supposition so false and foolish?⁸⁰

The collapsing of the distinction between enthusiasm and hypochondria enabled an embowelled rhetoric to flourish, in which 'enthusiasts' were unflatteringly cast as slaves to their lowest and most excremental parts. In 1688 the Church of England minister Henry Wharton published a work titled *The Enthusiasm of the Church of Rome Demonstrated*, in which (as the title suggests) he set out to prove the ignorance, irrationality, and emotionality of Roman Catholicism in opposition to the "rational piety" of the Church of England.⁸¹ Catholics, argued Wharton,

are commonly endued with weak Brains, and diseased Bodies; often suffer irregular motions of the Blood, which creates gross and turbulent Spirits, and fills the Brain with strong and active Vapours. These continuing a violent motion in the Brain, will reproduce so strong and lively Images of those things, which have been the most frequent Objects of their Meditations, and made deepest Impression in them, that they will really believe themselves to act those things which they only imagine; and to see, hear, and feel all those

⁷⁸ On the medicalised language of enthusiasm and its relationship to hypochondria, see especially Heyd, *Be sober and reasonable*, 44–108; John F. Sena, "Melancholic madness and the Puritans," *Harvard Theological Review* 66, no. 3 (1973): 293–309.

⁷⁹ Henry More, *Enthusiasmus triumphatus, or, A discourse of the nature, causes, kinds, and cure, of enthusiasme* (London: Printed by J. Flesher, 1656): 16–17; Meric Casaubon, *A treatise concerning enthusiasme, as it is an effect of nature, but is mistaken by many for either divine inspiration, or diabolical possession by Meric Casaubon* (London: Printed by R.D., 1655).

⁸⁰ More, *Enthusiasmus*, 39, 41.

⁸¹ Heyd, 196–200.

Objects, which are so lively represented to them. This is manifest even in Melancholly and Hypochondriack Persons, who are so far deluded by the Action of the undigested Vapours of their Bodies upon their Brain, that they frequently believe the reality of those things, which their disturbed Imagination representeth to them.⁸²

Like More and Casaubon, Wharton significantly blurred the boundaries between hypochondria and enthusiasm. Both concepts served as powerful rhetorical devices because they immediately drew the ‘sufferer’s’ grasp on reality into question. In seventeenth-century polemical literature, many writers were keen to demonstrate to their readership that their arguments were more rational than their opponents’, and less influenced by vaporous and excremental passions of the bowels. For instance, an anonymous *Reprimand to bigotry* published in 1698 was a hostile response to an earlier work of the same year, which had attacked English dissenters and nonconformists. The *Reprimand* targeted the author of this former work (a Church of England divine) by labelling him a hypochondriac:

This Gentleman seems to be troubled with the Hypocondriack Malady ... before this Divine writes any more Letters, he would do well to go to Tunbridge for a Quarter of a Year to Drink the Waters; and when the Obstructions of his Spleen are open'd, the Mass of Blood sweetn'd, and the Animal Spirits reduc'd into good Order, 'tis possible he might write with more Charity, and a great deal more Truth; for the Vapours seem to have prevail'd so much upon him, that he delivers a great many things by a Figure of Speech, that would be call'd a Lye, if it were not excus'd by the Deliriums of his Head.⁸³

The mock-diagnosis of hypochondria, combined with the mock-prescription of medicinal waters, followed a formula common to many of the insults found in early modern

⁸² Henry Wharton, *The enthusiasm of the church of Rome demonstrated in some observations upon the life of Ignatius Loyola* (London: Printed for Ric. Chiswell, 1688): 11–12.

⁸³ Anon., *A Reprimand to bigotry, or, Reflections on the several letters of a book called The Mystery of phanaticism wherein the dissenters are vindicated from the calumnies and whims of the author of that book* (London: Printed for A. Baldwin, 1698): 78–9.

pamphlet wars.⁸⁴ By positioning himself in the role of the physician, the writer fabricated a power dynamic in which he had the advantages of both knowledge and experience. The subject was cast as a sufferer who, in this case, did not even know that he was ill, for delusion was a commonly recognised symptom of the hypochondriac condition. The scatological implication is ever-present in this passage: the essential *wrongness* of the subject is signified not just by the explicit denunciation of his views as delusional, but also by the affective association between hypochondria and the flatulent, excremental body.

To be hypochondriac was, therefore, to be in thrall to the bowels, and therefore to be *wrong* in more senses than one. On the one hand, the thoughts, perceptions, and expressed views of the hypochondriac were understood to be literally inaccurate. Just as the twenty-first century hypochondriac's health fears are dismissed as having no basis in reality, the late seventeenth-century hypochondriac could expect to find their alleged experiences met with doubt and scepticism. Hypochondria evoked a language of contempt by drawing attention to parts of the body that were vertically lower than – and hence inferior to – the seat of reason, understanding, and enlightenment. The label connoted both emotionality and excrementality, suggesting that these two qualities could be firmly linked in the imagination of seventeenth-century English writers. It also suggested a potent fear of the power of the lower parts to impose their excrementality upon the higher faculties, an anxiety that was channelled through the diversionary medium of ridicule.

Moreover, this pejorative rhetoric of hypochondria appears to have contributed to a very real stigma against those who suffered from the condition. In 1649, the Puritan Richard Baxter described, in a letter to fellow clergyman John Warren, how excessive studying had “pumpe[d] up the hypochondriacke flatulency to my braine, that the instruments of my studyes are quite out of frame.”⁸⁵ However, in Baxter's autobiography, written almost twenty years later, he flatly denied that he had ever suffered from the condition, reporting that “although the Physicians call'd it the Hypocondriack Melancholy” his distemper “never went so far as to possess me with any inordinate Fancies, or damp me with sinking Sadness.”⁸⁶ Baxter's desire to distance himself from the label of

⁸⁴ Guerrini, “Club of Little Villains;” Vasset, “Medical Laughter.”

⁸⁵ Dr Williams' Library Manuscript, DWL/RB/2/6, Richard Baxter Correspondence, vol. 6, f. 96r, quoted in Tim Cooper, “Richard Baxter and his Physicians,” *Social History of Medicine*, 20, No. 1, (2007): note 15.

⁸⁶ Richard Baxter, *Reliquiae Baxterianae, or, Mr. Richard Baxters narrative of the most memorable passages of his life and times faithfully publish'd from his own original manuscript by Matthew*

'hypochondriac' was likely fuelled by the fact that, during the intervening years between his letter to Warren and the writing of his autobiography, which had seen the publication of both Casaubon's and More's treatises on enthusiasm, the public understanding of 'hypochondria' had shifted markedly. In 1686 Charles Peter described it as "A most troublesome, and almost universal Disease, which few or none are without, and yet scarce any will own."⁸⁷ When we consider the way in which the term was thrown about as an insult in seventeenth-century polemical literature, this is hardly surprising. Nor is it surprising that many sufferers were reluctant to accept a diagnosis defined by flatulence and disorderly passions.

Fashionable or Flatulent? Hypochondria in the Early Eighteenth Century

While the idea of hypochondria was very much in flux at the dawn of the eighteenth century, it had yet to be fully divorced from its intestinal and excremental connotations. Conflicting and mutually contradictory ideas about the disorder appeared side by side, sometimes even in the same works. Any writer who chose to grapple with the particularly thorny issue of hypochondria had to confront the same set of questions. Was it a disorder of the digestive organs which affected the mental and imaginative capacities, as physicians from the Ancient Greeks to the early seventeenth-century had claimed? Or was it a nervous disorder of the brain, the seat of the imaginative faculties, which produced related digestive symptoms? Was it a 'real' disorder, or an 'imaginary' one – and how was this to be determined? Was the condition a mark of social and intellectual refinement, or of gross physicality and degeneracy? And should the hypochondriac, therefore, be treated with kindness or contempt?

How medical authors responded to these questions varied significantly. In 1711, Bernard Mandeville published a work titled *A treatise of the hypochondriack and hysterick passions*.⁸⁸ Mandeville, a Dutch physician and writer who had emigrated to London in the 1690s, is perhaps best remembered for his *Fable of the Bees*, a work of social satire in verse form, in which he put forward the consumer-driven economic philosophy of "Private Vices, Public Benefits," which in many ways anticipated the free-market

Sylvester (London: Printed for T. Parkhurst, J. Robinson, F. Lawrence and F. Dunton, 1696): vol. 1, 10. For more on Baxter's flatulence, see chapter 6 of this thesis.

⁸⁷ Charles Peter, *The cordial tincture, prepared by Charles Peter chyrurgeon, at his bathing-house in St. Martins-lane near Long Acre* (London: printed for the author, 1686): 10 (italics mine).

⁸⁸ Bernard Mandeville, *A treatise of the hypochondriack and hysterick passions, vulgarly call'd the hypo in men and vapours in women* (London: printed and sold by Dryden Leach, 1711).

capitalism of Adam Smith later in the century.⁸⁹ He cannot be considered a mainstream figure in English medicine; his physiological ideas drew heavily upon his continental origins, and were heavily coloured by his unorthodox social views. He was, however, extremely well-informed on the topic of hypochondria, having written his medical thesis on disorders of the digestive system, and his treatise captures something of the complexity of the physiological and social understandings of the condition at the beginning of the eighteenth century.⁹⁰

The treatise itself was presented in the form of a dialogue between a hypochondriac patient (Misomedon) and a physician (Philopirio). In the first dialogue, Misomedon laid out his case history. The symptoms of his hypochondria, he said, began with heartburn, followed by a continual flatulence and belching; he also voided a thin and serous substance from his mouth daily.⁹¹ Upon consulting a physician, he was informed that the disorder proceeded from his stomach. However, unable to find a cure, the physician quickly grew tired of his charge, avoiding him and eventually curtailing his offers of help.⁹² At this time, Misomedon reported,

My Illness visibly encreas'd; for besides the unsavory Belchings, and continually Croaking *Borborigmi* ... the gnawing Pain, as well as distension of my Stomach, which were become almost habitual to me, I frequently had strong Pulsations and cruel thumpings in my Belly, especially in the left side of it.⁹³

⁸⁹ Bernard Mandeville, *The fable of the bees: or, private vices publick benefits* (London: printed for J. Roberts, 1714).

⁹⁰ Allan Ingram ed., *Patterns of Madness in the Eighteenth Century: A Reader* (Liverpool: Liverpool University Press, 1998): 49; M. M. Goldsmith, "Mandeville, Bernard (bap. 1670, d. 1733): physician and political philosopher," *Oxford Dictionary of National Biography*, accessed April 28, 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-17926>. There is a sizeable literature on Mandeville's thought and writing. Recent studies that have been particularly helpful for the present chapter include: Harold J. Cook, "Treating of bodies medical and political: Dr. Mandeville's materialism," *Erasmus Journal for Philosophy and Economics* 9, no. 1 (2016): 1–31; Mauro Simonazzi, "Bernard Mandeville on hypochondria and self-liking," *Erasmus Journal for Philosophy and Economics* 9, no. 1 (2016): 62–81; Sylvie Kleiman-Lafon, "The healing power of words: medicine as literature in Bernard Mandeville's *Treatise of the hypochondriack and hysteric diseases*," *Studies on Voltaire and the eighteenth century* 4 (2013): 161–81. See also Francis McKee, "Honeyed words: Bernard Mandeville and medical discourse," in *Medicine in the enlightenment*, ed. Roy Porter (Amsterdam: Ridopi, 1995): 223–54.

⁹¹ Mandeville, *Treatise of the hypochondriack and hysteric passions*, 6–7.

⁹² *Ibid.*, 7–8.

⁹³ *Ibid.*, 21.

His symptoms now also became markedly psychological: he complained of “strange roving Thoughts” and “ridiculous Fancies” (which, he noted, always came upon him at the same time as episodes of severe constipation).⁹⁴ Formerly a carefree and happy-go-lucky individual, Misomedon grew “full of Doubts and Fears.”⁹⁵ He described the sensation as one of “harbouring some where within me ... a vast enormous Monster, whose Savage force may in an instant bear down my Reason, Judgment, and all their boasted Strength before it.”⁹⁶ His relation of his symptoms tended to reflect a fear of his own physiological and psychological interior, although these two categories were not sharply distinguished in Mandeville’s writing.

In the second dialogue, the physician laid out his professional assessment of the disease, which was drawn directly from Mandeville’s medical thesis of 1691. Mandeville believed that hypochondria was caused by the weakening or “exhaustion” of the animal spirits. In this respect his medical philosophy was actually very similar to Willis’s, but the key difference was in the part of the body in which the disorder was thought to reside. On this matter, Philopirio was unambiguous: “It is demonstrable to me,” he says, “that the cause of Hypochondriack and Histerick Diseases is in the Stomach.”⁹⁷ He dismissed the splenetic explanation for hypochondria as a conceit of the ancients, choosing to distance himself from humoral medicine. But he also criticised previous medical authorities such as Diocles, Highmore, and Van Helmont, all of whom, as we have seen, shared his basic premise that hypochondria was rooted in the stomach. Of the first two, ‘Philopirio’ said: “I have Reasons to Dissent from both, because they both clash with the Observations I have made.”⁹⁸ He had a little more time for Van Helmont, but felt that his methodology left something to be desired: “I am always extreamly pleas’d with his good Sense, and Energetick way of writing, but have often wish’d that his Reasons had been better back’d with Observations.”⁹⁹ Instead, Mandeville constructed his own gut-based etiology of hypochondria, arguing that the condition

proceeds from an effervescency of the bilious Humour, as it comes out of its Duct with the pituitous Humour, it meets in the intestinum duodenum, deducing from the faults of both,

⁹⁴ Ibid., 23–4.

⁹⁵ Ibid., 42.

⁹⁶ Ibid., 46.

⁹⁷ Ibid., 82.

⁹⁸ Ibid.

⁹⁹ Ibid., 81.

and the superiority of either, all the different Symptoms
that are complain'd of.¹⁰⁰

Despite – or perhaps because of – the allegedly gastrointestinal origins of the disease, Mandeville painted a relatively sympathetic portrait of the hypochondriac, arguing that their sufferings were very real. Hypochondria was, for Mandeville, an emotional disorder of the digestion for which the sufferer bore only limited responsibility. The response of the physician, he suggested, was to prescribe gentle remedies which could ease the sufferer back to a state of good health. Thus, in contrast to the drastic purges still being prescribed by many of his contemporaries, Mandeville recommended the far more “Palatable Medicine” of spiced claret and toast.¹⁰¹

Mandeville, however, can hardly be taken as a typical sample of eighteenth-century medical thought, and it is clear that many of his contemporaries had drastically different ideas about the physiological origins and social implications of hypochondria. In 1725, the poet and former royal physician Sir Richard Blackmore penned an exposition of the disease titled *A treatise of the spleen and vapours*.¹⁰² Despite making numerous enemies during his literary career – notably the poets Samuel Garth, Alexander Pope, and the Scriblerus Club, whom he had attacked for their licentiousness – Blackmore was highly respected for his medical knowledge, becoming physician-in-ordinary to William III and later to Queen Anne.¹⁰³ Towards the end of his life, Blackmore turned to writing primarily on medical topics, and his work on the spleen and vapours appeared just four years before his death in 1729.

Blackmore believed, like Willis, that the cause of hypochondria was to be sought in the nervous fluids of the body that were governed by the ventricles of the brain, the “Residence and chief Fortresses of the Mind.”¹⁰⁴ Despite the title of his work, Blackmore disputed whether the spleen itself could exercise any influence over the rational faculties, describing it as “an unnecessary or unuseful Organ of the Body.”¹⁰⁵ Blackmore claimed

¹⁰⁰ Ibid., 79.

¹⁰¹ Ibid., 12–3. Kleiman-Lafon, “The healing power of words,” 168.

¹⁰² Sir Richard Blackmore, *A treatise of the spleen and vapours: or, hypocondriacal and hysterical affections* (London: printed for J. Pemberton, 1725).

¹⁰³ Less has been written about Blackmore than Mandeville: for a biography and bibliography of (mostly older) works, see Flavio Gregori, “Blackmore, Sir Richard (1654–1729): physician and writer,” *Oxford Dictionary of National Biography*, accessed April 28, 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-2528>. See also Furdell, *Royal doctors*, 243.

¹⁰⁴ Blackmore, *Treatise of the spleen and vapours*, 236.

¹⁰⁵ Ibid., xix.

that he had carefully considered the humoral account of hypochondriac vapours rising from the spleen, and found it to be “meerly imaginary, as having no Foundation to support it.”¹⁰⁶ In contrast to Mandeville, he therefore left open the possibility that hypochondria could be ‘all in the head’ of the patient, both figuratively and literally. Blackmore did not deny that hypochondriacs often suffered from a range of digestive symptoms, to which he devoted a substantial portion of his treatise, painting an evocative portrait of the belly as a “dark and troubled Region of animal Meteors and Exhalations, where opposite Steams and rarify’d Juices contending for Dominion, maintain continual War.”¹⁰⁷

However, Blackmore also echoed Willis’s observation that not all hypochondriacs experienced gastrointestinal symptoms, and that they were not, therefore, a defining feature of the condition.¹⁰⁸ When digestive discomfort did occur, Blackmore argued that it was caused by the inordinate motion of spirits produced by disordered patterns of thinking in the brain:

the Pain, Sickness, Flatulency, and sowre Eructations, that affect the Stomach in this Distemper ... and the Distention, noisy and troublesome Convolutions in the Colon and the Cavities on each Side, beneath the Ribs, are *not the primary Seat or Spring, but indeed the Effects and Productions of Hypochondriacal Affections.*¹⁰⁹

Blackmore, following Willis’s lead, flipped the causal relationship between gut and mind in hypochondria. While the gut remained an important part of the experience of the illness, it was no longer attributed with the same power to afflict the imagination in the ways that it had been under the humoral and Helmontian physiologies. The early eighteenth century saw many learned physicians like Blackmore enthusiastically embracing a form of physiology in which the gut no longer enjoyed the same degree of influence over the passions of the mind.¹¹⁰

¹⁰⁶ Ibid., 2.

¹⁰⁷ Ibid., 17. For Blackmore’s florid discussion of the digestive symptoms of hypochondria, see Ibid., 17–20.

¹⁰⁸ Ibid., 28–9.

¹⁰⁹ Ibid., *Treatise of the spleen and vapours*, 29 (italics mine).

¹¹⁰ Anita Guerrini, “James Keill, George Cheyne, and Newtonian physiology, 1690–1740,” *Journal of the History of Biology* 18, no. 2 (1985): 247–266; Brown, “Medicine in the Shadow.”

Blackmore largely avoided directly addressing the question of whether hypochondria was itself an 'imaginary' disease, though he clearly believed that this was a possibility. In one place, he suggested that determining the reality of hypochondria should be a secondary concern to providing the sufferer with relief from the symptoms that they were experiencing. Even if the physician discerned that the cause of the disease was "sometimes only imaginary, and not real," he argued, "this affords no Advantage or Comfort to the afflicted Patients ... let the Cause of such Symptoms be never so chimerical and fantastick, the consequent Sufferings are without doubt real and unfeigned."¹¹¹ It was owing to this dismissive attitude on the part of both physicians and the public, Blackmore claimed, that many hypochondriac sufferers declined to seek treatment for their condition. In a particularly revealing passage, he lamented the public caricaturing of hypochondriacs, complaining that

One great Reason why these Patients are unwilling their Disease should go by its right Name, is, I imagine, this, that the Spleen and Vapours are, by those that never felt their Symptoms, looked upon as an *imaginary and fantastick Sickness of the Brain*, filled with odd and irregular Ideas; and accordingly they make the Complaints of such Patients the Subject of Mirth and Raillery. This Distemper, by a great Mistake, *becoming thus an Object of Derision and Contempt*, the Persons who feel it are unwilling to own a Disease, that will expose them to Dishonour and Reproach.¹¹²

It is interesting that Blackmore described this public perception of hypochondria as an "imaginary and fantastick Sickness of the Brain," since, as we saw above, polemicists of the later seventeenth century had frequently emphasised the inherently embowelled nature of the condition. Practising physicians like Mandeville and Blackmore no doubt had a professional interest in portraying themselves as sympathetic towards real-life hypochondriacs in a social climate in which their condition might open them up to ridicule.¹¹³ Meanwhile, however, wits of the period continued to highlight the excremental implications of hypochondria to devastating effect. An anonymous but highly Swiftian satirical treatise titled *The Benefit of Farting Explain'd* (1722) drew on the

¹¹¹ Blackmore, *Treatise of the spleen and vapours*, 99.

¹¹² *Ibid.*, 97 (italics mine). Berrios, "Hypochondriasis," 9.

¹¹³ Porter, "The rage of party," 42–6.

seventeenth-century association between flatulence and religious enthusiasm in penning the following ditty:

A Wind in Hypochondria pent,
Is but a Fart if downward sent;
But if suppress'd, it upward flies,
And vents it self in Prophecies.¹¹⁴

And in 1734 John Henley, editor of the pro-Walpole newspaper *The Hyp-Doctor* (whose name was itself playing off the concept of a widespread epidemic of English idiocy) lampooned the editor of rival publication *The Craftsman*, one 'Caleb D'Anvers' (aka Nicholas Amherst) as a hypochondriac. As a mock-prescription for a "Rectification of Diet," the author of this piece advised that 'D'Anvers' "beware of the Rump-Steak Club, for though Rump-steaks are a wholesome Diet to the Healthful, yet they are too gross and indigestive to a Person in his Distemper."¹¹⁵ As an insult rooted in the excrementality of the hypochondriac this worked on multiple levels, pairing the mid-seventeenth century scatological invective that had been used to ridicule the ill-fated Rump Parliament with the imagery of "gross and indigestive" diet in order to physicalise and demean 'D'Anvers,' who was scathingly described as "a real Wretch, a Slave to his Spleen."¹¹⁶

Meanwhile, the bustling medical marketplace of the early eighteenth century also continued to capitalise on the digestive dimensions of hypochondria. An anonymous Yorkshire apothecary's cash-book recorded thirty-four separate payments for medicines given for "hypochondriack melancholy" and "spleen wind" between 1703 and 1710.¹¹⁷ In a newspaper advertisement from 1715, one druggist promised readers that his "Famous Drops for Hypochondriack Melancholy" would "effectally [*sic.*] cure on the Spot, by

¹¹⁴ 'Puff-indorst, Fart in hando,' *The benefit of farting explain'd: or, the fundament-all cause of the distempers incident to the fair-sex, enquired into* (Long-fart [i.e. London]: printed by Simon Bumbubbard, at the sign of the Wind-Mill opposite Twattling-Street, 1722) 3–4. See John F. Sena, "Swift as Moral Physician: Scatology and the Tradition of Love Melancholy," *The Journal of English and Germanic Philology* 76, no. 3 (1977): 360–1; Flynn, *The body in Swift and Defoe*, 177–211.

¹¹⁵ 'Isaac Ratcliffe,' [i.e. John Henley] "Caleb Turned Gossip, or the newest Receipt for the best Water-Language," *The Hyp Doctor*, October 15, 1734, accessed 4 May 2018 via Nichols Newspapers Collection Database.

¹¹⁶ 'Ratcliffe,' "Caleb Turned Gossip." On the scatological rhetoric surrounding the Rump Parliament, see Jenner, "Roasting of the rump."

¹¹⁷ Wellcome MS 7500, "Apothecary's Cash-Book, West Yorkshire, 18th century."

rectifying the Stomach and Blood.”¹¹⁸ Another advertisement, similarly touting its “so-much Fam’d Hypo Drops” in 1740, pledged to “infallibly cure” hypochondriac conditions by “striking at the very Root or true Cause,” which its author held to be “a depraved Appetite, vitious Ferment in the Stomach, and Indigestion of Food.”¹¹⁹ It appears that, in the views of these apothecaries and those who purchased from them, hypochondria remained an essentially embowelled condition well into the eighteenth century. In spite of its title, the anonymous *Treatise of diseases of the head, brain, and nerves* – republished at least six times between 1711 and 1741 – described hypochondriac melancholy as “a Collection of filthy and vicious Humours in the Branches of the Vena Porta, Caeliacal and Mesenterical Arteries,” adding almost as an afterthought that “the Brain is affected by Consent.”¹²⁰ Despite theoretical attempts to redefine hypochondria as a disorder of the nervous brain in the wake of Willis’s neurophysiology, many medical writers and practitioners clearly remained deeply attached to the older model of embowelled selfhood that the concept of hypochondria continued to evoke.

Two more medical works on hypochondria appeared in the years around 1730, articulating two strikingly different views on the importance of the gut within the nervous physiology. The first work, *A new treatise of the spleen, vapours, and hypochondriack melancholy*, was published in two volumes from 1728–9.¹²¹ The author, Nicholas Robinson, was a Welsh physician and surgeon who also served as one of the governors of Bedlam Hospital.¹²² His approach to medicine was explicitly and aggressively modern: three years prior to his work on hypochondria, he had published *A New Theory of Physick and Diseases Founded on the Newtonian Philosophy* (1725), clearly signalling his vocal adherence to the iatromechanistic physiology that was rapidly reshaping learned

¹¹⁸ “[Classified ads],” *Post Man and the Historical Account*, April 21–3, 1715, accessed 4 May 2018 via Burney Newspapers Collection Database.

¹¹⁹ “[Classified ads],” *Daily Post*, December 8, 1740, accessed 4 May 2018 via Burney Newspapers Collection Database.

¹²⁰ ‘Physician,’ *A treatise of diseases of the head, brain, and nerves* ([London]: Printed, and sold by the author's appointment, London, 1741): 54.

¹²¹ Nicholas Robinson, *A new system of the spleen, vapours, and Hypochondriack Melancholy* (London: Printed by Samuel Aris, 1729).

¹²² Robinson has not been heavily studied, and biographical details in this chapter are drawn primarily from Norman Moore, “Robinson, Nicholas (c. 1697–1775), physician,” *Oxford Dictionary of National Biography*, accessed April 28, 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-23861>; Anita Guerrini, “Newtonianism, Medicine and Religion,” in *Religio Medici: Medicine and Religion in Seventeenth-Century England* (Aldershot: Scolar Press, 1996): 293–312; Lawlor, “Fashionable Melancholy,” 29–30.

medicine in the early eighteenth century.¹²³ True to his title, in this work Robinson described the human body as “a Congeries of Veins, Nerves, and Arteries, Muscles, Bones, and Ligaments, which are all deriv’d from most minute Threads or Fibres,” through which the fluids – “smooth, soft, fluxile Bodies, consisting of most minute Spheres” – were constantly moving.¹²⁴ Robinson clearly felt, however, that the spleen and vapours was a topic that warranted sustained attention: his work on the subject, published three years later, was almost a hundred pages longer than its more loftily titled predecessor.

Robinson’s career was contemporary with that of George Cheyne – discussed in the previous chapter – who in 1733 published his own work on the subject of hypochondria.¹²⁵ Cheyne’s *English Malady*, which became a famous book in its time, was a sizeable volume devoted to “nervous diseases of all kinds, as spleen, vapours, lowness of spirits, hypochondriacal, and hysterical distempers.”¹²⁶ Like Robinson, Cheyne’s understanding of the body was at the cutting edge of Enlightenment physiology. His mentor at Marischal College in Aberdeen had been Archibald Pitcairne, one of the first writers to attempt to build a system of medicine upon Newtonian mathematical principles.¹²⁷ Moreover, Cheyne’s description of the human body – “a Machin of an infinite Number and Variety of different Channels and Pipes, filled with various and different Liquors and Fluids, perpetually running, glideing, or creeping forward, or returning backward, in a constant Circle” – is one that Robinson would surely have approved of.¹²⁸ A hypochondriac himself, Cheyne penned his work with the express intention of advising fellow sufferers on how to manage their own condition, primarily through alterations to their diet and manner of living.

On the surface, Robinson and Cheyne appear to have been cut from the same cloth. Both were iatromechanists who were committed to the reform of medical theory along Newtonian lines.¹²⁹ They both embraced a view of the body as a nervous entity, whose illnesses stemmed from the disorderly motion of the fluids proceeding from an excessive

¹²³ Nicholas Robinson, *A new theory of physick and diseases, founded on the principles of the Newtonian philosophy* (London: printed for C. Rivington, 1725); Brown, “Medicine in the Shadow;” Guerrini, “James Keill.”

¹²⁴ Robinson, *New theory*, 15.

¹²⁵ A fuller outline of Cheyne’s intellectual biography can be found in chapter 5. See also Guerrini, *Obesity and depression*; Porter, “Introduction,” in *English Malady*.

¹²⁶ Cheyne, *English malady*.

¹²⁷ Anita Guerrini, “Archibald Pitcairne and Newtonian medicine,” *Medical history* 31, no. 1 (1987): 70–83; Michael Hunter, “Pitcairneana: an atheist text by Archibald Pitcairne,” *The Historical Journal* 59, no. 2 (2016): 595–621.

¹²⁸ Cheyne, *English Malady*, 4.

¹²⁹ Guerrini, “Newtonianism.”

laxity or tension of the internal fibres. However, in their views of the relationship between hypochondria and digestion, the two writers were strikingly different. Although Robinson did acknowledge a digestive component to hypochondria, he devoted significantly less space or attention to this aspect of the condition; in stark contrast to his contemporaries, he made no explicit mention of the gut until almost a hundred pages into his book.¹³⁰ Unlike Mandeville and Blackmore, whose treatises both opened with a detailed discussion of the digestive symptoms of hypochondria, Robinson chose instead to begin his work with a philosophical discourse on the nature of the immaterial mind and soul. While he acknowledged that the term hypochondria “according to the ancient Acceptation of that Word, is a Term, that only implies a Tumult or Disorder of the lower Region of the Bowels,” he followed Willis and Blackmore in observing that “I have known several Cases in which the Stomach has not been in the least affected.”¹³¹

In Robinson’s view, the mental symptoms of hypochondria were first and foremost caused by a disorder of the brain, arising “from a too great Dilatation of the nervose Machinulae, that compose the contracting Powers of the Brain and Nerves.”¹³² The soul, argued Robinson, was physically situated in the corpus callosum at the very centre of the brain, and it was from this location that the relationship between the material body and the immaterial mind was mediated. Debility of the brain could produce the “wrong Turn of Thought and Judgment” which Robinson viewed as the defining feature of hypochondria.¹³³ This did not always revolve around the hypochondriac’s state of health – Robinson, like Mandeville and Blackmore, viewed this as just one of many potential subjects which the hypochondriac might choose to fixate upon. Where obsessive health anxiety *was* present, Robinson argued, it proceeded directly from “some Disaffection in the Glands of the Brain.”¹³⁴ A dangerous laxity of the brain’s fibres could therefore be held to account for all the psychological symptoms of hypochondria without recourse to vapours, acid ferments, or nervous convulsions in the gut. Robinson’s hypochondriac might present with digestive symptoms, but he viewed these as little more than side-effects with their root causes beginning in the head.

¹³⁰ Robinson, *New system*, 89; Mandeville, *Treatise of the hypochondriack and hysterick passions*, 6–7; Blackmore, *Treatise of the spleen and vapours*, 17. Cheyne, by contrast, managed to mention indigestion not just at the beginning of his first chapter, but even in his preface: Cheyne, *English malady*, vi–vii; 7.

¹³¹ Robinson, *New system*, 227, 203–4.

¹³² *Ibid.*, 258.

¹³³ *Ibid.*, 310.

¹³⁴ *Ibid.*, 189.

Cheyne took a very different view. Having styled himself as a specialist in nervous complaints, the Aberdonian doctor had treated numerous cases of hypochondria by the time *The English Malady* went to press. Many of these patients came directly to his practice at Bath, while others corresponded with him by post, penning detailed accounts of their own symptoms in the hope that he could provide them with a cure.¹³⁵ Cheyne described many of these cases in an appendix to *The English Malady*, and practically all of these descriptions placed great emphasis upon the digestive symptoms and causes of the sufferer's condition. For instance, in one case Cheyne treated a hypochondriac baronet whose symptoms he described as "an habitual Diarrhoea, attended with extreme Flatulence, Lowness, Oppression, Watchfulness, and Indigestion."¹³⁶ In a hysteric woman suffering from anxiety, insomnia and general lowness of mood, Cheyne concluded that "all her Symptoms proceeded from her Difficulty in Digestion, (as almost all such hysteric Cases do)."¹³⁷ Cheyne departed from the increasingly common trend – which we have already observed in Willis, Blackmore, and Robinson – of noting that many hypochondriac patients did not suffer from digestive symptoms, instead asserting precisely the opposite:

I never saw any Person labour under severe, obstinate, and strong Nervous Complaints, but I always found at last, the Stomach, Guts, Liver, Spleen, Mesentery, or some of the great and necessary Organs or Glands of the lower Belly were obstructed, knotted, schirrous or spoiled.¹³⁸

Moreover, as a veteran hypochondriac himself, Cheyne had long since reached the conclusion that all of his own worst sufferings stemmed from a weakness of the gut. During a period of intense despair marked by personal and professional difficulties while living in London, Cheyne had experienced a host of gastrointestinal disturbances which he enumerated in graphic detail, from his "slippery Bowels" to his "pumping up Oceans of Choler."¹³⁹ These sufferings, combined with the fact that his ultimate cure came not through medical intervention but through alteration of his dietary habits, drew Cheyne to the inexorable conclusion that:

¹³⁵ On Cheyne's medical practice at Bath, see Guerrini, *Obesity and depression*, 89–117. See chapter 5 on Cheyne's milk-diet.

¹³⁶ Cheyne, *English malady*, 277.

¹³⁷ *Ibid.*, 280.

¹³⁸ *Ibid.*, 183.

¹³⁹ *Ibid.*, 325, 329.

the Stomach and digestive Organs were the primary and principal Delinquents, Sufferers, and Patients, in most, if not all nervous Symptoms ... and that by using them tenderly, and abstemiously, all the rest of the Animal Functions were proportionably relieved.¹⁴⁰

A close examination of his insomnia, for instance, led Cheyne to conclude that this symptom had little or nothing to do with the fibres of the brain, and that it instead proceeded from a disordered gut. Although he related this phenomenon in the language of iatromechanism, Cheyne's emphasis upon flatulence as the cause of his illness appears to have greater continuity with humoral medicine's concept of the 'incubus:'

I found all my Restlessness, Watchings, and want of Tranquillity or sound Sleep, to be owing entirely to Inflation, stored up Wind and Flatulence, constantly urging and stimulating as it were with its Spring, elasticity and points, the tender sensible Membranes of the Stomach and Guts, and the whole Glands and Membranes of the Abdomen.¹⁴¹

Cheyne ultimately found that getting a good night's sleep depended upon a careful moderation of his dietary habits. He reported that

Upon fasting some time, eating very little, or very thin, light and soft food, or on using a great deal of more exercise, to urge the perspiration, and to throw off and discharge this wind, vapour, or sharp steams, I found my sleep return in a greater degree.¹⁴²

All of which drew him to conclude, once again, that it was the stomach, not the brain, which was principally at fault:

I am bold to say, where no manifest Fever, acute Pain, interrupted Circulation, or spoil'd Organ is the Case, that

¹⁴⁰ Ibid., 355.

¹⁴¹ Ibid.

¹⁴² Ibid., 355–6.

want of Sleep and natural Rest proceeds from the Disorders
of the Alimentary Tube.¹⁴³

Cheyne therefore differed from Robinson not only by placing a greater emphasis upon the digestive *symptoms* of hypochondria, but also by positing the gut, not the brain, as the site at which the psychological dimensions of the disease originated. His standard prognosis for hypochondria was that it occurred in two ‘degrees’ or stages. In the first of these, “the cause and disorder is chiefly confined to the stomach and bowels,” with the main observable symptoms listed as “Wind, Belching, Yawning, Heart-burning, Croaking of the Bowels, (like the Noise of Frogs) [and] a Pain in the Pit of the Stomach.”¹⁴⁴ It was only during the second, more advanced stage that psychological and emotional symptoms came to the fore; these could include “a deep and fixed Melancholy, wandering and delusory Images on the Brain, and Instability and Unsettledness in all the intellectual Operations, Loss of Memory, Despondency, Horror and Despair.”¹⁴⁵ Like Robinson, Cheyne did not include morbid health anxiety in this list of psychological symptoms, suggesting that this had yet to become a defining characteristic of hypochondria. Unlike his Welsh counterpart, however, Cheyne drew upon experiential and empirical evidence to support an over-arching claim that the stomach was “the first and principal organ” afflicted in cases of hypochondria.¹⁴⁶

The two writers also differed markedly on how the hypochondriac ought to be understood and treated. Cheyne’s own chronic illnesses seem to have bred in him an enduring sympathy for nervous sufferers (although how far this was sincere as opposed to being a professional affectation is open to question).¹⁴⁷ While in reality many of his methods – which included ‘thumb-vomits’ alongside his controversial ‘milk and seed’ diet – were relatively extreme, Cheyne’s stated attitude towards the sufferer was one of “Pity, Compassion, and Sorrow.”¹⁴⁸ He cast himself in the role of a kindly parent, showing sympathy and understanding towards the hypochondriac even while acknowledging that their disease may have been brought about through poor judgement or moral failure (usually in the form of excessive eating or drinking). Robinson – who, as Allan Ingram has

¹⁴³ Ibid., 356.

¹⁴⁴ Ibid., 96–7.

¹⁴⁵ Ibid., 199.

¹⁴⁶ Ibid., 184.

¹⁴⁷ Steven Shapin, “Trusting George Cheyne: Scientific expertise, common sense, and moral authority in early eighteenth-century dietetic medicine,” *Bulletin of the History of Medicine* 77, no. 2 (2003): 263–97.

¹⁴⁸ Cheyne, *English malady*, 28. On Cheyne’s ‘thumb-vomits,’ see chapter 3 of this thesis.

noted, was “known for his severe stance on mental illness” – showed less patience towards the sufferer.¹⁴⁹ Although he rather ominously insisted that “no Man can have a tenderer, or more compassionate Concern for the Misery of Mankind than my self,” his view of the hypochondriac was one of barely disguised contempt which at times seems to have almost verged on loathing.¹⁵⁰ He variously described sufferers as “absurd,” “silly,” and “ridiculous,” and “almost debas’d below the brutal Species of the animated Creation.”¹⁵¹ According to Robinson, “to recount all the silly, odd, and ridiculous Fancies, that have occur’d to the Minds of these fantastick People, would swell this little Tract to a large Volume.”¹⁵² Robinson’s view of hypochondria was rooted in a sterner and more inflexible form of rationalism than Cheyne’s: where Cheyne viewed it as a pitiable condition which called for sympathetic guidance, Robinson consistently emphasised its wrongness and depravity. Where Cheyne called for gentle and compassionate treatment of the hypochondriac, Robinson was prepared to use “Medicines of the most violent Operation,” including powerful vomits and purges as well as, in extreme cases, restraints and beatings.¹⁵³

One thing the two physicians could agree on, at least in principle, was that hypochondria was a very ‘real’ disorder, and that to dismiss it as imaginary was a grave mistake. Cheyne’s lengthy descriptions of symptoms, both his own and others,’ left his reader in little doubt that he viewed hypochondria as “a real chronical Disease” whose origins were essentially physiological.¹⁵⁴ Robinson, however, performed some unusual – and arguably unnecessary – rhetorical acrobatics in his attempts to actualise the condition. Rather than taking a similar line to Blackmore – who had essentially argued that hypochondria could be sometimes a disorder of the body, and sometimes of the immaterial mind – Robinson felt the need to aggressively demonstrate the materiality of hypochondria beyond all reasonable doubt. Discussing the possibility that certain elements of hypochondria were considered by many to be ‘imaginary,’ he wrote that “I shall not deny ... that the Mind may be mistaken in judging of the Degrees, as well as the Danger of a Disease; but still the Cause of that wrong Judgment must arise from some Disaffection in the Glands of the

¹⁴⁹ Allan Ingram, “Death in Life and Life in Death: Melancholy and the Enlightenment,” *Gesnerus* 63, no. 1–2 (2006): 92.

¹⁵⁰ Robinson, *New system*, 401.

¹⁵¹ *Ibid.*, 210, 242, 234.

¹⁵² *Ibid.*, 210.

¹⁵³ *Ibid.*, 402.

¹⁵⁴ Cheyne, *English malady*, 203.

Brain, the immediate Instrument of regular Thinking.”¹⁵⁵ As we have already seen, Robinson was happy to directly ascribe disorderly motions of the mind to some material defect in the brain’s fibres, so there was nothing inconsistent about his position here. However, he went further than this. Adopting a surprisingly visceral and far more Cheynean tone, Robinson asked of his reader:

are those Indigestions, those severe, racking, Cholick Pains, those purulent slimy Stools ... all imaginary Whims? ... If this be the Way of resolving Diseases, whose Causes we may not, perhaps, be very well appriz’d of, I am afraid, in Time, we shall come to account the most dangerous Diseases imaginary.¹⁵⁶

This passage seems to fly in the face of what Robinson himself spent hundreds of pages painstakingly explaining to the reader: that all psychological phenomena were attributable to the motions and structures of the nerves in the brain, and that any digestive symptoms could be dismissed as secondary or entirely removable. His argument for the physical reality of hypochondria seems to have led him to strongly emphasise the digestive symptoms that he had elsewhere chosen to downplay.

Why did Robinson feel this need to fall back on the language of the gut in order to convince his readers that the condition was really ‘real’? Perhaps Robinson, despite his eagerness to portray himself as a champion of Newtonian medicine, couldn’t help but fall back on this older pattern of thought about hypochondria. The apparent contradiction in his writing might reflect a degree of cognitive dissonance between the old and new ways of thinking about psychological medicine, suggesting that there was still a temptation to describe psychological conditions in gastrointestinal terms even when the reframing of physiological theory had rendered this unnecessary. But we might also ask whether Robinson felt that the stomach and bowels provided a more convincingly ‘real’ material basis for hypochondria than the brain, even as he privileged the latter as the root cause of the condition. While there is no simple or definitive answer to this question, Robinson’s choice of words may hold a clue. His language in the passage cited above is unusually florid and vividly scatological. He seems to be trying to shock his reader into agreement by enumerating at length the pains and indignities suffered by the hypochondriac. By

¹⁵⁵ Robinson, *New system*, 189.

¹⁵⁶ *Ibid.*, 188.

describing the sufferer's "purulent slimy Stools," he evokes a sense of disgust but also of visceral materiality.¹⁵⁷ The somatic 'reality' of hypochondria, it seems, may have depended heavily upon the very same scatological associations which had turned it into such a potent insult in the later seventeenth century.

But perhaps the most convincing explanation for Robinson's ambivalence towards the bowels can be located in his attitude towards emotion. "Most of our miseries," he claimed, "arise from the Passions greatly elevated above their natural Standard."¹⁵⁸ Here Robinson returned to a largely figurative model of emotional disorder which was nevertheless strikingly reminiscent of the theory of vapours. Mental perturbation, he claimed, could be caused by "exorbitant Risings of the Passions" which "strike the Seat of the common Sensorium" in the centre of the brain.¹⁵⁹ The upshot of all this was that "where Reason should govern, the sensual or exorbitant Passions govern, and captivate the Understanding to their Will."¹⁶⁰ In an important sense, then, Robinson's portrayal of hypochondria retained the association between emotions and the 'lower parts,' even as these begin to play less and less of a literal role in the construction of the hypochondriac identity. Robinson concluded this passage on a nakedly disciplinarian note, stating that "if we would live free from the Spleen and Vapours, we ought to subject the Conduct of the Passions to the sovereign Power of the Understanding."¹⁶¹ The rhetoric of wrongness and correction echoed the pejorative association of hypochondria and enthusiasm that appeared in the second half of the seventeenth century, but in Robinson we can also begin to see the divorcing of the literal link between emotionality and excrementality, and the shift towards a more metaphorical association between the two. Robinson portrayed the passions as superfluous, disruptive waste elements which, if allowed to go unchecked, would cast their dirt upon the higher, cleaner faculties of reason and understanding.¹⁶² And yet, even as he attempted to reduce or limit the possible influence of the gut upon the mind relative to his predecessors, he found himself irrevocably drawn back to it in his attempts to actualise the disease. The narrative of passions literally rising up from the lower parts to corrupt the higher judgement remained fundamental to Robinson's understanding of hypochondria. His work thus stands as a testament both to

¹⁵⁷ Ibid., 188.

¹⁵⁸ Ibid., 341.

¹⁵⁹ Ibid.

¹⁶⁰ Ibid., 336.

¹⁶¹ Ibid., 343.

¹⁶² See Paster's discussion of the imagery of the passions as "dirt and mire:" Paster, *Humoring the Body*, 1–6. See also Kirk Essary's rebuttal to Paster's reading: Essary, "Clear as Mud."

the growing modern desire to insulate the mind from the contaminating powers of the organs of digestion, and also to the psychological difficulty of dismantling this deeply-felt affective structure.

There was no professional reason why people of the mid-eighteenth century should have viewed either Cheyne or Robinson as more or less ‘forward-thinking’ than the other. Both men embraced the changing theoretical landscape of their fields, laying out their own ideas about bodily agency and psychosomatic disease within the framework of the most up-to-date scientific and medical scholarship of their time. Both occupied, at various points in their lives, influential positions within the medical community, and both had extensive practical experience treating patients (albeit in strikingly different settings). And yet Cheyne, despite being the more well-known of the two doctors during their lifetimes, is now often remembered as something of a historical novelty; a colourful figure with more than a whiff of the lifestyle guru, who attempted to defend a holistic view of health and illness even as the physiological sciences were becoming increasingly compartmentalised. Rousseau, for instance, has suggested that for this reason, “most historians of science would be more comfortable with his career if it had evolved in the seventeenth, rather than the early eighteenth century.”¹⁶³ Given the apparent continuities between humoral and Cheynean physiology, it is all too easy to view his attachment to a bowel-based view of hypochondria as essentially conservative and backward-looking.

Whether or not this assessment is accurate, what Cheyne’s writings demonstrate is that the nervous physiology left open the possibility of an active and dynamic relationship between the gut and the brain that could be fully compatible with the older model of embowelled psychology. As Andrews and Kennaway have recently suggested, the new theories in fact “provided a solid basis for connecting the mind and the digestion” in eighteenth-century medicine.¹⁶⁴ The authors I have focussed on in the latter part of this chapter all, to a greater or lesser degree, support this claim. Both Mandeville and Cheyne, in particular, thought it very much in their professional interest to emphasise the role of the gut in their discussions of hypochondria. Even Blackmore and Robinson, who took a significantly more brain-centric view of the body and its disorders, still felt the need to

¹⁶³ George S. Rousseau, “Mysticism and Millenarianism: Immortal Dr. Cheyne,” in *Millenarianism and Messianism in English Literature and Thought, 1650–1800*, ed. R. H. Popkin (Leiden: Brill, 1988): 118–9.

¹⁶⁴ Kennaway and Andrews, “The Grand Organ of Sympathy,” 3.

stress hypochondria's digestive symptoms as a means of demonstrating the illness to be 'real.'

The nervous physiology, in short, offered a schematic for a relationship between mind and gut with the potential to be just as holistic and mutually reciprocal as that which had existed under Galenic and Helmontian medicine.¹⁶⁵ This, however, was not the message that was subsequently carried forward. As Sean Dyde has shown, as the eighteenth century progressed, physiologists and anatomists increasingly sought to "narrow and subdue" the wealth of conflicting information about nervous disorders into a clearer and more coherent system.¹⁶⁶ From around the middle of the century, each passing decade appears to have brought with it newer and more exclusively cerebral understandings of hypochondria. In a series of lectures delivered in 1765 and 1766, the influential Scottish physician William Cullen declared hypochondria to be a disorder proceeding entirely from the brain, a conclusion which, as we saw in the introduction to this chapter, was echoed by the asylum-keeper Thomas Arnold two decades later.¹⁶⁷ By the early nineteenth century, although hypochondria might still be associated with dyspeptic symptoms, these were no longer viewed as its essential or defining aspect.¹⁶⁸ The rise of phrenology – the science of measuring the shape and size of the cranium to determine personal characteristics – in the early nineteenth century marked the extent to which the brain was increasingly considered by many to be the sole organ of mind.¹⁶⁹ Moreover, as Noyes has shown, it was around this time that the idea of hypochondria as a purely 'imaginary' disease, defined by irrational health anxiety, became the dominant view of the condition.¹⁷⁰ An article published in the *Journal of Psychological Medicine and Mental Pathology* in 1850 described hypochondria as "a sort of dream, which, though a person be otherwise in sound health, makes him feel symptoms of every disease;" the author reflected that it "seems to be an effect without a cause."¹⁷¹ And a century later, when the condition was first included in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* in 1968, it was defined in terms virtually identical

¹⁶⁵ Ibid.

¹⁶⁶ Sean Dyde, "Cullen, a cautionary tale," *Medical history* 59, no. 2 (2015): 224.

¹⁶⁷ Noyes, "Transformation," 285.

¹⁶⁸ Ibid.

¹⁶⁹ Cooter, Roger, *The cultural meaning of popular science: Phrenology and the organization of consent in nineteenth-century Britain* (Cambridge: Cambridge University Press, 1984); Steven Shapin, "Phrenological knowledge and the social structure of early nineteenth-century Edinburgh," *Annals of science* 32, no. 3 (1975): 219–43.

¹⁷⁰ Noyes, "Transformation," 293.

¹⁷¹ "On Hypochondriasis," *Journal of Psychological Medicine and Mental Pathology* 3, vol. 9 (1850): 3.

to those of today: as a “preoccupation with the body and with fear of presumed diseases of various organs” which “persist[s] despite reassurance.”¹⁷²

Conclusion

The changing definition of hypochondria between the seventeenth century and the present offers persuasive evidence for the process outlined in the introduction to this thesis, in which the rise of ‘modern’ sensibilities saw the digestive organs gradually displaced from their central role in affective life. Where in 1580 the term ‘hypochondria’ denoted a very real emotional disorder of the digestive organs that warranted medical intervention, by 1740 its meaning had entered into an extremely complex state of flux. The idea that hypochondria was a disease of the lower belly remained influential, and – as we will see in the following chapter – many practitioners continued to doggedly purge the beleaguered bellies of their hypochondriac patients. Some early eighteenth-century physicians – most notably Mandeville and Cheyne – endeavoured to re-frame the condition in terms of a nervous physiology which preserved its origins in the alimentary canal. As the eighteenth century advanced, changing medical theories of hypochondria both reflected and reinforced the growing notion of the “cerebral subject,” a new model of embrained selfhood that could be fully insulated from the noxious risings of the passionate belly.¹⁷³ But while the first rumblings of this process could be observed from as early as the mid-seventeenth century, and perhaps earlier still, in 1740 the condition still retained many of its most visceral associations.

With this chapter, I have aimed to demonstrate that the medical and social identities of hypochondria in the period from 1580 to 1740 were irreducibly embowelled. Far from being associated with gentility, refinement, and fashionability, in sixteenth- and seventeenth-century medicine and culture, the image of the hypochondriac was most strongly associated with flatulence. As the later seventeenth-century discourse around ‘enthusiasm’ reveals, this was a period in which passions and farts could be both symbolically and literally intertwined. Both were increasingly offensive to public decency because they “made public what should have been kept private and revealed an inability to curb the animal parts of one’s nature.”¹⁷⁴ The association between hypochondria and flatulence was crucially important, setting the stage for what would become the key

¹⁷² American Psychiatric Association, *Diagnostic and statistical manual of mental disorders: DSM-II* (Washington, D.C.: American Psychiatric Association, 1968).

¹⁷³ Vidal, “Brainhood.”

¹⁷⁴ Thomas, “Bodily control,” 18.

tension at the heart of the concept in the eighteenth century: whether it was ultimately to be considered a 'real' or an 'imaginary' disorder.¹⁷⁵ Later seventeenth-century writers such as Casaubon and More drew upon the term's flatulent associations in order to portray the figure of the 'enthusiast' as erroneous, contemptible, and ultimately inconsequential. But it was this very same embowelled view of the condition that Mandeville, Cheyne, and even Robinson drew upon in an attempt to legitimise the sufferings of the eighteenth-century hypochondriac.

Clearly, as Jeremy Schmidt has shown, there were powerful social, cultural, and spiritual currents shaping perceptions of hypochondria in this period.¹⁷⁶ Disentangling the complex and ever-shifting web of meanings which clustered around the term calls for readings which take all of these factors into account. But it would be a mistake, I suggest, to lose sight of the deeply intestinal and scatological overtones which characterised the early modern view of the disorder, or the fact that these were believed to be inextricably tied up with its 'emotional' symptoms. Neither an understanding of hypochondria as a 'fashionable' disease, nor an emphasis upon its 'immaterial' dimensions, can bring historians any closer to understanding what it might actually have felt like to be hypochondriac in early modern England – a world in which the boundaries between the physical and the spiritual, the real and the imaginary, and the digestive and the emotional were continually in flux.

¹⁷⁵ Noyes, "Transformation."

¹⁷⁶ Schmidt, *Melancholy*, 129–62.

CHAPTER 3

“That they may vomit out their folly:”

The emotional power of purging

Introduction

From the acid ferments of the Helmontian *archeus* to the noxious risings of the melancholy spleen, early modern medical writers infused emotions with a tangible, physiological reality.¹ They could be seen, touched, smelled, and tasted. They were subject to stoppage, leakage, overflow, and stagnation. And, in cases of excess or corruption, they could be literally and sometimes forcibly evacuated. This could be achieved through a wide range of therapeutic strategies such as bleeding, sweating, and the administration of emetics and laxatives – a constellation of treatment options known collectively as purges.²

The practice of physical purgation has a very long history, and continues to shape the ways in which people across the globe perceive and act upon their bodies in the twenty-first century.³ However, in the modern treatment of emotional disorders, purgation has become a largely figurative and frequently disembodied process, having little to do with actual bodily secretions and even less to do with digestion and the gut. Twenty-first century English-speakers still deploy the ‘hydraulic model of emotions’ on a regular basis, whether “letting off steam,” “bottling up feelings,” or seeking the elusive state of “flow.”⁴ In Freudian psychoanalysis, catharsis – from the Greek *katharsis*, “to purify, purge” – remains a key tenet, and continues to inform the practice of talking therapy and shape

¹ See the introduction to this thesis for an overview of recent debates around the materiality of the early modern passions. For two discussions especially pertinent to this chapter, see Rublack, “Fluxes;” Paster, *Humoring the body*, 1–24.

² Wear, *Knowledge and practice*, 38–9.

³ Roberto Campos-Navarro and Gustavo F. Scarpa, “The cultural-bound disease “empacho” in Argentina. A comprehensive botanico-historical and ethnopharmacological review,” *Journal of ethnopharmacology* 148, no. 2 (2013): 349–60; Weronika Micula-Gondek, Ye Tao, and Angela S. Guarda, “Atypical purging behaviors in a patient with anorexia nervosa: consumption of raw red kidney beans as an emetic,” *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity* (2017): 1–3; “Bulimia,” NHS Choices, 2017, accessed Apr 16, 2018, <https://www.nhs.uk/conditions/bulimia/>.

⁴ For summaries (and critiques) of the ‘hydraulic model,’ see especially Rosenwein, “Worrying about emotions,” 834–7; Robert C. Solomon, *The Passions: Emotions and the Meaning of Life* (Indianapolis: Hackett, 1976): 77–88.

the narrative within which the psychological ‘breakthrough’ is constructed.⁵ The *Oxford English Dictionary* defines catharsis as both “The purification of the emotions by vicarious experience” and “Purgation of the excrements of the body; esp. evacuation of the bowels.”⁶ But of course, any reputable twenty-first-century psychiatrist who prescribed laxative medications as a primary treatment for mental illness would face professional ridicule and, most likely, suspension from practice. The concept of catharsis – so deeply enshrined in Western language and culture that it continues to shape not only the way in which many people express emotions, but perhaps also the way in which they feel them – has been stripped of certain physiological theories and practices that once justified it.

Many historians of pre-modern medicine and emotion still tend to view purging as more of a historical novelty – a passive by-product of the now-defunct Hippocratic and Galenic humoral framework – than as a topic worthy of study in its own right. No account of seventeenth-century psychological medicine would be complete without acknowledging that “doctors employed physical remedies to heal mental diseases,” but this simplistic and prosaic understanding homogenises a rich trove of linguistic and biographical data on the emotional power of purgation that has, as a result, remained relatively untapped.⁷ An important exception can be seen in the work of Shigehisa Kuriyama, whose influential study has sought to illustrate the “forgotten fear of excrement,” which, as he so colourfully demonstrates, underlay a great deal of pre-modern medical practice.⁸ Kuriyama has made the crucial observation – often neglected in the historical literature on early modern medicine – that the affective power of purgation rested more upon its view of bodily waste products as poisons than upon a preoccupation with the maintenance of humoral equilibrium.⁹ Piero Camporesi, meanwhile, has offered a brief but insightful discussion of how the sixteenth- and seventeenth-century aesthetic of purgation formed an important mental and emotional characteristic of the age, drawing a crucial parallel between physical purgation and exorcism – a theme which this chapter expands upon.¹⁰ Approaching the purge from a literary perspective, Jonathan Gil Harris

⁵ Thomas J. Scheff, “Catharsis and Other Heresies: A Theory of Emotion,” *Journal of Social, Evolutionary, and Cultural Psychology* 1, no. 3 (2007): 98-113; idem., *Catharsis in healing, ritual, and drama* (Berkeley: University of California Press, 1979).

⁶ “Catharsis, n.,” *OED Online*, March 2018, Oxford University Press, accessed Apr 16, 2018, <http://www.oed.com/view/Entry/28926?redirectedFrom=catharsis#eid>.

⁷ MacDonald, *Mystical Bedlam*, 187.

⁸ Kuriyama, “Forgotten fear.”

⁹ *Ibid.*, 418–21.

¹⁰ Piero Camporesi, *The incorruptible flesh: bodily mutation and mortification in religion and folklore* (Cambridge & New York: Cambridge University Press, 1988): 121–6.

has explored how Christopher Marlowe's play *The Jew of Malta* made use of the medicalised imagery and language of purgation to cast the figure of the Jew as an "excremental other."¹¹ In a similar vein, David LaGuardia and Glenn Ehrstine have both drawn attention to the Rabelaisian tendency to 'scatologise' the figure of the mad-person in Renaissance literature by drawing on the medical tropes of the purge and the enema.¹² Meanwhile, Gail Kern Paster has persuasively – though somewhat hyperbolically – argued that purgation should be viewed as "early modern culture's signifying practice upon the social body as a whole."¹³ Paster has not only suggested that the symbol of the purge in this period served to express a form of Freudian anal eroticism, but has also shown how the act of selecting and administering one's own medicine from the plethora of purgative remedies available can be read as "an emergent practice of early capitalist consumption."¹⁴ Paster's most crucial observation, however, and the one which forms the starting point for this chapter, is that the seventeenth-century practice of purgation was irreducibly embodied, operating simultaneously in a physical, emotional, and social register.¹⁵

This chapter analyses the substantial primary literature of purgation in the long seventeenth century, focussing upon what it can reveal about the perceived relationship between digestion and emotion in this period. As several historians have demonstrated, the 'casting out' of corrupt matter has clear parallels with the exorcism of malign spirits, which, as numerous studies have shown, was a familiar practice in seventeenth-century England.¹⁶ I suggest that these likenesses frequently went beyond analogy: as Paster has

¹¹ Harris, *Foreign bodies*: especially chapter 4, "Public enemas: the disjunctions of the excremental Jewish pharmakon," 79–106.

¹² Glenn Ehrstine, "Foollectomies, Fool Enemas, and the Renaissance Anatomy of Folly," in *Fecal Matters*, ed. Persels & Ganim, 96–108; David LaGuardia, "Doctor Rabelais and the Medicine of Scatology," in *Fecal Matters*, ed. Persels & Ganim, 24–37.

¹³ Gail Kern Paster, "Purgation as the Allure of Mastery: Early Modern Medicine and the Technology of the Self," in *Material London*, ed. Lena Cowen Orlin (Philadelphia: University of Pennsylvania Press, 2000): 194.

¹⁴ Paster, *Body embarrassed*, 135; idem., "Purgation," 196.

¹⁵ Paster, "Purgation," 203. For the social history of medicine, see Kuriyama, "The Forgotten Fear of Excrement;" Michael Stolberg, "The miraculous effects of taking laxatives. Success and failure of pre-modern medical treatment from the patients' perspective," *Wurzbürger medizinhistorische Mitteilungen* 22 (2003): 167–77. For Renaissance literary studies, see for instance Schoenfeldt, *Bodies and selves*; Hillman, *Shakespeare's entrails*; Thomas Healy, "Sound physic: Phineas Fletcher's *The Purple Island* and the poetry of purgation," *Renaissance Studies* 5, no. 3 (1991): 341–52; Bryan Adams Hampton, "Purgation, Exorcism, and the Civilizing Process in *Macbeth*," *SEL Studies in English Literature 1500-1900* 51, no. 2 (2011): 327–47. For a perspective from a later period, see James C. Whorton, *Inner Hygiene: Constipation and the pursuit of health in modern society* (Oxford: Oxford University Press, 2000).

¹⁶ See below for some key works.

suggested, the spiritual, physical, and social dynamics of purgation were not always clearly delineated, and the cathartic narrative that shaped treatment options for emotional suffering deeply problematises the notion of a clear dichotomy of matter and spirit.

I begin by discussing early modern purgation as a medical and habitual practice, demonstrating the seemingly obsessive preoccupation with bodily evacuation that can be observed in medical and autobiographical writings from the period. I then turn more specifically to the idea of purging the belly as a means of treating disorders of the emotions, illustrating the process by which this was thought to be achieved, and what it reveals about contemporary understandings of the body's geography and the embowelled nature of emotion. Finally, I consider the broader cultural significance of purgation, exploring how it influenced language and behaviour beyond the exclusively medical sphere. I demonstrate that the discourses and debates around purgative practices, even in the 'purely' medical sphere, were often intimately tied up with violence. The seventeenth century saw one of the most violent and turbulent periods in English history, and, in the face of all this chaos and uncertainty, purgation was viewed by certain groups as a means of exercising forcible control over both the body and the body politic.¹⁷ As Harris has argued, the familiar medical narrative of purgation provided political commentators with a ready-made rhetoric of violent excremental release which could easily be weaponised against elements of society judged to be 'waste elements.'¹⁸ By analysing how this language was deployed by Puritan writers against Catholics and religious moderates in the turbulent years of the mid-seventeenth-century, I illustrate the visceral emotive power that could lie in appeals to the embowelled image of the body politic. In conclusion, I suggest that early modern discourses and practices of purgation reveal an embowelled worldview, in which the obsession with inner hygiene forced many individuals into ritualistic acts of cleansing, and in which health, peace of mind, and social stability all came to depend upon the narrative of 'getting the bad stuff out.'

¹⁷ Christopher Hill, *The World Turned Upside Down: radical ideas during the English revolution* (Harmondsworth: Penguin Books, 1975).

¹⁸ Harris, *Foreign bodies*, 79–106.

Habitual Evacuation in Early Modern England

From 1672–83, Robert Hooke, the natural philosopher and founding member of the Royal Society, kept a diary of his daily life.¹⁹ The diary's contents are eclectic, including records of his personal accounts and financial transactions, meetings and discussions with fellow natural philosophers, and day-to-day activities ranging from the mundane to the bizarre, including such cryptic reports as "eat candle, which agreed well," and "raccoon bit finger."²⁰ But to the modern reader, one of the most unusual aspects of Hooke's diary is his apparent obsession with vomiting and purging. In an entry from Saturday 16th March, 1672, Hooke reported that "Raind in ye morning and ye wind was pretty blustering ... all the rest of ye Day and former part of ye night was very cleer & warme. I took a purge."²¹ Later in the same month, Hooke compiled a to-do list, reminding himself to paint his windows, vomit, and then pay a visit to his neighbour.²² This almost daily habit of purging probably stayed with Hooke throughout his life – ten years later, one of his entries simply reads "At Home. Vomited. Saw comet, and noted his place."²³

In the decade for which he made daily entries, Hooke reported approximately 200 instances of self-induced vomiting or purging. The substances and methods that he used to purge himself varied widely, from known laxatives and emetics to outright poisons; from tea, coffee, chocolate, or tobacco, to placing a foreign object such as a feather or whale bone into the back of his throat.²⁴ As Lucinda Beier has suggested, Hooke's frequent evacuations can be seen as reflecting the experimental spirit characteristic of his occupation: he seems to have treated his body as a test-site for all manner of purgative substances and techniques.²⁵ Although he rarely went into much detail, Hooke tended to report the effectiveness of each evacuation, along with any harmful side effects he experienced. Sometimes he also counted the number of stools or vomits that each purge

¹⁹ Robert Hooke, *The diary of Robert Hooke, 1672-1680: transcribed from the original in the possession of the Corporation of the City of London (Guildhall Library)*, ed. Walter Adams and Henry Robinson (London: Wykeham Publications, 1968). Lucinda McCray Beier, "Experience and experiment: Robert Hooke, illness and medicine," in *Robert Hooke: new studies*, ed. Michael Hunter and Simon Schaffer (Woodbridge: Boydell Press, 1989): 235–52; Lisa Jardine, "Hooke the man: his diary and his health," *London's Leonardo: the Life and Work of Robert Hooke* (Oxford: Oxford University Press, 2003): 163–206. See also Felicity Henderson, "Unpublished material from the memorandum book of Robert Hooke, Guildhall Library MS 1758," *Notes and Records* 61, no. 2 (2007): 129–75.

²⁰ Hooke, *Diary*, 14, 411.

²¹ Henderson, "Unpublished material," 135.

²² *Ibid.*, 136.

²³ *Ibid.*, 155.

²⁴ Hooke, *Diary*, 126, 135, 407, 213, 171, 230.

²⁵ Beier, "Experience and experiment."

produced – a relatively common practice for determining a medicine’s therapeutic efficacy.²⁶ For instance, in 1675, Hooke reported an instance of successful purging after drinking small beer with sal ammoniac: “Purged 5 or 6 times very easily upon Sunday morning. This is certainly a great discovery in physick. I hope that this will dissolve that viscous slime that’s so much tormented me in my stomach and guts.”²⁷ He also, conversely, expressed irritation when a purge failed to work: on one such occasion, he grumbled that he had been “Cheated of a shitt.”²⁸

Hooke represents an extreme example of a much wider cultural phenomenon in early modern England: a preoccupation, at times bordering on obsession, with manually-induced physical evacuation. In early modern English, as Andrew Wear has noted, the verbs ‘to physick’ or ‘to work physick’ were in fact synonymous with the medical evacuation of the stomach and bowels.²⁹ Wear has suggested that purgative treatments were “almost automatic stand-bys in treating most illnesses,” while Paster has similarly noted that “the extent to which internal medicine in the early modern period relied on the use of purgatives is almost astonishing.”³⁰ Good health depended upon maintaining the body in a perpetual state of ‘solubility;’ a great deal of illness, at least according to humoral theory, was thought to arise from obstruction or blockage of the body’s inner flow.³¹ The result was a medical practice which – in Barbara Duden’s words – “constantly assisted the body in its self-opening.”³² In cases of illness, this “self-opening” could take the form of a therapeutic intervention, but it could also be a frequent, habitual practice aimed at the general maintenance of good health. In a 1697 popular medical work, translated from French as *The Art of Preserving and Restoring Health*, the author went into some detail about the benefits of preventative purging, in the form of a dialogue between himself and a hypothetical patient:

You advise me, Sir, says one to his Physician, to take a Clyster,
or a Purging Medicine, but I have no occasion for such

²⁶ On this particular method of prognostication see Kuriyama, “Forgotten fear;” also Siraisi, *Medieval and early Renaissance medicine*, 124–5.

²⁷ Hooke, *Diary*, 172.

²⁸ *Ibid.*, 274. At times like these Hooke’s language echoes the more famous diary of Samuel Pepys: see Smith, *Between Two Stools*, 165–8.

²⁹ Wear, *Knowledge and practice*, 381; “physic, v.” OED Online. March 2018. Oxford University Press, accessed April 28, 2018, <http://www.oed.com/view/Entry/143119?rskey=20Bv0d&result=3&isAdvanced=false>.

³⁰ Wear, *Knowledge and practice*, 281. Paster, “Purgation,” 198. See also Margaret Pelling and Frances White, *Medical Conflicts in Early Modern London* (Oxford: Clarendon Press, 2003): 293–4.

³¹ Paster, *Body embarrassed*, 8–11.

³² Duden, *Woman beneath the skin*, 17.

Remedies; I go daily and regularly to stool, and why shou'd I be tormented with Clysters and Purgatives?

I answer, That tho a Man goes daily and regularly to stool, yet it does not follow that he ought to be exempted from Purgation ... 'tis frequently observ'd that those who go naturally to stool every Day, do perceive ... that there are some Excrements left behind in those Passages which serve for their Expulsion: Now 'tis plain that their Excrements must be evacuated, to prevent the Diseases that proceed from the Corruption of these Impurities.

'Tis plain then, that ... tho' we go to stool naturally every Day, we may sometimes stand in need of an artificial Evacuation.³³

Purgation, it seems, was an integral aspect of life for many, crucial to the maintenance of physical and psychological health. It could also be a lucrative trade for those who dabbled in pharmaceuticals. As we have seen in previous chapters, the growth of a fiercely competitive medical marketplace in the seventeenth century brought with it a host of quack and empiric doctors, and many of these loudly trumpeted the virtues of their own purgative panaceas.³⁴ In the 1680s the quack-doctor William Salmon was selling his laxative 'Lunar Pills' for the steep price of sixteen shillings per unit, making them one of the most expensive items in his medical inventory.³⁵ In 1725, one Mrs. Hey of Norwich shared her "generous discovery" of the emetic power of daffodil roots, "the most certain and easy Vomit in the World ... never before publicly discovered."³⁶ Mrs. Hey claimed that the originator of this remedy had managed to achieve significant wealth and an estate "by virtue of this incomparable Vomit only."³⁷

The ability to purge effectively could also be an important part of the process by which a seventeenth-century practitioner demonstrated their mastery over disease. The

³³ M. Flamant, *The art of preserving and restoring health explaining the nature and causes of the distempers that afflict mankind* (London: Printed by R. Bently, H. Bonwick, and S. Manship, 1697): 61–4.

³⁴ On the "medical marketplace" in early modern England, see chapter 1.

³⁵ William Salmon, "The Catalogue of the Medicaments afore specified: and the Page in Our Dispensatory where they are to be found, together with their certain Prizes by the Ounce," in Salmon, *latrica*.

³⁶ Mrs. Hey, *A generous discovery of many curious and useful medicines and preparations, both in physic, chymistry, cookery, and stiffenry* (London: printed for the author, 1725): 15.

³⁷ Hey, *A generous discovery*, 6–7.

substance voided from the body could serve as tangible and indisputable evidence that the medicine was at least doing something, and this, it seems, was often crucial to winning over sceptical patients.³⁸ Some less scrupulous practitioners tapped into the public appetite for purgation by cynically exploiting the placebo effect: one patient, convinced that she had frogs in her belly, was allegedly cured when her doctor slipped actual living frogs into her excrement after administering a purge.³⁹ There appears to have been a widespread mistrust of those who claimed to cure without recourse to evacuation; as Michael Stolberg has shown, a practitioner's professional reputation could hinge upon their ability to provoke strong vomits and purges.⁴⁰ A book of medical aphorisms from 1695 warned would-be physicians that:

It ought to be the study and care of a Physician, that the Cathartic Medicines which he prescribes, may perform their work effectually, and even pretty briskly; for he that doth not purge his Patients lustily, shall never acquire their Esteem.⁴¹

This is not to say that the practice of purgation was strictly limited to medical practitioners. In fact, as Anne Stobart's recent work has shown, purging substances were among the most commonly circulated types medicines within the context of the early modern household.⁴² Moreover, as Margaret Pelling has demonstrated, the College of Physicians of London frequently prosecuted 'irregular' practitioners for what they viewed as the 'illegal' administration of purging medicines within their seven-mile jurisdiction, suggesting that this was a common practice.⁴³ Far from being the exclusive domain of those who could afford to consult a physician, purgation "was everyone's property."⁴⁴

Purging the Passions

³⁸ Harold J. Cook, "Good advice and little medicine: the professional authority of early modern English physicians," *Journal of British Studies* 33, no. 1 (1994): 1–31.

³⁹ H. M. Herwig, *The art of curing sympathetically, or magnetically, proved to be most true by its theory and practice exemplified by several cures performed that way* (London: Printed for Tho. Newborough, R. Parker, and P. Buck, 1700): 69.

⁴⁰ Stolberg, *Experiencing illness*, 71–2.

⁴¹ Johann Jakob Waldschmidt, *Advice to a physician containing particular directions relating to the cure of most diseases, with reflections on the nature and use of most celebrated remedies* (London: Printed for H. Newman, 1695): 1–2.

⁴² Anne Stobart, *Household medicine in seventeenth-century England* (London: Bloomsbury Academic, 2016): 93–4, 141–2. On household medicine see also Elaine Leong, "Making Medicines in the Early Modern Household," *Bulletin of the History of Medicine* 82, no. 1 (2008): 145–168.

⁴³ Pelling & White, *Medical Conflicts*, 293–4; Cook, *Decline*, 77–93.

⁴⁴ *Ibid.*, 294.

On February 16, 1673, Hooke took a draught of Dr Andrews' Drink, one of his favourite and most frequently used purgative concoctions. Although (for once) he did not detail the exact number of times that the drink worked upon his bowels, he did report that it "brought much Slime out of the guts, and made me cheerfull."⁴⁵ While it is easy to read this comment as expressing nothing more than satisfaction that his medicine had worked as intended, there may be significantly more to it than meets the eye. Is it possible that Hooke's shift in mood was more than just a side-effect of taking the purge – that cheering himself up was, in fact, the goal of his self-medication?

As we have already seen in the previous two chapters, the therapeutic value of gut purges in this period was not limited to the stomach, nor to what we might now consider 'purely physical' concerns – it was also a standard medical response to emotional disorder. The quack-doctor and medical compiler William Salmon described in detail the case of a mentally ill woman who was restored to her wits in precisely this manner. The anonymous patient was around thirty years old, and "very apt to be frighted upon the least occasion;" she was also troubled with hypochondriac melancholy, complaining of a "great oppression of the Spleen."⁴⁶ Her illness came in fits and starts, with the worst episodes following upon the drinking of alcohol; then she would become "raging mad, as if she had been affrighted out of her wits ... she would cry out of being kill'd, frighted with Swords, and that she saw Devils, Ghosts, and such like."⁴⁷ The violence of these fits could often be formidable, sometimes lasting for hours at a time, and requiring three or four strong men to restrain her; afterwards she would be seized with trembling, weakness, and despair. The physician's response was immediate and unequivocal: the woman's melancholy needed to be purged, and strongly. He gave her a laxative tincture, seasoned with herbs and spices and mixed into wine to make it more palatable.⁴⁸ His patient took three ounces of this medicine every three days, and was monitored closely during each course of purgation. After two weeks, she was already showing noticeable signs of improvement. "By the means of this purging," it was reported, "the Melancholy humor was mightily abated, and Our Patient grew after it very chearful and merry."⁴⁹

Another case of hypochondria, this time from an anonymous seventeenth-century physician, saw the fifty-five-year-old Mr Kyder "troubled with Fumes, Frights, Fears,

⁴⁵ Hooke, *Diary*, 28.

⁴⁶ Salmon, *Iatrica*, 531. On hypochondriac melancholy, see chapter 2 of this thesis.

⁴⁷ *Ibid.*

⁴⁸ *Ibid.*, 532.

⁴⁹ *Ibid.*

Perplexities, Sadness, [and] Heaviness” in the autumn of 1637.⁵⁰ Kyder seems to have been plagued with fears, the objects of which could range from being left alone in his bedchamber at night to hearing the sound of bells tolling, or (perhaps with some justification) dying from plague.⁵¹ The physician first prescribed a purge of ‘syrup of apples with borage,’ whose composition was detailed in the *Pharmacopoeia* of the College of Physicians of London, and of which Nicholas Culpeper later wrote, “I know no better purge for such as are almost, or altogether distracted by Melancholly.”⁵² This certainly seems to have been true for Mr. Kyder, whose physician reported that it “moved his Belly greatly.”⁵³ He followed this with a twenty-day course of purging steel waters, by which his patient was fully cured of his anxieties.⁵⁴ In 1693 another physician, Francis Brayne of Somerset, related the case of a young woman “seized with Convulsions and Hysterick Passions” after falling from her horse while riding.⁵⁵ Her first physician had prescribed cordials and anti-convulsive remedies in an attempt “to appease the fury of the Spirits,” but had met with little success.⁵⁶ Upon being summoned, Brayne discovered that the young woman had not been menstruating for the preceding several months, “neither had she the benefit of Stools as usual.”⁵⁷ He prescribed an enema followed by six drachms of purging salt, which not only cured the woman’s constipation, but also restored her regular menstrual cycle and cured her of her melancholy fits.⁵⁸

Medical writers of the eighteenth century continued to emphasise a strong causal link between constipation or ‘costiveness’ and emotional disorder, understanding turbulent emotional states to proceed from the failure of the body to discharge its waste products by natural means.⁵⁹ In 1711, Bernard Mandeville – whose ideas about hypochondria we

⁵⁰ ‘Eminent London physician,’ *General observations and prescriptions in the practice [sic.] of physick. On several persons of quality, &c. By an eminent London physician* (London: printed for W. Mears, and J. Brown, 1715): 17.

⁵¹ Ibid.; Patrick Wallis, “Plagues, morality and the place of medicine in early modern England,” *The English Historical Review* 121, no. 490 (2006): 1–24.

⁵² Royal College of Physicians of London, *Pharmacopoeia Londinensis, or, The London dispensatory further adorned by the studies and collections of the Fellows, now living of the said colledg* (London: Printed for Peter Cole, 1653): 110. For more on the pharmacopoeia, see chapter 4 of this thesis.

⁵³ ‘Eminent London physician,’ *General observations*, 17.

⁵⁴ Ibid.

⁵⁵ Christopher Packe, *Mineralogia, or, An account of the preparation, manifold vertues and uses of a mineral salt, both in physick and chyrurgery which is so safe, pleasant and effectual in its operation, that it may be taken by those of all ages and constitutions with great benefit* (London: Printed by D. Newman, 1693): 31.

⁵⁶ Ibid., 32.

⁵⁷ Ibid.. Wear, *Knowledge and practice*, 141.

⁵⁸ Ibid., *Mineralogia*, 33; Read, *Menstruation*.

⁵⁹ Paster, “Purgation,” 193.

encountered in the previous chapter – described the “strange roving thoughts” and “ridiculous Fancies” that regularly afflicted those who were troubled with constipation.⁶⁰ In the semi-autobiographical guise of the hypochondriac ‘Misomedon,’ Mandeville claimed that the only way to relieve these symptoms was by forcing artificial evacuations: “These disturbances in my Head I seldom fail’d of, when I was more than ordinary Costive, which I was sure to be, if I neglected Purging.”⁶¹ Many empirics and apothecaries staked their careers on this deeply-held belief that a clear head depended upon clean and unobstructed digestive organs. Thomas Hinde, touting his “Famous and Wonderful Never-failing Cordial Drink of the World,” asserted that it:

Restoreth all Languishing Natures, and Melancholy drooping Spirits, Curing the Hypochondriack Melancholy; and doth most Powerfully Oppose all Black and mixed Humors, as the Grand Enemy to Nature: for it is continually drawing them out of the Veins and Arteries into the Stomack, and from thence sendeth them away.⁶²

Charles Peter, meanwhile, claimed that his “Chearing Tincture” would “give Spirit to the Body and Ease to the Mind ... removing all black and foul Choler from the Vessels, opening all Stoppages, and evacuating the offending Humour.”⁶³ Edward Andrews instructed his readers to purge once a week with his pill, promising that “by continuance of this course for a few weeks you will find such effects as shall answer your utmost desires;” the pill, he claimed, “doth Wonders in Diseases of Melancholy, and Hypochondriack Passions, though to the Degree of Madness.”⁶⁴ Purging the belly was, in

⁶⁰ Mandeville, *A treatise of the hypochondriack and hysterick passions*, 24.

⁶¹ *Ibid.*

⁶² Thomas Hinde, *Under God; humbly desiring his blessing to this famous and wonderful never-failing cordial drink of the world, the great preserver of mankind* (London: Printed for the author, 1678).

⁶³ Peter, *Cordial tincture*, 10.

⁶⁴ Edward Andrews, *Panoplia Medica, or A medicinal armour for the whole body* (London: n.p., 1690): 7. For similar examples, see Nathaniel Lomax, *Delaun reviv'd, vix. A plain and short discourse of that famous doctor's pills, their use and virtues* (London: n.p., 1680); 1675; Patrick Anderson, *Grana angelica: or, The rare and singular vertues and uses of those angelical pils, discovered and left to posterity, by Doctor Patrick Anderson, late physician of Edinburgh* (London: n.p., 1681); Anon. [John Holney], *The catholick or universal pill. For the cure of the scurvy, dropsy, jaundice, leprosy, Kings-evil, green sickness, or any other chronick distemper whatsoever* (London: n.p., 1678); William Salmon, *By publick authority. Doctor Salmon's pills, drops & balsam these so famously known throughout all England, fitted for the cure of most diseases in men, women & children* (London: n.p., 1680).

effect, the closest early modern correlate to taking an antidepressant; a first recourse for any physician confronted with debilitating passions in their patients.

Beyond functioning as a mood-lifter or antidote to states of pathological emotional distress, purges were also thought by many to be an excellent way of clarifying the mind.⁶⁵ A stronger wit and sharper perception could be attained by literally washing away the corrupted humours that caused distracting passions. One anonymous writer, who promised to show his readers “how to liue well,” recommended regular purges to anyone who aspired to intellectual achievement, “for by that meanes doth the mind more cleerlie shine, and is made more fitte for anie notable action.”⁶⁶ Students and scholars, in particular, were recommended to purge themselves frequently, since their sedentary lifestyles and intensive studying, often late into the night, made their bodies ripe breeding grounds for melancholy.⁶⁷ A mind free from corrupting passions was crucial to those for whom thinking and decision-making formed a crucial role in their day-to-day business; for this reason the Dutch physician Levinus Lemnius suggested that “Students and Magistrates must often purge the passages of their excrements.”⁶⁸ The passions were understood by many to be the opposite of (and thus the enemy to) the governing power of reason.⁶⁹ Purging them away was thus essential not just to the maintenance of bodily and emotional health, but also to the maintenance of one’s rational and decision-making faculties.⁷⁰

Purgation in theory and practice

⁶⁵ Interestingly, improved “mental clarity” has also been a recurrent therapeutic claim made by alternative health organisations promoting the practice of colonic irrigation: see for instance E. Ernst, “Colonic irrigation: therapeutic claims by professional organisations, a review,” *International journal of clinical practice* 64, no. 4 (2010): 429–31.

⁶⁶ I. T., *The hauen of pleasure containing a freemans felicitie, and a true direction how to liue well* (London: Printed by P.S. for Paule Linley, 1597): 54.

⁶⁷ Gowland, “Problem,” 114–6; Mullan, “Hypochondria and hysteria,” 147–9.

⁶⁸ Levinus Lemnius, *The secret miracles of nature in four books: learnedly and moderately treating of generation, and the parts thereof, the soul, and its immortality, of plants and living creatures, of diseases, their symptoms and cures, and many other rarities* (London: Printed by Jo. Streater, 1658): 343.

⁶⁹ Susan James, “Reason, the Passions, and the Good Life,” in *The Cambridge History of Seventeenth-Century Philosophy*, vol. 2 (Cambridge: Cambridge University Press, 2008): 1358–1396. For a counterpoint, see Richard Strier, “Against the Rule of Reason: Praise of Passion from Petrarch to Luther to Shakespeare to Herbert,” in *Reading the Early Modern Passions: Essays in the Cultural History of Emotion*, ed. Gail Kern Paster, Katherine Rowe, and Mary Floyd-Wilson (Philadelphia: University of Pennsylvania Press, 2004): 23–42.

⁷⁰ LaGuardia, “Doctor Rabelais,” 25–7.

Despite the ubiquity of evacuative medicine in this period, then, the practice of purging cannot be simply dismissed as the consequence of a lazy medical orthodoxy that purged all diseases indiscriminately.⁷¹ Early modern doctors and herbalists, like their Greek and Arabic forebears, were deeply conscious of the complex and variable array of actions that a substance could have upon the body. The simple, forceful act of evacuation may have been a blunt instrument, but it was subject to variables of quality, quantity, function and periodicity, and part of the skill of the physician lay in matching this complex array of variables to each individual case. There was, for instance, a class of purging drugs that specifically targeted black bile, sometimes referred to as ‘melanagogues.’⁷² No two melanagogues were the same – some were administered as pills taken orally, others as clysters (enemas), or to be taken through the nose or ears; some drew melancholy down from the head, others purged only the stomach and bowels; some purged by vomit and others by stool; some were fairly gentle, others more violent. Some could be taken daily with minimal supervision, while others operated so violently that they were prescribed only in the most desperate cases.⁷³ Finding the right dosage was key, and timing could be crucial: some substances could be harmful if taken in the wrong season, in unsympathetic weather conditions, or under the wrong astrological sign.⁷⁴

Undoubtedly the most famous and iconic melanagogue was hellebore, which had been popular since antiquity as a treatment for madness and melancholy diseases (and which forms the focus of the following chapter).⁷⁵ Other herbal medicines such as polypody and epithymium (“dodder of thyme”) had similar, if less formidable reputations.⁷⁶ But the physicians of seventeenth-century England did not restrict themselves exclusively to substances prescribed by the ancients. From the sixteenth century, with the influx of previously unknown plants and minerals from the New World, the active pharmacopoeia had expanded considerably. ‘Jalap,’ named for the city of Xalapa in Mexico, quickly became a popular drug; it was used by Dr Edmund King, physician to King Charles II, in

⁷¹ For a recent study built upon precisely this kind of claim, see David Wootton, *Bad Medicine: doctors doing harm since Hippocrates* (Oxford: Oxford University Press, 2006): 47.

⁷² Pierre Morel, *The expert doctors dispensatory. The whole art of physick restored to practice*. (London: Printed for N. Brook at the Angel in Cornhil near the Royal Exchange, 1657): 310–11; William Salmon, *Doron medicum, or, A supplement to the new London dispensatory in III books* (London: Printed for T. Dawks, T. Bassett, J. Wright and R. Chiswell, 1683): 26–39.

⁷³ *Ibid.*, 33–5.

⁷⁴ Siraisi, *Medieval and early Renaissance medicine*, 136–52; Kassell, *Medicine and magic*, 150–9.

⁷⁵ See e.g. Robert Burton, *The anatomy of melancholy*, 4th edition (Oxford: Printed for Henry Cripps, 1632): Front Matter. See also chapter 4 of this thesis.

⁷⁶ Royal College of Physicians, *Pharmacopoeia*, 42.

numerous cases of melancholy and insanity.⁷⁷ By the early eighteenth century, many doctors were also enthusiastically prescribing ‘ipecacuanha,’ a Brazilian root now understood to have psychedelic properties, alongside more traditional purges such as senna and rhubarb.⁷⁸

The action of each purging substance was not simply expulsive, but varied greatly from one to another. The claim that certain substances purged certain humours was only the tip of the iceberg – even within the humoral categories, each purgative was thought to have its own distinct operation and character.⁷⁹ Salmon divided simples purging melancholy according to the strength of their action upon the body, while Pierre Morel distinguished between “catharticks” and “lenitives” and further subdivided the latter into “looseners,” “cleansers,” “compressers,” and “fretters,” according to the specific nature of their action.⁸⁰ Brice Bauderon, in the 1657 *Expert phisician*, claimed that purges operated by “traction,” “smoothing,” or “astriction.”⁸¹ Moreover, many of the allegedly most effective cures for melancholy involved compounding these purgatives, both to optimise their therapeutic action and also to minimise their potential side-effects. One especially formidable recipe was *hiera logadii*, containing hellebore and polypody as well as the equally potent laxatives colocynths and squills.⁸² Another was *confectio hamech*, which combined myrobalans (unripe cherry plums) with pulped prunes, sultanas, and senna as well as several of the purgative substances listed above.⁸³ Both of these were favourite prescriptions of the astrological physician Richard Napier, particularly in cases of emotional disorder. For example, in 1598, Napier gave *confectio hamech* to Elizabeth Houghton of Sherington, who had been “crazy ever since Michaelmas” and complaineth

⁷⁷ British Library, Sloane MS 1589, “Sir Edmund King’s day-book of medical cases, from 1676 to 1696, with an index prefixed;” Furdell, *Royal doctors*, 171–2.

⁷⁸ Patrick Wallis, “Exotic Drugs and English Medicine: England’s Drug Trade, c. 1550–c. 1800,” *Social history of medicine* 25, no. 1 (2011): 20–46; Harold J. Cook, “Markets and cultures: medical specifics and the reconfiguration of the body in early modern Europe,” *Transactions of the Royal Historical Society* 21 (2011): 123–45; also Londa Schiebinger, “Prospecting for Drugs: European Naturalists in the West Indies,” in *Colonial botany: science, commerce, and politics in the early modern world*, ed. Londa Schiebinger and Claudia Swan (Philadelphia: University of Pennsylvania Press, 2007): 119–32. On rhubarb, see Clifford M. Foust, *Rhubarb: the wondrous drug* (Princeton NJ: Princeton University Press, 1992): especially chapter 7, “Rhubarb as Medicine: The Eighteenth Century,” 136–57, which includes a brief discussion of George Cheyne’s use of purgative medicines (140–1).

⁷⁹ Siraisi, *Medieval and early Renaissance medicine*, 148.

⁸⁰ Salmon, *Doron medicum*, 33–5; Morel, *Dispensatory*, 309–10.

⁸¹ Brice Bauderon, *The expert phisician learnedly treating of all agues and feavers, whether simple or compound, shewing their different nature, causes, signes, and cure* (London: by R.I. for John Hancock, 1657): 58–9.

⁸² Royal College of Physicians, *Pharmacopoeia*, 136; MacDonald, *Mystical Bedlam*, 187.

⁸³ Royal College of Physicians, *Pharmacopoeia*, 135; MacDonald, *Mystical Bedlam*, 187.

of her left side,” and in 1601 he prescribed *hiera logadii* to one Robert Alcock, whom he judged to be “frantic and foolish.”⁸⁴

The theoretical foundations of purgative physic were complex and contested, even as early as 1580. The most deeply entrenched corpus of medical theory, derived from the Hippocratic and Galenic tradition, had provided a relatively stable basis for using manually-induced evacuations as the principal forms of medical intervention.⁸⁵ Hippocrates had issued the commandment that “Thou shalt purge melancholicke folke strongly by stoole,” since the heaviness of the black bile meant that it could more easily be carried downwards than upwards.⁸⁶ In cases like hypochondriac melancholy, where the pernicious matter had risen up from the bowels to lodge itself in the head, it was often necessary to prescribe specific substances which had the power to draw their likeness from remote parts of the body to the belly by sympathetic magnetism.⁸⁷ This doctrine was heavily expanded upon by Paracelsus in the early sixteenth century. “Every disease,” he wrote, “requires its own purge;” the true art of the physician, therefore, lay in correctly matching sickness to substance.⁸⁸ Despite leaving the bulk of the humoral pharmacopoeia intact, the chemical philosophy ushered in an important change in the way that inner hygiene was conceptualised. As both Kuriyama and Harris have emphasised, this led to the emergence of a therapeutic culture in which illness was understood to be caused not primarily by imbalance, but by a “malign, invading entity” which had infiltrated and corrupted the body.⁸⁹ Rather than stressing balance between equal and opposite qualities, chemical physicians believed that the maintenance of health depended upon keeping the inner parts of the body clean and free from contaminants (a view that broadly resonates with the modern notion of the detox diet). Chemically-justified purging, therefore, was less about the restoration of balance than the forceful

⁸⁴ Bodleian Library, MS Ashmole 228, f. 55v, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE11817>; Bodleian Library, MS Ashmole 404, f. 64r, accessed Nov 28, 2017 via The Casebooks Project, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE19094>.

⁸⁵ For a discussion of humoral medicine and its historical literature, see chapter 1.

⁸⁶ Hippocrates, *The whole aphorismes of great Hippocrates, prince of physicians translated into English for the benefit of such as are ignorant of the Greek & Latine tonges* (London: Printed by H. L., 1610): 55–6.

⁸⁷ Owsei Temkin, *The Double Face of Janus and Other Essays in the History of Medicine* (Baltimore: Johns Hopkins University Press, 1977): especially chapter 36, “Fernel, Joubert, and Erastus on the Specificity of Cathartic Drugs,” 512–18.

⁸⁸ Paracelsus, *Paracelsus his Dispensatory and chirurgery. The dispensatory contains the choisest of his physical remedies* (London: Printed by T.M., 1656): 16.

⁸⁹ Kuriyama, “Forgotten fear,” 421; Harris, *Foreign bodies*, 15.

removal of malign substances by any means necessary.⁹⁰ But, paradoxically, this inner cleansing often required the patient to take in precisely the kinds of substances that they were looking to drive out. Evacuative medicine was, in the chemical view, understood to function in the manner of a *pharmakon* – a poisonous substance that had been carefully selected to achieve a specific effect.⁹¹ Therapeutic purgation, then, could often be little more than a controlled act of violence exercised upon the body at the practitioner’s discretion.

It is perhaps unsurprising, then, that the theory and practice of purgation faced challenges on both practical and ethical grounds in the seventeenth and eighteenth centuries.⁹² The most significant and concerted of these challenges came with the diffusion into English of the ideas of Jan Baptist van Helmont, discussed in greater detail in chapter one of this thesis.⁹³ English Helmontians attacked traditional purgative methods, which they viewed as violent, dangerous, and emblematic of the recklessness and incompetence of Galenic physicians. George Thomson decried the “Cruelty, Tyranny, Torments” that the “Catharsists” were inflicting upon their patients, many of whom, he claimed, “have emptied upward and downward 500 times; yea, some a Thousand, yet have found no melioration of their Health.”⁹⁴ In 1680, the Helmontian Dr. Vanforce rejected “all the common ways practised in this Nation, and some others, by Fluxing, Vomits, or that common way of Curing by Purging Pills only,” which, he claimed “besides the tediousness of the Cure, and trouble in taking such Medicines, extreamly weakens the Body, by such a continual rumidging in the Bowels.”⁹⁵

Helmontians argued that purgative physic, as practised by empirics and learned physicians alike, was a crude and overly simplistic method of treatment, which did more to instil fear and awe of the physician than to truly effect recovery.⁹⁶ They claimed instead that “true purgation” operated by a complex process of fermentation and separation in the organs of digestion. One of the most sustained English discussions of the theory of “true purgation” is to be found in the writings of Everard Maynwaring, whose short work *The*

⁹⁰ Ibid., 51–5.

⁹¹ Ibid. For more on the concept of *pharmakon* in this period, see Tanya Pollard, *Drugs and Theater in Early Modern England* (Oxford: Oxford University Press, 2005): 4–5. See also Jacques Derrida, *Dissemination* (London: Athlone Press, 1989): 95–116.

⁹² For an overview, see Wear, *Knowledge and practice*, 406–25.

⁹³ See chapter 1 for relevant discussion of Van Helmont and Helmontian medicine.

⁹⁴ Thomson, *Ortho-methodoz*, 147–51.

⁹⁵ Dr. Vanforce, *Dr. Vanforce’s Elixir Vitae: or, The miraculous preservative and restorative* (London: n.p., 1680).

⁹⁶ Wear, *Knowledge and practice*, 379.

efficacy and extent of true purgation (1696) made the dramatic claim that “the World hath been deceived in the great Business of Purgation.”⁹⁷ Caught between the equally spurious claims of physicians and apothecaries, Maynwarding argued, sufferers had been duped into believing that the only reliable way of curing their illnesses was through violent and sometimes life-threatening evacuations. Maynwarding painted a grim picture of the state of English pharmacy:

The disgusting, contaminating, and tabifying Purges, that stand recorded, and recommended in Books; filed in the Shops; advised, and purchased at a good rate; appointed, and falsely appropriated to Constitutions, and Diseases: What's all this? but Shamming the World, and Shameing the Profession ... I think it unreasonable, that the Work of Purgation, which is cleansing and purifying; should be intended and attempted to be wrought, by such means as stain, vitiate, and defile the Body.⁹⁸

For Maynwarding, the most effective purges were, by contrast, “amicable, purely wholesom, and sanative,” gently drawing out the corruption from the blood by a “benign and placid fermentative Operation.”⁹⁹ He was careful to differentiate this process from the theory of mutually attractive substances, recasting the physiology of purgation in a more explicitly gut-centric terminology that was highly reminiscent of Van Helmont:

the Stomach being the Center of the Life, where the Regimen of the Body is more eminently managed; this principle Part; or rather the Principle of Human Nature, being there affected with the Purgative; causeth the whole Body to be drawn into Consent and Co-operation ... impure and useless Matter is

⁹⁷ Everard Maynwarding, *The efficacy and extent of true purgation shewing I. What this operation is, not as vulgarly understood, II. How performed in human body, III. By what means fitly to be done, IV. When, how oft, and in what cases to be used, and what to be avoided, in this most frequent and helpful administration* (London: Printed for D. Browne, and R. Clavel, 1696): 8. Jonathan Barry, “The ‘Compleat Physician’ and Experimentation in Medicines: Everard Maynwarding (c. 1629–1713) and the Restoration Debate on Medical Practice in London,” *Medical history* 62, no. 2 (2018): 155–76. Barry notes that while “Maynwarding’s medical philosophy was broadly Helmontian in character,” he was not as vocal in his praise of Van Helmont as other chymical physicians such as George Thomson, and did not adopt all of their terminology. Barry, “Compleat Physician,” 170 n.78.

⁹⁸ Maynwarding, *True purgation*, 32, 15.

⁹⁹ *Ibid.*, 33, 21. Maynwarding’s description of purgation here is strikingly similar to that of Thomas Tryon and George Cheyne on milk, discussed in detail in chapter 5.

brought from all Parts, to be discharged into the Kennel, or Sink of the Body, and sent forth by that commom [*sic.*] Outlet, the Fundament.¹⁰⁰

The Helmontian theory of purgation shared certain basic assumptions with its predecessors: illness, and especially emotional disorder, resulted from the body's failure to rid itself of waste matter through regular bodily evacuations. The melancholy body was, for Galenists, Paracelsians, and Helmontians alike, an unclean body, and emotional symptoms such as sadness or terror were taken to be signs of an excremental constitution. The radical difference between Helmontians and their contemporaries, however, was that the former did not believe that this condition demanded violent intervention.¹⁰¹ Many English physicians who, like Maynwaring, harboured Helmontian sympathies sought to bring about a partial revolution in medical practice that would put an end to such violent and inhumane treatments. They attempted to convince their lay readers that therapeutic efficacy need not depend primarily upon brute force, but could be attained through gentler, kinder, and more "sanative" means.¹⁰²

However, as we saw in chapter 1, the Helmontian revolution in English medicine was largely unsuccessful. The psychological association between violence and potency, as Wear suggests, proved to be too deeply rooted for the Helmontians to easily dislodge.¹⁰³ Even many of those who embraced much of the theory and language of Helmontian physiology still found it hard to believe that their diseases could be cured without force. For example, in a letter of 1664, Henry More – who appears to have selectively and grudgingly incorporated elements of Helmontianism into his own natural philosophy – expressed the belief that the purging brought on by a fit of ague might serve as the best cure for his "reall and burdensome disease of Melancholy:"

The truth is I am not much affrayd of an ague, but could rather desire 4 or 5 good lusty fitts to expurgate, by fermentation, those terrestriall and scorbuticall particles, that abound in my body, by reason of my long and anxious study and sedentary life ... I have a great confidence that such a disease would prove a welcome cure to me either by

¹⁰⁰ Ibid., 6.

¹⁰¹ Wear, *Knowledge and practice*, 395–6.

¹⁰² George Thomson also drew on the language of "sanative virtues" in marketing his Helmontian medicines: see Thomson, *Ortho-methodoz*, frontispiece.

¹⁰³ Wear, *Knowledge and practice*, 400–33.

discharging my body of this terrene flatulency and heavy melancholy, or els by discharging my soul of the burden of my body, though it be no very great one.¹⁰⁴

Although More elsewhere went out of his way to demonstrate that he had read and understood Van Helmont's physiology, he clearly did not accept the broader Helmontian argument against dangerous cures. In an era in which malarial fever was widespread and frequently fatal, an ague was no laughing matter.¹⁰⁵ As More's last remark suggests, he seems to have believed that his long-standing melancholy could only be cured through a brush with death. The fact that he apparently longed after the "lusty fitts" of a life-threatening illness perhaps reflected a degree of disdain towards the gentler methods of physic such as those proposed by the Helmontians. The idea of treating the body with kindness, it appears, ran counter to the spirit of the age, which demanded expulsions that were visceral and dramatic.¹⁰⁶

From the late seventeenth century onwards, the accepted theoretical basis for purgative medicine began to shift away from both humours and poisons. The newer understanding of the purgative process often tended to place less emphasis on the motion of fluids within the body, and more upon the vibrations of the nerves and fibres of the body itself.¹⁰⁷ A major figure in the project to give a Newtonian basis to purgative medicine was George Cheyne, the Aberdonian physician and self-styled expert in 'nervous disorders' whose career has been discussed in the previous two chapters.¹⁰⁸ Drawing on the work of his mentor, fellow Scottish Newtonian Archibald Pitcairne, Cheyne reframed the process of purgation in iatromechanical terms:

Purgative Medicines, being received into the Mouth, and admitted into the Stomach, vellicate and stimulate the Fibres thereof, and thereby increase the digestive faculties, bringing

¹⁰⁴ "Henry More to Lady Conway, September 12th, 1664," in Nicolson & Hutton ed., *The Conway Letters*, 228. More's relationship with Helmontian thought was complex and deserves further study. For a discussion of More's personal and intellectual relationship with Van Helmont's son Francis, see Alison Coudert, *The impact of the Kabbalah in the seventeenth century: the life and thought of Francis Mercury van Helmont (1614-1698)* (Leiden: Brill, 1999): 220–40.

¹⁰⁵ Mary Dobson, *Contours of Death and Disease in Early Modern England* (Cambridge & New York: Cambridge University Press, 1997): 287–367.

¹⁰⁶ Camporesi, *Incorruptible flesh*, 123.

¹⁰⁷ See chapter 1 for a discussion of the nervous physiology. See also Hisao Ishizuka, "'Fibre Body': The Concept of Fibre in Eighteenth-century Medicine, c. 1700–40," *Medical history* 56, no. 4 (2012): 562–84.

¹⁰⁸ Brown, "Medicine in the shadow," 635–5; Guerrini, "James Keill."

the Muscular Fibres of the stomach, the Muscles of the Abdomen and Diaphragm into more frequent contractions than ordinary, till they are admitted into the Intestines, the Fibres and Glands of which being more sensible than those of the Stomach ... it passes more plentifully and easily into the Rectum, and is thence ejected.¹⁰⁹

Cheyne believed that the cure of nervous disorders such as hypochondria and hysteria depended in large part upon such “common and proper universal Evacuations,” and had no qualms about prescribing strong laxatives and emetics such as hellebore, antimony, ipecacuanha and rhubarb when his patients exhibited nervous symptoms.¹¹⁰ He was a particular advocate of the “thumb-vomit,” which involved using one’s own thumb to artificially stimulate the muscles of the throat. Cheyne believed this to be useful not only because it evacuated the stomach of corrupted matter, but also because the convulsive motions of vomiting and retching in this manner afforded good exercise to the body in general, helping to stimulate other evacuations via sweat and stool.¹¹¹ Clearly, for Cheyne, the shift towards a more ‘fibrous’ theory of human physiology did not preclude the continuation of practices which he already knew to be effective.

Why did purgation prove to be such a durable practice in this period? Despite concerted challenges to medical and physiological theory, the practices of purging and vomiting as treatments for emotional disorder appear to have endured in roughly the same form, surviving the first wave of the ‘scientific revolution’ relatively intact. As Beier has put it, “Remedies came in and out of fashion, but therapeutic evacuation was a constant.”¹¹² The second half of this chapter will attempt to account for the persistence of purgation by exploring its wider role in early modern emotional life.

The Urge to Purge: Purging and its meanings

One of the most explicitly purgative practices in seventeenth-century England, and one which sat uneasily at the interstices of medical and spiritual practice in the period, was

¹⁰⁹ George Cheyne, *A new theory of acute and slow continu'd fevers* (London: printed for George Strahan, 1724): 97–8.

¹¹⁰ Cheyne, *English malady*, 125, 242, 231, 206, 221.

¹¹¹ David E. Shuttleton ed., “Correspondence with George Cheyne,” in *The Correspondence of Samuel Richardson with George Cheyne and Thomas Edwards*, ed. David E. Shuttleton and John A. Dussinger (Cambridge: Cambridge University Press, 2013): 129; Shapin, “Trusting George Cheyne,” 302.

¹¹² Beier, *Sufferers and Healers*, 7.

exorcism.¹¹³ The parallels between purgation and exorcism in early modernity have not gone unnoticed by historians. Stolberg has suggested that “the boundary between the purgative, purifying effect of laxatives and the exorcism of evil demons was not as clear as it might appear at first sight,” while Camporesi has gone further, arguing that “The techniques of evacuation and the art of the exorcist were so interlocked as to seem almost indistinguishable.”¹¹⁴ As Nancy Caciola has recently demonstrated, the experience of possession itself could often be an intensely visceral process.¹¹⁵ The possessed or bewitched person – very frequently a woman or child – was often observed to evacuate all manner of strange objects such as hair, needles, stones, and pieces of wood or metal. “Some diseased persons,” wrote John Cotta in 1616, “haue beene seene to vomit crooked iron, coales, brimstone, nailes, needles, pinnes, lumps of lead, waxe, hayre, strawe, and the like.”¹¹⁶ Another common occurrence was the casting out of black liquid either by vomit or stool.¹¹⁷ Some believed that the melancholy humour itself had a special affinity with devils and demons, and that this was signified by its blackness, viscosity, and foul odour.¹¹⁸ In this view, melancholy could furnish the demon with a physical seat or ‘bath’ from which it could exercise its malicious designs upon body and mind.¹¹⁹ Robert Burton believed that demons and spirits “take all opportunities of humours decayed ... to pervert the soule of a man,” whilst also noting that many of his contemporaries scorned the idea that exorcism could be achieved by physical means alone.¹²⁰ The chemical physician Daniel Sennert, claiming to be pushing back against an orthodoxy which held that disorders brought on by magical causes could not be cured by physical means, likewise

¹¹³ Stuart Clark, “Demons and Disease;” *idem.*, *Thinking with Demons: The Idea of Witchcraft in Early Modern Europe* (Oxford: Oxford University Press, 1999): 401–22; Nancy Caciola, *Discerning Spirits: Divine and Demonic Possession in the Middle Ages* (Ithaca, NY & London: Cornell University Press, 2006): especially 197–204; Roper, *Oedipus and the Devil*, especially 171–200; Brogan, “His belly, her seed.”

¹¹⁴ Stolberg, *Experiencing illness*, 26; Camporesi, *Incorruptible flesh*, 121; Sullivan, *Beyond melancholy*, 108.

¹¹⁵ Caciola, *Discerning spirits*, 176–224.

¹¹⁶ John Cotta, *The triall of vvitch-craft shewing the true and right methode of the discovery* (London: Printed by George Purslowe, 1616): 76; William Drage, *Daimonomegia a small treatise of sicknesses and diseases from witchcraft, and supernatural causes* (London: Printed by J. Dover, 1665): 5.

¹¹⁷ See for instance Isabel Moreira, *Heaven’s Purge: purgatory in late antiquity* (New York: Oxford University Press, 2010): 66, 12; Caciola, *Discerning spirits*, 200.

¹¹⁸ Clark, “Demons and disease,” 39; Caciola, *Discerning spirits*, 144–8. See chapter 4 for more on this theme.

¹¹⁹ Schmidt, *Melancholy and the care of the soul*, 49.

¹²⁰ Burton, *Anatomy* (1st ed.): 266–8.

reported that “Medicines that purge melancholy have been given with good success to such as have been possessed of the Devil.”¹²¹

Over the course of the seventeenth century, the demonic interpretation of emotional disorder came increasingly under fire.¹²² For instance, in 1697, the alchemist John Headrich suggested that the art of exorcism was little more than an elaborate deception:

[Madness] is familiarly cured by the Adjurers of Divels, altho they themselves well know it is otherwise; in the mean while, they give him other Remedies, by which they expel the Madness, and then they glory they have cast out the Devil, when as they have only cured that Madness, which afflicted the Man. By these Deceits they gain more, then by their Medicine. Therefore let him, who is desirous of Skill in these matters, learn of those Adjurers, not to cast out Divels, but to cure Maniacks, with sutable Secrets.¹²³

The laxative and emetic drugs given to “expel the Madness” were, in Headrich’s view, far more effective than the exorcist’s sterile incantations and rituals; the true ‘casting out’ was not of evil spirits but of corrupted bodily matter from the organs of digestion. The basic narrative structure of the cure, however, remained essentially the same: curing the possessed was an inherently and dramatically expulsive process.¹²⁴ The critical moment in seventeenth-century exorcism narratives, again and again, was the moment of physical expulsion. For instance, in the years around 1600, two demons entered into the body of the thirteen-year-old Thomas Darling of Burton-on-Trent in Staffordshire.¹²⁵ The boy

¹²¹ Daniel Sennert, *Chymistry made easie and useful. Or, The agreement and disagreement of the chymists and galenists* (London: Printed by Peter Cole, 1662): 138.

¹²² Clark, “Demons and Disease;” Thomas, *Religion and the decline of magic*, 488–92. See also John Henry, “The Fragmentation of Renaissance Occultism and the Decline of Magic,” *History of science* 46, no. 1 (2008): 1–48;

¹²³ John Headrich, *Arcana philosophia, or, Chymical secrets containing the noted and useful chymical medicines of Dr. Wil. and Rich. Russel chymists* (London: Printed and sold by Henry Hills, 1697): 116.

¹²⁴ For a discussion of the figuratively ‘expulsive’ narrative structuring of twentieth-century exorcisms, see Thomas Csordas, *The sacred self: a cultural phenomenology of charismatic healing* (Berkeley: University of California Press, 1994): 166, 178.

¹²⁵ ‘I. D.’ [i.e. John Darrell], *The most wonderfull and true storie, of a certaine witch named Aise Gooderige of Stapen hill, who was arraigned and conuicted at Darbie at the Assises* (London: For I.O., 1597). This episode has been heavily discussed: see Marion Gibson, *Possession, puritanism and print: Darrell, Harsnett, Shakespeare and the Elizabethan exorcism controversy* (London: Routledge, 2015); Thomas Freeman, “Demons, Deviance and Defiance: John Darrell and the Politics of Exorcism in Late Elizabethan England,” in *Conformity and Orthodoxy in the English*

began to experience frequent fits of rage and violence, which always abated in the same way: after copious vomiting, he would come to his senses, declaring “The Lord be praised.”¹²⁶ Eventually, his family called for a clergyman – the Puritan John Darrel – who, upon his arrival, confirmed that Darling had been “possessed with an vnclean spirit.”¹²⁷ Darrel said regular prayers for Darling’s soul, and watched in horror as the child thrashed about and cursed furiously in multiple voices that were not his own. At two o’clock the following day, after much praying and reading of scripture, the boy began to retch violently, finally casting up some phlegm and choler; by which means, Darrel reported, one of the demons was cast out of him. Darling at first seemed somewhat better, and was able to take a little nourishment and read the Lord’s Prayer aloud. However, a few hours later he fell into his most violent fit yet, “causing him to roare and shriek extreamly.”¹²⁸ Finally, being put to bed, Darling “began to heaue and lift vehemently at his stomacke,” before finally vomiting up a live mouse.¹²⁹ Waking the following morning, the child heard a voice declaring “the euill spirit is gone from thee,” whereupon he threw himself to the ground and gave thanks to God. In closing, Darrel reported that he had left Darling “very well, both in mind and bodie.”¹³⁰

In Thomas Darling’s exorcism narrative, the physical site of his spiritual and emotional transformation was not the brain, but the gut. In this view, the ritual of purgation was about much more than just the removal of corrupt matter; the substance – or, in this case, rodent – voided from the gut represented the physical embodiment of a corrupting presence within. In Darling’s case, it was the “powerful exorcism of piety and prayer” – a common motif in Puritan devotional literature – which was ultimately believed to have worked its powers upon his belly, causing him to vomit up the malevolent spirits that had infested him.¹³¹ In this narrative, the emotional about-face of the exorcised subject was

Church, c. 1560-1660, ed. Peter Lake and Michael C. Questier (Woodbridge: Boydell Press, 2000): 34–63; Tom Webster, “(Re) Possession Of Dispossession: John Darrell And Diabolical Discourse,” in *Witchcraft and the Act of 1604*, ed. John Newton and Jo Bath (Leiden: Brill, 2008): 91–112.

¹²⁶ Darrel, *Wonderfull and true storie*, 13.

¹²⁷ *Ibid.*, 33.

¹²⁸ *Ibid.*, 33–7.

¹²⁹ *Ibid.*, 37.

¹³⁰ *Ibid.*, 38, 43.

¹³¹ John Hart, D.D., *The firebrand taken out of the fire, or, The wonderfull history, case, and cure of Mis Drake, sometimes the wife of Francis Drake of Esher in the county of Surrey, Esq.* (London: Printed for Tho. Mathewes, 1654): Front Matter. On the importance of fasting and prayer to godly culture, see Tom Webster, *Godly Clergy in early Stuart England, c. 1620–1643* (Cambridge & New York: Cambridge University Press, 1997): 60–74. See also David Harley, “Mental illness, magical medicine and the Devil in northern England, 1650–1700,” in *The Medical Revolution of the*

reflected in the author's descriptions of his subject's behaviour. The demonically possessed Thomas Darling was constantly tormented with negative emotions which were expressed through physical gestures: weeping, wailing, and writhing on the ground, flailing and gnashing his teeth in fury, or covering his eyes in abject terror. After his exorcism, Darling's demeanour was transformed: he took great joy in praising God for his deliverance, and "read very cheerefully" of the scriptures.¹³²

Early modern exorcism narratives generally followed the same basic structure as medical narratives of recovery from melancholy. The sufferer, whether demoniac or melancholic, invariably underwent an emotional transformation from a state of sadness, terror or rage to one of serenity, joy, and tranquillity of mind. The critical moment of this transformation was frequently signalled by some form of purgation, which could be literal or metaphorical, or seemingly both of these at once. Jane Ashton could identify the precise moment that she was purged of an evil spirit because she felt it go out of her like "a great breath, vgly like a toad, round like a ball."¹³³ Darrel – the Puritan preacher responsible for the exorcisms of both Ashton and Darling – took note of the fact that the casting out of a spirit was generally signified by some form of physical evacuation: "the Demoniak doeth either se somethinge going from him, or sensible fele somthing to come from within him."¹³⁴ However, while Catholics could theoretically sustain the literal belief that "spirits are often times vomited out," Puritan denial of the body's ability to participate in the life of the spirit forced Darrel to adopt an analogical interpretation.¹³⁵ For Darrel, the physical evacuations of the demonically possessed were a bodily analogy of a spiritual process that was, in fact, invisible and intangible. Thus, while Darrel's explanation of the body/soul schematic differed from that of his Catholic contemporaries, his description of the physical experiences of the sufferer remained essentially the same. The task of the exorcist, like that of the physician, was to use methods sufficiently violent to provoke a powerful expulsion, but not so powerful as to cause the death of the afflicted. While Darrel explicitly rejected "popish charmes and hearbs" in favour of prayers and fasting, he was able to retain the purgative language of his predecessors. The

Seventeenth Century, ed. Roger French and Andrew Wear (Cambridge: Cambridge University Press, 1989): 114–45.

¹³² Darrel, *Wonderfull and true storie*, 43.

¹³³ John Darrel, *A true narration of the strange and greuous vexation by the Devil, of 7. persons in Lancashire, and VVilliam Somers of Nottingham* (n.p., 1600): 13.

¹³⁴ *Ibid.*, 36.

¹³⁵ Samuel Harsnett, *A discovery of the fraudulent practises of Iohn Darrel Bachelor of Artes in his proceedings concerning the pretended possession and dispossession of William Somers at Nottingham* (London: Imprinted by John Windet, 1599): 52.

most malign spirits, like the worst diseases, were “hardly to be removed;” only the purest faith coupled with the most heartfelt prayer would provide the “stronge meadicine” that was needed to “driue away Deuills.”¹³⁶

Darrel’s likening of prayer to bodily purgation was by no means unusual. As David Harley has shown, English Calvinists, despite their theoretically sharp division of body and soul, seem to have been especially fond of using medical metaphors and analogies to infuse their sermons and writings with a sense of moral urgency.¹³⁷ The Puritan clergyman George Hughes described prayer as “the frequent and daily purging of the soule,” while John Dod told his congregation that all sinners “stand in need of Physicke for the purging of our soules: for sinne worketh on our hearts, as ill humors doe in our stomacks.”¹³⁸ Acts of confession, which could often take the form of prayer, were also likened to the voluntary or involuntary purging of the gut to produce a cleansing and clarifying of the mind.¹³⁹ One author wrote that “the acknowledging of sinne, and the confession of faultes, may obtayne pardon, and purge, clense, and purifie the minde from filthie pollutions.”¹⁴⁰ The Calvinist Nehemiah Rogers claimed that it was only by the “vomit of confession” that the godly could rid themselves of the consequences of sinful thoughts and actions.¹⁴¹ The Welsh Puritan Christopher Love believed, likewise, that “confession is a spirituall Purge ... as long as the body natural doth gather corrupt humours, so long there must be Purges and Vomits.”¹⁴²

¹³⁶ Darrel, *A true narration*, 42, 45.

¹³⁷ David Harley, “Medical metaphors in English moral theology, 1560–1660,” *Journal of the history of medicine and allied sciences* 48, no. 4 (1993): 396–435; Helen Smith, “Metaphor, Cure, and Conversion in Early Modern England,” *Renaissance Quarterly* 67, no. 2 (2014): 473–502.

¹³⁸ George Hughes, *A dry rod blooming and fruit-bearing. Or, A treatise of the pain, gain, and use of chastenings* (London: Printed by T. Paine, 1644): 74; John Dod, *Ten sermons tending chiefly to the fitting of men for the worthy receiuing of the Lords Supper* (London: Printed by William Hall, 1610): 142.

¹³⁹ John Bossy, “The social history of confession in the age of the Reformation,” *Transactions of the Royal Historical Society* 25 (1975): 21–38; Alec Ryrie, *Being Protestant in Reformation Britain* (Oxford: Oxford University Press, 2013): 55–62.

¹⁴⁰ I. T., *Hauen of pleasure*, 107.

¹⁴¹ Nehemiah Rogers, *The true conuert. Or An exposition vpon the vvhole parable of the prodigall. Luke. 15. 11.12. &c.* (London: Printed by Edward Griffin, 1620): 299; see also Thomas Shepard, *The sincere conuert discovering the paucity of true beleeuers and the great difficulty of saving conversion by Tho. Shepheard* (London: Printed by T.P. and M.S., 1641): 235; Richard Baxter, *The right method for a settled peace of conscience, and spiritual comfort in 32 directions* (London: Printed for T. Underhil, F. Tyton, and W. Raybould, 1653): 512. Harley, “Medical metaphors,” 409–11.

¹⁴² Christopher Love, *The penitent pardoned a treatise wherein is handled the duty of confession of sin and the priuledge of the pardon of sin* (London: Printed for John Rothwell, and for Nathanael Brooks, 1657): 6, 12; see also Richard Sibbes, *The riches of mercie In two treatises* (London: Printed by John Dawson, 1638): 140. For an example of a Catholic writer using purgative imagery to

As Schoenfeldt has suggested, the experiences of confession and physical unburdening were clearly analogous in certain respects, and their likeness goes some way towards explaining how a manually-induced vomit or bowel-purge might be imbued with greater spiritual significance.¹⁴³ The regular act of defecation, like that of confession, could serve as a constant and crucial reminder of one's degeneracy and abasement under God. Thomas Bentley, in his *Monument of Matrones* – a Protestant prayer-book for women – urged his readers to use their daily bowel movements as an opportunity to reflect upon their own inherent corruption by encouraging them to say the following prayer (lifted from Saint Augustine) while engaging in the “outward easement of the bodie:”

OH wretch that I am, what am I but a rotten carcase, woorms
meat, a stinking coffin, and food for fire? Againe, what am I,
O Lord? Euen a darke dongeon, wretched, earth, a child of
wrath, a vessell meet for dishonour; begotten in
vncleannesse, liuing in miserie, and dieng in distresse ... Alas,
my maker; what shall become of me? I am a sacke of doong, a
coffin of rottennesse, full of lothsomnesse and stinch; blind,
poore, naked, subiect to manie exceeding necessities ... be
mercifull vnto a wretch, that is not ashamed to acknowledge
hir vilenesse before thee.¹⁴⁴

The ignominy of the act of defecation accentuated the individual's spiritual insignificance, while also potentially tapping into the quasi-medical trope of evacuation producing an enlightenment of perception.¹⁴⁵ As with the purgative practices of the physician and the exorcist, it was often claimed that the spiritual purification brought about by confession could only be achieved through suffering. The clergyman and theologian John Trapp insisted that confession, like physical purgation, needed to be an unpleasant and harrowing experience:

describe the process of confession, see Thomas Worthington, *An anker of Christian doctrine VVherein, the most principal pointes of Catholique religion, are proued* (Printed at Doway: By Laurence Kellam, 1622): 45, 160.

¹⁴³ Schoenfeldt, *Bodies and Selves*, 32–3; idem., “Fables of the Belly,” 254.

¹⁴⁴ Thomas Bentley, student of Gray's Inn, *The monument of matrones conteneing seuen seuerall lamps of virginitie, or distinct treatises* (London: Printed by H. Denham, 1582): 375–6. For the original prayer, see Saint Augustine, *Certaine select prayers gathered out of S. Augustine's meditations which he calleth his selfe talke with God* (London: Printed by John Daye, 1574): sigs. A6v–B2v. Colin Atkinson and Jo B. Atkinson, “Thomas Bentley's The Monument of Matrones (1582): The First Anglican Prayer Book for Women,” *Anglican Theological Review* 74 (1992): 277–88.

¹⁴⁵ See for instance LaGuardia, “Doctor Rabelais,” 25–7.

every sin, must swel as a toad in our eyes, and we must spet it out of our mouthes with utmost indignation; shewing the Lord the iniquity of our sin, the filthinesse of our leudnesse, the abomination of our provocations.¹⁴⁶

The magnitude of the sinner's suffering during this process of vocalisation was proportional to the heinousness of their crimes in the eyes of God. A particularly abject sinner could expect their confession to be an especially painful and excruciating process, but willingly putting themselves through this suffering was the only way to obtain absolution. Confession, in this view, was a form of psychological self-flagellation which saw the sinner dutifully subjecting themselves to God's "rod of correction."¹⁴⁷

Much of the emotive power of purgation, therefore, depended upon a shared understanding that a cure could only be achieved through some form of violence. Powerful transformations of all kinds, therefore, might be understood and structured in terms of the body's expulsive capacities. Momentous political events, as Margaret Healy has noted, were frequently narrated in violently scatological language.¹⁴⁸ For instance, in 1648, a coup led by Colonel Thomas Pride brought about the forcible removal of more than half of the sitting members of the Long Parliament – an event which later became known as Pride's Purge.¹⁴⁹ Commentators from both ends of the political spectrum were quick to draw parallels between this event and the practice of bodily purgation. Supporters of the Purge felt that it was a necessary remedy for the diseases of the body politic, which they believed had arisen from the excesses and debaucheries of a legislature that was overly tolerant of Catholicism. Cuthbert Sydenham, a republican propagandist, crowed that the coup had "purged out many, and predominant, and Malignant humours, which disturbed the health, and marr'd the beauty of the whole."¹⁵⁰

¹⁴⁶ John Trapp, *A commentary or exposition upon the books of Ezra, Nehemiah, Esther, Job and Psalms wherein the text is explained, some controversies are discussed* (London: Printed by T.R. and E.M., 1657): 33.

¹⁴⁷ John Dod and Robert Cleaver, *A godlie forme of householde government for the ordering of priuate families, according to the direction of Gods word* (London: Printed by Felix Kingston, 1598): 58–9.

¹⁴⁸ Margaret Healy, *Fictions of Disease in Early Modern England: bodies, plagues and politics* (New York: Palgrave, 2001): 188–228; Linda Levy Peck, *Court patronage and corruption in early Stuart England* (London & New York: Routledge, 1993): 210–5.

¹⁴⁹ David Underdown, *Pride's purge: politics in the Puritan revolution* (Oxford: Clarendon Press, 1971).

¹⁵⁰ Cuthbert Sydenham, *The false brother, or, A new map of Scotland, drawn by an English pencil* (London: printed by R.W., 1651): 58. J. T. Peacey, "Sydenham, Cuthbert (bap. 1623, d. 1654), Independent minister and political writer," *Oxford Dictionary of National Biography*, accessed 6

Some detractors focussed on the violence and indiscriminacy of the Purge, and the lasting damage that they believed had been done to Parliament and to the country as a result. Clement Walker, a moderate who had himself been purged from the legislature in 1648, wrote that “The thing called a Parliament” which remained had been given “so generall a purge as will leave neither life nor soule, dung nor guts, in the belly of it.”¹⁵¹ The royalist author of *Eikon e piste* (1649) drew an analogy between ‘purged’ members of Parliament fleeing for their lives and the involuntary voiding of the bowels through fear: “the comming up of the Army was so ominous to the Parliament, as to make it purge.”¹⁵² The damage that had been done, he warned, was probably irrevocable, for “purging is so ominous to the body politick, (purging out its own intrailles) that there is little hope of life.”¹⁵³ In each of these examples, the excremental imagery evoked by the language of purgation supplied the writer’s sentiments with a particularly visceral emotional force.

David Inglis has drawn attention to the way in which faecal rhetoric has been deployed across various cultures as a means of denigrating and ostracising subordinate or otherwise vulnerable groups, and some of the more hostile language used around ‘Pride’s Purge’ can certainly be seen as an example of this phenomenon.¹⁵⁴ The scatological metaphors which tended to accumulate around events like the ‘purge’ reveal a great deal about the broader emotive themes and social concerns that could be expressed through the metaphor of physical purgation.¹⁵⁵ The Purge was, for many of the victors, understood in terms of a successful ‘casting out’ of a corrupting waste element, a violent corrective to a governing body that, like a diseased brain, had lost the power of effective reason. Many of the losers, meanwhile, presented it as further confirmation that they were living in an age of reckless violence, and that their opponents were willing to pursue their idea of a ‘cure’ to the bloodiest and bitterest end. The language of royalists and moderates could be strikingly similar to that of the English Helmontians just a few

May 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-26860>.

¹⁵¹ Clement Walker, *Anarchia Anglicana: or, the history of independency. The second part Being a continuation of relations and observations historical and politique upon this present Parliament, begun anno 16* ([n.p., 1649]): 202. David Underdown, “Walker, Clement [pseud. Theodorus Verax] (d. 1651), political pamphleteer,” Oxford Dictionary of National Biography, Accessed 6 May, 2018. <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-28473>.

¹⁵² Anon., *Eikon e piste. Or, the faithfull pourtraicture of a loyall subject, in vindication of Eikon basilike* ([London: n.p.], 1649): 13.

¹⁵³ Anon, *Eikon e piste*, 13.

¹⁵⁴ Inglis, “Dirt and denigration.”

¹⁵⁵ Jenner, “Roasting of the rump.”

decades later, whose complaints about the dangers of purgative medicines to the bodies of patients echoed the moderates' calls for peace in an age of intense violence. The unusual pacifism of much Helmontian medicine becomes significantly more comprehensible when viewed through this sociopolitical lens. It is surely no coincidence that many of the prominent English Helmontians were committed to the political stance that Peter Elmer has termed 'eirenicism': "the principle of religious reconciliation ... to be attained through the pursuit of peaceful methods."¹⁵⁶

As in Cuthbert Sydenham's pro-Purge rhetoric, the language of purgation frequently portrayed literal or figurative cleansing as an act of correction. The title pages of printed English works that had been reprinted often proudly declared that their contents had been "purged from very many gross errors" that had escaped notice in the original edition.¹⁵⁷ Early seventeenth-century religious polemicists might concern themselves with "purging Popish errors," either by destroying or heavily editing Catholic printed works and also by literally "purging the Countrey of Papists."¹⁵⁸ Implicit (or sometimes explicit) in this form of discourse was the association of Catholic teachings, practices, and persons with excrement: one Protestant writer, Anthony Gilby, scathingly suggested that the will of God could be more clearly and plainly interpreted now that His teachings had been cleansed of "popish ordure."¹⁵⁹ Catholicism in post-Reformation England, as in much of northern Europe, was increasingly associated with redundancy, wastefulness, and an excessive emphasis upon physicality.¹⁶⁰ These associations could provide fertile ground

¹⁵⁶ Elmer, "Medicine, religion, and the puritan revolution," 12.

¹⁵⁷ For instance: Edward Coke, *An abridgement of the Lord Coke's commentary on Littleton collected by an unknown author; yet by a late edition pretended to be Sir Humphrey Davenport, Kt. And in this second impression purged from very many gross errors committed in the said former edition* (London: printed for W. Lee, D. Pakeman, and G. Bedell, 1651); Anon., *The compleat justice being an exact and compendious collection out of such as have treated of the Office of Justices of the Peace, but principally out of Mr. Lambert, Mr. Crompton, and Mr. Dalton: now amplified and purged from sundry errors which were in former impressions thereof* (London: Printed by James Flesher, 1656); Robert Greene, *Greenes groatsworth of wit, bought with a million of repentance Describing the folly of youth, the falshood of make-shift flatterers, the misery of the negligent, and mischieves of deceiving curtezans. Published at his dying request, and newly corrected and of many errors purged* (London: Printed by R. Hodgkinson, 1637).

¹⁵⁸ Alexander Petrie, *A compendious history of the Catholick church from the year 600 untill the year 1600 shewing her deformation and reformation* (Hague: Printed by Adrian Vlack, 1657): vol. 2, 482.

¹⁵⁹ Anthony Gilby, *A pleasaunt dialogue, betweene a souldior of Barwicke, and an English chaplaine Wherein are largely handled & laide open, such reasons as are brought in for maintenaunce of popishe traditions in our Eng. church* (Middelburg: Printed by R. Schilders, 1581): sigs. G6r, H6v–H7r.

¹⁶⁰ However, for an inversion of the trend identified here – in which it was Protestants, rather than Catholics, who were targeted with excremental abuse – see Natalie Zemon Davis, "The rites of violence: religious riot in sixteenth-century France," *Past & Present* 59 (1973): 86 n.108.

for the highly emotive faecal rhetoric of abuse that the culture of purgation provided, a fact which could have devastatingly real consequences for those targeted. In 1643, the Puritan lawyer John “Century” White published a fierce attack on England’s “Scandalous, Malignant Priests.”¹⁶¹ The work was an extended account of the licentious behaviour of clergymen with Laudian or Royalist sympathies, whose alleged crimes ranged from drunkenness to bestiality. White focussed especially upon those ministers who stood accused of preaching against parliament, characterising them as slaves to their basest human passions. In the following passage, he transparently weaponized contemporary fears about the impact that internal corruption could have upon the behaviour of the whole:

if thou wouldst have the people perish for want of vision or impoyned with the destructive Errours of Popery and Arminianisme, and the Land yet more defiled with cursing, swearing, drunkennesse; whoredome, sodomie, then put thy shoulders still to the support of the said Church-Government and Governours, but if thou be better minded (as in Charitie I hope thou art) then joyne heart and hand with the Parliament, to purge out such Popish dreggs.¹⁶²

Parliamentarian writers like White mobilised the embowelled language of purgation to convince their readers that their political opponents were, like the noxious and excremental melancholy humour, “Offensive and burdensome to the Kingdome,” and that they must be “taken away and removed as filthy rubbish from the house of God.”¹⁶³ The “corrupt mindes” of these ministers represented an internal danger to English peace and stability; their “vile affections” threatened to corrupt and infect the general populace.¹⁶⁴ White’s writing, as it turned out, served more than purely rhetorical purposes: the Long Parliament promptly used his ‘findings’ to justify the sequestration of the estates of a hundred clergymen, plunging many into poverty and forcing some to flee overseas.¹⁶⁵ This

¹⁶¹ John White, *The first centvry of scandalous, malignant priests, made and admitted into benefices by the prelates, in whose hands the ordination of ministers and government of the church hath been* (London: Printed by George Miller, 1643).

¹⁶² *Ibid.*, “To the Reader.”

¹⁶³ *Ibid.*, “To the Reader.”

¹⁶⁴ *Ibid.*, “To the Reader.”

¹⁶⁵ Jacqueline Eales, “White, John [called Century White] (1590–1645): politician and lawyer,” *Oxford Dictionary of National Biography*, accessed 30 Apr 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb->

example once again demonstrates how a metaphor of excretion could have far-reaching, real-world consequences. White had called for a purge as a material corrective to what he believed were the spiritual errors of his age, and Parliament was more than happy to oblige.

Conclusion

This chapter has attempted to draw out several important aspects of the early modern preoccupation with purgation. First of all, I suggest that the discourses and practices of purgation present a powerful argument for describing the therapeutic approach to emotional disorders in this period as embowelled. As I have shown in this chapter, the administration of laxative and emetic medicines was a standard therapeutic response to disorders of the mind and pathological emotional states. While many Protestant theologians and moralists remained sceptical or hostile to the idea that physic could impinge upon the soul, the day-to-day business of managing emotions continued to depend upon literal bodily evacuation.¹⁶⁶ Thus, while a theoretical space was maintained for an idea of 'ensouled' selfhood that had little or nothing to do with the body, in both practice and experience this was rendered virtually meaningless.¹⁶⁷ The most immediate, effective, and believable form of emotional intervention was to be achieved through the cleansing of the digestive organs. Moreover, there is reason to believe that this practice was so deeply embedded in the affective life of certain groups and individuals that it shaped behaviour and experience in entirely non-medical contexts. From the exorcism of demons to the extermination or exile of unwanted groups, the structure of early modern emotional experience frequently depended upon the basic narrative of bodily purgation. Applying explicitly bodily and faecal imagery to political themes, many polemicists sought to evoke a sense of the urgent need for violent intervention, for the expulsion of unwanted groups or elements from society through a process akin to the passing of excrement.¹⁶⁸

It would be difficult to overstate the power that the literal and symbolic act of purging held over the imaginations of many in early modern England. In an age punctuated by violence, fear, and instability, a climate that could easily leave the individual feeling powerless and insignificant, purgation offered a form of controlled intervention which

[9780198614128-e-29254](#); Ian M. Green, "The persecution of 'scandalous' and 'malignant' parish clergy during the English Civil War," *The English Historical Review* 94, no. 372 (1979): 507–531.

¹⁶⁶ Schmidt, *Melancholy*, 27–38.

¹⁶⁷ Gowland, "Melancholy, passions and identity," 92.

¹⁶⁸ On the rhetoric of violent purification see Davis, "Rites of Violence."

produced an immediate and tangible effect. Medical, spiritual, and political authority was invested in those who exhibited, above all else, the power to heal by casting-out; in the never-ending pursuit of absolution, people vacillated between the preacher and the physician, the exorcist and the apothecary. Some, like Hooke, took it upon themselves to be their own doctors, manually evacuating their bodies on a weekly or even daily basis. Robert Hooke's purging, which initially presents itself as little more than a tedious and unwanted detail, may in fact offer a crucial window into the emotional life of his time. Although it is impossible to know exactly what was going through Hooke's mind as he prepared himself for a purge, numerous possibilities present themselves. Was he hoping to evacuate the melancholy humour that he believed was the cause of his periodic lowness and anxiety? Or did his purging reflect something closer to a seventeenth-century 'Macbeth effect' – an impulse to cleanse fuelled by underlying feelings of moral guilt?¹⁶⁹ Did he relish the violence that he was doing to his body in the name of medical experimentation? Or was he simply following a script, unwittingly channelling the troubled power dynamics of his age through the medium of his own gut? We will never know which of these descriptions is closest to the truth, but the fact that any of them could have been is a striking testament to the emotional power of the purge.

In the chapter that follows, I explore the theme of embowelled evacuation still further through a case study of perhaps the most iconic purgative substance of its time: black hellebore.

¹⁶⁹ Chen-Bo Zhong and Katie Liljenquist, "Washing away your sins: Threatened morality and physical cleansing," *Science* 313 (2006): 1451–1452.

CHAPTER 4

“A very beneficial poison:”

Hellebore and emotional disorder

... all the helleborus in the world is not sufficient to purge them, that they may vomit out their folly ...

—Thomas Beard, *A retractiue from the Romish religion* (1616)¹

Introduction

On May 26th, in an unspecified year of the 1680s, the royal physician Edmund King attended a case of emotional disorder.² His patient, Lady Betty Thomond, had “[fallen] into a violent passion” and was resisting treatment. Finding her “raving extremely,” and “fearful that she would fall into a *furor uterinus* or mania,” King prescribed a course of vomits and purges, but this brought no relief. Over the next fortnight, Lady Thomond was subjected to a range of therapies, including warm baths, cordial waters, leeches and enemas. But, by June 10th, the patient was “worse and more raving than ever,” and King was forced to up his game. He took away her feather-bed and applied a sheep’s lungs to her head, but to no effect. Thomond’s condition continued to deteriorate, and she showed only fleeting “sparks of sense.” At this point, perhaps despairing of any other cure, King prescribed black hellebore. Two weeks later, King found Thomond in “good pulse and good temper.” By late July, after taking forty-four vomits in the space of thirty days, she had “recovered very well.”

Hellebore enjoys no special fame in the twenty-first century, and is now perhaps best known as a rather attractive perennial garden flower.³ But in early modern England, a medical prescription of hellebore carried immediate and powerful significance. From ancient times, it had been understood that to be given hellebore was to be declared mad, and therefore beyond the power of most ordinary medicines.⁴ It was the purgative

¹ Thomas Beard, *A retractiue from the Romish religion* (London: printed by William Stansby, 1616): 1.

² For the full case, including all quotations given here, see British Library, Sloane MS 1589, “Sir Edmund King’s day-book of medical cases, from 1676 to 1696, with an index prefixed,” ff. 245–8; Furdell, *Royal doctors*, 171–2. On this case, see also Williams, “Hysteria,” 394–5.

³ “Hellebore,” Royal Horticultural Society, accessed 6 May 2018, <https://www.rhs.org.uk/advice/profile?PID=113>.

⁴ M. C. Girard, *Connaissance et méconnaissance de l'hellébore dans l'Antiquité* (Quebec: Université Laval, 1986); Matteo F. Olivieri, Francesca Marzari, Andreas J. Kesel, Laura Bonalume, and Francesco Saettini, “Pharmacology and psychiatry at the origins of Greek medicine: The myth of

remedy *par excellence*, scouring the body of corrupted matter and producing a blackened faecal discharge: tangible, noxious evidence of its therapeutic action. The virtues of hellebore in cases of madness and disordered passions were attested by countless herbals, catalogues of simples and other forms of materia medica from the seventeenth century. “A purgation of hellebore,” wrote the herbalist John Gerard, “is good for mad and furious men, for melancholy, dull, and heavy persons.”⁵ Writing later in the century, the naval surgeon James Cooke shared Gerard’s view, insisting that “Black Hellebore purges Melancholy strongly, and is good in all Diseases from thence, as Madness and Hypochond[riac] Diseases.”⁶ And an early eighteenth-century Scottish writer recorded in his medical notes that “the root of the black hellebore given cautiously has vast effects in lunacy, epilepsy, madness &c.”⁷

The emotionally restorative properties of the hellebore root were documented by some of the most influential medical writers of the sixteenth and seventeenth centuries.⁸ A woodcut of hellebore appeared on the frontispiece of Robert Burton’s *Anatomy of Melancholy*, and Burton pronounced it “The best medicine that e’er God made / For this malady, if well assay’d ... [a] most renowned plant, and famous purger of melancholy.”⁹ It was frequently prescribed by physicians in cases of emotional disorder, and was stocked by English apothecaries well into the eighteenth century.¹⁰ And for some writers, the very mention of hellebore could be enough to evoke the sense of excremental contempt and

Melampus and the madness of the Proetides,” *Journal of the History of the Neurosciences* 26, no. 2 (2017): 193–215; Shadi Bartsch, *Persius: A Study in Food, Philosophy, and the Figural* (Chicago: University of Chicago Press, 2015): 84–92. Hellebore in the early modern period has been often mentioned but little-discussed: see Camporesi, *Incorruptible flesh*, 121–3.

⁵ John Gerard, *The herball or Generall historie of plantes* (London: Printed by Adam Islip, 1633): 97.

⁶ James Cooke, *Mellificium Chirurgiæ: Or, The Marrow Of Chirurgery* (London: Printed for Joshua Phillips, 1704): 261.

⁷ British Library, Add. MS 29243, “Medical prescriptions, notes of cases, etc., dated at Oxford, Edinburgh, Aberdeen, and London, from 1694 to 1708,” f. 47. For further examples see John Parkinson, *Theatrum botanicum: the theater of plants* (London: printed by Thomas Cotes, 1640): 219; Pierre Morel, *The expert doctors dispensatory the whole art of physick restored to practice* (London: Printed for N. Brook, 1657): 360; John Pechey, *The compleat herbal of physical plants containing all such English and foreign herbs, shrubs and trees as are used in physick and surgery* (London: Printed for Henry Bonwicke, 1694): 257.

⁸ Paracelsus, *Dispensatory*, 1–25; Felix Platter, *Platerus golden practice of physick* (London: printed by Peter Cole, 1664): 41; Van Helmont, *Works*, 302; Robert Boyle, *Philosophical works* (London: printed for W. and J. Innys, 1725): vol. 1, 436.

⁹ Burton, *Anatomy* (4th ed.): Front Matter.

¹⁰ See for instance: Wellcome MS 7646, “Apothecary’s Stock Book, early 17th century”; Wellcome MS 7500, “Apothecary’s Cash-Book, West Yorkshire, 18th century”; Wellcome MS 6919, “Nicholas Gaynsford (fl. 1712–13), of Hartfield, Sussex: notes and recipes”; Wellcome MS 3631, “Alexander Morgan, Medical case-book”; Wellcome MS 5451, “Inventories and valuations of stock, 1754–1773.”

implicit violence that, as we have seen in previous chapters, was a recurrent feature of public discourse in early modern England.

Despite being extensively discussed, debated, rejected, defended, prescribed and purchased in its time, hellebore has received little attention from historians of medicine in ours.¹¹ It has been a frequent footnote in the ‘history of madness:’ a curious material and rhetorical artefact of the now-defunct humoral theory.¹² In 1801, when Philippe Pinel reflected on the ‘helleborism’ of the Greek medical tradition, he dismissed it as nothing more than “narrow-minded empiricism,” unworthy of the attention of modern doctors of the mind.¹³ Pinel poured scorn on his intellectual forebears, incredulous that such “popular prejudices or superstitious ideas ... were [ever] subjects of serious discussion.”¹⁴ The picture he painted of medieval and Renaissance medicine was damning: generations of physicians diligently labouring to make the remedies of the ancients actually *work* – or at the very least, to minimise their potential for harm – and, increasingly, to distance them from the primitive natural magic in which they were rooted.

The tendency to treat the medical past as a series of mistakes – either to be buried by posterity, or held up as cautionary examples of what *not* to do – continues to colour much historical scholarship into psychological medicine.¹⁵ When hellebore has featured in modern medical histories, it has often been used to support the dualistic observation that pre-modern physicians “employed physical remedies to heal mental diseases.”¹⁶ Some historians have taken relish in recounting hellebore’s evident capacity for harm, implicitly or explicitly scorning those who believed in its efficacy:

Hellebore alone could claim a long chapter in the history of human error ... both hellebores tend to kill, but before doing so, they have a few side effects, including nausea and diarrhea – which is all that the Greek physician really wanted. One might as well shoot a gun blindly in order to enjoy the noise and the smell ... The saving grace of hellebore was that it

¹¹ For an exception, see Bartsch, *Persius*, 84–92.

¹² MacDonald, *Mystical Bedlam*, 190; Scull, *Madness in Civilization*, 173.

¹³ Philippe Pinel, *Traite Medico-Philosophique* (1801), quoted in Gregory Zilboorg & George W. Henry, *A History of Medical Psychology* (New York: W. W. Norton & Company, 1941): 330–1.

¹⁴ *Ibid.*

¹⁵ For recent examples see e.g. Mick Power, *Madness Cracked* (Oxford: Oxford University Press 2015): 1–27; Scull, *Madness in Civilization*; Wootton, *Bad medicine*, 146.

¹⁶ MacDonald, *Mystical Bedlam*, 187; Lawrence Babb, *The Elizabethan Malady* (East Lansing MI: Michigan State University Press, 1951): 8; Michael Dols, *Majnūn: the madman in medieval Islamic society* (Oxford: Oxford University Press, 1992): 275–6.

caused vomiting so fast that the patient stood a chance of getting rid of it before absorbing a lethal dose.¹⁷

Hellebore emerges from these accounts as just another toxic substance in a vast and largely arbitrary premodern pharmacopoeia. On the surface, it only appears to confirm what we might think we already know: that medicine in the past could be incomprehensibly cruel, and that all-encompassing, overly simplistic theories were often carried to fatal extremes.

More recently, however, the rich complexity of pre-modern medical substances and the wide array of actions that they were believed to have upon the body has been increasingly recognised. As a result, the past decade has seen a noticeable increase in studies of medicinal substances in early modern England.¹⁸ Many of these have examined the proliferation of foreign substances as commodities, and traced their assimilation into the English medical marketplace.¹⁹ However, although this strand of scholarship has produced some fascinating and illuminating studies, these have shown little interest in those substances which were domestically available, or whose use had been known since antiquity. At the same time, however, there has also been a concerted attempt to reclaim the historical study of herbs and herbal remedies as a subject of ethnographic inquiry.²⁰ Elizabeth Hsu has argued for the importance of viewing plant-based medicines as “cultural artefacts that are produced and used in culture-specific ways.”²¹ Plants, in other words, are never ‘just’ plants; the ideas and practices which cluster around them are

¹⁷ Guido Majno, *The Healing Hand: man and wound in the ancient world* (Cambridge MA: Harvard University Press, 1975): 188–9.

¹⁸ See e.g. Cook, “Markets and cultures;” Wouter Klein and Toine Pieters, “The Hidden History of a Famous Drug: Tracing the Medical and Public Acculturation of Peruvian Bark in Early Modern Western Europe (c. 1650–1720),” *Journal of the history of medicine and allied sciences* 71, no. 4 (2016): 400–21; Anna E. Winterbottom, “Of the China root: a case study of the early modern circulation of materia medica,” *Social History of Medicine* 28, no. 1 (2014): 22–44.

¹⁹ See especially Wallis, “Exotic drugs;” Schiebinger, “Prospecting;” also Harold J. Cook and Timothy Walker, “Circulation of Medicine in the Early Modern Atlantic World,” *Social history of medicine* 26, no. 3 (2013): 337–51. On the literature of the medical marketplace in early modern England, see chapter 1.

²⁰ Anne Stobart and Susan Francia, “The Fragmentation of Herbal History: The Way Forward,” in *Critical Approaches to the History of Western Herbal Medicine: From Classical Antiquity to the Early Modern Period*, ed. Susan Francia and Anne Stobart (London: Bloomsbury, 2014): 149; Elizabeth Hsu, “Plants in Medical Practice and Common Sense: On the Interface of Ethnobotany and Medical Anthropology,” in *Plants, Health and Healing: On the Interface of Ethnobotany and Medical Anthropology*, ed. Elizabeth Hsu and Stephen Harris (New York: Berghahn Books, 2010): 1–48; see also Stobart, *Household medicine*.

²¹ Elisabeth Hsu, “The history of qing hao in the Chinese materia medica.” *Transactions of the Royal Society of Tropical Medicine and Hygiene* 100, no. 6 (2006): 505–8.

always imbued with wider significance, and this in turn can shape the way in which they are perceived to act upon the body.

This chapter aims to demonstrate that a close study of hellebore – the medicine most strongly associated with madness, perhaps the most “culture-bound” of all disorders – can offer some particularly striking insights into the nature of embowelled emotion in early modern English medicine and culture.²² Its purpose is emphatically *not* to recommend a return to the use of hellebore as a therapeutic practice; it was undoubtedly dangerous to the patient, and has, with good reason, long since fallen out of use.²³ But in light of renewed scientific and historical interest in the complex interplay between mind and gut, it may be time to cast a fresh eye over this ancient substance, and to consider alternative explanations for its continued presence in pharmacopoeias and apothecaries’ shops well into the eighteenth century.²⁴ In this chapter I suggest that, far from illustrating no more than the ignorance and brutality of practitioners, the early modern understanding of hellebore can provide significant insights into the embowelled perception of emotional disorder between 1580 and 1740. The prevalence of hellebore in both literal and figurative discussions of madness serves as a striking example of the interconnectedness of digestion and emotion that, as we have already seen, was a characteristic feature of the medicine and culture of this period. Approaching hellebore first as a medical and then as a cultural phenomenon, I show that its popular image was shaped by accounts and descriptions which emphasised both its excremental nature and the violence of its internal action within the body. I also highlight how the use of hellebore in exorcisms and hygiene rituals suggests a deeper and more powerful link to emotion and identity than has previously been acknowledged, one which was always understood in terms of its expulsive laxative properties.

In the first section, I provide some context for hellebore’s use as a medical substance. The main purpose of this section is to demonstrate that, despite claims to the contrary by some contemporary medical writers (and also some historians), hellebore continued to be widely used throughout the seventeenth and early eighteenth centuries, and remained

²² Ronald C. Simons and Charles C. Hughes, *The culture-bound syndromes: folk illnesses of psychiatric and anthropological interest* (Dordrecht: D. Reidel, 1985).

²³ Paula de Vos, “European materia medica in historical texts: longevity of a tradition and implications for future use,” *Journal of ethnopharmacology* 132, no. 1 (2010): 28–47. However, for a frighteningly recent celebration of hellebore’s ‘healing power,’ see Johannes Wilkens, *The Healing Power of the Christmas Rose: The Medicinal Value of Black Hellebore* (Forest Row: Temple Lodge Publishing, 2017).

²⁴ See the introduction to this thesis.

strongly associated with the treatment of madness and melancholy throughout the period under discussion. Successive physiological theories continued to justify the use of hellebore, and while many feared the violence of its operation, few argued that it was ineffective in treating emotional disorders. Indeed, as I show in the following section, assumptions about the therapeutic potency of hellebore were inseparably tied up in the perceived violence of its laxative action. This point is more fully demonstrated through a close examination of the language used around hellebore in a medical controversy which took place in the middle of the seventeenth century between Nicholas Culpeper and the College of Physicians. In the final section, I explore the metaphorical use of hellebore in seventeenth-century public discourse, focussing especially on how its role as an insult – much like the example of ‘hypochondria’ – harnessed the herb’s associations with both violence and excrement. I also examine how sensory descriptions of hellebore further reinforced its association with excrementality and the tactile qualities of the melancholy humour. I highlight the strong parallel between medical accounts of successful hellebore-cures and exorcisms, showing that in both medical and demonological narratives, the moment of emotional transformation was often signalled by the expulsion of large quantities of black matter from the bowels. I conclude with the suggestion that the use of hellebore can be productively understood as an example of what Mary Douglas and other anthropologists have called “respect pollution,” in which a voluntary act of literal self-contamination is imbued with a powerful curative potential. Far from being an insignificant piece of herbal folklore, I suggest, the history of hellebore can reveal a great deal about the embowelled dimensions of early modern English culture.

Hellebore as medicine

Edmund King was not alone in prescribing hellebore to the chronically low-spirited, and the case of Lady Betty Thomond, while especially vivid, was not at all unusual for its time. For instance, when Leonard Kempson of Stratford-upon-Avon found himself “oppressed with melancholy ... [and] very sleepy” sometime in the decades around 1600, he approached the physician John Hall, who administered an enema of black hellebore, which “brought away two Stools with a great deal of Wind.”²⁵ Similarly, the “lightheaded and very lunatic” fifteen-year-old Eleanor Astone was given hellebore by the astrologer Richard Napier to curb fits of rage, in which she would scratch and scream at her

²⁵ Lane, *John Hall*, 57–9; see also Sullivan, *Beyond melancholy*, 109.

mother.²⁶ It was also given by Napier to the forty-year-old Robert Day, who had fallen “mad out of his wits” due to unpaid debts, and even administered free of charge to the suicidal William Rogers.²⁷ Between 1597 and 1620, more than a third of Napier’s emotionally unwell patients were purged with *hiera logadii*, a compound containing both white and black hellebore. This figure is based on a sample of 800 cases of “diseases of the mind” (as classified by the Casebooks Project) out of which 302 of Napier’s patients (38% of the sample) were given either *hiera logadii* or black hellebore in substance.²⁸

Towards the end of the same century, hellebore was still being enthusiastically prescribed and recorded by the empiric William Salmon.²⁹ Salmon compiled more than a hundred prescriptions of hellebore gathered from his own and other physicians’ practices over the preceding century-and-a-half: besides madness, it was also given for related disorders such as the falling sickness, vertigo, incubus, hysteria and hypochondriac melancholy.³⁰ According to the York physician Martin Lister, hellebore was a common treatment for the bite of a rabid dog; it was also recommended for obscure and semi-fantastical conditions such as lycanthropy or ‘wolf madness.’³¹ Some of its uses were stranger still. The German chemist Daniel Sennert suggested that hellebore could be a suitable antidote for the madness that afflicted those who had, for reasons perhaps best known to themselves, eaten a cat’s brain:

After the taking of the brain of a Cat, there is a megrim,
astonishment and madness. If it be in the stomach, vomit it up;

²⁶ Bodleian Library, MS Ashmole 404, f. 138r, accessed Nov 28, 2017 via *Casebooks Project*, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE19531>;

²⁷ Bodleian Library, MS Ashmole 202, f. 32r, accessed Nov 28, 2017 via *Casebooks Project*, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE10279>; Bodleian Library, MS Ashmole 228, f. 142v, accessed Nov 28, 2017 via *Casebooks Project*, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE12335>.

²⁸ The Casebooks Project, accessed 6 May 2018, <http://www.magicandmedicine.hps.cam.ac.uk/>.

²⁹ Wilson, “Salmon,” ODNB.

³⁰ Salmon, *Iatrica*, 3, 46, 240, 269–70, 505–6.

³¹ Martin Lister, “A remarkable relation of a man bitten with a mad dog, and dying of the disease called hydrophobia, sent in a letter to the Royal Society by the learned Martin Lister Esquire, dated from York March 26. 1683,” *Philosophical Transactions of the Royal Society* 13 (1683): 166; Robert Bayfield, *Tes iatrikes kartos, or, A treatise de morborum capitis essentiis & pronosticis adorned with above three hundred choice and rare observations* (London: Printed by D. Maxwel, 1663): 49–51. On early modern lycanthropy, see Erica Fudge, *Perceiving Animals: Humans and Beasts in Early Modern English Culture* (Champaign: University of Illinois Press, 2002): 51–5.

if it be distributed, purge with a scruple of the Extract of Hellebore.³²

Although hellebore was principally the herb of madness, it did have other medicinal uses. Such was the power of its operation, its ability to reach into the “hidden recesses of the body” and draw out offensive matter, that it was thought to have particularly strong curative properties in diseases whose origins, like those of madness, were mysterious or remote.³³ Thus we find it recommended for migraines, unexplained convulsions, worms in the stomach, and other digestive or splenic complaints. Since it was a ‘melanagogue’, it was understood to drive out melancholy matter which had accumulated either in the head, stomach, or intestines, which, if left untreated, could lead to outright madness.³⁴ In all cases, the therapeutic success of hellebore was understood to be signalled by a forceful evacuation of the patient’s stomach and bowels, after which their emotional symptoms were often reported to have abated.³⁵

The precise species of plant that was denoted by ‘hellebore’ in this period is a matter of contention. Early modern writers distinguished between the white and black varieties (now considered to be two separate species: *Veratrum album* and *Helleborus niger* respectively), and, in accordance with the doctrine of signatures, the colour of the roots was believed to indicate the operation they would have upon the body.³⁶ “When we would purge more by the lower parts we rather choose the black,” wrote the sixteenth-century Swiss physician Felix Platter, “but if we would chiefly cause vomiting we take the white.”³⁷ The white was also considered more powerful, and hence more dangerous, than the black, and it is perhaps for this reason that the black variant appeared far more often in seventeenth-century medical practice. The colour distinction referred to the roots only; both black (*Helleborus niger*) and white (*Veratrum album*) hellebores have white flowers. However, it is likely that the name of ‘black hellebore’ helped to lend a darker cast to its

³² Daniel Sennert, *The sixth book of Practical physick* (London: printed by Peter Cole, 1662): 80.

³³ Daniel Le Clerc, *The history of physick* (London: Printed for D. Brown, A. Roper, T. Leigh, and D. Midwinter, 1699): 285.

³⁴ George Kendall, *An appendix to The unlearned alchemist wherein is contained the true receipt of that excellent diaphoretick and diuretick pill, purging by sweat and urine, commonly known by the name of Matthew's pill* (London: Printed for Joseph Leigh, 1664): 18; Pliny the Elder, *The historie of the world: commonly called, The naturall historie of C. Plinius Secundus* (London: Printed by Adam Islip, 1634): vol. 2, 218–20. See chapter 3 on ‘melanagogues’.

³⁵ See below on the expulsion of black matter.

³⁶ Robert Burton, *The anatomy of melancholy, Vol. 2: Text*, ed. Nicolas K. Kiessling, Thomas C. Faulkner, and Rhonda L. Blair (Oxford: Clarendon, 1990): 228–9, n.12.

³⁷ Platter, *Golden practice*, 41; Pliny, *Natural history*, vol. 2, 217–19. On the doctrine of signatures, see Pagel, *Paracelsus*, 148–9.

popular image: in the *Faerie Queene*, Edmund Spenser mentioned it among those plants which grew in the necropolitan Garden of Persephone, “direfull deadly blacke both leafe and bloom, Fit to adorne the dead, and decke the drery toombe.”³⁸

Purges of hellebore had been a staple of ancient Greek medicine, recommended by Hippocrates, Galen, and Dioscorides, and early modern Europe inherited this practice as part of a vast and organic body of medical theory.³⁹ In the seventeenth century, with chemical and later Newtonian natural philosophy posing new challenges to the classical humoral physiology, we might reasonably expect to see a decline in the use of hellebore in medicine.⁴⁰ But it appears, in fact, to have persisted well into the eighteenth and even nineteenth century. Along with the broader practice of purging, hellebore was readily and unproblematically assimilated into each new set of theories. While ancient physicians and many sixteenth-century practitioners had used hellebore on the grounds that it drew forth and purged excessive and malignant black bile from the body, chemical physicians following Paracelsus increasingly accounted for its purgative action as the result of poisonous salts that purged the whole body indiscriminately.⁴¹ Nor was hellebore displaced by the shift towards the nervous physiology in the later seventeenth and early eighteenth century: iatromechanists simply explained its action in terms of laxity and tension of nervous fibres connecting the brain to the rest of the body. For instance, in his 1725 work on nervous disorders, Nicholas Robinson acknowledged that “Purging medicines of black hellebore, are mightily extoll’d” in cases of severe lunacy or ‘raving madness’ that demanded nothing less than “the most violent vomits, [and] the strongest purging medicines.”⁴² And as late as 1735, George Cheyne was still recommending purges of hellebore to patients afflicted with the ‘English Malady,’ albeit

³⁸ Pliny, *Natural history*, vol. 2, 217; Edmund Spenser, *The faerie queene* (London: Printed by Richard Field, 1596): 286.

³⁹ Siraisi, *Medieval and early Renaissance medicine*; Hippocrates, *The eight sections of Hippocrates Aphorismes review'd and rendred into English, according to the translation of Anutius Foesius* (London: Printed by W. Godbid, 1665): 120; Grant, *Galen on Food and Diet*, 30; Tess Anne Osbaldeston & R. P. A. Wood, *Dioscorides: De materia medica* (Johannesburg: Ibis Press, 2000): 700; Bartsch, *Persius*, 86–92.

⁴⁰ Debus, *Chemical Philosophy*; Brown, “Medicine in the shadow.”

⁴¹ See e.g. Le Clerc, *History of physick*, 280; Théophile Bonet, *A guide to the practical physician* (London: printed for Thomas Flesher, 1686): 375, 788; Michael Etmüller, *Etmullerus abridg'd: or, A compleat system of the theory and practice of physick* (London: printed for E. Harris, 1699): 30; Daniel Sauvvy, *A treatise of medicines containing an account of their chymical principles* (London: Printed for Richard Wellington, Arthur Bettesworth, and Bernard Lintott, 1700): 125–6. See Harris, *Foreign bodies*, 50–7 for a summary of the “poisonous pharmacy.”

⁴² Robinson, *New System*, 395, 402.

only in extreme cases where a ‘lowering’ diet and lifestyle were insufficient.⁴³ Far from being displaced by mineral medicines, hellebore was readily incorporated into chemical compounds alongside more modern substances: for instance, the celebrated (and censured) Mathews’ Pills combined hellebore and opium with oil of amber and tincture of antimony.⁴⁴

Several writers throughout the period did claim that hellebore had fallen out of use, and this is perhaps why some historians have interpreted it as a purely intellectual or metaphorical phenomenon, recommended in theory but rarely given in practice.⁴⁵ In one literary study, hellebore has even been described as “a natural remedy for insanity used in Ancient Greece, but not in the Renaissance.”⁴⁶ However, the evidence from casebooks, pharmacopoeias, and apothecaries’ documents suggests that hellebore remained in active use until at least the mid-eighteenth century. An anonymous apothecary’s cash-book from the West Riding of Yorkshire, for instance, recorded fourteen payments for hellebore and close to forty for Mathews’ Pills between 1703 and 1710, including prescriptions for those suffering from dizziness, epileptic fits, and hypochondriac melancholy.⁴⁷ Nicholas Gaynsford of Hartfield, Sussex continued to draw up recipes containing hellebore in the 1710s, while the London apothecary Thomas Corbyn was recording it in his inventories as late as 1773.⁴⁸

Recipes containing hellebore also continued to be listed in the College of Physicians’ published catalogue of medical compositions until around the middle of the eighteenth century, with a handful enduring longer still. The timeline below (fig. 2) lists every recipe containing hellebore from the *Pharmacopoeia Londinensis*, from its first edition in 1618 through to its near-complete overhaul in 1745. From 1618, it was a legal requirement for apothecaries to arrange their medicinal compositions according to the guidelines of the College of Physicians as laid out in the *Pharmacopoeia*. This was nominally to ensure that

⁴³ Cheyne, *English malady*, 167.

⁴⁴ Kenelm Digby, *A choice collection of rare secrets and experiments in philosophy* (London: Printed for the author, 1682): 266–9; Kendal, *Appendix*, 10–11.

⁴⁵ The German surgeon Georg Wolfgang Wedel, for instance, listed black hellebore under “seldom used” and the white under “not used” in his catalogue of medical simples. Georg Wolfgang Wedel, *An introduction to the whole practice of physick* (London: printed for William Thackery, 1685): 200–203.

⁴⁶ Anne S. Chapple, “Robert Burton’s Geography of Melancholy,” *Studies in English Literature, 1500–1900* 33, no. 1 (1993): 115.

⁴⁷ Wellcome MS 7500, “Apothecary’s Cash-Book, West Yorkshire, 18th century.” On hypochondria, see chapter 2 of this thesis.

⁴⁸ Wellcome MS 6919, “Nicholas Gaynsford (fl. 1712–13), of Hartfield, Sussex: notes and recipes”; Wellcome MS 5451, “Inventories and valuations of stock, 1754–1773.”

drugs were made and distributed safely and effectively, but in practice it also gave the College the power to limit a potentially rival trade.⁴⁹ Although of course it is difficult to judge how often or how far these guidelines were followed in practice, the *Pharmacopoeia* still presents clear evidence for the prevalence of hellebore among medical practitioners of the time.



Fig. 2. Timeline showing recipes containing hellebore in successive editions of the College of Physicians' *Pharmacopoeia Londinensis*, 1618–1745

By 1745, the number of recipes containing hellebore in the *Pharmacopoeia* had fallen to just four – down from eight in the original 1618 edition, and as many as ten in the mid-seventeenth century. And yet, given the tone of some contemporary commentators, it is surprising that there should be any at all. As early as 1579, the German physician Walter Buele had recommended that “such medicines as are mixed with hellebore ... must be forbidden,” and by the early seventeenth century, Sennert was claiming that hellebore was increasingly being replaced by equivalent mineral medicines like antimony.⁵⁰

⁴⁹ On the authority of the College and their pharmacopoeia, see Cook, “Good advice;” *idem.*, “Policing the health of London: the College of Physicians and the early Stuart monarchy,” *Social History of Medicine* 2, no. 1 (1989): 1–33.

⁵⁰ Gualtherus Buele, *Praxis medicinae, or, the physicians practice* (London: Printed by Iohn Norton, 1632): 191; Daniel Sennert, *Nine books of physick and chirurgery* (London: printed by J.M., 1658): 64–5. On antimony, see Kassell, *Medicine and magic*, 175–87.

For many physicians, however, lack of explicit theoretical justification was not sufficient reason to reject specific medicines that were obviously effective, even if the manner of their operation could not be fully explained.⁵¹ Robert Boyle, for instance, saw the rejection of hellebore by some physicians as a kind of professional cowardice, stating obstinately (and more than a little perversely) that: “I should no longer insist upon the recommendation of specifics, did I not find, at every turn, that learned men ... reject them, for not knowing the manner of their operation.”⁵² As we saw in the previous chapter, the practice of purging appears to have taken on a life of its own in the seventeenth century, sometimes largely divorced from its original theoretical framework. When George Castle penned *The Chymical Galenist* in 1667, he was self-consciously attempting to reconcile Galenic medicine with more recent discoveries in anatomy and physiology.⁵³ However, he did so not by attempting to crudely retrofit humoral purging into a chemical model, but by observing (correctly) that purging, as a practice, long-predated humoralism.⁵⁴ Castle in fact singled out hellebore as an example of a substance whose effectiveness in treating melancholy disorders was, in his view, self-evident:

I do not find, that the improvements which have been made in the theory of physic, have much altered the practice ... the indication for purging was not founded upon the notion of the four humors, but upon long observation, that when distempers discovered themselves by such and such signs, the body was to be emptied, and, by frequent trials, one purger (as especially hellebore in melancholy) was found more effectual than another.⁵⁵

There is reason to believe that hellebore itself had a stronger hold on the early modern imagination than many other substances and practices that fell under the rubric of humoral medicine. Van Helmont, for instance – who, as we have seen, rejected a great

⁵¹ Harold J. Cook, “Victories for Empiricism, failures for theory: Medicine and science in the seventeenth century,” in *The Body as Object and Instrument of Knowledge*, ed. Charles T. Wolfe and Ofer Gal (Springer, Dordrecht, 2010): 9–32.

⁵² Boyle, *Philosophical works*, vol. 1, 100.

⁵³ Clericuzio, “From van Helmont to Boyle,” 306.

⁵⁴ Markham J. Geller, *Ancient Babylonian Medicine: Theory and Practice* (Chichester: John Wiley & Sons, 2010): 85–6.

⁵⁵ George Castle, *The chymical Galenist* (London: Printed by Sarah Griffin, 1667): 141.

deal of humoral theory and practice – used the example of hellebore to support his controversial theory of the stomach as the seat of the soul. Van Helmont argued that:

although manifold vomitive medicines are not wanting, yet a peculiar virtue is attributed to hellebore for a mad brain: Not indeed, that the poisonous and hurtful quality doth reach into the head ... black hellebore easeth madneses before other vomitive medicines commonly known, because it unloads the ancient fevers of the midriffes.⁵⁶

Crucially, Van Helmont was not attempting to discern *whether* hellebore was effective against madness: like Castle, he took this to be self-evident. He sought only to explain *why* it worked so well for this particular illness. As these examples demonstrate, the persistence of hellebore as a cure cannot be explained away in terms of a lingering attachment to increasingly discredited theories. It may be especially revealing that, in arguing that hellebore’s effectiveness in treating madness was due not to its action upon the “mad brain” but due to its “unload[ing] the ancient fevers of the midriffes,” Van Helmont appears to have been making one of the regular appeals to ‘gut feelings’ that, as we saw in chapter 1, were one of his favourite rhetorical strategies. There may have been deeper and far more visceral reasons why hellebore, beyond even other purgative medicines, had such an enduring and powerful association with emotional disorder.

The violence of hellebore

Hellebore occupied an uneasy place in the early modern *materia medica*. On the one hand, it frequently drew high praise, especially from chemical physicians. It would have been difficult to find a more enthusiastic champion of hellebore than Paracelsus, who wrote that:

There is more to be found in this one herb, then is to be found in all the writings of university doctors ... That doctor who knows the right use ... shall by this one herb have more infallible knowledge and skill in curing diseases, then all the empericks or doctors whosoever.⁵⁷

⁵⁶ Van Helmont, *Works*, 302. On Van Helmont situating the soul in the pylorus, see chapter 1 of this thesis.

⁵⁷ Paracelsus, *Dispensatory*, 23–5.

Those who could directly attest to hellebore's healing powers were more than willing to recommend it to their friends and acquaintances. Henry More recommended it to Anne Conway based on personal experience, calling it "a marvellous good medicine if it be given in its due doses."⁵⁸ It was praised for its potency and the strength of its action upon the belly: the purgative power of hellebore was described by Felix Platter as "so great that it will cure almost the desperate."⁵⁹ When the York physician Martin Lister recounted a case of a patient suffering from rabies to the Royal Society in 1683, he expressed bafflement that "not bleeding, or the most famed antidotes, or *even hellebore* could in the least save [him]."⁶⁰ This potency was especially vital in cases of madness, which, as Nicholas Robinson's writings attest, were thought to resist all but the strongest medicines.⁶¹

However, the strength of hellebore was perceived by some to be excessive, especially when it was handled or administered inexpertly. Robert Boyle recalled an embarrassing instance in which

a physician of my acquaintance, causing a large quantity of black hellebore-root to be long pounded in a mortar, most of those who were in the room, and, especially, the person who powdered it, were thereby purged, and some of them strongly.⁶²

It was well-known that an excessive dose of hellebore could kill. Hippocrates had given detailed instructions on how to purge safely with hellebore in his *Aphorisms*, which were reprinted throughout the seventeenth and eighteenth centuries.⁶³ Physicians uniformly recommended against the giving of hellebore "to children, women with child, or weak persons"; it was to be given only "warily, and to strong bodies."⁶⁴ As the French physician Daniel Sauvage darkly observed, "it does not always benefit the sick; but it always harms

⁵⁸ "Henry More to Lady Conway, May 9th 1673," in Nicolson & Hutton ed., *The Conway Letters*, 369.

⁵⁹ Platter, *Golden practice*, 36.

⁶⁰ Lister, "A remarkable relation," 168–9 (italics mine).

⁶¹ Burton wrote that melancholy "will resist a gentle medicine." Burton, *Anatomy* (1st ed.): 465.

⁶² Boyle, *Philosophical works*, vol. 1, 436.

⁶³ See e.g. Hippocrates, *The vvhole aphorismes of great Hippocrates prince of physicians* (London: Printed by H. L., 1610); idem., *The eight sections of Hippocrates Aphorismes review'd and rendred into English* (London: printed by W. G., 1665); idem., *The aphorisms of Hippocrates* (London: printed for R. Wilkin, 1735.); idem., *Doctrines and practice of Hippocrates in surgery and phisic* (London: printed for T. Cadell, in the Strand, 1783).

⁶⁴ Robert Pemell, *Tractatus de simplicium medicamentorum facultatibus* (London: Printed by M. Simmons, 1652): 125. Cooke, *Mellificium Chirurgiæ*, 261.

those that are well.”⁶⁵ There are many grisly seventeenth-century accounts of hellebore doing more harm than good. The Scottish clergyman Alexander Ross claimed that “I never knew what the cramp was, till I was let blood and purged with hellebore by an unskilful physician.”⁶⁶ The physician and apothecary William Drage, meanwhile, reported that:

When I was a youth, I took white hellebore for my quartan ague, and I had a convulsion of my gullet; so that it seemed to cleave together to my apprehension, and to rise as if somewhat was in my throat.⁶⁷

Disturbingly, in the (now well-established) tradition of doing terrible things to animals in the name of science, in the 1670s the natural philosopher William Courten gave white hellebore to a dog. Courten reported that the medicine “very much disordered him, and caused wretchings, suffocations, vomiting, and voiding of excrements.”⁶⁸ Even more dramatically, in 1602, a gardener named John Pemmer was indicted for administering a fatal dose of hellebore to his neighbour, one Anne Fisher. The unfortunate Fisher, “ignorant of the effect of so great a quantity of White Elebore” and “being persuaded by John Pemmer it would be a remedy for her sickness,” died five days after being given Pemmer’s ‘remedy.’⁶⁹

In light of all this, it is perhaps unsurprising to find hellebore enjoying an alternate fame as a dangerous poison. One of its principal uses, besides curing madness, was to kill vermin. It was listed as rat poison in a number of sixteenth- and seventeenth-century herbals, and Burton noted that at least one of his sources “attributes no other virtue to it, than to kill mice and rats, flies and mouldwarps;” another commentator described it as “good only to choke daws withal.”⁷⁰ Drawing on the natural histories of Pliny the Elder, Burton presented a whole range of examples in which hellebore had been used as a fatal poison. It had supposedly been employed by the Greek statesman Solon to poison the

⁶⁵ Tavvry, *Treatise of medicines*, 126.

⁶⁶ Alexander Ross, *Arcana microcosmi, or, The hid secrets of man's body discovered* (London: Printed by Tho. Newcomb, 1652): 262.

⁶⁷ William Drage, *A physical nosonomy, or, A new and true description of the law of God (called nature) in the body of man* (London: Printed by J. Dover, 1664): 73.

⁶⁸ William Courten and Hans Sloane, “Experiments and observations of the effects of several sorts of poisons upon animals, etc. made at Montpellier in the years 1678 and 1679, by the late William Courten Esq; communicated by Dr. Hans Sloane, RS Secr. Translated from the Latin MS,” *Philosophical Transactions of the Royal Society* 27 (1710): 485–500.

⁶⁹ John Cordy Jeaffreson ed., *Middlesex County Records: Vol. 1, 1550–1603* (London: Printed by Woodfall and Kinder, 1886): 276.

⁷⁰ Burton, *Anatomy* (1st ed.): 456; Jeremiah Love, *Clavis medicinae: or, The practice of physick reformed* (London: printed for Henry Brome, 1674): 38.

spring of a besieged city, killing or weakening the inhabitants to procure his victory.⁷¹ The French were also said to have used it to poison their arrows for the hunt, “that the venison which they take will eat the tenderer; but then they cut away the flesh round about the wound made by the foresaid arrows.”⁷² Its potency, then, was both its greatest virtue and its greatest liability. As Shadi Bartsch has noted, hellebore perfectly embodied the ancient Greek medico-philosophical concept of *pharmakon*: “a medicine-poison that exemplifies the curious paradox of potentially being its own cure.”⁷³

This ambivalent status of hellebore, straddling the boundary between panacea and poison, could make it a focal point of medical controversy. This became especially pronounced in the mid-seventeenth century, when the herbalist and astrologer Nicholas Culpeper took it upon himself to produce an unauthorised English translation of the *Pharmacopoeia* of the College of Physicians of London.⁷⁴ Culpeper, a republican and radical, saw the collapse of censorship in the 1640s as an opportunity to savagely attack the College’s attempted monopoly over medical practice.⁷⁵ In translating the *Pharmacopoeia*, he took the liberty of adding his own scathing commentaries to many of their compositions, especially those which contained hellebore. For instance, under “Syrup of Roses Solutive with Hellebore,” Culpeper wrote, “I wish the ignorant to let it alone, for fear it be too hard for them, and use them as coarsely as the College hath done.”⁷⁶ He did, however, add grudgingly that the syrup “rightly used, purgeth melancholly, resisteth madness.”⁷⁷ In the case of “Honey Helleborated,” his criticisms were harsher still:

What a *monstrum horrendum*, horrible terrible receipt have we got here? ... what should this medicine do? Purge melancholy say they, but from whom? From men or beasts? For the

⁷¹ Burton, *Anatomy* (1st ed.): 456.

⁷² Pliny, *Natural history*, vol. 2, 219–20.

⁷³ Bartsch, *Perseus*, 90–1; Pollard, *Drugs and Theater*: 4–5. See also Derrida, *Dissemination*, 95–116.

⁷⁴ Elizabeth Lane Furdell, *Publishing and medicine in early modern England* (Rochester, NY: University of Rochester Press, 2002): 42–4; Jonathan Sanderson, “Nicholas Culpeper and the book trade: print and the promotion of vernacular medical knowledge, 1649–65,” (Ph.D. diss., University of Leeds, 1999).

⁷⁵ Andrew Wear, “Puritan perceptions of illness in seventeenth-century England,” *Patients and Practitioners: lay perceptions of medicine in pre-industrial society* (Cambridge: Cambridge University Press, 1985): 55–59.

⁷⁶ Royal College of Physicians, *Pharmacopoeia*, 110.

⁷⁷ *Ibid.*

medicine would be so strong the Devil would not take it unless it were poured down his throat with a horn.⁷⁸

Nearly every recipe containing hellebore received similar treatment, with Culpeper repeatedly emphasising the dangerous violence of the College's compositions, and ridiculing them for their professional incompetence. He warned that *hiera logadii* – the powerful purgative compound that was a favourite of Richard Napier's – “may well take away diseases by the roots, if it take away life and all.”⁷⁹ Under the purgative “Decoction of Epithimum,” he noted ominously that “Here is half a drachm of black hellebore added, and I like the receipt never the better for that.”⁸⁰

In 1661, a new English edition of the *Pharmacopoeia* was published, this time approved and amended by members of the College.⁸¹ This edition removed Culpeper's more seditious rants, adding an additional commentary for each medicine under the heading “Virtues newly added.” Sometimes these new comments explicitly contradicted or even ridiculed Culpeper's earlier remarks, turning what was ostensibly a pharmacological manual into a political metanarrative. In response to Culpeper's attack on their “Decoction of Epithimum,” for instance, the College-friendly translation responded:

Why the addition of half a drachm of black hellebore to this medicament by the College (as it seems) should be blamed by Culpeper, I see not ... This medicament deserves the commendations given it.⁸²

And in the case of “Syrup of Roses with Hellebore,” they declared simply that “Culpeper might possibly have his considering cap on, but certainly his wits were on wool-gathering, when he censured this medicament.”⁸³ Nonetheless, even the College physicians, it seems, were cautious of hellebore in general. For instance, describing

⁷⁸ Ibid., 111.

⁷⁹ Ibid., 136.

⁸⁰ Ibid., 73.

⁸¹ Sanderson, “Nicholas Culpeper and the book trade,” 138–40.

⁸² Royal College of Physicians of London, *Pharmacopoeia Londinensis, or, The London dispensatory further adorned by the studies and collections of the fellows, now living of the said colledg* (London: Printed by Peter Cole and Edward Cole, 1661): 112. When the *Pharmacopoeia* was reformed in the mid-eighteenth century, ‘decoction of thyme’ was removed due to the “unmeasurable offensiveness ... of its nauseous ingredients”; most of the recipes mentioned above were likewise “very justly expunged.” Royal College of Physicians of London, *A draught for the reformation of the London Pharmacopoeia, prepared for the perusal of the members of the College of Physicians* (London: n.p., 1742): xii; idem., *The dispensatory of the Royal College of Physicians in London* (London: printed by J. Bettenham, 1727): 58.

⁸³ Royal College of Physicians, *Pharmacopoeia* (1661): 124.

“Wine Helleborated,” they warned that “hellebore being a most violent and dangerous medicament, it is good to be very wary of the use hereof. Yet as Hippocrates says, strong diseases require strong medicaments.”⁸⁴ And concerning “Honey Helleborated,” the College Physicians appear to have largely concurred with Culpeper’s damning assessment, writing that “This is indeed a violent medicament not to be used but with great caution, in strong bodies and at the last cast when gentler medicaments will do no good.”⁸⁵

At no point in this dispute was the power of hellebore – either to cure or to kill – drawn into question. What Culpeper *was* disputing was the ability of the College to harness this life-threatening power effectively. Dangerous remedies like hellebore drew the attention of medical reformers because the consequences of mishandling them could be catastrophic. But with the proper knowledge and expertise, even hellebore could be administered safely and effectively. One of Culpeper’s recurrent gripes against the College concerned the boiling of hellebore, which he felt would either totally diminish its effectiveness or leave it still powerful enough to cause serious internal damage to the patient who took it.

Either the virtue of the hellebore will fly away in such a martyrdom, or else it will remain in the decoction. If it evaporate away, then is the medicine like themselves good for nothing. If it remain in, it is enough to spoil the strongest man breathing.⁸⁶

Culpeper’s comments were not dissimilar to those of other commentators, who felt that the art of giving hellebore lay in knowing the correct dose.⁸⁷ While too much could kill, too little could fail to produce a cure while still causing significant pain and discomfort to the patient.

Hellebore, then, was rarely dismissed as a cure outright. Far more often, its incompetent *administration* was highlighted to undermine the medical authority of an individual or group. The controversy around Mathews’ Pills, which appeared in the mid-seventeenth century, is another good example of this. The composition of these pills seems to have

⁸⁴ Ibid., 110.

⁸⁵ Ibid., 125.

⁸⁶ Royal College of Physicians, *Pharmacopoeia* (1653): 111.

⁸⁷ William Salmon, *Doron medicum, or, A supplement to the new London dispensatory in III books* (London: Printed for T. Dawks, T. Bassett, J. Wright and R. Chiswell, 1683): vol. 1, 90; Bonet, *Guide*, 851; Pliny, *Natural history*, vol. 2, 219.

varied, but hellebore and opium were two of its core ingredients. The “venomous quality” of the hellebore was held to be ‘corrected’ and thus rendered harmless by the inclusion of salt of tartar.⁸⁸ The pills became famous in England and on the continent, but the inclusion of hellebore drew condemnation from some quarters. William Salmon noted that “Some (in making this pill) leave out the white hellebore, and put in only the black; and some (very profitably in my judgement) leave them both out.”⁸⁹ John Quincy agreed, writing that “how much soever it may be imagined to stand corrected here, it is much safer left out.”⁹⁰ The College of Physicians in Edinburgh followed their example: “some dislike the black hellebore; Quincy leaves out the white; and our college rejects both.”⁹¹ When the London Pharmacopoeia was reformed in 1745, the compound was renamed and the hellebore removed.⁹² Nonetheless, well into the eighteenth century, Mathews’ Pills containing hellebore were apparently still being sold in Amsterdam; the Dutch chemist Hermann Boerhaave noted with apparent scepticism their tendency to provoke vomiting.⁹³

We can see from these examples that, from the mid-seventeenth to mid-eighteenth century, hellebore was frequently associated with malpractice. One of the most notable medical authorities to denounce the use of hellebore was Thomas Willis – who, as we have seen in previous chapters, was a key figure in the move away from a more embowelled view of emotional disorders in general. Discussing Mathews’ Pills, Willis firmly rejected the widespread assumption that “tamed poisons become the most precious medicines.”⁹⁴ Hellebore, he claimed, had been used so frequently by

⁸⁸ Kendall, *Appendix*, 10–11. Richard Mathews, *The unlearned alchymist his antidote, or, A more full and ample explanation of the use, virtue and benefit of my pill* (London: printed for Joseph Leigh, 1660); George Wilson, *A compleat course of chymistry containing near three hundred operations* (London: Printed by Walter Kettilby, 1699): 271–2. For brief accounts of Mathews’ Pills, see William R. Newman, *Gehennical Fire: The Lives of George Starkey, An American Alchemist in the Scientific Revolution* (Chicago & London: University of Chicago Press, 2003): 192–6; Newman & Principe, *Alchemy Tried in the Fire*, 153–4.

⁸⁹ George Bate and William Salmon, *Pharmacopoeia Bateana, or, Bate's dispensatory* (London: Printed for S. Smith and B. Walford, 1694): 849–50.

⁹⁰ John Quincy, *Pharmacopoeia officinalis & extemporanea: or, a compleat English dispensatory, in four parts* (London: printed for A. Bell, 1718): 312.

⁹¹ Philosophical Society of Edinburgh, *Medical essays and observations, revised and published by a society in Edinburgh* (Edinburgh: printed by T. and W. Ruddimans, 1733–44): 174–5.

⁹² Royal College of Physicians, *Draught*, vi–vii; idem., *The plan of a new London pharmacopoeia, proposed to the College of Physicians, by their committee appointed for that purpose* (London: n.p., 1745): lxx–lxxi.

⁹³ Hermann Boerhaave, *A new method of chemistry* (London: printed for J. Osborn and T. Longman, 1727): vol. 1, 179.

⁹⁴ Willis, *Pharmaceutice rationalis*, 151. For a discussion of Willis’s important role in debates about the physiological seat of the soul, see chapter 1 of this thesis.

Hippocrates only because no better remedies were then known; emotional disorders could be more safely and effectively treated with remedies targeting the brain and animal spirits. “There is need of Physick for these,” Willis wrote, “tho not of Hellebore, but of Cephalick Remedies for corroborating the Brain.”⁹⁵ But, as we have already seen, the censure that surrounded hellebore does not appear to have translated directly into practice. Rather than being rejected out of hand, more often it was treated as a reluctant or last-resort medicine. Despite his claims to the contrary, it would seem that even Willis was not above prescribing hellebore in extreme cases. In his *London Practice of Physick*, listed under cures for melancholy, we find the following inclusion: “in Bodyes hard to be wrought on, let there be added to these, fibres of black Hellebore”; elsewhere he described it as “useful, yea very necessary in physick.”⁹⁶

The eclecticism of these accounts leaves us with a very messy picture of hellebore as a medical substance. The confusions and contradictions surrounding it undoubtedly reflected something of the turbulence that took place in mid-seventeenth-century England, both within and beyond the realm of medicine.⁹⁷ One thing that can be said with some certainty about hellebore is that it sharply divided opinion, as the fierce dispute between Culpeper and the College of Physicians makes clear. Some believed that it was a magic bullet in laxative form, able to cure the most desperate emotional disorders even when other medicines and treatments fell short. Others greatly feared it, assigning it the status of a poison, and issuing stark warnings against its use. And yet, is it possible that these two seemingly polarised views of hellebore were in fact just two sides of the same coin? As the contradictions in Willis’s writing make clear, it was apparently possible to hold both of these views simultaneously. And it would seem, from the tone of many comments, that hellebore’s toxic reputation actually reinforced the perception of its effectiveness. As a substance which exercised a harsh or even punitive action upon the body, hellebore produced a dramatic and powerful effect. Physicians’ worries over the use of hellebore tended to focus less on the risk of it not working than of it working *too well*. Using hellebore to cure madness was, then, a carefully judged balancing act. The severity of the condition had to be weighed against the danger of the cure, and the skilful

⁹⁵ Thomas Willis, *The London practice of physick, or, The whole practical part of Physick contained in the works of Dr. Willis faithfully made English, and printed together for the publick good*. (London: Printed for Thomas Basset, 1685): 451, 468. On the animal spirits, see chapter 1.

⁹⁶ *Ibid.*, 469; Willis, *Pharmaceutice rationalis*, 20.

⁹⁷ See e.g. Hill, *World turned upside down*.

physician knew how to administer just the right amount of toxin to drive out the greater poison already present within the sufferer.

The first half of this chapter has aimed to show how the medical practices and ideas which clustered around hellebore form a picture of a medicine which was both revered and reviled for its potency. In the remaining part, I will turn my attention to the metaphorical and symbolic significance of hellebore, showing how it provides powerful evidence for an embowelled view of emotion in this period.

Hellebore as symbol

As we have seen in previous chapters, insults played a key role in the intellectual and emotional life of early modern England. Theologians, physicians and natural philosophers all made their differences known through scathing battles of words, and professionals engaged in pamphlet wars to protect their reputations against libel (and, of course, to denounce and slander their enemies).⁹⁸ Within this world of backbiting, mockery, and colourful invective, hellebore reared its head with surprising regularity. As a potentially deadly substance that could destroy a physician's reputation if given incorrectly, it frequently became a linguistic focal point for controversy in medical circles. For instance, such was the vitriol with which Culpeper expressed his loathing of the College of Physicians that it prompted College physician William Johnson to quip of him:

You profess yourself student in physick, but want some physick yourself to purge away the malignant humor possesseth you against the honourable Society of the College of Physicians ... A little hellebore would do well to purge your brains with.⁹⁹

It was not uncommon for hellebore to be used in this way – as a kind of professional in-joke, where the intended readership might reasonably be assumed to possess the medical or botanical knowledge to understand exactly what was being implied. When, in a satirical medical dialogue from 1684, one doctor tells another that “a cathartic of

⁹⁸ See e.g. Guerrini, “Club of little villains;” Vasset, “Medical laughter.” On the importance of public dispute to early modern natural philosophy, see Steven Shapin and Simon Schaffer, *Leviathan and the air-pump: Hobbes, Boyle, and the experimental life* (Princeton, NJ: Princeton University Press, 2011). See also M. Lindsay Kaplan, *The culture of slander in early modern England* (Cambridge: Cambridge University Press, 1997).

⁹⁹ Leonardo Fioravanti, *Three exact pieces of Leonard Phioravant Knight, and Doctor in Physick, viz. his Rationall secrets, and Chirurgery, reviewed and revived* (London: Printed by G. Dawson, 1652): 1. Johnson edited and added his own preface to this translation of Fioravanti: see Cook, *Decline*, 125–6.

hellebore, would not be improper for your delirium,” his companion – conscious that he is being mocked – responds “Pray sir leave your scoffing.”¹⁰⁰ However, this rhetorical use of hellebore to denote stupidity or ignorance also occurred in entirely non-medical contexts. Natural philosophers snidely prescribed hellebore to ‘cure’ factual errors, from the belief in a many-worlds hypothesis to the denial of the nutritional benefits of water.¹⁰¹

The precise language used was often revealing. For instance, when William Barlow accused Mark Ridley of plagiarising his unpublished work on magnetism, he publicly mocked his opponent’s “unreasonable and senseless opinions, which have more need of helleborus to purge them out of his head, than arguments to confute them in his book.”¹⁰² By adopting this tone – essentially ‘shut up and take some hellebore’ – Barlow likened Ridley’s arguments to base physical matter, unworthy of attention from the higher faculties of reason and judgement. In one deft rhetorical move, Barlow was able to cast Ridley as a fool governed entirely by his bodily fluids. The invocation of hellebore was therefore synonymous with not just foolishness and imbecility, but also excrementality. Its main rhetorical purpose in this context was to deprive the prospective hellebore-taker of any legitimate claim to rational argumentation, rendering both Ridley and his views invalid through appeals to an metaphor that was both embowelled and embrained. Robert Bateman employed much the same strategy when he invited the astrologer Joseph Blagrove “to get the good old remedy of hellebore, and have a special care of his Head this approaching Midsummer Moon.”¹⁰³

Some hellebore-themed tirades, however, went beyond ridicule and appear to have verged on physical intimidation. In 1685, the naval surgeon James Yonge mounted a savage attack on fellow medic John Browne, whom he believed (correctly) to have plagiarised a third surgeon’s work on muscular anatomy.¹⁰⁴ In what amounted to almost two hundred pages of medical invective interspersed with evidence of Browne’s fraud, Yonge frequently took the opportunity to question his target’s sanity:

¹⁰⁰ Anon., *A survey of the vindicatory schedule in a dialogue betwixt Doctor Black and Doctor Brown* (Edinburgh: n.p., 1691): 34–5.

¹⁰¹ Walter Charleton, *Physiologia Epicuro-Gassendo-Charltoniana, or, A fabrick of science natural* (London: Printed by Tho. Newcomb, 1654): 28; Otto Tachenius, *Otto Tachenius his clavis to the antient Hippocratical physick* (London: printed by W. Marshall, 1690): 12. On the nutritional benefits of water-drinking, see Jenner, “Quackery and Enthusiasm.”

¹⁰² William Barlow, *A breife discovery of the idle animaduersions of Marke Ridley Doctor in Phisicke vpon a treatise entituled, Magneticall aduertisements* (London: Printed by Edward Griffin, 1618): 7.

¹⁰³ Robert Bateman *A gentle dose for the fool turn'd physician. Or a brief reply to Blagraves ravings*. (London: n.p., 1680): 2. Porter, *Health for sale*, 191.

¹⁰⁴ Furdell, *Publishing and medicine*, 53–5.

I am told one of the approvers of his last books, is Doctor Allen of Bedlam ... a course of physick from the same hand, would do him more service, for he appears not only *troubled* with the simples, but as *distracted*, and *out of his wits* as much as any patient the doctor hath, in that fine hospital in Morefields, so *indigested*, and *incoherent*, so full of *absurd* transitions, *ridiculous* assertions, *silly* metaphors, and allusions, *crude* notions, notorious thefts, errors, and effects of *ignorance*, so *whistling* and *extravagant*, so *immethodical*, *trifling*, *empty* and *void of all sense* ... that it manifests him *cracked in the head*, *unsound in his intellect*, wants *phlebotomy*, *hellebore*, *a dark room*, and *a keeper*.¹⁰⁵

Extracts like these remind us how uncomfortably easy it could be for derision to transform into symbolic or actual violence. A mock-prescription of hellebore, however playfully framed, could carry extremely hostile connotations. Being labelled mad was of course highly offensive, particularly in a scholarly print culture in which a high value was placed upon clarity of judgement and expression.¹⁰⁶ But there were still deeper reasons why hellebore was such a potent term of abuse. The rhetorical uses of hellebore seem to have varied along a spectrum, with outright ridicule and contempt at one end, and moral censure or spiritual damnation at the other. Those who sinned, who coveted, who doubted God's word or accepted false idols, might all be called upon to take hellebore. In the spiritual turmoil of the post-Reformation era, hellebore-insults were flung from all sides. For instance, the Church of England clergyman Thomas Gataker used the metaphor of hellebore to mount a savage attack on Calvinism: "You of the Calvinistical Sect, a Sect dissected, subsected, and resected; I wish you together well in your wits, and your pates with Ellebore throughlie purged."¹⁰⁷ Conversely, the Calvinist bishop Joseph Hall used the same metaphor both to cast doubt on his detractors and to instil the fear of God into his followers. As a prolific writer dealing frequently and extensively with religious

¹⁰⁵ James Yonge, *Medicaster medicatus, or, A remedy for the itch of scribbling*. (London: Printed for Gabriel Kunholt, 1685): 186 (italics mine).

¹⁰⁶ Steven Shapin, "'A Scholar and a Gentleman': the problematic identity of the scientific practitioner in early modern England," *History of science* 29, no. 3 (1991): 279–327.

¹⁰⁷ Thomas Gataker, *A discours apologetical* (London: Printed by R. Ibbitson, 1654): 93. Brett Usher, "Gataker [formerly Gatacre], Thomas (1574–1654), Church of England clergyman and scholar," *Oxford Dictionary of National Biography*, accessed 10 May, 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-10445>.

controversy, Hall seems to have been particularly fond of the hellebore metaphor as a corrective both for foolishness and moral transgression: he returned to it at least eight separate times in his vast array of published works.¹⁰⁸ On the one hand, we can observe in Hall's writing the familiar satirical flourishes in which hellebore denoted ignorance or error: his opponents' arguments were "worthy of a large dose of hellebore" or "more fit for hellebore, than theological conviction."¹⁰⁹ However, Hall's writings also demonstrated a profound spiritual hostility towards hellebore and its takers. Writing of the pathologically insane, he declared that "only dark rooms, and cords, and hellebore are meet receipts for these mental distempers."¹¹⁰ Hall used almost the exact same language – but this time, we assume, figuratively – in a diatribe against the Scottish Covenanter movement: "our charity bids us hope ... that you *hate* the frenzies of our wild countrymen abroad, for whom no answer is indeed fit, but dark lodgings, and hellebore."¹¹¹ The force of the emotion behind this statement is striking. Diagnosing the Covenanters as mad, and offering his mock-prescriptions of confinement and hellebore, Hall also explicitly invited his readers to despise them.

How do we reconcile this language of ridicule, violence, and even hatred with the routine usage of hellebore in the practical management of emotional disorder? Casebooks rarely tell us anything of physicians' personal feelings towards their patients, and as such can give the impression that they took an objective, emotionally neutral stance.¹¹² This impression, however, may well be misleading. It is difficult to believe that any educated practitioner could have prescribed hellebore without being aware of its significant moral and symbolic connotations. The act of giving hellebore as it was expressed in political and religious polemic was simultaneously one of pity, contempt, and loathing; an emotional paradox which, as we saw in the previous chapter, was characteristic of a culture of shame and habitual repentance.¹¹³

¹⁰⁸ Joseph Hall, *Christian moderation In two books*. (London: Printed by Miles Flesher, 1640): 126–7; idem., *Susurrium cum Deo soliloquies, or, Holy self-conferences of the devout soul upon sundry choice occasions with humble addresses to the throne of grace* (London: Printed by Will. Hunt, 1651): 105; idem., *The invisible world discovered to spirituall eyes and reduced to usefull meditation* (London: Printed by E. Cotes, 1659): 79. Richard Anthony McCabe, *Joseph Hall, a study in satire and meditation* (Oxford: Oxford University Press, 1982).

¹⁰⁹ Joseph Hall, *A defence of the humble remonstrance, against the frivolous and false exceptions of Smectymnvs* (London: Printed for Nathaniel Butter, 1641): 35; idem., *The invisible world*, 79.

¹¹⁰ Hall, *Susurrium*, 105.

¹¹¹ Hall, *Episcopacie by divine right* (London: Printed by R. B., 1640): 86; David George Mullan, *Scottish Puritanism, 1590–1638* (Oxford: Oxford University Press, 2000).

¹¹² Kassell, "Casebooks."

¹¹³ See chapters 3 and 6 of this thesis for more on these themes.

We have seen that medical theories could be remarkably malleable where hellebore was concerned, and that most theorists seemed more interested in justifying its continued use than discrediting it. But there were many other substances that could procure vomiting or diarrhoea, if indiscriminate evacuation was truly the sole aim of the physician. And there appears to be no obvious reason why hellebore should have been selected over any other plant as the sovereign remedy for emotional disorder.

Hellebore was, however, uniquely situated in the emotional topography of its time. The medical and moral discourses surrounding it were suffused with the language of fear. In 1615, Timothie Bright asked ominously: “Who hath not horror of the torments which both the hellebores bring to the body?”¹¹⁴ George Kendall, in a passage from 1664 that was intended to provide a defense of Mathews’ Pills, was forced to admit that “the very names of the opium and hellebores do so affright weak and timorous persons, that they shall not dare to make use of it.”¹¹⁵ It would be difficult to overstate the naked fear that hellebore, much like madness itself, seems to have inspired. Its emotive character was reflected in sensory descriptions, which tended to emphasise its negative or hurtful aspects. Francis Bacon listed black hellebore under “loathsome and of horrible taste” in his qualitative categorisations of purgative remedies, and John Floyer noted that “The smell of the root is very offensive,” adding that “it caused a pain in my tongue to the throat; the same it may cause in the stomach.”¹¹⁶ The ancient Greek herbalist Dioscorides had observed that farmers who dug up black hellebore would do so in haste, as its exuded vapours alone could be harmful.¹¹⁷ When Martin Lister experimented on hellebore roots in 1695, he found them to be “of a very fiery and stinging nature,” and reported that “the tops of my fingers, which were wetted with [hellebore] juice, did boaken and ache ... that pain continued in them for several days; and at length the skin of my fingers end peeled off.”¹¹⁸ To the touch, hellebore was “black, rough, [and] hairy,”

¹¹⁴ Timothie Bright, *A treatise, wherein is declared the sufficiencie of English medicines, for cure of all diseases, cured with medicines* (London: Printed by H. L., 1615): 17.

¹¹⁵ Kendall, *Appendix*, 38.

¹¹⁶ Francis Bacon, *Sylva sylvarum: or A naturall historie In ten centuries* (London: Printed by J. H., 1627): 12–13; John Floyer, *Pharmako-basanos: or, The touch-stone of medicines* (London: printed for Michael Johnson, 1687): 136.

¹¹⁷ John Scarborough, “The Pharmacology of Sacred Plants, Herbs, and Roots,” in *Magika Hiera*, ed. Christopher A. Faraone and Dirk Obbink (Oxford: Oxford University Press, 1997): 153–4.

¹¹⁸ Martin Lister, “An Account of the Nature and Differences of the Juices, More Particularly, of Our English Vegetables. By Dr. Martin Lister, Fell. of Coll. of Phys. and R. S.” *Philosophical Transactions of the Royal Society* 19 (1695–7): 379.

tactile qualities which earned it the nickname “Bear’s Foot.”¹¹⁹ Descriptions of hellebore consistently returned to these themes of violence, darkness, solitude, and filth, again making it an appropriate vegetal analogue for the melancholy humour which was held to be the physiological cause of most mental perturbations.¹²⁰

Moreover, the implications of hellebore’s liminal status as poison-medicine or *pharmakon* went beyond the purely practical or physiological. The fact that humans could ingest hellebore without (necessarily) suffering fatal consequences was infused with moral significance, as it placed them in the gastronomic company of the goat, “a beast filthie, stinking, and vncleane.”¹²¹ The most frequently cited origin-myth of hellebore as a treatment for madness was the story of Melampus the goatherd, who, observing that his goats regularly and intentionally purged themselves with the plant, gave it to the daughters of King Proetus (who believed themselves transformed into cows). After being chased through the fields and bathing in the fountains of Arcadia, the two princesses were cured of their bovine delusions when Melampus gave them hellebore infused in the milk of goats that had grazed upon it.¹²²

The symbolic association of goats with evil had deep cultural and theological roots. When the Italian poet Johannes Baptista Spagnolo wrote:

Oft-times I gath' red have black *Hellebore*.
No Med'cine is more Physical, more fit
For Goats then this; *Aegon* commended it¹²³

his readers would have understood the simultaneously humorous and dark associations of both plant and animal. Goats, thought to be possessed of insatiable appetites and

¹¹⁹ William Bullein, *Bulleins bulwarke of defence against all sicknesse, soarenesse, and woundes that doe dayly assaulte mankinde* (London: By Thomas Marshe, 1579): 19.

¹²⁰ Joannes Jonstonus, *The idea of practical physick in twelve books* (London: Printed by Peter Cole, 1657): 37; ‘Philagathou,’ *The method of chemical philosophie and physick. Being a brief introduction to the one, and a true discovery of the other* (London: printed by J.G., 1664): 82; William Salmon, *Synopsis medicinæ, or A compendium of astrological, Galenical, & chymical physick* (London: printed by W. Godbid, 1671): 328.

¹²¹ Phillip Stubbes, *The second part of the anatomie of abuses* (London: Printed by R. W., 1583): f. 72; Simona Cohen, *Animals as Disguised Symbols in Renaissance Art* (Leiden: Brill, 2008): 220.

¹²² Richard Buxton, “The significance (or insignificance) of blackness in mythological names,” in *Light and darkness in ancient Greek myth and religion* (Lexington, MA: Lexington Books, 2010): 3–13; Olivieri et al, “Pharmacology;” Le Clerc, *History of physick*, 5–6; Burton, *Anatomy* (1st ed.): 455; Robert Chester, *The anuals [sic.] of great Brittain*. (London: Printed for Mathew Lowne, 1611): 85.

¹²³ Mantuanus Baptista, *The bucolicks of Baptist Mantuan in ten eclogues* (London: Printed for Humphrey Moseley, 1656): 74.

willing to consume (or copulate with) just about anything, were frequent symbols of iniquity and debauchery; the fact that they played such a prominent role in hellebore's origin myth gives further weight to the idea that the plant itself carried sinful connotations.¹²⁴ The eating of goats' meat was thought to breed "rank and filthy substance" in the form of melancholy humours.¹²⁵ Beyond this, there is a broader sense in which the raw animality of goats was likened to the loss of rational self-control experienced in episodes of madness: Edward Topsell, in a work on four-footed animals, wrote that "There is no beast that is more prone and given to lust than is a goat ... that which is most strange and horrible among other beasts is ordinary and common among these."¹²⁶ The implication seems to be that goats fed upon hellebore through an animal instinct towards self-purgation, as a natural counter-balance to their inherent sinfulness. For humans, the practice of purging with hellebore may have fulfilled a similar function, provided a physiologised ritual of atonement for inborn sin.

Still more revealing is the way in which the symbolism of opposing qualities was employed to place hellebore at the dark end of the moral spectrum. It seems likely that affective responses to the term "*black hell-ebo*re" would have been largely negative in an era in which blackness connoted evil, and in which hell was considered by many to be terrifyingly real.¹²⁷ The descriptive language of early modernity, as in antiquity and the present, made use of the light/dark opposition to convey positive and negative emotions.¹²⁸ As George Starkey put it: "verily there is nothing comfortable, but by reason of its participation of light, darkness being on the contrary a principle of dread and horror."¹²⁹ Whiteness, by contrast, was described by Richard Baker as "the emblem of joy ... where the emblem of whiteness is once had; the motto of joy and gladness will not long be behind."¹³⁰ Stuart Clark has suggested that this sort of binary symbolism had such a great hold over the early modern imagination that it can be described as "one of

¹²⁴ Cohen, *Animals*, 220.

¹²⁵ Burton, *Anatomy* (1st ed.): 88; Albala, *Eating Right*, 80–1.

¹²⁶ Edward Topsell, *The history of four-footed beasts and serpents* (London: printed by E. Cotes, 1658): 181.

¹²⁷ On the black/white binary in early modern culture and its ethical implications, see Kim F. Hall, *Things of Darkness: Economies of Race and Gender in Early Modern England* (Ithaca: Cornell University Press, 1995); see also Buxton, "Blackness." On shifting ideas about the reality of Hell in this period, see D. P. Walker, *The Decline of Hell: Seventeenth-Century Discussions of Eternal Torment* (Chicago: University of Chicago Press, 1964).

¹²⁸ Buxton, "Blackness."

¹²⁹ George Starkey, *Natures explication and Helmont's vindication* (London: printed by E. Cotes, 1657): 1–2.

¹³⁰ Richard Baker, *Meditations and disquisitions upon the one and fiftieth psalm of David* (London: Printed by Edward Griffin, 1638): 32.

the distinctive mental and cultural traits of the age.”¹³¹ But Clark suggests that this symbolism was rarely applied to the practical business of everyday living, and that early modern people “confronted binary opposition more as a conceptual and moral phenomenon, and as an intellectual ideal, than as something actually practised in their institutions and social groupings.”¹³² The case of hellebore seems to problematize this point, suggesting that these oppositions, far from being “intellectual ideals,” could manifest in social and physiological forms. As I have shown, hellebore was widely used in the medical institutions of seventeenth- and eighteenth-century England, and its practical mode of use appears to have been heavily influenced by a form of embowelled binary symbolism. It is surely no coincidence, for example, that medical orthodoxy credited the white hellebore with the power to purge upwards (by vomit) and the black downwards (by stool).¹³³ In Christian cosmology, blackness and downward motion were firmly associated with corruption, the earth, and evil; conversely, whiteness and upward motion belonged to the realm of purity and the divine. As the Czech theologian Johann Comenius put it in 1633, “blacknesse represents the earth in density; whitenesse the heaven in rarity.”¹³⁴ Hellebore, with its dark, excremental materiality, was clearly aligned with the former; and yet, paradoxically, it also provided a means of moving oneself qualitatively closer to the latter, if only through a process of violent expulsion.

As we saw in the previous chapter, the medico-moral obsession with cleansing rituals and the perceived need to maintain an impossibly pure spiritual and intestinal interior was central to the treatment of emotional disorders. While humoral medicine as classically conceived was concerned with the maintenance of balance, equilibrium, and the healthy flow of vital fluids, Christian medicine was overwhelmingly preoccupied with the cleansing or scouring away of evil, which manifested in the body as excremental matter.¹³⁵ This blurring of the boundaries between medical and moral hygiene, as we have already seen, was never more explicit than in discussions of demonic possession.¹³⁶ The following extract, from Robert Pemell’s 1652 work on medical substances, can be viewed as an attempt to reconcile the materiality of melancholy with the immateriality of the divine and demonic realms:

¹³¹ Clark, *Thinking With Demons*, 35.

¹³² *Ibid.*, 39.

¹³³ See above.

¹³⁴ Johann Comenius, *Naturall philosophie reformed by divine light, or, A synopsis of physicks* (London: Printed by Robert and William Leybourn, 1651): 83.

¹³⁵ Siraisi, *Medieval and early Renaissance medicine*, 104–6.

¹³⁶ See previous chapter for relevant secondary literature on demonic possession: on the relationship between medicine and demonology see especially Clark, “Demons and Disease.”

although the Devil cannot be cast out by human art or physical means, yet by taking black hellebore, the melancholy humour is drawn away (which is *Balneum & sedes Diaboli*, the bath and seat of the Devil) and so the Devil is more easily cast out, from whence it may rightly (say some) be called, *fuga Daemonum*.¹³⁷

Pemell's account suggests a functional and substantive relationship between body and soul in cases of demonic possession.¹³⁸ The Devil lodged himself wherever there was an accumulation of black bile – common sites included the spleen, stomach, and bowels – and was at least partially dependent upon this corporeal matter to retain his corrupting power over the individual's soul.¹³⁹ This account represents an explicit attempt to separate two concepts that, as Clark has demonstrated, quite clearly occupied the same conceptual space in the early modern imagination.¹⁴⁰ A purge of hellebore could thus provide 'both' physical and spiritual deliverance: to say so was not heretical so long as it was expressed in these firmly analogous terms.

As we saw in the previous chapter, the 'cure' in cases of possession and emotional disorder commonly followed the same basic structure, with the deliverance of the sufferer depended upon dramatic and visceral expulsion.¹⁴¹ Burton, in the *Anatomy of Melancholy*, related the case of a madman – one 'Melatasta' – who was believed to have been possessed by the Devil. After taking a purge of black hellebore, Burton reported that: "his excrements were like ink: he perfectly healed at once."¹⁴² In a case from the works of the Swiss physician Théophile Bonet, a boy given hellebore for falling sickness was reported to have "voided so much black choler, that at last he came to himself."¹⁴³ William Salmon recalled a patient so troubled with nightmares that he was afraid of going to sleep, and had become fully convinced that he was cursed by some "unconquerable and uncontrollable power." Following a purge of black hellebore, "a great quantity of

¹³⁷ Pemell, *Tractatus*, 124. On the description of melancholy as "the devil's bath," see Schmidt, *Melancholy and the care of the soul*, 49.

¹³⁸ Clark, "Demons and disease," 43; Moreira, *Heaven's Purge*, 66, 12.

¹³⁹ Caciola, *Discerning spirits*, 191.

¹⁴⁰ Clark, "Demons and disease," idem, *Thinking with demons*.

¹⁴¹ Caciola, *Discerning spirits*, 200.

¹⁴² Burton, *Anatomy* (1st ed.) 457.

¹⁴³ Bonet, *Guide*, 146.

filthy matter, almost as black as ink came away, and he confessed himself very much relieved.”¹⁴⁴ In each of these accounts, the voiding of copious quantities of black and viscous faecal matter from the bowels was followed immediately by the report of recovery. To the modern eye, the expulsive power of hellebore here takes on a whole new dimension, as does the corrupting power of melancholy. What becomes increasingly clear is that these were not morally neutral substances, but rather, substances infused with deeply negative symbolic force. The only way to cure the contaminated body in cases like these was, paradoxically, to voluntarily self-contaminate. Viewed in this light, the hellebore-ritual becomes about much more than simply the removal of corrupted physical matter. The black substance voided from the bowels was the embodiment of the evil cast out, with the site of spiritual transformation being neither the soul nor the mind, but the gut. This was catharsis at the most visceral level.

Conclusion

This chapter has aimed to provide a historical survey of the ideas, practices, and beliefs surrounding hellebore in the long seventeenth century. I have sought to demonstrate that a close examination of the discourses around specific substances like hellebore can provide a revealing window onto the emotional life of the past. In the first place, I showed that hellebore’s status as a cure for madness was highly ambivalent and fraught with contradictions. The risks of taking hellebore were plain for all to see, and yet the perception of its danger seems to have only strengthened the widespread belief in its therapeutic efficacy. The early modern use of hellebore forces us to interrogate the dividing line between medicine and poison; and to ask whether the use of such an explicitly punitive remedy to cure a disease thought to be rooted in moral degeneracy could possibly have been a coincidence. Moreover, the ways in which early modern writers described and utilised the metaphor of hellebore reveals a great deal about the troubled status of the mad-person in seventeenth-century England. Whether it was used to ridicule one’s professional rivals or to strike fear into the hearts of the degenerate, the immense rhetorical power of hellebore lay in its ability to evoke the idea of madness. But beyond even this, there is a sense in which hellebore-insults can be viewed as part of a powerful faecal rhetoric of abuse that permeated early modern discourse.¹⁴⁵ As a black, filthy, toxic and generally reviled substance, the mere mention of hellebore had the

¹⁴⁴ Salmon, *latrica*, 505–6.

¹⁴⁵ Inglis, “Dirt and denigration.”

power to evoke the sense of excrementality and abjection that was also embodied by melancholy.

An important question remains, however. If hellebore was feared, reviled, and strongly associated with black bile and faecal matter, why was it also believed to possess such immense healing capacities? As Ruth Padel notes, “Hellebore is in fact a poison. It causes convulsive retching. It is dark and violent and therefore cures dark inner violence, madness.”¹⁴⁶ But if hellebore was dark, violent, polluting, and excremental – the material antithesis of the dream of purity that was fundamental to godly culture – how could anybody in early modern England have felt the slightest urge to take such a substance into their body?

Answering this question, I suggest, requires us to turn to the anthropological concept of “respect-pollution.” This concept, which was originally put forward by Edward Harper in 1964, was embraced by Mary Douglas in her landmark *Purity and Danger*, published two years later.¹⁴⁷ In an ethnographic study of the Havik communities of southern India, Harper notes that among these people, “behavior that usually results in pollution is sometimes intentional in order to show deference and respect.”¹⁴⁸ He continues, “by doing that which under other circumstances would be defiling, an individual expresses his inferior position.”¹⁴⁹ Harper’s most memorable example of this “respect-pollution,” which is also cited by Douglas, is the use of cow-dung as a cleansing substance. His attempts to explain this ritual touch upon many of the same questions we find ourselves asking about hellebore in relation to madness:

Since the feces and urine of any animal are impure, how do we account for their use as purifying agents? Are the feces of a cow an exception to this statement? I do not think so. Cow-dung, like the dung of any other animal, is intrinsically impure and can cause defilement – in fact, it will defile a god; but it is pure relative to a mortal.¹⁵⁰

¹⁴⁶ Ruth Padel, *In and Out of the Mind: Greek Images of the Tragic Self* (Princeton: Princeton University Press, 1994): 69.

¹⁴⁷ Edward Harper, “Ritual pollution as an integrator of caste and religion,” *The Journal of Asian Studies* 23, no. S1 (1964): 181. Douglas, *Purity and Danger*, 148.

¹⁴⁸ Harper, “Ritual pollution,” 181.

¹⁴⁹ *Ibid.*

¹⁵⁰ Harper, “Ritual pollution,” 182.

I would like to suggest that we view the ritual of hellebore in early modern England, like that of cow-dung among the Havik, as a ritual of respect-pollution. For seventeenth-century writers, hellebore represented many of the same dangers as madness: loss of control, corruption, inner turmoil, and the possibility of death. By taking it willingly, the early modern sufferer sought to forestall the anguish that unchecked madness could wreak on their body and mind. Descriptions of hellebore as a filthy, excremental substance give further weight to this notion: taking hellebore into the body was, in a sense, little better than consuming faecal matter itself. The hellebore ritual perfectly encapsulates the contradiction of using inherently corrupt matter to cure a state of corruption. In an important but often overlooked passage from *Purity and Danger*, Douglas writes that:

those rituals which most explicitly credit corrupt matter with power are making the greatest effort to affirm the physical fullness of reality ... far from using bodily magic as an escape, cultures which frankly develop bodily symbolism may be seen to use it to confront experience with its inevitable pains and losses.¹⁵¹

The hellebore ritual, then, offers us a brief glimpse of a form of early modern subjectivity. Its therapeutic efficacy was justified by a train of medical theories, and was socially codified in the context of the clinical encounter. Its real curative power, however, lay in its direct appeal to the psyche of the individual who took it. By forcibly confronting sufferers with their own embowelment, it offered a temporary prophylactic against the existential anguish of madness. In doing so, hellebore confirmed what many godly individuals already believed: that their bodies were vile and filthy vessels, and that their best hope for deliverance lay in abasement before God.¹⁵²

The example of hellebore presents a compelling case for viewing seventeenth-century ideas of emotion and emotional disorder as inseparably tied up with discourses of the digestive tract. Even if we assume that hellebore offered little more than a 'placebo' effect, its successful operation required both physicians and patients to believe in a functional and dynamic interplay between gut and mind, and to view their psychological

¹⁵¹ Douglas, *Purity and danger*, 148.

¹⁵² On these more negative aspects of the Puritan mindset, see John Stachniewski, *The persecutory imagination: English Puritanism and the literature of religious despair* (Oxford: Clarendon Press, 1991).

and emotional states as essentially dependent upon the health and hygiene of their bowels. The black and stinking excrements of melancholy lurking in the folds of the viscera provided a suitably disturbing material analogue for the depraved spiritual condition of insanity. Appalled by this image of their own “glutted, unvented bodies,” many early moderns turned to hellebore for deliverance, reaching into the deepest parts of themselves and literally purging out the “dark inner violence” that lay within.¹⁵³ In this paradoxically therapeutic act of self-contamination, traditional binarisms – sacred and profane, divine and temporal, psychological and physical – were effectively collapsed, and the excremental bowels became the site of a powerful ritual of spiritual purification.

The final two chapters of this thesis continue the phenomenological focus on the emotional power of ingested substances which has been developed in this chapter. In the following chapter, I explore the very different form of intestinal and emotional purification that was believed by some writers to proceed from the consumption of milk.

¹⁵³ On the image of the “glutted, unvented body” in early modernity, see Healy, *Fictions of Disease*, 188–228.

CHAPTER 5

“This sublime liquor:”

Milk, emotion, and identity, c. 1690–c. 1740

The Milk-Diet is for the most part some of the wholesomest in the World!

—Cotton Mather, *Manuductio ad ministerium* (1726)¹

Introduction

“Milk,” declared George Cheyne in 1742, “is the mildest, softest, most nourishing, and salutary of all foods ... the safest, gentlest and most certain and universal antidote in all chronical distempers.”²

Cheyne, as a self-styled specialist in nervous disorders, certainly knew a thing or two about the therapeutic power of milk. From his practice at Bath – the medical Mecca of eighteenth-century Britain – he dispensed prescriptions and advice to hundreds of patients.³ Cheyne’s treatises and letters, spanning the first half of the eighteenth century, offer numerous testimonies to his many successful milk-cures. In one case, a young woman suffering from “violent, extreme, and obstinate nervous paroxysms ... went cheerfully into a total milk and vegetable diet, and in less than three months she was much better.”⁴ In another, one “Major Gery of the Guards” was “with great difficulty persuaded into a milk and seed diet” with near-miraculous results:

The first year he lived on cow milk solely without any earthly other thing but water. He now eats with it about three ounces of bread and three pints of milk a day. He now walks the streets like a young man, plays at billiards and shuttlecock, never is laid by an hour, is as merry as a Greek, a fellow of excellent sense and parts.⁵

As we have seen in earlier chapters, Cheyne was not averse to prescribing strong purges and vomits, bathing, and vigorous exercise where he felt these to be appropriate, but the

¹ Cotton Mather, *Manuductio ad ministerium. Directions for a candidate of the ministry* (Boston: Printed for Thomas Hancock, 1726): 132.

² George Cheyne, *The natural method of cureing the diseases of the body, and the disorders of the mind depending on the body* (London: printed for Geo. Strahan, 1742): 128–9.

³ On Cheyne’s medical practice at Bath, see Guerrini, *Obesity and depression*, 89–117.

⁴ Cheyne, *English malady*, 195–7.

⁵ Shuttleton ed., “Correspondence,” 105–6.

milk-diet appears to have been his favoured treatment for nervous disorders. In his letters to his patient and long-time friend Selina, Countess of Huntingdon, Cheyne urged her to combat the melancholy brought on by her “scorbutic habit and weak nerves” with a diet of milk and seeds, insisting that “milk is the only certain and infallible remedy for the scurvy in nature.”⁶ He diagnosed the novelist Samuel Richardson with the same distemper: “scurbutico nervose [nervous scurvy] from a sedentary studious life.”⁷ Richardson’s nervous illness, Cheyne asserted, had been exacerbated by his high and extravagant diet. The only solution was a return to dietary simplicity, for “a distemper like a fire not fuelled will extinguish at last, and milk and vegetables with water is certainly less combustible than meat and wine.”⁸ Although Cheyne varied his recommendations according to the severity of the illness – allowing fruits, grains, and “the lightest, young, and white animal foods” in less severe cases – milk was always on the menu.⁹

But perhaps Cheyne’s most persuasive argument for the milk-diet came from his successful self-treatment in an episode of melancholy, related in an autobiographical supplement to his *English Malady* of 1733. Following a highly public professional embarrassment which had left him humiliated and socially isolated, Cheyne sank into a state of deep despair.¹⁰ What had begun as an easy-going fondness for meat and liquor quickly fell into debauchery; the disgraced Cheyne found himself “constantly dining and supping in taverns,” and “was in a few years brought into great distress ... I grew excessively fat, short-breath’d, lethargick and listless.”¹¹ He described his subsequent trials in vivid and sometimes painful detail: his body ballooning to 32 stone; his “violent head-ache, giddiness, lowness, anxiety and terror;” his blood becoming “one continued impenetrable mass of glue.”¹² Although Cheyne suffered from a panoply of physical symptoms, he dwelled most intensely on his emotional state, which he clearly considered to be pathological. It was in the depths of this misery, doubtful of his recovery and despairing of his career prospects, that Cheyne stumbled across the miracle regimen that would revitalise his body and reinvent his career.

⁶ Charles F. Mullett, ed., *The Letters of Dr. George Cheyne to the Countess of Huntingdon* (San Marino, CA: Huntington Library, 1940): 28–9.

⁷ Shuttleton ed., “Correspondence,” 55.

⁸ *Ibid.*, 95.

⁹ Cheyne, *English malady*, 113. See below for an outline of historical literature on Cheyne’s dietetics.

¹⁰ See chapter one for a brief outline; also Guerrini, *Obesity and depression*, 69–70.

¹¹ Cheyne, *English malady*, 223.

¹² *Ibid.*, 224, 235–237.

A chance conversation with a friend acquainted Cheyne with the story of Dr. Taylor, aka “the Milk Doctor of Croydon.” The Milk Doctor had supposedly achieved a full recovery from the falling sickness (epilepsy, discussed briefly in chapter 1) by consuming nothing but two quarts of milk a day, “without a bit of bread, fruit, or vegetable, or any other thing under heaven.”¹³ Inspired (or perhaps just desperate), Cheyne rode directly to Croydon, where he found Dr Taylor sitting down to a quart of milk. Taylor obligingly related the story of how “by Degrees, he had given over all animal Food, living intirely on Cow-Milk ... now, for seventeen years, he had enjoyed as good health as human nature was capable of.”¹⁴ Cheyne departed Croydon with a renewed determination. Upon returning home, he “drank Cow-Milk from the Park every Morning, and engag’d a Milk Woman at a higher Price than ordinary, to bring me every Day as much pure and unmix’d, as might be sufficient for Dinner and Breakfast.”¹⁵ Within half a year, he found himself significantly recovered both in mind and body, experiencing “great present Relief in my Stomach, and consequently in my Spirits.”¹⁶ If Cheyne is to be believed, his adoption of a milk-diet ultimately brought about a fundamental transformation in his emotional health, restoring him from a self-confessed state of “Fright, Anxiety, Dread, and Terror” to one of “Activity and Cheerfulness, with the full, free and perfect Use of my Faculties.”¹⁷

Cheyne was neither the only nor the first early modern writer to attribute near-miraculous healing powers to milk. About a generation earlier, the popular health-writer Thomas Tryon had asked rhetorically “How many sorts of most excellent Food are made of Milk?”¹⁸ Tryon, over the course of a long and eclectic career, read and absorbed a wide range of ideas, constructing a dietetic philosophy which, like Cheyne’s, gave milk pride of place.¹⁹ Tryon believed that milk possessed numerous therapeutic qualities, writing that

it gently cleanseth and frees the Passages from Obstructions, which strong Fat Food does generate; it has a sympathetical Union with the Stomach and natural Heat; it silently, and

¹³ Mullett ed., *Letters*, 52–3.

¹⁴ Cheyne, *English malady*, 229–230.

¹⁵ *Ibid.*, 231.

¹⁶ *Ibid.*, 232.

¹⁷ *Ibid.*, 228, 251.

¹⁸ Thomas Tryon, *A way to health, long life and happiness, or, A discourse of temperance and the particular nature of all things requisite for the life of man as all sorts of meats, drinks, air, exercise &c., with special directions how to use each of them to the best advantage of the body and mind* (London: Printed by H.C., 1691): 60.

¹⁹ See below for an outline of the historical literature on Tryon’s dietetics.

without making any disturbance insinuates its Vertues and
Nourishment into all parts of the Body.²⁰

For Tryon, like Cheyne, the digestive benefits of milk also lent it what we might now call ‘antidepressant’ properties: regular milk-drinking, he claimed, “breeds good Blood and fine Spirits, whence brisk and lively Dispositions proceed.”²¹ And, like Cheyne, Tryon could attest to this fact because he, too, had used diet to transform his own life and health. In his memoirs, published two years after his death in 1703, Tryon recalled how, as a young adult,

I betook myself to Water only for Drink, and forswore eating
any kind of Flesh or Fish, and confining myself to an
abstemious self-denying Life; my Drink being only Water, and
Food only Bread and some Fruit.²²

It is likely that the young Tryon had encountered the works of the Civil War-era writer Roger Crab, whose *English Hermit* had called for the adoption of a largely vegan diet as a form of spiritual antidote to the violence of his age.²³ However, while Tryon initially eschewed all animal food in favour of Crab’s abstemious diet of vegetables, herbs and grains, by the time he turned to writing he had fully embraced the drinking of milk, believing that “there is hardly any Food of equal Excellency” to “this sublime Liquor.”²⁴ Since his dedication to the moral precepts of “Sobriety, Temperance and Cleanness” only appears to have grown stronger and more devout with age, Tryon’s praise of milk should be viewed less as a relaxing of his regimen and more as a subtle shift in his ideas about which substances best embodied the dietary ideal.²⁵ Milk’s material qualities, along with the circumstances of its production in nature and its ease of digestion, gave it a special significance for Tryon, a fierce advocate of asceticism and simplicity in all things.

²⁰ Tryon, *Way to health*, 61.

²¹ Thomas Tryon, *The good house-wife made a doctor, or, Health's choice and sure friend being a plain way of nature's own prescribing to prevent and cure most diseases incident to men, women, and children by diet and kitchin-physick only* (London: Printed for H.N. and T.S., 1692): 29.

²² Thomas Tryon, *Some memoirs of the life of Mr. Tho. Tryon, late of London, merchant* (London: Printed by T. Sowle, 1705): 26–7.

²³ Roger Crab, *The English hermite and Dagon's-downfall*, ed. Andrew Hopton (London: Aporia, 1990); Rick Bowers, “Roger Crab: Opposition Hunger Artist in 1650s England,” *The Seventeenth Century* 18, no. 1 (2003): 93–112; Christopher Hill, *Puritanism and Revolution: studies in interpretation of the English Revolution of the 17th century* (New York: Palgrave Macmillan, 1997): chapter 11, “The Mad Hatter,” 282–9.

²⁴ Tryon, *Good house-wife*, 25–6.

²⁵ Tryon, *Dreams and visions*, 45.

This is not to suggest that Tryon was totally averse to culinary experimentation. His recipe for “boniclabber,” which involved leaving raw milk standing for twenty-four hours in hot weather until it had soured and become “of a thick slippy substance,” might be a hard sell for many twenty-first century clean eaters.²⁶ And yet, as unappealing and potentially dangerous as it sounded, Tryon insisted that

it is a brave Noble Food both for healthy and unhealthy ... its easie of Concoction, and helps to digest all hard or sweeter foods, and makes them easie; it also cools and cleanseth the whole Body, and renders it brisk and lively.²⁷

For these reasons, Tryon recommended clabber especially for “dull, heavy and indisposed” people, who, he claimed, were “apt to be oppressed at the Stomach;” he assured such people that they would find his concoction “light and easie” of digestion, and that it would awaken “the true delight of the Spirit.”²⁸ In general, however, Tryon’s culinary recommendations were both simpler and decidedly less hazardous. He favoured cow’s milk to that of other animals, perceiving it to be “good clean Nutriment” and “a brave, mild, and most friendly Food to Nature.”²⁹ The milk should be consumed raw rather than boiled, he argued, for its nature was “so pure and subtle that it will not endure any harsh or violent Motion.”³⁰ It was also best to drink milk with a little bread or wheat flour – another substance that Tryon believed to be intrinsically pure – since the “agreement in Nature” between these two substances meant that they would more powerfully impart their purifying qualities to the eater.³¹ Tryon believed, in accordance with the doctrine of sympathies, that “all meats and drinks have power in the body to awaken and strengthen their likeness.”³² His descriptions of milk as ‘brave,’ ‘friendly,’ ‘noble,’ and ‘pure’ must therefore be understood as not simply figurative, but in terms of its very real power to transform behaviour, emotions, and identity.

²⁶ Tryon, *Good house-wife*, 34–9; Michael Walkden, “Bonny-Clabber Physicians: Eating Clean in the Seventeenth Century,” The Recipes Project, published Jan 11 2018, accessed May 1 2018, <https://recipes.hypotheses.org/10228>.

²⁷ Tryon, *Good house-wife*, 34.

²⁸ *Ibid.*, 35–6, 39.

²⁹ Thomas Tryon, *Tryon's letters upon several occasions* (London: Printed for Geo. Conyers and Eliz. Harris, 1700): 18; *idem.*, *A treatise of cleanness in meats and drinks of the preparation of food, the excellency of good airs and the benefits of clean sweet beds also of the generation of bugs and their cure* (London: Printed for the Author and sold by L. Curtis, 1682): 1.

³⁰ Tryon, *Good house-wife*, 43–4.

³¹ *Ibid.*, 25–6.

³² Tryon, *Healths grand preservative*, 5.

“Bonny-Clabber Physicians:” Tryon and Cheyne in context

Although Tryon and Cheyne’s views on milk may appear remarkably similar, the material circumstances of their lives were strikingly different. Tryon had been born in 1634 into relative poverty as the son of a Gloucestershire tiler and plasterer, and grew up during the period of civil war. To help support his large family, he was sent to work from a very early age, perhaps as young as six. His first work was spinning and carding wool, but as he grew older he felt the calling to become a shepherd, “being not only one of the most antient and useful Occupations, but the most innocent and contemplative, as also most healthful.”³³ It was during this time that Tryon learned to read and write, trading one of his sheep in exchange for lessons. At around seventeen, he grew “weary of Shepherdizing” and was seized instead with “an earnest desire to travel.”³⁴ He sold his sheep and moved to London, where he became apprenticed to a hat-maker, a trade he would follow for much of his adult life. It is likely, from Tryon’s own account, that it was during his early period in London that he conducted the bulk of the eclectic and largely unguided reading that eventually shaped his own ideas about diet. Some years later, he travelled to Barbados, where he spent about five years “making Beavers to Success” before returning to England.³⁵ It was not until the early 1680s, when Tryon was almost fifty, that he turned his attention to writing and publishing, with the lofty goal of “recommending to the World Temperance, Cleanness, and Innocency of Living.”³⁶ Little is known of his later life, but by the time of his death in 1703, he had purchased a title and a portrait, suggesting that he was financially successful.³⁷

Cheyne’s early life is relatively obscure. His family must have been at least reasonably affluent, because he received a classical education and went on to study medicine at Marischal College in Aberdeen.³⁸ His mentor in physiology was Archibald Pitcairne, an influential Scottish iatro-mechanist with conservative political leanings.³⁹ He published his

³³ Tryon, *Memoirs*, 12–13. For outlines of Tryon’s life, see Smith, “Tryon;” Margaret Spufford, “First steps in literacy: The reading and writing experiences of the humblest seventeenth-century spiritual autobiographers,” *Social History* 4, no. 3 (1979): 415–8.

³⁴ Tryon, *Memoirs*, 16.

³⁵ *Ibid.*, 41.

³⁶ *Ibid.*, 54.

³⁷ Smith, “Tryon,” ODNB.

³⁸ Anita Guerrini, “Cheyne, George (1671/2–1743), physician,” *Oxford Dictionary of National Biography*, accessed 1 May 2018,

<http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-5258>.

³⁹ Anita Guerrini, “Pitcairne, Archibald (1652–1713), physician,” *Oxford Dictionary of National Biography*, accessed 1 May 2018,

first work in 1701, when he was about thirty years old: the anonymous *New theory of continu'd fevers* was an attempt to develop a physiological system that was consistent with Newtonian physics.⁴⁰ In the same year he moved to London, where he was elected a Fellow of the Royal Society; at this point in his career, the relatively young Cheyne was rubbing shoulders with some of the most influential figures in the new experimental science. However, disaster struck just a year later. Cheyne's second publication, the *Fluxionum methodus inversa* (1703) was poorly received, drawing the ire of Newton himself, who was irritated that Cheyne had tried to anticipate aspects of his own work.⁴¹ Moreover, Cheyne's penchant for alcohol and high-dining began to take a toll on his physical and mental health. The next few decades of his life appear to have been a continual struggle against obesity, alcoholism, and depression.⁴² However, by the mid-1720s he was managing to turn things around somewhat (it was around 1710 that he had his fateful encounter with the Milk Doctor of Croydon). He opened a medical practice at Bath which was to become highly successful, and began publishing popular works on health and medicine pitched at a general (albeit elite) audience – a practice which he continued until his death in 1743.⁴³

The intellectual backgrounds of these two men could not have been much more remote. Tryon, never a medical practitioner himself, built his eclectic dietary philosophy from a combination of intensive private study and personal experience. His favourite author was the German occultist Heinrich Cornelius Agrippa von Nettesheim, whose magical and astrological language permeated his works.⁴⁴ Although Tryon often couched his medical arguments in humoral terms, he also displayed the clear influence of the chemical physicians Paracelsus and Jan Baptist van Helmont – particularly in his ideas on madness,

<http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-22320>; idem., "Pitcairne and Newtonian medicine;" Hunter, "Pitcairneana."

⁴⁰ George Cheyne, *A new theory of continu'd fevers* (Edinburgh: printed for John Vallange, 1701).

⁴¹ George Cheyne, *Fluxionum methodus inversa; sive quantitatum fluentium leges generaliores* (London: J. Matthews, 1703)

⁴² Guerrini, *Obesity and depression*, 3–21.

⁴³ For outlines of Cheyne's life, see Guerrini, *Obesity and depression*, xvii–xx; idem., "Cheyne," ODNB: Porter, introduction to *English Malady*; Shapin, "Trusting George Cheyne," 271–3.

⁴⁴ Tristram Stuart, *The bloodless revolution: a cultural history of vegetarianism from 1600 to modern times* (New York & London: W. W. Norton, 2008): 74–5. On the influence of Agrippa, see Anthony Grafton and William R. Newman, introduction to *Secrets of nature: astrology and alchemy in early modern Europe*, ed. Anthony Grafton and William R. Newman (Cambridge: MIT Press, 2001): 1–38.

which were encountered in chapter 1.⁴⁵ There was an explicitly magical strain to his dietetics, and in combining so many disparate influences (usually without acknowledging which he was drawing upon at any given time) he frequently contradicted himself or offered conflicting advice to his readers.

Cheyne, at least on the surface, appears far more modern.⁴⁶ A classically-trained physiologist, he framed his arguments in the increasingly secular language of early eighteenth-century natural philosophy – grounding many of his claims in empirical observations culled from his practice at Bath, and occasionally engaging in theoretical digressions on nervous physiology, digestion, and the passions. Despite his strained relationship with Newton himself, Cheyne’s medical schema remained rooted in Newtonian physiology throughout his life: he understood illness to proceed from tension or laxity of the body’s nervous fibres and the motions of particles (or ‘corpuscles’) invisible to the naked eye.⁴⁷ This was a far-cry from Tryon’s blend of humoral, chemical, and occult philosophy, which focussed both on the movements of fluids and the influences of cosmic rays upon the body. The surface-level contrasts between Tryon and Cheyne’s social and intellectual lives are stark: one an entirely self-taught layperson who explicitly embraced magical thinking, the other a university-trained physiologist writing in the wake of the ‘Scientific Revolution.’

In matters of faith, at least, the two had more in common. By the time he turned to writing, Tryon had spent his life flirting with fringe religion. His first master in London had been an Anabaptist, and in his memoirs, Tryon admitted that he too had followed this way of life for several formative years.⁴⁸ Cheyne had also experienced an early calling to the pious life, beginning his university training in divinity before stepping sideways into the study of medicine.⁴⁹ Significantly, both writers also displayed the clear influence of the Silesian mystic Jacob Boehme, whose theology – like that of the Quakers –

⁴⁵ Few historians have noted the Helmontian inflection of Tryon’s writings, but it is particularly apparent in the discourse on madness affixed to his *Treatise of Dreams and Visions: Tryon, Dreams and Visions*, 249–99.

⁴⁶ Although see the conclusion of chapter 2 for Rousseau’s view of Cheyne’s “holistic” medicine as essentially backward-looking.

⁴⁷ Guerrini, *Obesity and depression*, 22–45; idem., “James Keill;” Brown, “Medicine in the shadow,” 634–5.

⁴⁸ Tryon, *Memoirs*, 18; Ginnie Smith, “Thomas Tryon’s Regimen for Women: Sectarian Health in the Seventeenth Century,” *The Sexual Dynamics of History: men’s power, women’s resistance* (London: Pluto Press, 1983): 53. On Anabaptism in the mid-seventeenth century, see J. F. McGregor, “The Baptists: Fount of All Heresy,” in *Radical Religion in the English Revolution*, ed. J. F. McGregor and Barry Reay (Oxford: Oxford University Press, 1984): 23–63.

⁴⁹ Guerrini, “Cheyne,” ODNB.

emphasised that a state of divine, prelapsarian perfection could be attained in life through the practice of asceticism and bodily self-denial.⁵⁰ Both Tryon and Cheyne, therefore, shared a characteristically 'Behmenist' preoccupation with achieving "purity of body and society" which, as we will shortly see, fundamentally informed their conceptions of diet and physiology.⁵¹

The other trait that both writers shared was a wide and enduring readership. While it is relatively unclear how successful or popular Tryon's books were during his lifetime, they earned him the esteem of the novelist Aphra Behn, and his high-profile admirers in posterity included the vegetarian antiquary Joseph Ritson and the American politician Benjamin Franklin, who publicly declared himself a 'Tryonist'.⁵² Cheyne, meanwhile, enjoyed fame and fortune in life; by the time of his death, he could count among his friends and former patients the novelist Samuel Richardson, Lady Selina Hastings of Huntingdon, and Catherine Walpole, the daughter of Britain's first Prime Minister.⁵³ Roy Porter has suggested that Cheyne was "perhaps the most popular English writer of practical medical works targeted at the 'general reader;'" David Shuttleton, meanwhile, has called him "the most successful medical author of his generation."⁵⁴

Of the two writers, Cheyne has tended to draw more frequent attention from historians than Tryon. Several historians have highlighted Cheyne's role in the transformation of 'nervous' illness into what Roy Porter calls "a socially acceptable disorder" in this period, a theme discussed in chapter 2 of this thesis.⁵⁵ Steven Shapin has explored the diverse authorial strategies which Cheyne drew upon in his writings to construct a public image of himself as a figure of medical and scientific authority, which, as we have already seen,

⁵⁰ B. J. Gibbons, *Gender in mystical and occult thought: Behmenism and its development in England* (New York: Cambridge University Press, 1996): 115–6, 183–7; Ariel Hessayon, "Jacob Boehme's Writings During the English Revolution and Afterwards: Their Publication, Dissemination, and Influence," in *An introduction to Jacob Boehme: four centuries of thought and reception*, ed. Ariel Hessayon and S. L. T. Apetrei (London: Routledge, 2013): 77–97.

⁵¹ Nigel Smith, "Pregnant Dreams in Early Modern Europe: The Philadelphian Example," in *The intellectual culture of Puritan women, 1558-1680*, ed. Johanna I. Harris and Elizabeth Scott-Baumann (Basingstoke: Palgrave Macmillan, 2011): 190; Alan Rudrum, "Ethical Vegetarianism in Seventeenth-Century Britain: Its Roots in Sixteenth-Century European Theological Debate," *The Seventeenth Century* 18, no. 1 (2003): 80–1.

⁵² Nigel Smith, "Enthusiasm and Enlightenment: of food, filth, and slavery," in *The Country and the City Revisited: England and the Politics of Culture, 1550–1850*, ed. Gerald MacLean, Donna Landry, and Joseph Ward (Cambridge: Cambridge University Press, 1999): 107.

⁵³ Guerrini, *Obesity and depression*, 89–117.

⁵⁴ Porter, introduction to *English malady*, ix; David Shuttleton, "'Pamela's Library': Samuel Richardson and Dr. Cheyne's 'Universal Cure,'" *Eighteenth-Century Life* 23, no. 1 (1999): 59.

⁵⁵ Porter, introduction to *English malady*, xxxii; Mullan, "Hypochondria," 144; Lawlor, "Fashionable Melancholy," 48–9, 51–2.

ranged from the deployment of Newtonian iatromechanical language to the inclusion of case histories and letters recounting his successful cures in his published works.⁵⁶

Meanwhile, Anita Guerrini, David Shuttleton, and George S. Rousseau have all drawn important links between Cheyne's medical career and his spiritual interests, noting that these were not only compatible aspects of his life, but that they actively and fundamentally shaped one another.⁵⁷

Fewer dedicated studies of Tryon's life and writings exist, and scholars have sometimes disagreed sharply on how his writings ought to be interpreted. Thus while Porter has described Tryon as a "proto-feminist," Ginnie Smith has suggested that his writings served as "a powerful individual contribution to a mythology and ethic of female domesticity."⁵⁸ Similarly, while some scholars have focussed on those aspects of Tryon's work which appear to reflect an early hostility towards slavery on humanitarian grounds, others – notably Kim F. Hall – have convincingly shown how even these writings were underpinned by a form of reactionary xenophobia.⁵⁹ These discussions of Tryon have often tended to focus on whether or not he ought to be viewed as a harbinger of modernity or a more backward-looking, conservative thinker.

Tryon and Cheyne both wrote during a time in which foreign and luxury goods – and especially foreign foodstuffs – were becoming the subject of increasingly heated debate in England, and as such, it has often been noted that their writings on diet served to express broader social anxieties specific to their era.⁶⁰ Both writers have been identified as 'early' English proponents of a vegetarian diet, and this aspect of their writings on food has arguably attracted a disproportionate degree of attention. Scholars such as Guerrini,

⁵⁶ Shapin, "Trusting George Cheyne."

⁵⁷ Guerrini, *Obesity and depression*; David E. Shuttleton, "'My own crazy carcass': the life and works of Dr George Cheyne, 1672-1743," (Ph.D. diss., University of Edinburgh, 1993); Rousseau, "Immortal Dr. Cheyne." See also B. J. Gibbons, "Mysticism and mechanism: the religious context of George Cheyne's representation of the body and its ills," *Journal for Eighteenth-Century Studies* 21, no. 1 (1998): 1–23.

⁵⁸ Roy Porter, "Review: Man, Animals and Nature," *The Historical Journal* 28, no. 1 (1985): 227; Smith, "Tryon's regimen," 65.

⁵⁹ Philippe Rosenberg, "Thomas Tryon and the Seventeenth-Century Dimensions of Antislavery," *The William and Mary Quarterly* 61, no. 4 (2004): 609–42; Kim F. Hall, "'Extravagant Viciousness': Slavery and Gluttony in the Works of Thomas Tryon," in *Writing Race Across the Atlantic World: medieval to modern*, ed. Philip D. Beidler and Gary Taylor (New York: Palgrave Macmillan, 2005): 93–111.

⁶⁰ Maxine Berg, *Luxury and pleasure in eighteenth-century Britain* (Oxford: Oxford University Press, 2007); idem. and Elizabeth Eger, "The Rise and Fall of the Luxury Debates," *Luxury in the Eighteenth Century*, (London: Palgrave Macmillan, 2003): 7–27; John Sekora, *Luxury: the concept in Western thought, Eden to Smollett* (Baltimore: Johns Hopkins University Press, 1977). See also the essays in Roy Porter and John Brewer eds. *Consumption and the World of Goods* (London & New York: Routledge, 1993); Hall, "Extravagant Viciousness."

Timothy Morton, and Nigel Smith have all drawn important links between Tryon and Cheyne's meat-free dietary strictures and their moral preoccupation with what Morton has called "the inner cleanliness of the spirit."⁶¹ However, within these discussions of Tryon and Cheyne's "ethical vegetarianism," the symbolic importance of milk has been largely side-lined.⁶² Moreover – and perhaps because the two men worked from such markedly different theoretical frameworks – the historical literature on Tryon and Cheyne's dietary writing has thus far had surprisingly little to say about the role of digestion and its physiological relationship to emotion in their writings.

In the previous two chapters of this thesis, we have seen how much of the medical discourse surrounding the relationship between digestion and emotion in this period revealed a preoccupation with purity and purification that often blurred the line between the spiritual and the intestinal. This chapter explores this relationship from a different angle, looking at how the perceived digestibility of milk in the writings of Tryon and Cheyne provided a material basis for their social and spiritual ideals. In these writings, substances such as milk could be infused with human traits such as innocence, friendliness, moral purity, and even bravery, all of which could be incorporated physiologically via the process of digestion. Although Tryon and Cheyne deployed very different physiological frameworks to explain this phenomenon, the structural and symbolic resemblances between the two writers are too great to be ignored. As I will show, their writings on the digestive-emotive power of milk also served to express broader anxieties about potential threats to the purity of English culture and society, revealing an embowelled worldview in which individual and collective identity were inseparably tied up in the very literal act of consumption.

"Imaginary crudities": Lactic anxieties in early modern medicine

⁶¹ Anita Guerrini, "A diet for a sensitive soul: Vegetarianism in eighteenth-century Britain," *Eighteenth-Century Life* 23, no. 2 (1999): 34–42; Timothy Morton, "The Plantation of Wrath," in *Radicalism in British Literary Culture, 1650–1830: From Revolution to Revolution*, ed. Timothy Morton and Nigel Smith (Cambridge: Cambridge University Press, 2002): 64–85; Nigel Smith, "Enthusiasm and Enlightenment: of food, filth, and slavery," in *The Country and the City Revisited: England and the Politics of Culture, 1550–1850*, ed. Gerald MacLean, Donna Landry, and Joseph Ward (Cambridge: Cambridge University Press, 1999): 106–118. See also Bryan S. Turner, "The government of the body: medical regimens and the rationalization of diet," *The British Journal of Sociology* 33, no. 2 (1982): 254–269.

⁶² Rudrum, "Ethical vegetarianism."

It appears that a positive association between milk and health was working its way into public consciousness during the first half of the eighteenth century. In December of 1730, multiple London newspapers reported the death of 104-year-old Margaret Coe of Southwark, who, it was claimed, had “liv’d upon Milk Diet about 20 Years past, not eating any Flesh all the Time.”⁶³ Similarly, in July 1737, the *London Evening Post* reported that Mary Patten, a woman living in the St. Martin-in-the-Fields workhouse at Westminster, had reached her 136th year by following a diet consisting chiefly of milk.⁶⁴ Two years later, when the *Daily Gazetteer* reported Ms Patten’s death (still aged 136, but now called Margaret), her brief obituary still found room to mention that “Her chief Support has been Milk-Diet for many Years past.”⁶⁵ The growing popular view of milk as an eighteenth-century ‘superfood’ surely owed a great deal to the spread and diffusion of medical writings by outspoken milk enthusiasts.

However, while Tryon and Cheyne both extolled the miraculous healing powers of milk, many other physicians and medical writers were considerably less enthusiastic. In 1689, Gideon Harvey – a close contemporary of Tryon – published a vicious attack on physicians who advocated milk-diets, decrying them as “Ass-Doctors” and “Bonny-Clabber Physicians.”⁶⁶ Harvey, a prolific medical author with a taste for controversy, denounced ‘milk-doctors’ as quacks for “not rightly considering the nature of Milk, it being a food the most convertible into any vicious Humor.”⁶⁷ He claimed that milk was especially difficult to digest: “In hot Stomachs,” he argued, it “waxes nidorulent, and in many its [*sic.*] very corruptible, coagulable, or curdly.”⁶⁸ The physician Thomas Apperley, writing closer to Cheyne’s time, expressed further reservations. While less concerned than Harvey over the indigestibility of milk itself, Apperley worried that milk-doctors were stoking their

⁶³ [Untitled news], *Monthly Chronicle*, London, December 1730, accessed 4 May 2018 via Burney Newspapers Collection Database; [Untitled news], *London Evening Post*, December 22–24, 1730, accessed 4 May 2018 via Burney Newspapers Collection Database.

⁶⁴ [Untitled news], *London Evening Post*, July 23–26, 1737, accessed 4 May 2018 via Burney Newspapers Collection Database.

⁶⁵ [Untitled news], *Daily Gazetteer* (London Edition), June 27, 1739, accessed 4 May 2018 via Burney Newspapers Collection Database. Jeremy Boulton and Leonard Schwarz, “The medicalisation of a parish workhouse in Georgian Westminster: St Martin in the Fields, 1725–1824,” *Family & Community History* 17, no. 2 (2014): 122–140.

⁶⁶ Gideon Harvey, *The art of curing diseases by expectation with remarks on a supposed great case of apoplectick fits* (London: Printed for James Partridge, 1689): 37–8.

⁶⁷ Harvey, *Art of curing*, 38. Patrick Wallis, “Harvey, Gideon (1636/7–1702), physician,” *Oxford Dictionary of National Biography*, accessed 6 May, 2018.

<http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-12519>.

⁶⁸ Harvey, *Art of curing*, 38.

patients' irrational fears of illness to such a degree that the fear itself would lead to digestive disorder, which could in turn produce further psychological symptoms:

A great many Men, who are otherwise strong and hale, perhaps, finding a spare, vegetable, or Milk-Diet, recommended by some Physicians in their Writings, eat their Food sparingly, and timorously, for fear of contracting imaginary Crudities, and so falling into Diseases; and in the mean time, this their vain Fear and sickly Imagination, occasions a bad Digestion of the little Meat they eat, and that throws them into Sickness.⁶⁹

In fact, the historical relationship between milk, digestion, and emotional health was a complex and troubled one, often contradictory and fraught with medical and moral anxiety. Indeed, Ken Albala has observed that in the history of European dietetics, “there is probably no food about which more contradiction and confusion has been generated than milk.”⁷⁰ Deborah Valenze concurs, noting that “The pathway from fearful restrictions broadcast by the ancients to a fulsome appreciation of milk and its products was beset with contradictions,” and that ideas about the healthiness of milk were “hedged in by a thick barrier of cultural assumptions that contemporaries, even the illiterate, would have known about.”⁷¹

Accordingly, right up to the eighteenth century (and beyond), it is possible to find English authors expressing diametrically opposed views on the health properties of milk – particularly concerning its relationship to emotional, spiritual, and digestive health. Timothie Bright and Robert Burton both recommended that milk and milk-products “be eschewed of melancholie persons” due to its propensity to breed flatulence in the belly.⁷² Likewise, the seventeenth-century Kent physician Robert Pemell advised epileptics to “avoid milk, and all things made with milk.”⁷³ However, many other medical authors of

⁶⁹ Thomas Apperley, *Observations in physick, both rational and practical* (London: printed for W. Innys, 1731): 192.

⁷⁰ Ken Albala, “Milk: Nutritious and Dangerous,” in *Milk: Beyond the Dairy: Proceedings of the Oxford Symposium on Food and Cookery 1999*, edited by Harlan Walker (Totnes: Prospect Books, 2000): 19.

⁷¹ Deborah Valenze, *Milk: a local and global history* (New Haven: Yale University Press, 2011): 59.

⁷² Bright, *Treatise of melancholie*, 29; Burton, *Anatomy* (1st ed.): 88–9.

⁷³ Robert Pemell, *De morbis capitis or, of the chief internall diseases of the head* (London: Printed for Philemon Stephens, 1650): 65. Margaret Pelling, “Pemell, Robert (d. 1653), physician,” *Oxford Dictionary of National Biography*. Accessed 6 May, 2018,

the sixteenth and seventeenth centuries disagreed. The early sixteenth-century popular health writer Sir Thomas Elyot suggested that “to them, whiche be oppressed with melancolye ... mylke is conuenient.”⁷⁴ The 1636 edition of Thomas Cogan’s *Haven of health* similarly asserted that milk was “especially good for them which be oppressed with melancholy, which is a common calamity of students.”⁷⁵ There was clearly a broad consciousness of a functional relationship between milk and melancholy, even if medical authorities could not agree on precisely what that relationship was. In a play of 1693, one character sardonically observes of another, “you are melancholly, o'th' sudden, Are not you well? will you have some of my Milk-water?”⁷⁶ The playwright – the Irish dramatist Thomas Southerne – apparently expected his audience to understand the nod to medical satire, but if the mixed responses to milk in popular health literature of the time was reflective of a more general attitude, this line may have produced mixed reactions.

The belief that milk and dairy products bred wind and indigestion was a common trope in medical writings on melancholy.⁷⁷ Since traditional wisdom held that digestion operated by heating and melting down substances taken into the body, there was considerable anxiety around the idea that milk could sour or coagulate in the gut, producing vapours. Levinus Lemnius believed, in congruence with humoral theory, that milk could easily create digestive and mental disorders in those whose constitutions were too hot or too cold: “The use of Milk is not alike wholesome for all people: for those that have cold Stomachs, it grows soure in them, and fills the body with wind; and those that are very hot of temper, in them it burns, and sends forth stinking vapours, and offends the Head.”⁷⁸ An anonymous seventeenth-century manuscript titled “Method of curing hypochondriacal melancholy” forbade milk and all milk products, “for that they soon corrupt, and withal breed wind.”⁷⁹ As we have seen, towards the end of the century, Harvey tapped into this viscerally digestive imagery when he railed against milk’s

<http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-37843>.

⁷⁴ Thomas Elyot, *The castel of helth gathered and made by Syr Thomas Elyot knyghte, out of the chiefe authors of physyke* (Londini: In aedibus Thomae Bertheleti, 1534): 36.

⁷⁵ Thomas Cogan, *The haven of health Chiefly gathered for the comfort of students, and consequently of all those that have a care of their health* (London: Printed by Anne Griffin, 1636): 177–8.

⁷⁶ Thomas Southerne, *The maids last prayer, or, Any, rather than fail a comedy, as it is acted at the Theatre Royal by Their Majesties servants* (London: Printed for R. Bentley, 1693): 25.

⁷⁷ Valenze, *Milk*, 60–70.

⁷⁸ Lemnius, *Secret miracles*, 166.

⁷⁹ Sloane MS 970, f.37. See chapter 2 for a more detailed discussion of this manuscript’s contents.

“corruptible, coagulable, or curdly” nature.⁸⁰ By contrast, some found milk’s allegedly loosening properties to be highly beneficial in a range of chronic distempers. If drinking milk produced evacuative symptoms such as vomiting or diarrhoea, this was not necessarily a problem from a medical perspective; it could, in fact, be a crude but effective way of cleansing corrupt matter from the body. Elyot praised milk for its medicinal properties, claiming that it “dothe easily purge that, whiche is in the bealy superfluous;” Cogan similarly declared that “it washeth and cleanseth the intrails.”⁸¹ These writers were able to turn assumptions about milk’s difficulty of digestion to its advantage in a therapeutic culture which, as we saw in chapter 3, placed a premium on purgation.⁸²

Part of the confusion around milk stemmed from the fact that Hippocrates, Galen, and the medical authorities of antiquity were at best ambivalent towards it, and at worst actively hostile.⁸³ Galen had cautioned that milk was bad for disorders of the head, since “it turns to wind in the stomachs of most people, and there are very few who avoid this,” but had allowed that milk could be of some use in cases of consumption.⁸⁴ A 1655 English translation of Hippocrates’ *Aphorisms* was similarly indecisive; Hippocrates warned that it was not to be given to “those who are troubled with flatus Hypochondriacus,” or indeed in most disorders, but that it could be good for “those who are brought low without any apparent reason or occasion.”⁸⁵ The Greek historian Herodotus, meanwhile, associated milk-drinking with the transience and barbarism of tribal societies. As Piero Camporesi has pointed out, the association of milk with supposedly more savage, unrefined and degenerate tendencies went hand in hand with the idea of a relationship between milk and the disorderly gut: the ultra-civilized Greeks defined themselves in part against these “milk-consuming men who fermented and exhaled restlessness, decayed and melancholic

⁸⁰ Harvey, *Art of curing diseases*, 38. Albala, *Eating Right*, 76. Piero Camporesi, *The anatomy of the senses: natural symbols in medieval and early modern Italy* (Cambridge: Polity Press, 1994): 59. See also Carlo Ginzburg, *The cheese and the worms: the cosmos of a sixteenth-century miller* (London: Routledge & Kegan Paul, 1980).

⁸¹ Elyot, *Castel of helth*, 36; Cogan, *Haven of health*, 177. Albala “Milk,” 20.

⁸² On purging, see chapters 3 and 4 of this thesis.

⁸³ Albala “Milk,” 20–3; Valenze, *Milk*, 61.

⁸⁴ Grant, *Galen on Food and Diet*, 165.

⁸⁵ Hippocrates, *The aphorismes of Hippocrates, prince of physicians with a short comment on them taken out of those larger notes of Galen, Heurnius, Fuchsius, &c* (London: Printed for Humphrey Moseley, 1655): 122.

humours, sombre and perverse dreams, hypochondriacal fantasies, absurdities, sudden brutishness, unexpected movements, and aggressive and uncontrollable migrations.”⁸⁶

In the fifteenth century, however, the Italian humanist scholars Marsilio Ficino, Laura Cereta, and Platina had all broken with humoral orthodoxy, declaring milk to be “of great advantage to melancholics.”⁸⁷ Like Tryon and Cheyne centuries later, these writers emphasised the wholesome, rustic simplicity of the milk-diet.⁸⁸ The influence of this newer and more positive view had demonstrably filtered into English medical writing in the sixteenth and seventeenth centuries, and goes some way towards explaining how dietary attitudes towards milk had become so complicated in this period. When the English Paracelsian Thomas Moffet – whose daughter may have been the inspiration for the milk-eating “Little Miss Muffet” of the nursery rhyme – penned his *Healths improvement, or, Rules comprizing and discovering the nature, method, and manner of preparing all sorts of food used in this nation*, he gave milk pride of place in his dietary regimen, openly citing Ficino as an influence.⁸⁹ Cow’s milk, Moffet insisted, “nourisheth plentifully, encreaseth the brain, fatneth the body, restoreth flesh, asswageth sharpness of urine, giveth the face a lively and good colour, encreaseth lust, keepeth the body soluble, ceaseth extream coughing, and openeth the brest;” both children and the aged, he claimed, “may use it dayly without offence, yea rather for their good and great benefit.”⁹⁰ But while Moffet’s enthusiasm for milk rivalled that of Tryon and Cheyne almost a century later, his view was by no means universally shared, and writers like Bright, Burton, Pemell and Harvey all continued to caution against the eating of dairy under the belief that it would breed flatulence, indigestion, and emotional disturbance.

⁸⁶ Camporesi, *Anatomy*, 46–7.

⁸⁷ Marsilio Ficino, *Three Books on Life*, ed. Carol V. Kaske and John R. Clark (Binghamton, NY: Medieval & Renaissance Texts & Studies in conjunction with the Renaissance Society of America 1989): 159.

⁸⁸ Valenze, *Milk*, 67–71; Phyllis Pray Bober, “The Hierarchy of Milk in the Renaissance, and Marsilio Ficino on the Rewards of Old Age,” in *Milk: Beyond the Dairy*, ed. Harlan Walker (Totnes, 2000): 93–7.

⁸⁹ Victor Houlston, “How good were Little Miss Muffet’s curds and whey?” in *Oxford Symposium on Food & Cookery, 1986: The Cooking Medium: Proceedings*, ed. Tom Jaine (Oxford: Oxford University Press, 1987): 75–83. Thomas Moffet, *Healths improvement: or, Rules comprizing and discovering the nature, method, and manner of preparing all sorts of food used in this nation* (London: Printed by Tho: Newcomb, 1655): 124.

⁹⁰ *Ibid.*, 125.

Purity and Danger: Digestion and Emotion in Tryon, Cheyne, and their contemporaries

Tryon and Cheyne, then, inherited a medical view of milk that was rife with contradictions. Both writers clearly anticipated a degree of criticism for their praise of milk, as they both felt compelled to defend its digestibility in the strongest possible terms. Cheyne dismissed claims of “the windiness or cephalic injury of milk” as “the falsest of all puzzles,” claiming that “it is absolutely the least so of any food under the sun.”⁹¹ He did, however, acknowledge that some English bodies could bear cows’ milk better than others: “Another great Complaint ... is, that in these our Northern Climats they are windy, flatulent and rumifying, creating insupportable Hurricanes and Convulsions in the Stomach and Bowels of some Persons.”⁹² But these symptoms should not, Cheyne asserted, be attributed to any negative quality of the milk itself. The corruption lay, rather, in the stomach and intestines of the sufferer:

I grant that where the Stomach is hot and inflamed by high Meats and Drinks, and the Bowels loaded with Choler, Phlegm, and Wind, these Symptoms indeed at first may happen; but that is only from the former Diet and Mal-Regimen.⁹³

Tryon expressed a similar view, writing that “if [milk] do not agree with some People, it is because their Stomachs are made sharp and sowred by superfluity of dainty Food, and the continual use of strong Drink.”⁹⁴ In the view of both of these writers, the immediate effects of milk upon the body depended more upon the prior condition of the bowels than the quality of the milk. In a clean gut, accustomed to a light and cooling diet, milk would produce no digestive symptoms. But in individuals habituated to a rich and luxurious diet of meat and liquor, the intestines were degraded and corrupt. Such people would have greater difficulty digesting milk, but crucially, the problem was with *them*, not with the milk.

There was, then, an evident and sometimes explicitly moral dimension to Tryon and Cheyne’s praise of milk. As each of the previous chapters of this thesis have demonstrated, in this period, digestive concerns were rarely ‘just’ digestive. As ‘Dr. Cranstoun’ wrote, in a letter which Cheyne republished in his *English Malady*: “Every one,

⁹¹ Shuttleton ed., “Correspondence,” 107.

⁹² Cheyne, *Natural method*, 218.

⁹³ *Ibid.*, 218.

⁹⁴ Tryon, *Cleanness*, 1.

upon the most obvious Considerations, may be convinced of the great Influence that Aliment must have on the Crafts and Constitution of our Bodies, which it daily supplies, and of which, at last, it becomes constituent Materials.”⁹⁵ Since food formed the “constituent materials” of the body, and since bodily constitution shaped temperament and behaviour, it followed that – as Schoenfeldt has observed for humoral physiology – dietary choice played an important and literal role in the material fashioning of the individual.⁹⁶ The most crucial task for any dietetic writer, then, was to persuade the reader to consume substances which they believed best embodied their own social and spiritual ideals. Tryon and Cheyne’s discourses on the digestive and emotive qualities of milk therefore offer a surprisingly revealing window into the authors’ ideal models of selfhood and society, as well as those less desirable traits which they sought, through milk-drinking, to rid themselves of.

Tryon’s understanding of digestion and its relationship to emotion and identity is most fully revealed in a letter to an acquaintance which was published in 1700 under the title ‘On Cleanness.’⁹⁷ In this letter, Tryon laid out his vision for an ethics of diet that fully acknowledged the transformative power of digestion. The process of transforming aliment into affect, he claimed, was as follows:

[foods] being taken into our Bodies ... are separated in our Stomachs, by the curious and cunning Chimistry of Nature, whereby they afford Support and Nourishment. This wonderful Elaboration, Digestion and Separation, by refining, purging and cleansing the Spirituous Virtues of our Food, advances them to a higher pitch and degree, from whence Imaginations, Inclinations, Dispositions, Complexions, Words and Works have their Birth.⁹⁸

But this process of digestive refinement could, of course, go awry, and it was the responsibility of the individual to ensure that their dietary choices would instil purity rather than corruption. An appetite for impure food was a sign of an already impure body, and feeding such appetites would only produce further corruption:

⁹⁵ Cheyne, *English malady*, 221.

⁹⁶ Schoenfeldt, *Bodies and selves*, 21.

⁹⁷ Tryon, *Letters*, 85–7.

⁹⁸ *Ibid.*, 85.

when things come to be eaten, drunk, or joined to any other body, then every particular Quality, Virtue or Vice is stirred up and awakened, by a certain Secret Simpathy or Antipathy ... From this Ground arise all our inordinate desires and longing after unclean and unequal Meats and Drinks; for all Imaginations or Appetites are clean or unclean, equal or unequal, according to the degrees of Concord or Discord in each Person's Complexion.⁹⁹

The fact that Tryon lived in an age which, in his view, too freely indulged its wanton appetites was taken by him as a sign that humankind had collectively reduced itself to a dangerous state of corruption. “Nothing doth more demonstrate the Depravation of Mankind,” he wrote, “the depth of Darkness and Error, into which he hath Ingulphed himself, than a voracious desire after unclean Food.”¹⁰⁰

For Tryon, however, the solution to this was frustratingly obvious: the only way to bring humanity back towards a state of purity was by following a “clean and innocent” diet:

This distempered Appetite of Man, in coveting unclean Foods, had never exerted its bloody Effects, if Man had not been first Polluted in himself, for no Commands of Violence, Inequality and Uncleaness can spring from Equality, Simplicity and Concord ... If this Ground of true Wisdom and Philosophy were rightly apprehended and believed, how cautious and careful should we be in the choice of our Meats and Drinks? What wonderful satisfaction and pleasure should we take in using clean and innocent Foods? and how mightily would Concord, Simplicity and Unity be generated and advanced?¹⁰¹

Many of the world’s greatest ills could be averted or remedied if individuals simply pursued the basic ideal of ‘cleanness,’ following the dietary precepts laid out in Tryon’s works. Although he was often vague when it came to the precise operations of the digestive system, Tryon claimed that the purifying transformations performed in the gut were integral to the formation of individual and collective identity, and that the ‘purest’

⁹⁹ Ibid., 85–6.

¹⁰⁰ Ibid., 86.

¹⁰¹ Ibid.

food was therefore also the healthiest. Clabbered milk, for instance, was held to be “light and easie on the Stomach ... easily separated, and consequently digested.”¹⁰² The reason why some might even favour clabber over fresh milk, Tryon suggested, was that during its time sitting out in the heat it had already begun the process of digestion that would otherwise have commenced in the stomach. Thus, by the time it was taken into the body, it had been through a sort of preparatory purification:

there is a ferment awakned in Milk by standing, viz. out of its own Body, which does tend to separation, and indeed is a high degree of Digestion, which hath a near simile with the ferment and separative Quality of the Stomach; for in this time of standing, the Milk, by vertue of its own ferment, hath done that which is left for the Stomach to do, when Milk is eaten sweet and new.¹⁰³

He did, however, emphasise the point that the purifying and emotionally invigorating power of clabber depended ultimately upon the prior cleanliness of the body into which it was taken.

if the Stomachs of those that eat new sweet creamy Milk, be not in good habit and case, it cannot possibly make so gentle, mild or friendly fermentation or digestion, as this sort of Milk does by vertue of its own ferment; for most distempered Peoples Stomachs are so much depraved, through ill habits, that they are too sower, with a keen sharp matter, which doth in a moments time so violently coagulate and turn the creamy part into a thick curd or hard substnace, and the Wheyie parts into a sharp keen Liquor, both which are very hurtful to Nature.¹⁰⁴

Cheyne, likewise, channelled his moral framework into his dietary strictures. On the surface, his Newtonian physiology appears to provide a far more ‘scientific’ basis for an affinity between digestion and emotion than Tryon’s hermetic natural philosophy. Cheyne claimed that all food taken into the body was broken down, by the force of muscular

¹⁰² Tryon, *Good house-wife*, 35.

¹⁰³ *Ibid.*

¹⁰⁴ *Ibid.*, 35–6.

motion, into its constituent particles, which then entered the bloodstream “through innumerable, very little, or infinitely small excretory ducts” in the belly and bowels.¹⁰⁵ The best foods, then, were those whose particles were smallest and finest in texture, and could therefore pass most easily through these openings. Like Tryon, Cheyne emphasised how digested food became the constituent materials of the body it was taken into; but in his corpuscular physiology, human and animal bodies were “nothing but a compages or contexture of pipes, an hydraulic machin, fill’d with a liquor of such a nature as was transfus’d into it by its parents, or is changed into by the nature of the food it is nourish’d with.”¹⁰⁶ The nature of the particles of these fluids would ultimately determine the nature and quality of the solid parts of the body: these could be “strong or weak, small or coarse, firm or lax, blunt or sharp,” depending upon the dietary habits of the individual.¹⁰⁷ If a person consumed too much coarse and sharp food, the nervous fibres of the body became weak and lax, producing sluggishness and lowness of spirits. Deploying a physiological framework that drew from both mechanist and vitalist models, Cheyne claimed that “All nervous disorders come from imperfect digestion.”¹⁰⁸

Because milk was, in Cheyne’s framework, made up of the finest and least abrasive particles of any foodstuff, it possessed almost unparalleled virtues in instilling clarity of thought and understanding; Cheyne described his milk-and-seed diet as “the most infallible Means to preserve the Faculties clear and acute.”¹⁰⁹ The idea that a clean diet could produce clarity of perception was neither entirely metaphorical nor entirely new: in 1656, for instance, Nicholas Culpeper invited his reader to reflect upon “how much difference there is in purity, between water which is cleer, and water which is muddy, so much and more too is there in a man, who keeps a temperate diet, and one who obstructs his brains by crudities.”¹¹⁰ As has already been emphasised in previous chapters of this thesis, maintaining a healthy gut was seen by many as crucial to the ability to reason and argue logically, and, moreover, to discern meaning and spiritual significance in the natural world. As Nigel Smith has commented, “A purified diet, such as Tryon

¹⁰⁵ Cheyne, *English malady*, 206.

¹⁰⁶ George Cheyne, *An essay on regimen. Together with five discourses, medical, moral, and philosophical* (London: printed for Geo. Strahan, 1742): ii.

¹⁰⁷ *Ibid.*, iii.

¹⁰⁸ Shuttleton ed., “Correspondence,” 50.

¹⁰⁹ Cheyne, *Essay on regimen*, 116.

¹¹⁰ Nicholas Culpeper, *Health for the rich and poor, by dyet without physick* (London: Printed by Peter Cole, 1656): ii. On diet as a route to clarity of mind, see Steven Shapin, “The Philosopher and the Chicken,” in *Science Incarnate: historical embodiments of natural knowledge*, ed. Christopher Lawrence and Steven Shapin (Chicago: University of Chicago Press, 1998): 21–50.

considered vegetarianism to achieve, resulted in an enlightenment of perception, where the true nature of creation would be apparent.”¹¹¹ Tryon framed this hygienic ideal to his readers rhetorically with the question, “What is more profitable for all lovers of health and wisdom, than food that is radically clean?”¹¹²

Although Cheyne sought to tone down the explicitly religious connotations of his writings on food and nervous disorder, they remained always just beneath the surface. He referred to his dietary principles as an “alimentary gospel,” and, like Tryon, appeared to view himself as a sort of dietetic shepherd, guiding his wayward flock towards a better way of living.¹¹³ Cheyne’s tendency to sermonise – perhaps a legacy of his early studies in divinity – tended to emerge particularly strongly in his correspondence with Richardson, another very pious man prone to frequent lapses in his day-to-day eating habits. On one occasion Cheyne wrote to Richardson, “it is true you are not a physician, but you are I hope a Christian;” on another, he reminded him of the parallels between bodily and spiritual healing, reflecting that “I have often thought low-living and its attendants to mend a bad or weakened constitution of body, has a great analogy and resemblance to the meanest purification and regeneration preserved in holy writ.”¹¹⁴ Cheyne’s view of a world in which material habits and individual choices could lead to a state of divine perfection *in life* drew its inspiration from Boehme’s writings, in what B. J. Gibbons has described as “a peculiarly gastronomic Behmenism.”¹¹⁵

Both Tryon and Cheyne identified in milk a host of sensory qualities which, they argued, marked it out from other foods as a divine form of aliment. For Cheyne, the physiological understanding of the process of milk-production gave a digestive basis to claims that it was the purest form of food. Milk, it was often claimed, was “twice-concocted blood;” food that had first been digested in the stomach and then transported to the mammary glands for a second digestion.¹¹⁶ As Moffet put it, milk was “nothing but white blood, or rather the abundant part of blood, whited in the breasts of such creatures as are ordained by nature to give suck.”¹¹⁷ Cogan had similarly written that “untill it come to the paps or udder, it is plaine blood: but afterward by the proper nature of the paps it is turned into

¹¹¹ Smith, “Enthusiasm and Enlightenment,” 110.

¹¹² Tryon, *Cleanness*, 1.

¹¹³ Cheyne, *English malady*, 355.

¹¹⁴ Shuttleton ed., “Correspondence,” 100.

¹¹⁵ Gibbons, *Gender*, 115.

¹¹⁶ Albala, *Eating right*, 75; Camporesi, *Anatomy*, 40; idem., *Juice of life*, 119.

¹¹⁷ Moffet, *Healths improvement*, 119.

milke.”¹¹⁸ The whiteness of milk signified the fact that it had already undergone multiple processes of purification even before being consumed as food in its own right, and this superior state of purity made it exceptionally easy to digest – provided, of course, that the stomach receiving it was clean and pure.

The ‘inward’ nature of milk was therefore revealed in its outward appearance, bringing Christian symbolism into harmony with the doctrine of signatures, under which the tactile qualities of a substance were seen to offer clues as to its potential dietary value.¹¹⁹ Tryon saw in milk’s whiteness “the Emblem of Innocence, deriving that amiable and pleasant Candor from a Gleam of the divine Light.”¹²⁰ As we have already seen, the theme of whiteness as a marker of innocence and moral purity pervaded both authors’ works. Tryon repeatedly described milk as “simple and innocent ... of a sweet, gentle, mild, friendly Nature.”¹²¹ The same themes were reflected in his effusive praise for sheep, whom Tryon described as “the most innocent of beasts,” even claiming that God had dressed sheep in white to demonstrate their innocence to the world.¹²² The association between whiteness and innocence was one of the most basic affective foundations of Christian symbolism: Catholics and Protestants alike believed that “Whiteness signifies purity and Innocence,” while blackness was the colour of “Sin and Affliction.”¹²³ Whiteness of visage was also increasingly being viewed as a marker of social refinement in the early eighteenth century, when Tryon and Cheyne’s writings were most popular. As Charles Phythian-Adams has noted in his study of the contrasting perceptions of chimney-sweeps and milk-maids in eighteenth-century England, whiteness was becoming “a desirable quality in an essentially indoor society where the hair and the faces of those with social pretensions might be powdered in contrast to ... the weatherbeaten features of the open-air worker.”¹²⁴

¹¹⁸ Cogan, *Haven of health*, 175.

¹¹⁹ Ken Albala, *Food in Early Modern Europe* (Westport, CT: Greenwood Press, 2003): 221. *idem.*, *Eating right*, 80–82; Steven Shapin, “‘You are what you eat’: historical changes in ideas about food and identity,” *Historical Research* 87, no. 237 (2014): 377–392; Henry “Matter of souls,” 8.

¹²⁰ Tryon, *Good house-wife*, 25.

¹²¹ Tryon, *Way to health*, 61, 357.

¹²² *Ibid.*, 254–5. Geoffrey Plank, “Thomas Tryon, Sheep and the Politics of Eden,” *Cultural and Social History* 14, no. 5 (2017): 565–581.

¹²³ Thomas de Laune and Benjamin Keach, *Tropologia, or, A key to open Scripture metaphors the first book containing sacred philology, or the tropes in Scripture, reduc'd under their proper heads, with a brief explication of each* (London: Printed by John Richardson and John Darby, 1681): vol. 1, 202, 168.

¹²⁴ Charles Phythian-Adams, “Milk and soot: the changing vocabulary of a popular ritual in Stuart and Hanoverian London,” in *The Pursuit of Urban History*, edited by Derek Fraser and Anthony Sutcliffe (London: E. Arnold, 1983): 103.

Following this theme of innocence, both authors also placed great emphasis upon the fact that milk was the food designed by nature to nourish infants, who were more innocent and uncorrupted than adults. Cheyne seemed to find this argument especially compelling, writing that milk had been “prepar’d by the Hand of Nature, and intended and signatur’d by its Author, for the cureing, nourishing and fortifying of weak, tender and diseased Animals.”¹²⁵ If milk could nourish bodies that were weak and tender by nature, it could do the same for those who had been brought low by habit, as he held to be the case in nervous disorders. By emphasising milk’s affinity with innocence and childhood, Tryon and Cheyne also made their case for the pacifistic approach to food which, as we have already seen, has led some historians to view them as ‘proto-vegetarians.’¹²⁶ For Tryon, this stemmed in large part from a belief that emotions could be transmitted from the animal to the human who consumed their meat or milk. If the circumstances of an animal’s life or death were especially violent or unpleasant, its produce would be infused with the animal’s grief and suffering which would then be transmitted to the eater. Even being in the vicinity of violence and suffering could instil violent or otherwise unpleasant traits; following Pythagoras, Tryon insisted that the reason why butchers were all so angry and hot-blooded was due to the violence of their occupation.¹²⁷ This idea of the transference of emotional qualities from animals to humans through material means could just as easily be applied to milk. As Albala has noted, the belief that happier cows produce better and more nutritious milk has a history stretching back much further than the advent of commercialised dairy.¹²⁸ Earlier in the seventeenth century, Moffet had urged his readers to “remember to rub and stroke down your Cow every morning,” and had insisted that by doing so “her milk will be both sweeter and more nourishing.”¹²⁹ While Cheyne was, in general, less concerned with the welfare of non-human animals than Tryon, he shared his belief that the emotional constitution of an animal could be transmitted to humans. Cheyne described the English appetite for red meat as “voracious and brutish,” questioning how any could bear “to see the convulsions, agonies, and tortures of a poor fellow-creature.”¹³⁰

¹²⁵ Cheyne, *Natural method*, 126–7.

¹²⁶ See above.

¹²⁷ Tryon, *Way to health*, 254. Keith Thomas, *Man and the Natural World: changing attitudes in England 1500–1800* (London: Penguin, 1984): 294–5.

¹²⁸ Albala, *Eating right*, 142.

¹²⁹ Moffet, *Healths improvement*, 127. Albala, “Milk,” 25.

¹³⁰ Cheyne, *Health and long life*, 92; Cheyne, *Essay on regimen*, 70. Guerrini, “Diet for a Sensitive Soul,” 70.

Both authors claimed that their dietetic philosophies were rooted in temperance, a ‘middle way’ between violent extremes that emphasised balance and moderation.¹³¹ Cheyne appealed to this particular form of rhetoric when he argued that “persons of all sorts will live more healthy and longer by universal temperance, than otherwise.”¹³² However, the dietary precepts of Tryon and Cheyne can hardly be considered moderate. Steven Shapin has illustrated how the ‘golden mean’ of temperance was in fact highly mutable, and was often used to justify extreme forms of belief and behaviour.¹³³ Schoenfeldt, similarly, has noted that “Although frequently defined as a middle ground between disagreeable opposites, temperance is continually driven to extremity by the situations in which it is enacted.”¹³⁴ This was certainly the case with the milk-doctors, whose appeals to the ideal of dietary moderation were in fact used to justify an extreme form of dietary asceticism. Tryon described how, in milk, “the Qualities of Nature seems to stand in Equality ... having no manifest Quality that does too violently predominate.”¹³⁵ Cheyne, likewise, claimed that milk was “the lightest and best of all Foods, being a Medium between animal Substances and Vegetables.”¹³⁶ Both writers turned the idea of a temperate ‘middle way’ on its head by setting it against its own logical opposite: immoderation, violence, disorder and chaos. It is important, then, to understand the term ‘temperance’ in the terms that the writers themselves used it: essentially as a synonym for an extreme state of moral and physical purity to be achieved through abstinence, self-denial, and pacifism. Through this approach to diet, infused with Behmenist ideas about the material perfectibility of the human body, Tryon and Cheyne sought, in Anita Guerrini’s words, to “return the corrupt body to a (peculiarly English) Adamic purity.”¹³⁷ Prior to the Fall, Adam and Eve had lived in Eden in a state of pure innocence, free from the knowledge of good and evil. Milk, as the material embodiment of innocence, offered a dietary means of moving English society back towards this collective state of purity in both body and mind.

¹³¹ Schoenfeldt, *Bodies and selves*, 115–9; Steven Shapin “How to eat like a gentleman: dietetics and ethics in early modern England,” in *Right Living: An Anglo-American Tradition of Self-Help Medicine and Hygiene*, ed. Charles Rosenberg (Baltimore, MD: Johns Hopkins University Press, 2003): 21–58; Bryan S. Turner,

¹³² Cheyne, *Health and long life*, 30.

¹³³ Shapin, “How to eat like a gentleman;” idem., “Trusting George Cheyne,” 284–5.

¹³⁴ Schoenfeldt, *Bodies and selves*, 44.

¹³⁵ Tryon, *Good house-wife*, 25.

¹³⁶ Cheyne, *English malady*, 249.

¹³⁷ Guerrini, “Diet for a Sensitive Soul,” 38. See also Wendy Wall, *Staging Domesticity: Household Work and English Identity in Early Modern Drama* (Cambridge: Cambridge University Press, 2002): chapter 4, “The erotics of milk and live food, or, ingesting early modern Englishness,” 127–160.

This privileging of an unsullied Edenic past implicitly revealed profound anxieties about modernity. Milk was a symbol of a rustic, pastoral life that was increasingly threatened by incipient urbanisation. Guerrini has drawn attention to how Cheyne's writings "idealized rural life ... over the crowded, dirty, and hectic life of the city."¹³⁸ In a revealing passage from *The English Malady*, Cheyne held "the present Custom of Living, so much in great, populous, and over-grown Cities" responsible, in large part, for the spiritual degradation of his age.¹³⁹ His damning portrait of early eighteenth-century London is rich in emotive vocabulary chosen to evoke a visceral sense of disgust, from the densely-packed bodies of the unwashed poor to the noxious smells of human waste and corpses rotting in the street:

London (where nervous Distempers are most frequent, outrageous, and unnatural) is, for ought I know, the greatest, most capacious, close, and populous City of the Globe, the infinite number of Fires, Sulphureous and Bituminous, the vast Expence of Tallow and foetid Oil in Candles and Lamps, under and above Ground, the Clouds of stinking Breaths, and Perspiration, not to mention the Ordure of so many diseases'd, both intelligent and Unintelligent Animals, the crowded Churches, Churchyards and Burying Places, with putrifying Bodies, the Sinks, Butcher-Houses, Stables, Dunghils &c and the necessary Stagnation, Fermentation, and Mixture of such Variety of all Kinds of Atoms, are more than sufficient to putrify, poison, and infect the Air for twenty Miles round it, and which, in Time, must alter, weaken, and destroy the healthiest Constitutions of Animals of all Kinds.¹⁴⁰

The affective power of disgust was one of the most potent weapons in the milk-doctors' arsenal. They abhorred what they viewed as the modern vices of luxury and excess, which they felt were steadily eroding the psychophysiological health of England as a whole. Even as Cheyne flattered his patients at Bath for their refined intellects and (literally) superior moral fibre, playing into the increasingly cynical trope of nervous illness as 'fashionable disease,' he also acknowledged that for the most part it was "the Wealthy, the

¹³⁸ Ibid.

¹³⁹ Cheyne, *English malady*, 38.

¹⁴⁰ Ibid.

Voluptuous, and the Lazy” who suffered from such disorders.¹⁴¹ Cheyne complained that the elite of England had become drunk on their own wealth and leisured lifestyles, and had “sunk into Effeminacy, Luxury, and Diseases.”¹⁴² Both he and Tryon feared that English identity was being degraded by an unrestrained appetite for luxury that was leading people to literally consume all manner of foreign goods, with little or no regard for the potentially negative consequences, either to themselves or to their nation.¹⁴³

Another physician who particularly embraced this theme (and who also championed the milk-diet) was John Woodward – discussed in chapter 1 – whose *State of Physick and Diseases* appeared in print in 1718.¹⁴⁴ Woodward’s writing, like Tryon’s and Cheyne’s, drew a direct relationship between digestion, emotion, and collective identity, revealing how ideas about diet and health could serve as a potent channel for xenophobia and racism. Woodward complained that England’s collective health and identity were being degraded by the “high Seasoning, strong Sauces, Pickles, new Dishes, new Modes of Cookery, brought amongst us by the Foreigners that have come over, in so great Numbers, for about 30 Years past ... to the Neglect of the much better and more wholesome Products of our own Country.”¹⁴⁵ Like Tryon and Cheyne, Woodward harked back to an unspecified golden age in which the English people had followed the more simple and rugged diet that had been furnished by nature. “To these Sauces, and these Liquors,” he claimed, “our vertuous, wise, stout, healthy Ancestors were Strangers.”¹⁴⁶ Modern diets were characterised by intemperance, excess, and, above all, digestive turmoil: “Swilling the Indigestion, and vitious Contents of the Stomach, into the Blood, casting them upon the Habit, and Organs of the Body.”¹⁴⁷ Woodward claimed that the influx of foreign foodstuffs had created a whole train of negative consequences for the English as a whole – “Irreligion, Impiety: Passion, Animosity, Contention, Faction: Neglect of Thought, Studyes, and Business: Mispending of Time: Ignorance: Stupidity: Poverty: Discontent: Sickness, Diseases” – all of which both proceeded from and further

¹⁴¹ Cheyne, *English malady*, 110.

¹⁴² *Ibid.*, 39. Berg and Eger, “Rise and Fall,” 8–15; E. J. Clery, *The feminization debate in eighteenth-century England: literature, commerce and luxury* (Basingstoke: Palgrave Macmillan, 2004).

¹⁴³ Anita Guerrini, “Health, national character and the English diet in 1700,” *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 43, no. 2 (2012): 349–56.

¹⁴⁴ Woodward, *State of physick*. See chapter 1 for Woodward’s claim that ‘biliose salts’ were the cause of many illnesses, and the ridicule that he received for his views. See also Levine, *Dr. Woodward’s Shield*.

¹⁴⁵ Woodward, *State of physick*, 194–5.

¹⁴⁶ *Ibid.*, 195.

¹⁴⁷ *Ibid.*

exacerbated the nation's collective indigestion.¹⁴⁸ Woodward described this process in a highly embowelled register, as a digestive-emotive maelstrom whereby individual bodies and the body politic alike were cast into disarray through the conjunction of intemperate eating and excessive passions:

What will be likely to push on, and hasten this, is the Exorbitance of Passion, which must necessarily attend the Increase of the Biliose Salts, that are the Instruments of the Passions drawn out of the Meats eaten: and must be consequently proportion'd to the Excess of them. Then Meats seasoned, Sauces, and Things of high Savour, which make so considerable a Figure in the New Cookery, supply those Salts in the greatest Plenty. The Passions must be still more heightned by these: vitious Inclinations spurr'd on: and the Head putt into a Hurrey.¹⁴⁹

Certain aspects of Cheyne's writings share much in common with Woodward's. Cheyne similarly complained that "it is common to see the most obvious, natural and simple, but most beneficial and sanative Things slighted and overlooked, while new, foreign, costly and complicated ones, are admired."¹⁵⁰ In a letter to the Countess of Huntingdon, he also wryly observed that "if I could cure my patients with burgundy and ham pie I might be cried up to the skies."¹⁵¹ The culinary nativism of the milk-doctors was just one facet of the growing racism in eighteenth-century English society.¹⁵² This was made particularly explicit in the following passage from Tryon's *Good House-wife Made a Doctor*, in which he questioned the value of importing and consuming foreign goods:

What agreement or affinity is there between our Fruits, Grains, Herbs and Seeds, and those that come from the East and West Indies? not so much as that between the complexion of a Fat-nosed Lubber-lip'd Blackamore, or swarthy Bantamen, with a head like a Sugar loaf, and our most Florid Beauties. In particular, what likeness or

¹⁴⁸ Ibid., 196.

¹⁴⁹ Ibid., 200.

¹⁵⁰ Cheyne, *Natural method*, 132.

¹⁵¹ Mullett ed., *Letters*, 41.

¹⁵² Roxann Wheeler, *The complexion of race: categories of difference in eighteenth-century British culture* (Philadelphia: University of Pennsylvania Press, 2000).

correspondence is there between Cloves, Mace, Nutmegs, Cinnamon, Ginger or Pimento, and the Flower of Wheat, or any other Grain, with Apples, Milk, Butter, Herbs or Flesh?¹⁵³

Tryon and Cheyne shared this deep distrust of any form of mixtures. Tryon believed that the declining emotional health of the English could be attributed to “the compounding of these Forreign Ingredients with our Domestick Productions, that chiefly destroys the Health of our People.”¹⁵⁴ Similarly, Cheyne told his reader that the best foods were those that were “simple and uncompounded,” with each meal consisting of as few different elements as possible.¹⁵⁵ As part of his wider campaign against mixture, Cheyne mounted a vocal opposition against punch, which he viewed as a dangerous and unnatural intermingling of foreign luxuries: “I could never see any Temptation, for any one in their Senses, to indulge in this Heathenish Liquor,” he boomed in his *Essay of health and long life*.¹⁵⁶ ‘Punch,’ in Cheyne’s time as now, was hard liquor such as rum or brandy combined with the juice of citrus fruits and a generous quantity of sugar.¹⁵⁷ Each ingredient, Cheyne argued, was bad in its own right: the alcohol contained a “caustick, corrosive, and burning Quality” that would inflame and dry up the body, while the citrus fruits produced “acrid Fumes and Vapours” in the belly and bowels.¹⁵⁸ But it was the commingling of so many disparate and alien substances that caused Cheyne the greatest anxiety. “In the West Indies,” he explained (despite never having left Britain), where “they are forced to drink much PUNCH ... they are universally afflicted with Nervous and Mortal dry-Belly-aches, Palsies, Cramps, and Convulsions ... entirely owing to this poisonous Mixture.”¹⁵⁹

Perhaps unsurprisingly, Woodward appears to have shared Cheyne’s views on punch, and also his fears of mixture more generally. A selection of his medical cases published posthumously in 1759 revealed that he, like Cheyne, held excessive punch-drinking responsible for many ills – if not necessarily all the ills of humankind, then certainly those

¹⁵³ Tryon, *Good house-wife*, 103–4.

¹⁵⁴ *Ibid.*, 104. Hall, “Extravagant viciousness,” 97.

¹⁵⁵ Cheyne, *English malady*, 111.

¹⁵⁶ Cheyne, *Health and long life*, 59.

¹⁵⁷ On punch and its culture in the eighteenth century, see Karen Harvey, “Barbarity in a teacup? Punch, domesticity and gender in the eighteenth century,” *Journal of Design History* 21, no. 3 (2008): 205–221. See also David Wondrich, *Punch: The Delights (and Dangers) of the Flowing Bowl* (London: Penguin, 2010).

¹⁵⁸ Cheyne, *English malady*, 55, 57.

¹⁵⁹ *Ibid.*, 57.

of his patients.¹⁶⁰ Many of Cheyne's contemporaries were, however, deeply sceptical. One author dismissed his attack on punch as a "common Place Rant," arguing that "It's a great Mistake, to lay the whole Charge of Cholicks and Dry Belly-achs upon Punch."¹⁶¹ Another, while appearing to share Cheyne's more general mistrust of foreign substances, expressed genuine puzzlement at his conclusion: "I can't imagine, why all these Invectives against Punch; as Rack-Punch is commonly made in England ... by the generality of People, it may be drank as safely, as an equal quantity of wine."¹⁶² In the 1749 novel *Tom Jones*, Henry Fielding satirically reproduced some of Cheyne's fiercest criticisms of punch, particularly mocking the notion that it produced excessive and uncontrollable passions:

There are indeed certain Liquors, which, being applied to our Passions ... serve to kindle and inflame, rather than to extinguish. Among these, the generous Liquor called Punch is one. It was not therefore without Reason, that the learned Dr. Cheney used to call drinking Punch, pouring liquid Fire down your Throat.

Now, Mrs Honour had unluckily poured so much of this liquid Fire down her Throat, that the Smoke of it began to ascend into her Pericranium, and blinded the Eyes of Reason which is there supposed to keep her Residence, while the Fire itself from the Stomach easily reached the Heart, and there inflamed the noble Passion of Pride.¹⁶³

The notoriously liberal Fielding likely shared the view of the anonymous "Pillo-Tisanus" that Cheyne, Woodward and their ilk were little more than a cadre of humourless killjoys, with a knee-jerk hostility to anything "which create a generous Spirit, a free Air, a florid

¹⁶⁰ John Woodward, *Select cases, and Consultations, in Physick* (London: printed for L. Davis and C. Reymers, 1757): 19, 22, 49, 103.

¹⁶¹ 'Fellow of the Royal Society,' *Remarks on Dr. Cheyne's essay. Of health and long life. Wherein some of the doctor's notorious contradictions, and false reasonings are laid open* (Dublin: Printed by J. Watts, 1725): 42–6.

¹⁶² Anon, *A letter to George Cheyne, M.D. F.R.S. shewing, the danger of laying down general rules to those who are not acquainted with animal oeconomy, &c.* (London: printed: and sold by J. Graves, 1724): 46. Another critic, Edward Strother, also defended punch: see Edward Strother, *An essay on sickness and health; wherein are contain'd all necessary cautions and directions, for the regulation of diseas'd and healthy persons: In Which Dr. Cheyne's Mistaken Opinions in his late Essay, are occasionally taken Notice of* (London: printed for Charles Rivington, 1725): 70–1.

¹⁶³ Henry Fielding, *The history of Tom Jones, a foundling* (London: printed for A. Millar, 1749): vol. 3, 112–13.

Countenance, a sprightly Wit.”¹⁶⁴ Cheyne and Richardson, for their part, both loathed Fielding, who had begun his own literary career with *Shamela* (1741) a parodic re-telling of Richardson’s semi-didactic epistolary novel of the previous year.¹⁶⁵ After the publication of *Joseph Andrews* in 1742, Cheyne wrote to Richardson, “I had Fielding’s wretched Performance.... It will entertain none but Porters or Watermen.”¹⁶⁶ To Cheyne, the likes of Fielding represented exactly the kind of decadence and vice that was fuelling England’s cultural and physical degeneration. Fielding, a known lover of intemperance, excess, and foreign vices like punch, was a mortal enemy to the pure, milk-drinking utopia that Cheyne envisioned.¹⁶⁷

Besides expressing anxieties about the degeneration of English character through the consumption of foreign luxuries, Tryon’s discussions of milk and its digestibility also revealed distinctly misogynistic anxieties about moral pollution. Most milk-doctors were generally able to agree on a broad hierarchy of purity in non-human milk.¹⁶⁸ Asses’ milk was considered by many to be the lightest and purest; Cheyne insisted that

Ass’s Milk is far preferable to any other Kind, it being already true, sweet, kindly Chyle, which only can get through the Lacteals ... the Qualities of Ass’s Milk being, due Thinness or Fluidity, Sweetness and Balsam ... no other Milk or Chyle is so nutritive, or so readily convertible to Flesh and Blood.¹⁶⁹

Dr. John Wynter, a critic of Cheyne’s who nevertheless shared many of his dietary principles, wrote, “If it be asked, The Milk of what Animal is to be preferred? I answer, A Stomach that cannot bear the thicker, should begin either with Asses, or Mares Milk, which he can get most conveniently.”¹⁷⁰ Other animals commonly praised for their milk were cows, sheep, and goats; some early Galenic commentators also discussed camels’

¹⁶⁴ Pillo-Tisanus, *An epistle to Ge--ge Ch--ne, M.D. F.R.S. upon his Essay of health and long life. With notes, physical and metaphysical* (London: printed for J. Roberts, 1725): 34.

¹⁶⁵ Henry Fielding, *An apology for the life of Mrs. Shamela Andrews* (London: printed for A. Dodd, 1741). Richard Gooding, “Pamela, Shamela, and the politics of the Pamela vogue,” *Eighteenth-Century Fiction* 7, no. 2 (1995): 109–130.

¹⁶⁶ Shuttleton ed., “Correspondence,” 111–12; Shuttleton, “Pamela’s Library,” 71–2.

¹⁶⁷ Martin C. Battestin, *Henry Fielding: A Life* (London: Routledge, 1989): especially 143–60.

¹⁶⁸ Bober, “Hierarchy of milk.”

¹⁶⁹ Cheyne, *Natural method*, 245.

¹⁷⁰ John Wynter, *Cyclus metasyncriticus: or, an essay on chronical diseases, the methods of cure; and herein, more fully, of the medicinal waters of Bath and Bristol, their several virtues and differences* (London: printed for W. and J. Innys, 1725): 60–1.

milk, though it is highly unlikely that they wrote from direct experience.¹⁷¹ However, among all forms of milk, that which came directly from a woman's breast was widely agreed to be the best, and was consistently placed above that of all non-human animals.¹⁷²

The ranking of women's milk alongside that of animals (even if it was consistently judged to be 'the best') can be seen as a means of emphasising perceived woman's inferiority to man in the hierarchy of nature, and her greater susceptibility to corrupting passions.¹⁷³ Tryon displayed a deep suspicion towards women for their emotional volatility, which he believed manifested in "Foolish, hot Fantastick Passions" which could easily transform into "Fury and Madness."¹⁷⁴ As Clark Lawlor has emphasised, although Cheyne apparently idealised women as the "innocent and delicat Part of our Species," even claiming that "I have known ten good Women, for one equally good Man," this praise in fact only served to emphasise female physical and moral fragility in his writings.¹⁷⁵ Women's supposedly more refined bodies were "weaker, but more delicat and pliable" than men's, and thus more vulnerable to invasion by external agents.¹⁷⁶ Cheyne's apparent praise of women, and of the increasingly effete upper- and middle-class male, can equally be read as a damning critique of a society that he considered to be in a desperate state of moral decline.¹⁷⁷ Relying on the ancient proverb "*Corruptio optimi est pessima*" – "corruption of the best is the worst of all" – Cheyne's flattery functioned as a constant reminder of the dangerous weaknesses of women.¹⁷⁸

This view, in turn, fuelled anxieties about the role of women in food preparation and production, and the potential threat that the corrupted woman – and her milk – could pose to individual and collective identity. Tryon and Cheyne both strongly associated women with the production and provision of food, as hinted at earlier by Cheyne's enlisting of a "milk-woman" to deliver his own personal supply.¹⁷⁹ A brief report from the

¹⁷¹ Bright, *Treatise of melancholie*, 261.

¹⁷² Bober, "Hierarchy;" Camporesi, *Anatomy*, 50.

¹⁷³ For a discussion of the misogyny encoded into early modern discussions of breast milk and lactation, see especially Paster, *Body embarrassed*, 215–80.

¹⁷⁴ Thomas Tryon, *The knowledge of a man's self the surest guide to the true worship of God, and good government of the mind and body* (London: printed for Tho. Bennet, 1703): 131; idem., *Healths grand preservative*, 10. Smith, "Tryon's regimen for women," 57–9.

¹⁷⁵ Cheyne, *Natural method*, 282. Lawlor, "Fashionable melancholy," 105.

¹⁷⁶ Ibid., 281.

¹⁷⁷ Clery, *Feminization debate*, especially 99.

¹⁷⁸ Cheyne, *Natural method*, 281–2.

¹⁷⁹ Cheyne, *English malady*, 229–30.

General London Evening Mercury in 1746 illustrates how women might routinely be held responsible for the corruption of diet. The report reads:

We are informed that the Milk which has lately been taken in from the Common Milk Women, in some Parts of the Town, has, after standing some Time, putrified and charged [*sic.*] into a kind of Pus. As it is conjectured such Milk was produced from distempered Cows, we thought it our Duty to mention this; since if that be the Case, great Damage may accrue to the Publick, from eating too indiscriminately on Milk Diet.¹⁸⁰

Such reports appear to suggest a broad consensus that it was women's responsibility to provide milk to the public at large, giving them a key responsibility in maintaining the health of English society.¹⁸¹ As a result, both Tryon and Cheyne were particularly preoccupied with controlling female behaviour as a means of protecting the English character against invasion from the outside.¹⁸² As Kim F. Hall has observed, Tryon "consistently indicts English women for their role in "contaminating" the English diet," blaming them for "their unskillful ways of Preparation" and their "itching desire after Novelties" and seeing in women the potential destruction of the body politic through profligacy and over-consumption.¹⁸³ He complained that English women, whose responsibility it was to provide for the health of their families, had turned their backs on simple, honest fare in favour of foreign delicacies. Women, he thundered,

every day create hurtful Extravagances, perswading themselves that the more cost they bestow, the more rich things they jumble together, the better and more nourishing their Food must be; and more nourishing indeed it is, but of Diseases and evil Juices.¹⁸⁴

¹⁸⁰ [Untitled news], *General London Evening Mercury*, September 16, 1746, accessed 4 May 2018 via Burney Newspapers Collection Database.

¹⁸¹ Anita Guerrini, "The hungry soul: George Cheyne and the construction of femininity," *Eighteenth-Century Studies* 32, no. 3 (1999): 279–91; Phythian-Adams, "Milk and Soot," 99. See also Caroline Walker Bynum, *Holy feast and holy fast: The religious significance of food to medieval women* (Berkeley: University of California Press, 1987): especially 270–1.

¹⁸² Smith, "Tryon's regimen for women;" Hall, "Extravagant viciousness."

¹⁸³ Hall, "Extravagant viciousness," 99. Tryon, *Good house-wife*, 'The Preface to the Reader,' 102.

¹⁸⁴ Tryon, *Good house-wife*, 86–7.

Cheyne, as always, chose his published words far more carefully, but he apparently shared Tryon's view: Guerrini has highlighted how, in a letter to Richardson, Cheyne aired his view that most women "would rather renounce Life than Luxury."¹⁸⁵

The trope of a specifically feminine appetite for luxury and novelty shaped both authors' anxieties about physiological pollution, which were potently expressed in their attitudes towards breastfeeding.¹⁸⁶ Both agreed that the unrestrained, gluttonous appetites of women had played a decisive role in the physical and moral degeneration of their age.

Tryon wrote:

There are a hundred other Disorders and Intemperances that many Mothers and ignorant Nurses affect their Children with ... If Women did understand but the hundredth part of the Evils and Diseases those indulging and intemperate Ways do bring both to themselves and Children, they would quickly be of my mind.¹⁸⁷

Cheyne vividly described the digestive symptoms suffered by England's suckling infants, leaving no doubt as to who ought to be held responsible:

the perpetual Gripes, Colicks, Loosenesses, hard Bellies, Choakings, Wind, and Convulsive Fits, which torment half the Children of England, are intirely owing to the too great Quantities of too strong Food, and too rank Milk, thrust down their Throats by their over-laying Mothers and Nurses.¹⁸⁸

Women, both writers claimed, were too addicted to the drinking of strong spirits and the smoking of tobacco, the fiery qualities of which were transferred into their milk, through which they imprinted themselves on the suckling child.¹⁸⁹ The simple fact of lactation was

¹⁸⁵ Shuttleton ed., "Correspondence," 102; Guerrini, "The Hungry Soul," 285.

¹⁸⁶ On moralised discourses of breastfeeding and wet-nursing see especially Paster, *Body embarrassed*, 215–70; Crawford, *Blood, bodies and families*, 147–9; Valerie Fildes, *Wet Nursing: A History from Antiquity to the Present* (Oxford: Blackwell, 1988); David Harley, "From Providence to Nature: The Moral Theology and Godly Practice of Maternal Breast-feeding in Stuart England," *Bulletin of the History of Medicine* 69, no. 2 (1995): 198–223.

¹⁸⁷ Tryon, *Cleanness*, 16.

¹⁸⁸ Cheyne, *Health and Long Life*, 112–3.

¹⁸⁹ In addition to those cited above, see Beatrice Groves, "The Morality of Milk: Shakespeare and the Ethics of Nursing," in *Shakespeare and Renaissance Ethics*, ed. Patrick Gray and John D. Cox (Cambridge: Cambridge University Press, 2014): 139–158; Perry, Ruth. "Colonizing the Breast: Sexuality and Maternity in Eighteenth-Century England." *Journal of the History of Sexuality* 2, no. 2 (1991): 204–34.

thus weaponised against women: they had a social obligation to exercise a rigorous self-control over their own dietary habits, for their milk needed to be as pure as possible in order to nourish the succeeding generation. Tryon, ever the loose cannon, became especially impassioned over the state of women's bellies:

are we not like to have very Fine, Hopeful, Healthy Children, when the Mother by excessive Pampering her unweildy Carcass, has contracted more Diseases than an Hospital? Or when they are put out to some Drunken Nurse, that instead of affording them wholesome Natural Milk, Suckles them up with the unconcocted Dregs of that Brandy with which she daily overcharges her filthy Stomach?¹⁹⁰

And the usually affable Cheyne revealed a more caustic side (or perhaps an inner Tryon) when he denounced wet-nurses for their "rank, high, foul Feeding and common Uncleanliness;" he declared that "I should rather confine my Child to the innocent and undiseas'd Nourishment of Water-gruel, Cow-milk, and Seeds, than to the Milk of a foul, rank, luxurious and vitious Nurse."¹⁹¹ Both Tryon and Cheyne harnessed the excremental image of the "filthy Stomach" to evoke feelings of disgust towards the licentiousness and depravity of women. By contrasting this image with the pure, chaste whiteness of uncorrupted breast-milk, Tryon and Cheyne brought the full force of abjection to bear upon the bodies of the supposedly fairer sex. In their writings, the figure of the nursing mother or wet-nurse was reduced to little more than a belly herself: a site of continual transformations, fraught with instability and constantly threatened with pollution. In this way milk, the raw matter of motherhood, came to embody all the emotional paradoxes of purity and danger.

Conclusion

The dietary literature on milk, despite its many contradictions and inconsistencies, offers a fascinating window onto the relationship between emotion, morality, and the digestive system in early modern England. Cheyne and Tryon represented an extreme strain of dietetic thinking that nevertheless garnered significant attention in the early eighteenth century through its appeals to entrenched symbolic associations between the Christian ideal of moral purity and the materiality of foodstuffs. Within this framework, the tactile

¹⁹⁰ Tryon, *Healths grand preservative*, 10.

¹⁹¹ Cheyne, *Natural method*, 132–3.

qualities of milk, taken alongside the circumstances of its natural production (as the 'intended' food for infants) gave it the status of a morally pure and intensely healthy food, a view at odds with much of the received dietetic wisdom.

As we have seen, the embowelled language of digestion and emotion proved central to these writers' portrayals of milk as a pure and quasi-sacred form of aliment. The exceptionally positive portrayal of milk in these and many other medical writings from the early eighteenth century also demonstrates the affective power of the Christian binary symbolism through which writers like Tryon and Cheyne expressed themselves. Even though neither of these writers would have considered themselves Galenists, the language they used to describe milk seems to suggest a lingering consciousness of melancholy – the filthy and viscous black bile – as the material and moral antithesis of purity. If milk was white, clean, and airy, the antidote to all that was wrong with the world, its opposite was that which was black, filthy, and earthy (descriptions which could just as well be applied to hellebore, that potent symbol of voluntary self-pollution).¹⁹² For Tryon and Cheyne, milk represented simplicity, innocence, and purity, while melancholy – or the affective space that it had until recently occupied – evoked excremental images of pollution, corruption, and decay.

If it is true, as Albala has suggested, that lactose tolerance had significantly increased between Galen's time and the time of Tryon and Cheyne, the increased digestibility of milk would have lent a powerful weight to their argument for its positive effects on body and mind.¹⁹³ However, as we have seen, they did face opposition, not only from those who either remained steadfast adherents of Galenic dietetics, but also from writers who felt that their 'puritanical' hostility towards the consumption of foreign and luxury foodstuffs like punch was reactionary and histrionic. Many of these challengers focused their attention – as had Tryon and Cheyne – on the digestibility of the substances in question. Rejecting claims that milk was easy and light of digestion, physicians like Gideon Harvey sought to reinforce the Galenic view by pointing to examples of milk producing flatulence and indigestion in melancholy patients. Anticipating such critiques, however, Tryon and Cheyne countered by shifting the locus of moral responsibility squarely onto the individual. Simply put, the problem was not that animal milk was anything less than pure – it was that the individual's body was already too corrupted to readily receive and benefit from its purity. The purity of *human* milk, however, depended largely upon the

¹⁹² See the previous chapter for a detailed discussion of hellebore.

¹⁹³ Albala, "Milk," 20.

morality of the woman in whose body it had been produced. This idea of milk as a material vector for emotions which could be transferred from body to body therefore became most immediate in the practices of maternal breastfeeding and wet-nursing, in which milk could quite literally carry over bad habits and corrupt morals from woman to child. The perceived 'dirtiness' and indigestibility of corrupted milk provided a ready-made rhetoric of misogynistic abuse, which could be levied against any woman whose behaviour and morality were held to be dissolute. The fact that all women were believed to be inherently more corruptible than men only rendered these pollution fears more urgent. Resisting the threat posed by the feminine to the very fabric of society required that careful and constant control be exercised over the diet of infants, starting, inevitably, with their mothers' milk.

For the milk-doctors and their adherents, then, the momentous and interminable battle for the health of body, soul, and society was to be fought in the belly. When Tryon described madness as a state of "intestine Civil War," he was perhaps being more literal than even he had consciously intended.¹⁹⁴ Individual and collective wellbeing called for intestinal purity and the consumption of food that was, to use Tryon's term, "radically clean."¹⁹⁵ But it was Cheyne who most succinctly encapsulated the emotional dietetics of early modernity when he wrote that "He that would have a clear head must have a clean stomach."¹⁹⁶

In the final chapter, I explore how earlier anxieties about internal hygiene were expressed through a discussion of fruit-eating and indigestion in godly life-writing.

¹⁹⁴ Tryon, *Dreams and visions*, 255.

¹⁹⁵ Tryon, *Cleanness*, 1.

¹⁹⁶ Cheyne, *Health and long life*, 34.

CHAPTER 6

“Fruits of sin:”

Inwardness and indigestion in spiritual life-writing, c. 1590–c. 1665

Beware of fruit, specially Apples or Peares, which now are wont to tempt wanton bodies.

—William Vaughan, *Approved directions for health* (1612)¹

Introduction

When the ejected Puritan minister Richard Baxter looked back over his life at the age of fifty, one of his greatest regrets was that it had taken him so long to recognise the true dangers of overeating. As a boy, Baxter confessed, he had been “much addicted to the excessive gluttonous eating of Apples and Pears,” a habit which had sometimes led him to steal from orchards close to his family home in Shropshire.² Baxter believed that this over-indulgence in fruit had taken a lasting toll on his physical health, having “laid the foundation of that Imbecillity and Flatulency of my Stomach, which caused the Bodily Calamities of my Life.”³ These “calamities” were many and varied, and Baxter listed them in sometimes excruciating detail in his vast autobiography (the original manuscript of which weighed in at around eight-hundred pages). “To recite a Catalogue of my Symptoms and Pains,” he declared, “would be a tedious interruption to the Reader: I shall therefore only say this, that the Symptoms and Effects of my General Indisposition were very terrible; such as a flatulent Stomach, that turn'd all things into Wind.”⁴ Poor Baxter continued to struggle with prodigious flatulence throughout his life. As an adult, he consulted the celebrated Swiss physician Théodore Turquet de Mayerne, who had successfully treated monarchs in both France and England.⁵ However, Mayerne’s medical and dietary prescriptions brought only temporary relief, and ultimately, Baxter believed, “hastned my greater ruine.”⁶ “Especially one Errour of his did me hurt,” he reported: “He vehemently persswaded me to the eating of Apples, which of all things in the World had

¹ William Vaughan, *Approved directions for health, both naturall and artificiall* (London: Printed by T. S., 1612): 134.

² Baxter, *Reliquiae*, vol. 1, 2. Portions of Baxter’s original manuscript survive across two libraries: Dr Williams Library MSS DWL/RB/1/405–9, “Sections from Reliquiae Baxterianae;” British Library, Egerton MS 2570, “Original papers of Richard Baxter, the Nonconformist,” ff. 1–62. For this study, I have used the 1696 printed version edited by Matthew Sylvester.

³ Baxter, *Reliquiae*, vol. 1, 2.

⁴ *Ibid.*, 10.

⁵ Cooper, “Baxter and His Physicians,” 11. On Mayerne see Brian Nance, *Turquet de Mayerne as baroque physician: the art of medical portraiture* (Amsterdam: Rodopi, 2001).

⁶ Baxter, *Reliquiae*, vol. 1, 10.

ever been my most deadly Enemies.”⁷ When Baxter ultimately restored himself to good health, it was by following a strict and largely fruit-free diet, having learned through bitter experience that “all that is not exceeding easie of digestion, and all that is flatulent, do turn all to Wind, and disorder my Head.”⁸

Baxter’s frequent descriptions of his own flatulence have drawn many a wry aside from historians: biographer Neil Keeble has noted with a hint of awe his “bewildering variety of physical symptoms,” while William Lamont has observed that “few men were more solicitous of their bodily movements.”⁹ But despite the extensive scholarship on Baxter and his life-writing, there has been little concerted effort to read spiritual meaning into his preoccupation with his own digestive illnesses, nor the habit of sinful fruit-eating in which he believed them to be rooted.¹⁰ The understandable tendency has been to dismiss this aspect of Baxter’s writing as a trivial and perhaps mildly amusing character quirk, and as a result, it has often been omitted from discussions of his spiritual life. But however peculiar these elements of his writings may initially appear, Baxter’s preoccupation with the ill consequences of fruit-eating was by no means unique. For instance, around 1664 a young noblewoman also suffered bitter consequences from her overindulgence in fruit. Elizabeth Livingston had just turned sixteen years old, and was in the process of recovering from what she described as “a very Violent Fit of Sicknesse.”¹¹ Like Baxter, she had a sweet tooth, and this had in the past drawn her into disobedience; two years earlier she had recalled how, being instructed not to eat fruit by her governess, she would have a wily servant “get it me by stealth.”¹² Now, ethically compromised by her recent bout of

⁷ Ibid., 10.

⁸ Ibid., 11.

⁹ N. H. Keeble, *Richard Baxter, Puritan man of letters* (Oxford: Clarendon, 1982): 11; William Lamont, *Puritanism and Historical Controversy* (London: UCL Press, 1996): 42–3.

¹⁰ Major works on Baxter and his religion include William Lamont, *Richard Baxter and the Millennium* (London: Croom Helm, 1979); Keeble, *Richard Baxter*; Tim Cooper, *Fear and polemic in seventeenth-century England: Richard Baxter and antinomianism* (Farnham: Ashgate, 2001). On the *Reliquiae* as spiritual autobiography, see Kathleen Lynch, *Protestant Autobiography in the seventeenth-century Anglophone world* (Oxford: Oxford University Press, 2012): 233–70; Tim Cooper, “Conversion, Autobiography and Richard Baxter’s *Reliquiae Baxterianae* (1696):” *The Seventeenth Century* 29, no. 2 (2014): 113–29. On Baxter’s ill health, see especially Cooper, “Baxter and His Physicians;” also Andrew Wear, *Health and Healing in Early Modern England: Studies in Social and Intellectual History* (Aldershot: Ashgate, 1998): 90–9; Thomas “Bodily control,” 11.

¹¹ Bodleian Library, MS Rawlinson D.78, “Elizabeth Delaval, Meditations and Prayers,” f. 102; Susan Wiseman, “Elizabeth Delaval’s Memoirs and Meditations: Textual Transmission and Jacobite Context,” *Early Modern Women* 10, no. 1 (2015): 68–92; Sharon L. Arnault, “The Failure of Godly Womanhood: Religious and Gender Identity in the Life of Lady Elizabeth Delaval,” in *Women during the English Reformations*, ed. Julie Chappell and Kaley A. Kramer (New York: Palgrave Macmillan, 2014): 115–128.

¹² Delaval, “Meditations,” f. 9.

illness, Livingston again felt the call of forbidden fruit. Ignoring the stern warnings of family and physicians, both of whom had cautioned that fruit-eating would only worsen her condition, she remained complacent: "I did not beleive what I eat hinder'd my haveing good Health at all," she wrote.¹³ However, she was soon to discover her mistake. After eating a large quantity of fruit – she did not say how much or what kind, just that it was "too much" – she subsequently experienced "many day's of trouble," during which time "dayly experience contradicted what I [had] said."¹⁴ Although Livingston's description of her suffering was – mercifully – somewhat vaguer and more euphemistic than Baxter's, it is quite clear that her illness flared up again, prolonged by her momentary lapse in dietary self-restraint.

As it turns out, Baxter and Livingston were just the latest in a long line of godly writers to have placed a surprising degree of spiritual importance upon the physical act of fruit-eating. The diary kept by the Cambridge Puritan Samuel Ward in the 1590s, for instance, provides a meticulous record of its author's "to much eating of fruyt," along with morbid reflections upon its potential consequences for his health.¹⁵ In 1608, the Oxfordshire noblewoman Dionys Fitzherbert fell into a state of profound religious despair as a direct consequence of eating a baked apple while suffering from an episode of flatulence or 'wind colic.'¹⁶ A decade on, the young Elizabeth Isham of Lamport Hall in Northamptonshire experienced a very real and painful bout of the same disorder, having made a habit of stealing apples and pears from her own household for several years prior.¹⁷ Twenty years later, in 1641, the Puritan artisan Nehemiah Wallington expressed profound delight that a pear consumed under apparently questionable circumstances had *not* caused him to become ill.¹⁸ And perhaps most bizarrely of all, in a narrative published

¹³ *Ibid.*, f. 103.

¹⁴ *Ibid.*, ff. 102, 103; Weisser, *Ill Composed*, 46–7.

¹⁵ Sidney Sussex College Library, Cambridge, MS 45, "Diary of Samuel Ward," f. 34v. Margo Todd, "Puritan Self-Fashioning: The Diary of Samuel Ward," *Journal of British Studies*, 31, no. 3 (1992): 247–9.

¹⁶ Bodleian Library MS e. Mus. 169, "Dionys Fitzherbert, her Booke," f. 9r; Katharine Hodgkin, *Madness in Seventeenth-Century Autobiography* (Houndmills: Palgrave MacMillan, 2007): 121–2; *idem.*, *Women, madness and sin in early modern England: the autobiographical writings of Dionys Fitzherbert* (Farnham: Ashgate, 2010).

¹⁷ Princeton University Library, Robert Taylor Collection MS RTC01 no. 62, "Elizabeth Isham's Booke of Remembrance," f. 10r. All references in this thesis to Isham's manuscripts refer to the online editions, accessed 3 May 2018 via the Constructing Elizabeth Isham project, http://web.warwick.ac.uk/english/perdita/Isham/index_bor.htm. See also Isaac Stephens, *The Gentlewoman's Remembrance: Patriarchy, piety, and singlehood in early Stuart England* (Manchester: Manchester University Press, 2016): 202.

¹⁸ British Library Add. MS 40883, "Spiritual Diary of Nehemiah Wallington (1641-1643)," f. 60v. Weisser, *Ill composed*, 47; Paul Seaver, *Wallington's world: a Puritan artisan in seventeenth-*

twenty-three years after its subject's death in 1625, Joan Drake – a Buckinghamshire noblewoman and “Puritan exemplar” – was reported to have achieved partial relief from the symptoms of religious melancholy through diarrhoea brought on by eating no less than forty oranges, apparently in an attempted suicide.¹⁹

Despite the extraordinary and seemingly idiosyncratic nature of these accounts, it is important to emphasise that they all fall loosely within the same genre of godly life-writing – a form of spiritual expression which flourished in England over the course of the seventeenth century.²⁰ From the closing decades of the sixteenth century, literate individuals began to produce written accounts of their religious lives – or sometimes, as in Drake's case, the lives of others – detailing their sins, temptations, and spiritual anxieties. These could sometimes take the form of diaries like Ward's or Wallington's, in which spiritually significant life events were recorded shortly after they had happened, providing an ongoing record of the author's moral progression and pious 'self-fashioning.'²¹ They could also be more polished works, sometimes looking back over the arc of a lifetime, and often intended for wider circulation in the form of printed or scribal editions.²² These writings have drawn interest from literary historians as progenitors of the form of the modern confessional autobiography, and have been touted as evidence for the emergence of a distinctly modern and increasingly individualistic mode of selfhood in this period.²³ Meanwhile, historians such as Michael MacDonald and Patricia Caldwell have shown how the accounts contained within them often followed distinctive and recurrent narrative patterns, describing a period of intense suffering which culminated either in the author's death, or – far more commonly – in their conversion to a godlier way of life.²⁴

century London (Stanford CA: Stanford University Press, 1985); David Booy, *The notebooks of Nehemiah Wallington, 1618–1654: a selection* (Aldershot: Ashgate, 2007).

¹⁹ “John Hart, D.D.,” *Trodden dovn strength, by the God of strength, or, Mrs Drake revived* (London: Printed by R. Bishop, 1647): 10–11; Hodgkin, *Madness*, 71–2; Schmidt, *Melancholy*, 65–77; Stacie Vos, “Drake [née Tothill], Joan (1585/6–1625), gentlewoman and puritan exemplar,” Oxford Dictionary of National Biography, accessed 3 May 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-107351>.

²⁰ For a helpful recent overview of the emergence of life-writing in this period, see Stephens, *Gentlewoman's Remembrance*, 22–8. For a classic study which includes an extensive catalogue of 'puritan' life-writing, see Owen Watkins, *The Puritan Experience* (London: Routledge and Kegan Paul, 1972).

²¹ Tom Webster, “Writing to redundancy: approaches to spiritual journals and early modern spirituality,” *The historical journal* 39, no. 1 (1996): 33–56; Todd, “Puritan self-fashioning.”

²² Harold Love, *Scribal publication in seventeenth-century England* (Oxford: Clarendon, 1993).

²³ Michael Mascuch, *The origins of the individualist self: autobiography and self-identity in England, 1591-1791* (Cambridge, Polity Press, 1997).

²⁴ Michael MacDonald, “The fearefull estate of Francis Spira: narrative, identity, and emotion in early modern England,” *Journal of British Studies* 31, no. 1 (1992): 32–61; Patricia Caldwell, *The*

David Booy has summarised the core elements of the classic Puritan 'conversion narrative' as follows:

First came a horrified awareness that one was enveloped in sin. This brought a dread of divine punishment and a bid to amend one's ways. Eventually, one experienced a heartfelt longing for the full redemptive power of God's grace and for a thorough understanding of his word and its implications for oneself. Spiritual progress would be made, but there would be continual setbacks and times when one almost despaired. At last, the individual would take God fully into his or her heart, and come to believe that he or she was sanctified as one of God's elect.²⁵

It has been suggested that this form of narrative, which can sometimes appear deeply and intimately personal, offer a window onto a distinctively early modern form of experience and self-expression which has been variously termed 'Puritan,' 'Protestant,' or simply 'godly,' and that they therefore present a valuable resource for scholars looking to reconstruct past subjectivities.²⁶ Social historians of medicine such as Hannah Newton and Olivia Weisser, for instance, have recently made extensive use of spiritual autobiographies and diaries in their discussions of the religious experience of illness in early modern England.²⁷ For the historian of emotion, meanwhile, these narratives provide intriguing glimpses of the sometimes tortured psychological world of the devout in post-Reformation Britain. In an influential study of what he terms the "literature of religious despair," John Stachniewski has argued that the pathological guilt and anxiety expressed in seventeenth-century spiritual autobiography was not exclusively confined to the most devout English communities, but influenced the experience and expression of emotion on a much wider scale.²⁸ More recently, however, Alec Ryrie has sought to problematise this pervasive stereotype of godly gloom. In a sensitive and nuanced study which draws upon the life-writings of Baxter and his many contemporaries, Ryrie sets out

Puritan conversion narrative: The beginnings of American expression (Cambridge: Cambridge University Press, 1983); D. B. Hindmarsh, *The evangelical conversion narrative: spiritual autobiography in early modern England* (Oxford: Oxford University Press, 2005).

²⁵ Booy, *Notebooks*, 14.

²⁶ In this chapter I follow Tom Webster in primarily using the term 'godly.' Tom Webster, *Godly Clergy*, 3–4.

²⁷ Hannah Newton, *The sick child in early modern England, 1580–1720* (Oxford: Oxford University Press, 2012); Weisser, *Ill composed*.

²⁸ Stachniewski, *Persecutory imagination*, 12.

“to show the experience of Protestantism from within,” seeking to reconstruct a more complex picture of the lived realities of godly emotion.²⁹

In the broadest sense, this chapter shares Ryrie’s goal of exploring the “inner experience” of English Protestantism. However, while Ryrie’s study seeks primarily to challenge the stereotype of the Puritan as a “dour, hypocritical killjoy,” my concern here is to demonstrate that the emotional experience of godly writers could be far more physiological – and far more digressive – than has traditionally been acknowledged.³⁰ As noted in the introduction to this thesis, several prominent scholars have recently suggested that an emphasis upon the spiritual and theological dimensions of emotion can provide an important and much-needed ‘immaterial’ corrective to the influential ‘humoralist’ model of early modern subjectivity that has been advanced by scholars such as Michael Schoenfeldt and Gail Kern Paster.³¹ Richard Meek and Erin Sullivan, for instance, have called upon early modern scholars to recognise and pay greater attention to “the deep influence that religious doctrine and guidance had on the understanding of emotion” in the sixteenth and seventeenth centuries, as has Jeremy Schmidt.³² Angus Gowland has gone further still, mounting an aggressive attack on the “mischaracterisation of early modern psychology as materialist,” and arguing that “A sensibility of inwardness or the ‘inner self’ was articulated primarily by reference to the soul” in this period.³³

In contrast to these critiques, this chapter seeks to challenge any assumption of a sharp division between the spiritual and the physiological in the godly literature of this period, arguing that an emphasis on the representation of food – in this case fruit – in these writings necessitates a far more embowelled reading of Protestant inwardness. In the previous two chapters of this thesis, I showed how the experience of taking a substance into the body as food or medicine could be shaped by narratives and symbols drawn from the Christian theological framework, which Patricia Crawford and Sara Mendelson have judged to be “the most powerful medium through which theories about human nature and society were disseminated to the general population” in early modern England.³⁴ As numerous studies have demonstrated, the intellectual domains of seventeenth-century medicine and religion were rarely fully separable, and the combined authority of medical

²⁹ Ryrie, *Being Protestant*, 12.

³⁰ *Ibid.*, 2, 12.

³¹ See the introduction to this thesis.

³² Meek and Sullivan, introduction to *Renaissance of emotion*, 7; Schmidt, *Melancholy*, 1–17.

³³ Gowland, “Melancholy, Passions and Identity,” 92, 91.

³⁴ Patricia M. Crawford and Sara Heller Mendelson, *Women in Early Modern England, 1550–1720* (Oxford: Clarendon Press, 1998): 31.

and theological narratives could powerfully shape the way in which writers narrated their own day-to-day encounters with food.³⁵ Dietary stipulations could be loaded with half-submerged scriptural resonance: note, for instance, the Oxford-educated medical writer William Vaughan's warning, directed to young female readers, to "Beware of fruit, specially Apples or Peares, which now are wont to tempt wanton bodies."³⁶ Moreover, as the examples given above suggest, the digestive consequences of fruit-eating – from flatulence to diarrhoea – could carry immense moral and emotional significance for the godly individual. Far from being a 'purely physical' concern, the ingestion, digestion, and even excretion of fruit could play a pivotal role in the spiritual narratives of seventeenth-century Protestants. Fruit served to express spiritual concerns over gluttony, excess, and internal corruption, anxieties which appear to have been inseparably tied up in a range of digestive symptoms and physical responses. Godly writers also incorporated elements of familiar and oft-repeated narratives – such as the fruit-stealing episode from Augustine's *Confessions*, and the consumption of the forbidden fruit of Eden – into their accounts of their own spiritual lives, revealing an embowelled form of religiosity that moved freely between the moral and the physiological.

In the first half of the chapter, I outline some of the major strands of medical and religious thought which both shaped and reflected early seventeenth-century attitudes towards fruit and fruit-eating, providing important context for explaining why godly life-writers may have returned so frequently to this particular theme. I first discuss the ambivalent and frequently hostile attitudes expressed towards fruit in seventeenth-century medical and dietetic literature, exploring its complex and at times contradictory relationship with health, illness, and social status. I then examine the prevalence of fruit symbolism in Protestant soteriology, from the famous fruit-stealing episode from the *Confessions* of Saint Augustine of Hippo to the forbidden fruit of Genesis 3. Having demonstrated that it was possible for both theologians and physicians to understand these narratives in materialistic – and, crucially, digestive – terms, I return to the spiritual narratives outlined

³⁵ Smith, "Metaphor;" Weisser, *Ill composed*, 5–6; Ole Peter Grell and Andrew Cunningham, introduction to *Religio Medici: Medicine and Religion in Seventeenth-Century England* (Aldershot: Scolar Press, 1996): 1–11. On diet and Christianity in the seventeenth century, see e. g. Sydney Watts, "Enlightened Fasting: Religious Conviction, Scientific Inquiry, and Medical Knowledge in Early Modern France," in *Food and Faith in Christian Culture*, ed. Ken Albala and Trudy Eden (New York: Columbia University Press, 2011): 105–124; David Grumett and Rachel Muers, *Theology on the menu: asceticism, meat and Christian diet* (London: Routledge, 2010). A seminal study of the relationship between food and Christian piety in pre-modernity is Bynum, *Holy feast*.

³⁶ Vaughan, *Approved directions*, 134. On Vaughan, see Anne Charlton, "An example of health education in the early 17th century: Naturall and artificial Directions for Health by William Vaughan," *Health education research* 20, no. 6 (2005): 656–64.

above, applying contextualised readings which draw together the spiritual and physiological themes discussed over the course of the chapter. Through these readings, I show how these episodes demonstrate a form of ‘embowelled’ religiosity, in which the embodied cycle of consumption, digestion and excretion could give shape to the experience and the expression of godly emotion.

Fruit in Seventeenth-Century England: Between Medicine and Morality

In early seventeenth-century England, the medical view of fruit was undergoing a transformation. Humoral dietetics had often condemned fruit for its tendency to putrefy and breed ill humours in the body; Thomas Elyot, for instance, wrote that most fruits “do ingender thynne watry bloudde, apt to receyue putrifaction.”³⁷ In spite of this, the late sixteenth- and early seventeenth-centuries witnessed what Joan Thirsk has described as a veritable “fruit frenzy,” in which an increase in the quantity of imported foreign fruits, coupled with an explosion in still-life painting and decorative gardening, combined to give the food an image of luxuriousness and fashionability by 1600.³⁸ From around the middle of the century, horticulturalists and natural philosophers such as Ralph Austen, John Beale, and John Evelyn mounted a concerted campaign to promote the physical and spiritual health benefits of fruit-cultivation and consumption for individual and nation alike, a quasi-Edenic project which flew in the face of much received dietetic wisdom.³⁹ Much like milk, fruit’s medical and dietetic status was contested terrain in this period, and only became more so as the century progressed.⁴⁰

Perhaps as a result of this, historians have struggled to agree upon any single medical attitude towards fruit-eating in early modernity. While Ken Albala has suggested that the authors of Renaissance dietaries displayed “a fear of fruits bordering on the pathological,” David Gentilcore has taken a far more measured view, suggesting that although medical authorities “were not opposed to fruits and vegetables per se,” their specific advice depended upon a range of variable factors such as the age, health, and gender of the patient, as well as the season and weather conditions in which the fruit was to be eaten.⁴¹

³⁷ Thomas Elyot, *The castel of helth gathered and made by Syr Thomas Elyot knyghte, out of the chiefe authors of physyke* (Londini: In aedibus Thomae Bertheleti typis impress, 1534): 17.

³⁸ Thirsk, *Food*, 294–303.

³⁹ Webster, *The Great Instauration*, 465–83; Michael Leslie, “The spiritual husbandry of John Beale,” in *Culture and cultivation in early modern England: writing and the land*, ed. Michael Leslie and Timothy Raylor (Leicester: Leicester University Press, 1992).

⁴⁰ Paul S. Lloyd, “Dietary Advice and Fruit-Eating in Late Tudor and Early Stuart England,” *Journal of the History of Medicine and Allied Sciences*, 67, no. 4, (2012): 586.

⁴¹ Albala, *Eating right*, 8; Gentilcore, *Food and health*, 20.

According to the evacuative principle which – as we have already seen – underpinned much of early modern medical practice, fruit’s laxative properties could make it an effective medicine for a range of ailments, and some physicians suggested using it to purge patients of superfluous humours.⁴² The *Pharmacopoeia* of the College of Physicians of London, for instance, listed numerous fruits – including apples, plums, figs, raisins, and prunes – as medically-sanctioned purgatives, and also contained several recipes for fruit-based compounds such as “Confectio Hamech” and “Syrup of Apples, Purging.”⁴³ The perceived healthiness of fruit could therefore depend heavily upon the prior ‘solubility’ of the body to which it was given as well as the perceived need for laxative intervention, and so its uses as medicine or aliment were not always clearly delineable.

Many medical writers of earlier seventeenth-century England, however, do appear to have viewed fruit-eating as at best “medically problematic,” and to have tempered their reflections on the topic with a strong note of caution.⁴⁴ William Vaughan, a health writer and colonial propagandist, judged that all English people who made a habit of fruit-eating did so “more for wantonnesse then for any nutritive or necessary good,” and urged his readers to avoid it at all costs.⁴⁵ The alchemist and surgeon John Banister, likewise, declared that, due to the “hurte and paine” that raw fruit inflicted upon sick bodies, it was “altogether to be forbidden.”⁴⁶ Evidence from personal documents, meanwhile, certainly gives the impression that falling ill or even dying as a result of excessive fruit consumption was a recurrent problem for the English nobility. In 1604, the royal physician John Hammond reported that the ten-year-old Prince Henry, son and heir to James I, had surfeited on pears and plums during a journey to Windsor. Hammond urged his correspondent, the schoolmaster Peter Young, to approach the king – who was himself known for his prodigious appetite for cherries – and persuade him to curb his son’s fruit-

⁴² See chapter 3 of this thesis.

⁴³ Royal College of Physicians, *Pharmacopoeia* (1653): 27, 46, 109–10, 135. See also the example from John Hall’s case-notes which opens the conclusion of this thesis.

⁴⁴ Sandra Cavallo & Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013): 212.

⁴⁵ Vaughan, *Approved directions*, 56. Ceri Davies, “Vaughan, Sir William [pseud. Orpheus junior] (c. 1575–1641), writer and promoter of colonization in Newfoundland,” *Oxford Dictionary of National Biography*, accessed 8 May 2018.

<http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-28151>.

⁴⁶ John Banister, *A needefull, new, and necessarie treatise of chyurgerie* (London: By Thomas Marshe, 1575): 88–9.

eating habit as a matter of urgency.⁴⁷ In 1652, Sir John Finch penned a rather terse letter to his chronically ill sister Lady Anne Conway, telling her bluntly that “your drinking of Tunbridge waters last year layd up store for your distemper and your bad diet of fruit encreased it.”⁴⁸ When Lady Anne Clifford fell ill at Barton in 1615, she chastised herself for having “kept so ill a Diet with Mrs Carey & Mrs Kinson on eating Fruit,” which she believed had precipitated a bout of ill health.⁴⁹ And more dramatically, in 1646 Sir Edward Osborne, reportedly “a very good, wise, and prudent man” and also “a most excelent good Christian,” died after surfeiting on melons at his estate in Kiveton in Yorkshire. According to his niece, Alice Thornton, the fruit “was too cold for him, and strooke him into a vomiting and purging so violently that it could not be staid till his strength was past recovery, soe that in a few daies time he was deprived of his life.”⁵⁰

Thus, while Alcala’s assertion of a “fear of fruits bordering on the pathological” may be something of an exaggeration for early seventeenth-century England, there is ample evidence to suggest that physicians and laypeople in this period continued to regard fruit as a potentially dangerous substance. Within the humoral cosmology, fruit’s cold and moist qualities meant that it was particularly unsuited to English bodies, whose near-constant exposure to cold, damp weather made them especially susceptible to phlegmatic diseases, the symptoms of which could range from the embarrassing to the fatal.⁵¹ Raw fruit was understood to “fill the body with crude and waterish humours,” causing potentially serious health problems ranging from copious diarrhoea and vomiting to intestinal worms.⁵² Rather less severely, but apparently far more commonly, it could cause flatulence.⁵³ Raw apples were perhaps the most common offenders in this respect, with one herbal describing them as “hurtful to the stomacke, causing windinesse and

⁴⁷ Bodleian Library, MS Smith 77, ff. 419–420. “Letter from John Hammond to Sir Peter Young, 3 September 1604;” Furdell, *Royal doctors*, 111. On James I’s cherry habit, see Thirsk, *Food*, 296.

⁴⁸ “John Finch to Lady Conway, May 7th 1652,” in Nicolson & Hutton ed., *The Conway Letters*, 64.

⁴⁹ D. J. H. Clifford ed., *The diaries of Lady Anne Clifford* (Stroud: Alan Sutton, 1990): 26.

⁵⁰ Alice Thornton, *My first booke of my life*, ed. Raymond Anselment (Lincoln: University of Nebraska Press, 2014): 86; Weisser, *Ill composed*, 46–7, 213; *Flesh and Spirit: An Anthology of Seventeenth-Century Women’s Writing*, ed. Rachel Adcock, Sara Read & Anna Ziomek (Oxford: Oxford University Press, 2014): 197–8. On health and illness in Thornton’s autobiography, see Beier, *Sufferers and Healers*, 224–39.

⁵¹ For a lyrical discussion of the “coldness and moistness” of the British Isles, see John Browne, *Adenochoiradologia, or, An anatomick-chirurgicall treatise of glandules & strumaes or, Kings-evil-swellinges* (London: printed by Tho. Newcomb, 1684): 64.

⁵² Tobias Venner, *Via recta ad vitam longam, or A plaine philosophical discourse of the nature, faculties, and effects, of all such things, as by way of nourishments, and dieteticall obseruations, make for the preseruatiō of health* (London: Printed by Edward Griffin, 1620): 111. Lloyd, “Dietary Advice,” 554–5.

⁵³ Thomas, “Bodily control,” 12.

blastings in the belly,” and another claiming that they engendered “great store of winde, and often bring the Collicke.”⁵⁴ This ‘wind colic,’ the illness which Dionys Fitzherbert had half-feigned and which also afflicted Elizabeth Isham, was described by one writer as “a painfull grief in a Gut called Colon” proceeding from “flegmatick humidity, or grosse ventosity;” Vaughan stated that it was primarily caused by “eating of Fish, Fruite, or the like windy food in greater abundance then Nature is able to beare without Belching, Rumbling, or the like commotion in the Stomacke.”⁵⁵ Cooked fruit, however, was widely agreed to be safe (a fact which would surely have surprised Dionys Fitzherbert, whose narrative hinged on an assumed causal link between cooked fruit and intestinal gas): Banister conceded that “an Apple rosted under embres may bee pardoned, for the fier diminisheth the moiste juyce thereof, and abateth the wyndines.”⁵⁶

The perception of the damage that excessive fruit consumption could inflict upon one’s health appears to have been closely tied up with its growing identity as a ‘luxury’ food. As we have already seen, by 1600 this was an established and growing trend; Thirsk has suggested that, over the course of this period, fruit “ceased to be despised as the food of the poor and became a fashionable food of the rich.”⁵⁷ Although poorer folk would have had access to fruits which grew wild in English hedgerows and woodlands, the increasingly exalted status of the most luxurious fruits meant that only the elite could afford to gorge themselves to within an inch of their lives.⁵⁸ Joan Drake’s forty-orange surfeit was therefore not only a reckless act of self-violence but also of gross self-indulgence, consistent with her pledge “to deny her selfe no manner of pleasures;” since oranges were an expensive foreign delicacy in this period, few of Drake’s contemporaries could have afforded such a lavishly catered suicide.⁵⁹ Most of the godly life-writers whose works have survived enjoyed some degree of material advantage, and their awareness of this fact likely contributed to the feelings of shame that they appear to have associated with excessive fruit-eating. Samuel Ward, for instance, who had all the luxuries of a Cambridge college at his fingertips, regularly rebuked himself for “supping liberally, never

⁵⁴ Rembert Dodoens, *A nievve herball, or historie of plantes wherin is contayned the vvhole discourse and perfect description of all sortes of herbes and plantes* (London: By Gerard Dewes, 1578): 702; Gerard, *Herball*, 1460.

⁵⁵ Joannes de Mediolano, *Regimen sanitatis Salerni: or, The schoole of Salernes regiment of health* (London: Printed by B. Alsop, 1649): 138; William Vaughan, *The Newlanders cure* (London: By Nicholas Okes, 1630): 80.

⁵⁶ Banister, *Treatise of chyrurgerie*, 89.

⁵⁷ Joan Thirsk, *Alternative agriculture: a history from the Black Death to the present day* (Oxford & New York: Oxford University Press, 1997): 32; see also Thirsk, *Food*, 294–303.

⁵⁸ *Ibid.*

⁵⁹ Hart, *Trodden down strength*, 43. Albala, *Food*, 52.

remembering our poor brethren,” while Elizabeth Livingston was painfully aware that she had been blessed with a diet well beyond the “Nesary’s off this life.”⁶⁰ In a society with wildly polarised access to basic resources, in which famine and malnutrition were commonplace, it is hardly surprising that wealthier Protestants occasionally experienced intense moral anxiety over their eating habits, and it appears that fruit provided a convenient material focus for this anxiety.⁶¹ Writing around the middle of the seventeenth century, the ‘born-again’ Quaker John Toldervy described an experience in which, being tempted to eat two small apples he found in his coat pocket, he chose instead to consume just one and give the other to a companion. Toldervy’s decision to share this painfully dull story in print may well have reflected the perceived virtue of sharing food in a resource-scarce society: “surely,” he wrote afterwards, “the Lord was well pleased with me.”⁶²

However, it seems that when it came to fruit, not everyone was as selfless as Toldervy. Fruit-stealing of the kind described by Richard Baxter and Elizabeth Isham was a recurrent motif in soteriological writings from this period, with early seventeenth-century writers repeating countless variations of the adage “stolen fruit is always sweetest,” a metaphor for the intoxicating power of sin.⁶³ Most, if not all spiritual autobiographers of this period would have been strongly influenced by the *Confessions* of Saint Augustine, which was republished in a Protestant-friendly English translation in 1631.⁶⁴ The *Confessions*, originally written around 400 AD, was one of the most popular and widely-read devotional works in seventeenth-century England, providing the main blueprint for the genre of spiritual autobiography that flourished over the course of the century.⁶⁵ One tale from the *Confessions* that enjoyed wide circulation was an episode in which the author,

⁶⁰ Ward, “Diary,” f. 19r; Delaval, “Meditations,” f. 104.

⁶¹ Andrew B. Appleby, *Famine in Tudor and Stuart England* (Stanford, CA: Stanford University Press, 1978); Thirsk, *Food*, 34–5. For a consideration of the relationship between the virtue of Christian asceticism and economic hardship in medieval Christian society, see Bynum, *Holy Feast*, 2, 68–9.

⁶² John Toldervy, *The foot out of the snare* (London: Printed by J. C., 1656): 40. On Toldervy see Watkins, *Puritan Experience*, 172–3.

⁶³ See e.g. Lady Mary Wroth, *The Countesse of Mountgomerie Urania* (London: Printed for John Marriott and Iohn Grismand, 1621): 413; Francis Hubert, *The deplorable life and death of Edward the Second, King of England* (London: Printed for Roger Michell, 1628): 90; Henry Fitzgeffrey, *Certain elegies, done by sundrie excellent wits With satyres and epigrams* (London: Printed by B. Alsop, 1618): Epig. 21.

⁶⁴ Saint Augustine, *Saint Augustines confessions translated: and with some marginall notes illustrated* (London: Printed by John Norton, 1631); Elizabeth Clarke and Erica Longfellow, “[E]xamine my life’: Writing the Self in the Early Seventeenth Century,” *Constructing Elizabeth Isham*, 2009, accessed Feb 28, 2018, <https://warwick.ac.uk/fac/arts/ren/projects/isham/texts/>.

⁶⁵ Lynch, *Protestant autobiography*, 31–72; Charles Taylor, *Sources of the Self: The Making of the Modern Identity* (Cambridge: Cambridge University Press, 1989): 127–42.

along with a gang of “lewd yong fellowes,” broke into a neighbouring orchard and carried away huge quantities of stolen pears.⁶⁶ Clearly this episode made a powerful impression upon Elizabeth Isham, who viewed pear-theft as an integral part of her own narrative of youthful transgression.⁶⁷ Richard Baxter’s debt to Augustine is even more blatant: the episode from his childhood in which he recalled “robbing an Orchard or two with rude Boys” could almost have been lifted word-for-word from the *Confessions*.⁶⁸ The Puritan minister Richard Kilby (who, like Baxter, was given to describing his indigestion and ‘wind colic’ in graphic detail) likewise recorded fruit-theft as one of his earliest sins, perhaps foreshadowing his later and far more dangerous flirtation with Catholicism; in his own conversion narrative, Kilby recalled that “when I was a child, I remember I was given to steale apples.”⁶⁹

This apparent cultural preoccupation with intemperate or illicit fruit-eating could often lead to a blurring of boundaries between moral and medical discourse. For instance, physicians and theologians alike were fascinated by the process of putrefaction through which fruit was thought to breed and nourish worms in the body.⁷⁰ The medical writer John Tanner managed to turn an ostensibly physiological account of this process into a jab at those who, in his view, too readily indulged their appetites:

[worms] are bred of such Nourishment as easily putrifieth in the Stomach: hence it cometh to passe that Children, and such as are gluttonous, who eat much Fruit and such things as easily putrify, especially more being eaten, before the former is digested, are troubled with Worms.⁷¹

Meanwhile, Daniel Featley, a clergyman with Puritan sympathies, drew an explicit parallel between the nourishment of intestinal worms and the feeding of a guilty conscience through sinful thoughts and actions:

⁶⁶ Augustine, *Confessions*, 78–80; Ryrie, *Being Protestant*, 430–1; Weisser, *Ill composed*, 46–7.

⁶⁷ Stephens, *Gentlewoman’s Remembrance*, 202.

⁶⁸ Baxter, *Reliquiae*, vol. 1, 3. Cooper, “Baxter and His Physicians,” 6–7.

⁶⁹ Richard Kilby, *The burthen of a loaden conscience: or the miserie of sinne set forth by the confession of a miserable sinner* (Cambridge: Printed by Cantrell Legge, 1608): 59; Peter Lake, “Richard Kilby: A Study in Personal and Professional Failure,” *Studies in Church History* 26 (1989): 221–235; Hindmarsh, *Evangelical Conversion Narrative*, 38–41.

⁷⁰ Piero Camporesi, *Bread of Dreams* (Chicago: University of Chicago Press, 1989): 151–62.

⁷¹ John Tanner, *The hidden treasures of the art of physick* (London: Printed for George Sawbridge, 1659): 248.

We forbid our children to eate fruit, because we say it breedeth wormes in their bellies: and if wee had the like care of the health of our soules, as of their bodies, wee would for the same reason abstaine from the forbidden fruit of sinne, because it breedeth in the conscience a never dying worme.⁷²

Both of these writers, despite seemingly radical differences in the purpose and intended readership of their works, shared the same basic set of assumptions about fruit-eating and its broader moral significance. For Tanner and Featley, the danger of fruit lay in its power to transform suddenly from a sweet and appealing aliment into a foul and putrid excrement in the belly. This material instability provided godly writers with a potent metaphor for the dissonance between inward and outward piety that they saw as the root of most Christian ills. As Anthony Fletcher commented: “An hypocrite is like unto an apple, that is very faire, and beautifull without, but within is corrupted and rotten.”⁷³

Fruit therefore provided a powerful and highly malleable symbolism through which the most abject sinner could be castigated and condemned. But despite the fruit-stealing antics of men like Baxter, Kilby, and Saint Augustine of Hippo, much of the moral opprobrium over theft of forbidden fruit was directed towards women, who were routinely lambasted both in print and from the pulpit for their collective failure to moderate their appetites. “Old Eve is too much in us all,” warned one minister, but “especially in the Women, [who] long most to taste forbidden fruit.”⁷⁴ The religious poet Richard Brathwaite penned the following couplet on the perversity of female desire:

Women doe love that fruit which is
denide them

⁷² Daniel Featley, *Clavis mystica a key opening divers difficult and mysterious texts of Holy Scripture; handled in seventy sermons, preached at solemn and most celebrious assemblies, upon speciall occasions, in England and France* (London: Printed by R. Y., 1636): 287. Arnold Hunt, “Featley [Fairclough], Daniel (1582–1645), Church of England clergyman and religious controversialist,” *Oxford Dictionary of National Biography*, accessed April 27, 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-9242>. On the Calvinist preoccupation with hypocrisy, see Stachniewski, *Persecutory imagination*, 92–4.

⁷³ Anthonie Fletcher, *Certaine very proper, and most profitable similies wherein sundrie, and very many, most foule vices, and dangerous sinnes, of all sorts, are so plainly laid open, and displaid in their kindes, and so pointed at with the finger of God* (London: By John Jackson, 1595): 80.

⁷⁴ Nicolas Estwick, *A dialogue betwixt a conformist and a non-conformist concerning the lawfulness of private meetings in the time of the publick ordinances* (London: n.p., 1668): 9–10.

More then all profferd fruit that grows beside them.⁷⁵

Central to the ideal of Christian femininity, therefore, was the capacity to resist the seductive appeal of fruit. When the clergyman Anthony Walker delivered the funeral oration for his late wife Elizabeth in 1690, he portrayed her as the epitome of chastity and obedience, declaring that she had never tasted “the least Morsel of forbidden Fruit, seemed it never so pleasant to the Eye, or liquorish to the Taste.”⁷⁶ Although the fruit in these sentiments was intended to be understood metaphorically rather than literally (often as a euphemism for sexual desire) the assumptions which underlay them appear to have strongly informed the way in which godly writers, and especially godly women, made sense of their own lives. The metaphor of forbidden fruit helped to legitimise an already encultured bias against femininity, and perhaps also goes some way towards accounting for the fact that so many of the godly writers who agonised over the consequences of fruit-eating were female.⁷⁷

Such moralistic assumptions about the insatiable and potentially dangerous appetites of women also became encoded, to some degree, in the medical lore of the age. As we saw in the previous chapter, early modern discourses of diet were never ‘purely’ medical, and both physicians and laypeople would have been aware that a disproportionate appetite for literal fruit could point to a more intrinsic moral depravity. Perhaps this was why the staunchly Anglican physician Thomas Willis – the much-celebrated champion of the cerebrum – adopted such an admonitory tone when describing the dangers of ‘pica’ or pregnancy cravings: “it fares ill with Women Lying in,” he warned, “who when Big bellied devoured fruit, and any unwholsom trash.”⁷⁸ It is also surely no coincidence that ‘wind colic,’ as with other disorders thought to proceed from excessive coldness and moisture, was thought to disproportionately affect women, who were believed to be both colder

⁷⁵ Richard Brathwaite, *Times curtaine dravvne, or the anatomie of vanitie VVith other choice poems, entituled; health from Helicon* (London: Printed by Iohn Dawson, 1621): 80.

⁷⁶ Anthony Walker, *The vertuous wife: or, the holy life of Mrs. Elizabth Walker, late wife of A. Walker, D.D. sometime Rector of Fyfield in Essex Giving a modest and short account of her exemplary piety and charity* (London: printed for N. R., 1694): 198.

⁷⁷ On this “encultured bias against femininity,” see for instance: Crawford and Mendelson, *Women*, 65; Jacqueline Eales, *Women in Early Modern England* (London: UCL, 1998): 22–33. For a contrasting perspective on women and godly culture, see Diane Willen, “Godly women in early modern England: Puritanism and gender,” *The Journal of Ecclesiastical History* 43, no. 4 (1992): 561–580.

⁷⁸ Thomas Willis, *The remaining medical works of that famous and renowned physician Dr. Thomas Willis* (London: Printed for T. Dring, C. Harper, J. Leigh, and S. Martyn, 1681): 160. Sera L. Young, *Craving Earth: Understanding Pica: The Urge to Eat Clay, Starch, Ice, and Chalk* (New York: Columbia University Press, 2011): 69–87. See chapter 1 on Willis.

and moister than men and also far more prone to intemperate fruit consumption.⁷⁹ The sixteenth-century French surgeon Ambroise Paré observed that “Flatulencies make so great a noise in divers womens bellies, if so be you stand near them, that you would think you heard a great number of frogs croaking on the night-time.”⁸⁰ This association between fruit, flatulence, and femininity provided a rich source of material for writers inclined towards medically-informed misogyny. In John Fletcher’s early seventeenth-century play *The Woman’s Prize*, penned as a sequel to Shakespeare’s *Taming of the Shrew*, a mock-philosophical discussion about the temptation of Eve quickly turns scatological. “Canst thou tell me,” asks the character Rowland, “Whether that woman ever had a faith after she had eaten?” When his companion attempts to deflect the question, Rowland answers himself, declaring that “cold fruit after eating bred naught in her but windy promises, and chollick vowes, that broke out both wayes.”⁸¹

Besides the wind colic, excessive fruit consumption in women was thought to be one of the causes of ‘greensickness,’ an emotional disorder of young women also known as the ‘disease of virgins.’⁸² Writing in the late seventeenth century, Jeremiah Love offered the following, highly moralised description of this condition:

the foolishness of Maidens to abate their high colour, and to look fine, forsake their diet, and eat much trash, as Apples, Plumbs, Pears, Cherries, &c. such raw fruits ... which in stead of nourishing causeth nothing but corrupt humours; so that their countenance looks pale and greenish.⁸³

The association between fruit and greensickness was widespread and pervasive, recurring in medical literature throughout the seventeenth century. “Nothing is more common,” declared the medical writer Richard Boulton in 1698, “than that Children and young

⁷⁹ Ian Maclean, *The Renaissance Notion of Woman* (Cambridge: Cambridge University Press, 1980): 31–4; Paster, *Humoring the body*, 77–8.

⁸⁰ Ambroise Paré, *The workes of that famous chirurgion Ambrose Parey translated out of Latine and compared with the French. by Th: Johnson* (London: Printed by Th. Cotes and R. Young, 1634): 761. Lloyd, “Dietary Advice and Fruit-Eating,” 565.

⁸¹ Francis Beaumont, *Comedies and tragedies written by Francis Beaumont and Iohn Fletcher* (London: Printed for Humphrey Robinson and for Humphrey Moseley, 1647): 105. Molly Easo Smith, “John Fletcher’s response to the gender debate: the Woman’s Prize and the Taming of the Shrew,” *Papers on Language and Literature* 31, no. 1 (1995): 38–60.

⁸² On greensickness, see Helen King, *The disease of virgins: green sickness, chlorosis, and the problems of puberty* (London: Routledge 2004); Ursula Potter, “Greensickness in Romeo and Juliet: Considerations on a sixteenth-century disease of virgins,” in Konrad Eisenbichler (ed.), *The premodern teenager: youth in society, 1150-1650* (Toronto: Centre for Reformation and Renaissance Studies, 2002): 271–91; Paster, *Humoring the body*, 89–118.

⁸³ Love, *Clavis*, 39.

Women drive themselves into the Green-sickness, by eating Fruit.”⁸⁴ Vaughan, likewise, warned all “nice Maydes” to “Beware of fruit, specially Apples or Peares ... least yee meet with the greene sicknesse by eating such greene fruit.”⁸⁵ It is impossible to discern how far these authors were aware of the symbolic density of their own words, but given that both Boulton’s and Vaughan’s texts were intended to be read primarily as medical works, it can be assumed that at least part of their intended meaning was literal. In these writings, the relatively banal injunction against raw fruit consumption managed to simultaneously express half-submerged anxieties about the potential consequences of unrestrained female appetite.

The dense web of associations between fruit, sin, physiology, and femininity was most deeply embedded in the godly psyche through the narrative of the ‘Fall of Man’; the story which, perhaps above any other, gave shape and meaning to the worldview of the godly in early modern England. Philip Almond claims that the narrative of the Fall “shaped seventeenth-century understandings of why things were the way they were, in the light of how they ought ideally to have been,” while Stephen Greenblatt has similarly suggested that “in the overheated religious climate of seventeenth-century England, a culture of ardent Bible readers, it was above all the story of Adam and Eve that seemed eerily close.”⁸⁶ Catholics and Protestants alike regarded the Fall as the most fundamental and catastrophic transformation of collective human identity ever to have taken place, with all human suffering believed to have proceeded from a single act of dietary intemperance. According to Calvin, at the moment of the Fall, ‘man’ was “stripped and deprived of all wisdom, righteousness, power, life ... nothing was left to him save ignorance, iniquity, impotence, death, and judgment.”⁸⁷ Robert Burton likewise claimed that it was the eating of the forbidden fruit which had been “the cause of death and diseases, of all temporal and eternal punishments” – not the least of which was the melancholy disease that he had tasked himself with anatomising.⁸⁸

However, while most – though not all – seventeenth-century divines could broadly agree that the Fall itself was a ‘bad thing,’ whether or not the fruit in this narrative was to be

⁸⁴ Richard Boulton, *An examination of Mr. John Colbatch his books* (London: Printed for A. and J. Churchill, 1698): 153.

⁸⁵ Vaughan, *Approved directions*, 134.

⁸⁶ Philip C. Almond, *Adam and Eve in Seventeenth-Century Thought* (Cambridge: Cambridge University Press, 2008): 2; Stephen Greenblatt, *The Rise and Fall of Adam and Eve* (New York: Vintage Digital, 2017): 190.

⁸⁷ John Calvin, *Institutes of the Christian Religion* (Grand Rapids, MI: William B. Eerdmans Publishing Co., 1995): 16.

⁸⁸ Robert Burton, *Anatomy* (1st ed.): 2.

understood literally was the subject of sometimes heated debate.⁸⁹ A strain of Christian theology going back at least as far as Origen of Alexandria (c. 184–c. 253 AD) had asserted that both fruits of Eden – the forbidden fruit of the tree of the knowledge of good and evil, and the divine fruit of the tree of life – should be read in allegorical terms.⁹⁰ “Who is so silly as to believe,” Origen had written, “that one could partake of ‘good and evil’ by masticating the fruit taken from the tree of that name? ... I do not think anyone will doubt that these are figurative expressions.”⁹¹ Both Luther and Calvin, however, vehemently rejected the allegorical interpretation, insisting that the events of Genesis 3 had literally occurred as they were described in the scriptures. This line of interpretation appears to have been the dominant one among the Protestant clergy of early seventeenth-century England.⁹² The Calvinist minister Thomas Edwards, for instance, pushed back against the claim that “by the fruit of the tree, some other eating then the eating of a materiall Apple is understood,” which he dismissed as just one of many “Errors, Heresies, and strange Opinions of the Sectaries of these times.”⁹³ The Anglican clergyman Nicholas Gibbens, meanwhile, argued that an allegorical interpretation of the Fall threatened to draw into question the fundamentals of reality itself: “if no trees,” he wrote, “then no eating of the fruit; if no eating, then no Adam; if no Adam, then are there no men but all allegories, and the truth it selfe is become a fable.”⁹⁴

This renewed emphasis upon the literal understanding of the Fall appears to have opened the door to a far more visceral interpretation of scripture. While many godly writers stressed that it was the *act* of transgression, rather than any negative quality in the fruit itself, which precipitated Adam and Eve’s transformation – Gibbens, for instance, believed that it was “nothing els but disobedience vnto the commaundement” which had caused the Fall of Man – others took a different view. In a 1616 work titled *The Fall of Man*, for instance, the future bishop of Gloucester Godfrey Goodman offered a distinctly embowelled reading of the moment of Original Sin. Goodman echoed Augustine’s

⁸⁹ On the doctrine of the ‘fortunate Fall,’ see Almond, *Adam and Eve*, 197–8.

⁹⁰ *Ibid.*, 173–80.

⁹¹ Origen, *On First Principles*, trans. G. W. Butterworth (Eugene, OR: Wipf and Stock, 2012): 288.

⁹² Almond, *Adam and Eve*, 69–70.

⁹³ Thomas Edwards, *The third part of Gangraena. Or, A new and higher discovery of the errors, heresies, blasphemies, and insolent proceedings of the sectaries of these times* (London: Printed for Ralph Smith, 1646): 2.

⁹⁴ Nicholas Gibbens, *Questions and disputations concerning the Holy Scripture wherein are contained, briefe, faithfull and sound expositions of the most difficult and hardest places*: (London: Imprinted by Felix Kyngston, 1601): 62. On Gibbens’ discussion of diet before and after the Fall see Kassell, *Medicine and magic*, 201–3.

Confessions in observing that one of the most common childhood sins was intemperate fruit-consumption, noting that

the first offence for which our parents correct us, it is
(for the most part) the eating of rawe and untimely fruits
... as soone as our strength serves us, then wee begin to
rob orchards, to rifle aple-lofts, ceasing upon forbidden
fruits.⁹⁵

However, beyond simply highlighting the association between fruit and sin, Goodman also drew a clear causal link between English children's consumption of 'forbidden' fruit and its literal action upon the body: "this eating of fruits," he claimed, "ingendreth wormes in their mawe, their stomackes, and bowels, their tender yong bodies become quicke sepulchers, a wombe for the wormes to feed upon their living carcases."⁹⁶

Goodman harnessed the visceral imagery of internal corruption for a purpose that was, in one sense, metaphorical: the youthful and intemperate fruit consumption described by Augustine (and later Richard Kilby, Elizabeth Isham, and Richard Baxter) carried symbolic echoes of "the first gluttonie and surfeit of mankind, in eating the forbidden fruite."⁹⁷

However, there was also a literal, material dimension to Goodman's imagery which should not be ignored; in a very real sense, according to Christian-Galenic cosmology, the worms engendered in children's bodies through the eating of stolen fruit were a direct physical consequence of the inward decay and corruption that were characteristic of the post-lapsarian human condition. Goodman's writings on fruit and Fall reflect an interpenetration of metaphor and materiality that, as we have already seen, was a common feature of medical and religious discourse in this period, and which placed an especially strong emphasis on the digestive interior as the site of moral pollution.

In some respects, Goodman's embowelled reading of the Fall anticipated or mirrored that of the Silesian mystic Jacob Boehme, whose ideas filtered into England over the course of the seventeenth century (and, as we saw in the previous chapter, strongly influenced the dietary philosophies of Thomas Tryon and George Cheyne).⁹⁸ Behmenist doctrine portrayed the Fall as both a reconfiguration of humanity's place in the divine order and

⁹⁵ Godfrey Goodman, *The fall of man, or the corruption of nature, proued by the light of our naturall reason* (London: Imprinted by Felix Kyngston, 1616): 79. William Poole, *Milton and the Idea of the Fall* (Cambridge: Cambridge University Press, 2005): 1–3.

⁹⁶ Goodman, *Fall of man*, 329–30.

⁹⁷ *Ibid.*, 79.

⁹⁸ Hessayon, "Boehme's Writings;" Gibbons, *Gender*, 103–19.

also as a quite literal physiological transformation of the human body.⁹⁹ According to Boehme, prior to the Fall, Adam and Eve had eaten only the “Paradisicall” fruits of the tree of life, which produced no excrements and thus required no digestive organs to process. After eating the forbidden fruit, however, “the Spirit of the great World took them captive with the four Elements, and figured (or framed in them) Stomack and Gutts.”¹⁰⁰ In this reading, the first stirrings of God’s anger were experienced by Adam and Eve in the depths of their bellies, “into which they had stuffed the earthly fruit, which began to take effect.”¹⁰¹ For Boehme, the fruit itself – not just the act of eating – had been imbued with the power to transform Adam and Eve’s physical bodies, condemning them to an endless cycle of consumption and excretion. In making the case for his visceral reading, Boehme evoked the image of human faeces to emphasise the gulf between the sacred and the profane: “how could such a stinck [and dung] as we now carry in the body,” he asked of his readers, “have been in Paradise in the holinesse of God?”¹⁰² Behmenist soteriology held that the post-lapsarian mortal condition was defined by the excremental and carnal drives that had been encoded in human physiology at the moment of the Fall, an unorthodox view that was at least partially shared by the Flemish physician Jan Baptist van Helmont.¹⁰³

In addition to garnering a substantial following in the second half of the seventeenth century, Boehme’s embowelled theology also appears to have influenced John Milton in the writing of *Paradise Lost*.¹⁰⁴ John Rogers has noted how Milton, like Boehme, “depicts the gradual physical deterioration of Adam and Eve as the natural consequences of their ingestion of a pathogenic meal.”¹⁰⁵ This particular episode from Milton’s epic, the embowelled aspects of which have been discussed at length by Schoenfeldt and others, was in one sense just the latest in a series of Behmenistic readings which portrayed the

⁹⁹ Jacob Boehme, *A description of the three principles of the divine essence* (London: Printed by M.S. for H. Blunden, 1648): 92. Gibbons, *Gender*, 92–9; Almond, *Adam and Eve*, 173–9.

¹⁰⁰ Boehme, *Three principles*, 199.

¹⁰¹ *Ibid.*, 207.

¹⁰² *Ibid.*, 92.

¹⁰³ For summaries of the Helmontian view of the Fall, see James Turner, *One flesh: paradisaical marriage and sexual relations in the age of Milton* (Oxford: Clarendon Press, 1987): 150–2; Almond, *Adam and Eve*, 178–9; Clericuzio, “Chemical and mechanical theories,” 333.

¹⁰⁴ Hessayon, “Boehme’s Writings.” For Boehme’s influence on Milton, see Margaret Lewis Bailey, *Milton and Jakob Boehme: a study of German mysticism in seventeenth-century England* (New York: Haskell House, 1964).

¹⁰⁵ John Rogers, *The matter of revolution: science, poetry, and politics in the age of Milton* (Ithaca, NY: Cornell University Press, 1996): 156.

moment of the Fall of Man as a digestive event.¹⁰⁶ In a much less well-known poem, published in 1661, Samuel Pordage, son of the Behmenist physician John Pordage, also expanded upon the process by which humankind had first become embowelled.¹⁰⁷ In line with Boehme's theology, Pordage's poem explained how, prior to the Fall, "nothing could turn into Excrement."¹⁰⁸ Much like Milton, Pordage then goes into some detail describing the transformative effects that Adam and Eve experienced after consuming their "pathogenic meal:"

Strait operates the Fruit, a shivering cold
Upon their naked Carcasses takes hold,
A sudden tremour shakes their Limbs; their Eyes
Close on a sudden, and dark mists arise,
Mix't with thick vapours 'fore their sight; they found
Themselves amaz'd: Cast in a kind of stound
The light they had they loose. Some drunken sot
O'e charg'd with Wine or Bear [*sic.*], till h' has forgot
To use his reason, a strong drowsinesse
His fume-farc'd Brain, and weakned eyes possesse;¹⁰⁹

Crucially, the Behmenist account of the moment of the Fall suggested that it was precisely the moment at which the human body was infused with organs of digestion and excretion that it also lost the power of effective reason, and became subject to the dominion of the passions. As Pordage's poem continued:

... Sorrow, Feare,
Anguish, and Trouble, Heavinesse, and Care,
Anxiety, Tears, Sighs, and Passions they
Are subject to: Their Bodies made of clay

¹⁰⁶ Schoenfeldt, *Bodies and Selves*, 131–168; Emily E. Speller, "'For Knowledge Is As Food:' Digesting Gluttony and Temperance in *Paradise Lost*," *Early English Studies* 2 (2009): 1–28; Kent R. Lehnhof, "'Intestine War' and 'The Smell of Mortal Change: Troping the Digestive Tract in Milton's *Paradise Lost*," in *The Sacred and Profane in English Renaissance Literature*, ed. Mary Arshagouni Papazian (Newark, DE: University of Delaware Press, 2008): 278–300; Robert Appelbaum, "Eve's and Adam's 'Apple:' Horticulture, Taste, and the Flesh of the Forbidden Fruit in 'Paradise Lost,'" *Milton Quarterly* 36, no. 4 (2002): 221–239.

¹⁰⁷ Gibbons, *Gender*, 117–9, 106–13.

¹⁰⁸ Samuel Pordage, *Mundorum explicatio, or, The explanation of an hieroglyphical figure wherein are couched the mysteries of the external, internal, and eternal worlds, shewing the true progress of a soul from the court of Babylon to the city of Jerusalem, from the Adamical fallen state to the regenerate and angelical* (London: Printed by T. R., 1661): 62.

¹⁰⁹ *Ibid.*, 70.

To all distempers now. This they brought forth
By feeding on the Principle of Wrath.¹¹⁰

While asserting the presence of some immanent transformative property hidden within the forbidden fruit – a controversial position in itself – Behmenist theology also strongly emphasised the idea of a synonymy between emotion and excrement. The bowels, in this view – and very much in line with humoral and chemical pathologies of emotional disorder – were the primary agents of the continual emotional and physical suffering that had been foisted upon humanity at the moment of the Fall.

While we might be struck by the apparent similitude between these embowelled retellings of the Fall and the episodes of intemperate fruit eating described in early seventeenth-century spiritual autobiographies, it is important to note that Boehme's writings could not have exercised any significant influence upon the spiritual autobiographies of the early seventeenth-century. Few of the writers described at the beginning of this chapter would have identified as Behmenists, and in any case the term itself would have been meaningless to most of them: translations of Boehme's books did not begin to appear in England until the middle of the seventeenth century, by which time all but a few had died.¹¹¹ Richard Baxter, at least, had read some of Boehme's works by the time he penned his own autobiography. But Baxter was dismissive of Boehme, describing his writing as little more than "cloudy nonsense, or wilful obscurity," and noting that "his bombasted words do signifie nothing more than before was easily known by common familiar terms."¹¹²

Nonetheless, the fact that these ideas flourished at the time that they did suggests that there was an appetite, at least within certain quarters of the godly community, for a more explicitly embodied account of the origins of human suffering than was being supplied by the quasi-symbolic readings of the Fall offered by many Reformed theologians. Viewed in this light, it becomes significantly less surprising that episodes of indigestion could feature so prominently in many autobiographical writers' attempts to make sense of their own emotions, or that fundamental anxieties about devotional identity frequently found expression in the eminently physical act of fruit-eating. The Calvinist attempt to firmly

¹¹⁰ Pordage, *Mundorum explicatio*, 71.

¹¹¹ Hessayon, "Boehme's Writings," 78–80.

¹¹² Baxter, quoted in Arthur Versluis, "The Place of Jacob Boehme in Western Esotericism," in *An introduction to Jacob Boehme: four centuries of thought and reception*, ed. Ariel Hessayon and S. L. T. Apetrei (London: Routledge, 2013): 266; Baxter, *Reliquiae*, vol. 1, 77.

demarcate the boundary between body and soul seems to have produced great anxiety in these writers, for whom the loss of rational self-control was described not as a rarefied, disembodied spiritual phenomenon, but as a deeply somatic experience.

Inwardness and Indigestion: Framing Embowelled Religiosity

Having provided an overview of some of the more embowelled discussions of fruit-eating that were taking place in the medicine and theology of the seventeenth-century, I will now return to the genre of godly life-writing discussed at the beginning of this chapter. As we have seen, an emphasis on gastrointestinal illness was a surprising hallmark of the spiritual autobiographies of this period. William Perkins, one of the most influential English Calvinist divines, had told his readers in 1604 that the first step in the path towards sanctification must be “to feele our inward corruptions,” and that sin was to be sought “within vs, lurking euen in our owne flesh.”¹¹³ Many appear to have taken this quite literally, reading their own physical ailments as marks of such ‘inward corruption.’¹¹⁴ The Presbyterian diarist Philip Henry, for instance, recorded the following entry for February 15th, 1665: “Head-ake, Indigestion, & other bodily distempers ... fruits of sin, fore-runners of dissolution.”¹¹⁵ Henry, as it turned out, had good reason to feel apprehensive. A nonconformist minister who had recently been ejected from his own curacy, he was also writing at the beginning of a year which would see almost a quarter of London’s population wiped out by plague.¹¹⁶

Given the precariousness of Henry’s professional circumstances, coupled with the gathering clouds of an epidemic that were hanging over England, it is hardly surprising that his anxieties manifested themselves somatically. The emphasis upon digestive symptoms in spiritual autobiographies invariably seems to have occurred at times when the author was describing a period of particularly intense spiritual doubt, or when

¹¹³ William Perkins, *The first part of The cases of conscience Wherein specially, three maine questions concerning man, simply considered in himselfe, are propounded and resolued, according to the word of God* (Cambridge: Printed by Iohn Legat, printer to the Vniuersitie of Cambridge, 1604): 66, 42. W. B. Patterson, *William Perkins and the Making of a Protestant England* (Oxford: Oxford University Press, 2014).

¹¹⁴ For a more detailed discussion of the relationship between physical illness and conversion narratives, see Smith, “Metaphor.”

¹¹⁵ Philip Henry, *Diaries and letters of Philip Henry, M.A. of Broad Oak, Flintshire, A.D. 1631-1696* (London: Kegan Paul, Trench & Co, 1882): 168.

¹¹⁶ Richard L. Greaves, “Henry, Philip (1631–1696), clergyman and ejected minister.” Oxford Dictionary of National Biography. Accessed April 27, 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-12976>; Paul Slack, *The Impact of Plague in Tudor and Stuart England* (Oxford, 1985); see also Wallis, “Plagues.”

conflicting aspects of their devotional identity were brought into tension. The piety of Richard Kilby, for instance, had followed a curious and haphazard path: he briefly dabbled in Roman Catholicism before ultimately embracing a particularly zealous form of Puritanism.¹¹⁷ In July 1612, having recently lost his curacy and been arraigned for his popish sympathies, Kilby reported that he “was taken with many fits of cholike and stone ... I cried God mercie, and promised zealous amendment of life.”¹¹⁸ However, his contrition was apparently shortlived; in his own words, “The fittes left me; but I amended not.”¹¹⁹ Not long after this, “by reason of ouerfull diet,” he experienced a further worsening of his symptoms:

the winde cholike began in my bowels, which held mee all day, and all night in sore paine: yea, though I used both purges and clisters, it hung upon me welnigh all the weeke following. I must not tell how unpatiently, how abominably I behaved my selfe, as I laie tormented with that fit. O most holy Lord, forgive mee I beseech thee, and of thine exceeding great mercy free me from the wicked bondage of my sinnes Amen.¹²⁰

Kilby, who, like Baxter and Livingston, confessed to having stolen fruit in his youth, clearly shared these authors’ tendency to interpret diet-induced illness as divine retribution for sinful conduct, and viewed his symptoms as a divine trial sent by God to punish him for his repeated failure to mend his ways. And yet, by explicitly locating the cause of his sufferings in his own “ouerfull diet,” Kilby’s narrative left open the possibility of a far more cynically materialist reading, in which the entire episode could be viewed as nothing more than a bout of excruciating indigestion brought on by overeating.¹²¹ It is clear, however, that the ‘gut feelings’ expressed in these writings were never morally neutral, giving bodily expression to a wide range of spiritual concerns. What makes the ‘embowelled’ aspect of godly life-writing so intriguing for the historian of emotion is that it appears to offer a genuine window onto a peculiar form of spiritual subjectivity, a glimpse of something approaching a ‘felt sense’ of these godly individuals’ spiritual

¹¹⁷ Hindmarsh, *The Evangelical Conversion Narrative*, 38–41.

¹¹⁸ Richard Kilby, *Hallelu-iah: praise yee the Lord, for the vnburthening of a loaden conscience By his grace is Iesus Christ vouchsafed vnto the worst sinner of all the whole world* (Cambridge: Printed by Cantrell Legge, printer to the Vniuersitie of Cambridge, 1618): 45.

¹¹⁹ *Ibid.*

¹²⁰ *Ibid.*, 85.

¹²¹ *Ibid.*

struggles. In an era in which reusing and recycling the work of other writers was commonplace, each of the bodily experiences related in these narratives – whether truthful, exaggerated, or even entirely fabricated – were unique to the circumstances of individual who described them.

To witness this, we can look first at the emotional significance that Richard Baxter accorded to his “incredible flatulency” in his spiritual autobiography.¹²² At the time that he was writing, Baxter, like Henry and Kilby, had recently been ejected from his curacy, and was perhaps still reeling from what he viewed as a betrayal by a monarchy he had broadly supported.¹²³ Despite his Puritan beliefs, Baxter had opposed Oliver Cromwell during the Interregnum, and this had forced him to walk a political and doctrinal tightrope for much of his adult life; he once described himself, only half-jokingly, as “an Episcopal-Presbyterian-Independent.”¹²⁴ The hostilities of the Civil War had forced him to spend much of the 1640s in parliamentary garrisons, during which time he had sought to counter the spread of enthusiasm and religious radicalism. Perhaps unsurprisingly, the stress of these experiences, along the intense uncertainty of the times, seems to have exacerbated Baxter’s already poor health; by the middle of the century, he was “living in continual expectation of death.”¹²⁵

Baxter’s illness, as we have seen, was a recurrent feature of his spiritual writing, and his attempts to frame it within the genre of the conversion narrative resulted in a peculiarly embowelled form of self-expression. Following Augustine, Baxter viewed his own childish exploits in the forbidden orchards of his neighbours as evidence of an early propensity for sin, and spent much of his life attempting to heal the damage these early transgressions had wrought upon him. Unlike Augustine, however, Baxter’s spiritual trials were expressed in a distinctly digestive register. Augustine had taken pains to point out that his theft was motivated neither by greed nor gluttony, but by a perverse delight in “the theft and sinne itself;” the pears in question were described as “not much tempting either for colour or taste,” and he described how his companions would “fling [them] to the Hogs,

¹²² Baxter, *Reliquiae*, vol. 1, 9.

¹²³ N. H. Keeble, “Baxter, Richard (1615–1691): ejected minister and religious writer.” *Oxford Dictionary of National Biography*. Accessed April 27, 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-1734>.

¹²⁴ Richard Baxter, *A third defence of the cause of peace* (London: Printed for Jacob Sampson, 1681): vol. 1, 110.

¹²⁵ Richard Baxter, *The saints everlasting rest, or, A treatise of the blessed state of the saints in their enjoyment of God in glory* (London: Printed by Rob. White, 1650): sig. A2v.

having bitten off one piece.”¹²⁶ By contrast, Baxter saw his own “excessive gluttonous eating” as the primary cause of his many difficulties in later life, and appears to have channelled much of his sense of moral accountability through the explanatory models of contemporary medicine.¹²⁷ His spiritual narrative frequently became a blow-by-blow account of his health troubles and his attempts to alleviate them through medical or dietary intervention. Baxter claimed that his path to recovery lay first and foremost in “Temperance as to quantity and quality of Food: for every bit or spoonful too much, and all that is not exceeding easie of digestion, and all that is flatulent, do turn all to Wind, and disorder my Head.”¹²⁸ In this embowelled reading, it becomes possible to interpret Baxter’s chronic flatulence and other digestive complaints as somatic manifestations of remorse for the sins of his younger self. The earliest and most pernicious of these – gluttony – was held to be responsible for most of the physical sufferings of his adult life, and his lifelong attempts to mitigate these ill-effects was framed as an ongoing spiritual struggle. In Baxter’s curious blend of scatology and soteriology, fruit-induced flatulence turned from a mildly unfortunate and possibly amusing affliction into a potent symbol of moral dysfunction.

The diarist Samuel Ward had a similarly guilt-ridden response to the irregular motions of his fruit-glutted innards. Ward was a graduate student of divinity at Christ’s College Cambridge when he began keeping his spiritual diary in the 1590s; a daily record of his sins and temptations which was intended to serve as a reminder of the need for constant self-scrutiny. Ward was to follow a distinguished career path; in 1610 he was appointed Master of Sidney Sussex college, and later in the same decade was chosen to attend the Synod of Dort.¹²⁹ However, his life was to end somewhat ignominiously in 1643, after falling ill whilst imprisoned for failing to offer financial aid to parliament. Like Baxter, Ward’s political and doctrinal views were complex, and he appears to have grown less rigidly Puritan with age. Nonetheless, Margo Todd has described the twenty-something Ward as a “rather ordinary Cambridge Puritan,” and has suggested that the spiritual anxieties expressed in his diary can be considered “classic Puritan fare.”¹³⁰

¹²⁶ Augustine, *Confessions*, 79–80.

¹²⁷ Baxter, *Reliquiae*, vol. 1, 2.

¹²⁸ *Ibid.*, 11.

¹²⁹ Margo Todd, “Ward, Samuel (1572–1643): theologian and college head,” *Oxford Dictionary of National Biography*, accessed April 27 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-28705>.

¹³⁰ Todd, “Puritan self-fashioning,” 239;

If Ward is to be believed, the sins of his student years were many and varied, from pride and vanity over his academic achievements to anger and resentment towards his peers, which sometimes resulted in public outbursts.¹³¹ However, by far his most recurrent and pernicious vice was his “immoderate desire of fruyt.”¹³² A hearty eater and frequent visitor to the college orchard, Ward routinely gorged himself on all manner of sweet (and sour) treats, including pears, plums, cherries, damsons and raisins.¹³³ We know all this because he meticulously recorded each of these transgressions in his diary, repeatedly chiding himself for his “greedy appetite,” “immoderate dyett,” and “to much eating of fruyt.”¹³⁴ But despite this continual self-reproach, Ward’s almost daily entries reveal that he was never able to kick the fruit habit for very long. On August 8th, 1596, he censured himself for “longing after damsens,” having recently “made my vow not to eat in the orchard.”¹³⁵ And yet just five days later he was at it again, sheepishly recording among his sins “my intemperate eating of damzens.”¹³⁶ On at least one occasion, however, Ward was left with no choice but to adopt a low-fructose diet: on July 22, 1596, he recorded, to his great distress, that his unconstrained eating had caused him to be temporarily banned from the college orchard.¹³⁷

Throughout his diary, Ward expressed deep concern over the damage that this love of fruit could potentially be inflicting upon his body. He worried about “eating pears in a morning and other things which might have diminished my health,” and berated himself for “eating so many plums, although thou heard that many died of surfetes.”¹³⁸ He also feared that his intemperate diet would “impeach my health, dull my wits, [and] hinder my studies,” noting how he often became drowsy during sermons or indulged in “rude behaviour” with his companions.¹³⁹ Each instance of intemperate fruit-eating represented another obstacle in Ward’s path to moral purity, a reminder of how far he still had to go to achieve a true transformation of the spirit. Like Baxter, Ward tended to read his bodily infirmities as evidence of God’s displeasure towards him for his gluttonous self-indulgence. “Think, my soul, how grievous a thing it is to be sick in body, learn thereby to think of health as of a great benefit,” he wrote in his diary on May 15th, 1595. “Remember

¹³¹ See for instance Ward, “Diary,” ff. 29r, 30r, 34r.

¹³² *Ibid.*, f. 34r.

¹³³ *Ibid.*, ff. 25v, 28v, 29r, 30r.

¹³⁴ *Ibid.*, ff. 31v, 34v.

¹³⁵ *Ibid.*, f. 29r.

¹³⁶ *Ibid.*

¹³⁷ *Ibid.*, ff. 26v-27v.

¹³⁸ *Ibid.*, ff. 28v, 27v.

¹³⁹ *Ibid.*, f. 36v.

thy costiveness, and remember to refer the health of thy body more to the praise of God.”¹⁴⁰ By urging himself to recall an episode of acute constipation and explicitly linking this to perceived lapses in his devotional integrity, Ward revealed a conception of spiritual punishment which freely interleaved the divine and the digestive. The blockage in his bowels became a fearful memory of the ill consequences of intemperance, a sin which – like the eating of the fruit of Eden – indicated not only slavish deference to his natural appetites, but also disobedience towards God and contempt for the freely given gift of bodily health. It was therefore not just a humoral concern with “bodily solubility” that drove Ward’s self-reflexive command to “Remember [his] costiveness,” but also a desire to prevent his present and future self from giving in to further gluttony.¹⁴¹ Ward’s fear of intestinal obstruction was therefore tied up in a more fundamental anxiety about divine retribution, which manifested itself in the felt experience of digestive disorder.

Fruit and faith again collided in the diaries of the London woodturner Nehemiah Wallington. Guilt, it seems, was Wallington’s *raison d’être*; over the course of his life he filled at least fifty notebooks with sermon notes, scriptural glosses, and reflections on his own devotional inadequacies, and his adult life was punctuated by episodes of spiritual despair which produced multiple suicide attempts.¹⁴² Raised in a godly household, Wallington appears to have been staunchly Puritan from his youth, experiencing what David Booy has described as a series of “late-adolescent identity crises.”¹⁴³ As an adult, Wallington was “a diligent, active member of his church and of the wider godly community,” whose “mental habits were thoroughly conditioned by Puritan theology and doctrine,” and his notebooks suggest that he frequently experienced intense anxiety over matters spiritual and temporal.¹⁴⁴ Wallington’s fruit episode came at a particularly turbulent moment in both his own life history and the history of England. Three years earlier, in 1638, he had been threatened with imprisonment for the alleged possession and distribution of seditious literature. The same year, he also experienced immense grief over the death of his father, an event which Booy describes as “a key event in his spiritual progress.”¹⁴⁵ 1641, the year which saw the first serious rumblings of Civil War, had been a slightly more optimistic year for Wallington, who had participated in the large-scale

¹⁴⁰ *Ibid.*, f. 16r.

¹⁴¹ *Ibid.* On “bodily solubility” as a key principle of humoral medicine, see chapter 3 of this thesis; also Paster, *Body embarrassed*, 8–11.

¹⁴² This account of Wallington’s life is drawn from Seaver, *Wallington’s world*; also Booy, *Notebooks*.

¹⁴³ Booy, *Notebooks*, 15.

¹⁴⁴ *Ibid.*, 4, 26.

¹⁴⁵ *Ibid.*, 4, 25

demonstrations that had led to the execution of the royalist Earl of Strafford. But, as Paul Seaver has highlighted, by the end of the year external events appear to have returned Wallington to his default state of bleak pessimism; “the Lord,” he wrote, “hath suddenly turned our joy and cheerfulness into mourning and lamentation.”¹⁴⁶

Around this time, on Thursday 15th December, 1641, Nehemiah and his wife Grace attended a fast at Friday Street in London. As devout Puritans, the Wallingtons were no strangers to rigorously enforced abstinence and daily prayer.¹⁴⁷ The following day, however, perhaps forgetting his usual observances in a fit of hunger, Wallington made the mistake of eating a pear without first “lifting up [his] heart unto God.”¹⁴⁸ He immediately recognised his error, and his guilt was both immediate and intense. He became consumed with a sudden terror that God might “Cause the peare to Chocke me” or that “I should be ill with it as some tims I am.”¹⁴⁹ However, the dreaded sickness did not come to pass, and it was with some measure of disbelief that Wallington reported, “[I] was not ill att all.”¹⁵⁰ Wallington – who tended to see portents of his soul’s impending doom in even the most trivial occurrences – was hugely relieved at this turn of events, interpreting his good state of health as a near-miraculous sign of God’s mercy towards “such a vile unthankfull unworthy sinfull a wretch as I am.”¹⁵¹

Wallington’s account clearly differs from those of Baxter and Ward by investing divine significance in the *absence* of illness, but appears to have been underpinned by a similar set of medico-moral assumptions. Having failed to say a prayer for his pear, Wallington fully expected God to afflict him with disorder as punishment for his ingratitude. And yet, in the event, he was spared. Perhaps his immediate recognition of his mistake was enough to pre-empt the need for divine retribution. Or perhaps God had, on this occasion, recognised Wallington’s generally good intentions in matters of the soul by simply choosing to look the other way. Whatever the case, the episode presented Wallington with an opportunity both to reflect on his inherent vices and to rejoice that, at least in this case, he had been deemed worthy of forgiveness. Wallington’s brush with indigestion bred in him a renewed commitment to piety and abstinence, but it also made him acutely aware of the moral importance of maintaining his body in good health. Above

¹⁴⁶ Seaver, *Wallington’s world*, 164–5.

¹⁴⁷ Webster, *Godly clergy*, 60–74.

¹⁴⁸ Wallington, “Diary,” f. 60v.

¹⁴⁹ *Ibid.*

¹⁵⁰ *Ibid.*

¹⁵¹ *Ibid.*

all, it reinforced his view that the threat of physical illness was an opportunity for good Christians to demonstrate the intensity of their devotion. As he wrote elsewhere: “if we blesse God in our afflictions, our afflictions will be a blessing to us.”¹⁵² While Baxter’s and Ward’s narratives depicted a relatively linear relationship between gluttony and moral decline, Wallington’s account left open the possibility for intemperate fruit-eating to produce a far more positive spiritual transformation. The fact that he was able to eat his pear without becoming ill – “as some tims I am” – spoke volumes about the state of his moral and physiological interior, freshly purified by his recent fast.¹⁵³ In Wallington’s case, the presence or absence of digestive discomfort following the eating of fruit effectively became a litmus test for determining his spiritual worth in the eyes of God.

Female writers seem to have been no less prone than their male counterparts to assume an inherent link between digestive health and moral hygiene. For Elizabeth Livingston, like the other writers discussed here, excessive indulgence in food signified a willingness to subordinate moral authority to base desire. Time and again, she reflected, “Sickness seizes me as a due reward of intemperance.”¹⁵⁴ By favouring “the transitory pleasure of eating fruit” over “the great bleseing of health,” she had repeatedly demonstrated her true nature to be one of intemperance, ingratitude, and insubordination.¹⁵⁵ Livingston’s narrative gave special weight to this last theme, with much of her post-fruit contrition focusing on her “disobedience to my deare aunt (who I loke upon as a parent), she haveing forewarn’d me of the eating fruit imoderately, which the physitian’s also have forbid me.”¹⁵⁶ The supposedly practical dietary proscription against excessive fruit consumption here took on a quasi-spiritual dimension, with the warnings of her aunt and her physicians recalling God’s injunction against eating the forbidden fruit.

In addition to reading indigestion as a portent of divine displeasure, however, godly women appear to have drawn far more frequently and more explicitly upon the language and imagery of the Fall in describing and making sense of their own experiences of intemperate fruit-eating. Such themes, while subtle, are a recurrent feature of Livingston’s *Meditations*, which describe a religious life which, while hardly typical, certainly captures something of the political instability of the times. Born to royalist parents during the period of civil war, Livingston was raised Anglican by her aunt at

¹⁵² Ibid., f. 47v.

¹⁵³ Ibid., f. 60v.

¹⁵⁴ Delaval, “Meditations,” f. 149.

¹⁵⁵ Ibid., f. 103.

¹⁵⁶ Ibid.

Nocton in Lincolnshire. Later in life she was to become a Jacobite agent, carrying letters from the exiled James II and ultimately fleeing to France, where she remained until her death in 1717.¹⁵⁷ Livingston's religious identity as portrayed in the *Meditations* has been described by Susan Wiseman as that of "a struggling and compromised, yet overall unblameable, Anglican," beset on all sides by attempts to pervert her faith.¹⁵⁸

Temptation, therefore, played a pivotal role in Livingston's narrative. In one episode from her adolescence, she described how she had allowed a troublesome servant "strangely to mislead me for severall year's."¹⁵⁹ The servant in question, Mrs Carter, appears to have been obsessed with satisfying her young charge's every demand, even if this meant breaking rules which had been laid down by her aunt. "Mrs. Carter," Livingston wrote, "never fail'd to indulge me in every thing. When I was forbid the eating of fruit, she wou'd get it me by stealth and taught me to hide it from my Governesse."¹⁶⁰ But this was not the worst of Mrs Carter's crimes: "I was not quite 6 month's past 10 yeare old," Livingston reported, "when Mrs. Carter began most perniciously to insinuate Presbyterian princeples into me, in some intervals of time in which she did not talk to me of love and fary tales."¹⁶¹ Fortunately for Livingston, she was shortly "resqued" from the Presbyterian clutches of Mrs Carter by the arrival in her household of one Mrs Corney, the daughter of an Anglican divine and "a gentellwoman of great wisdom and true piety."¹⁶²

Since these events took place around the same time as Presbyterian ministers such as Richard Baxter and Philip Henry were being ejected from their curacies, it is likely that by the time Livingston set them to paper, she had a heightened consciousness of the spiritual dangers of nonconformism and the threat that it was perceived to pose to the Restoration monarchy.¹⁶³ Thus when the older, wiser Livingston wrote about her former servant, it was with disapproval and perhaps a lingering sense of unease. She ultimately came to view Mrs Carter as a corrupting influence on her life, having drawn her younger self into sin both through her Presbyterian insinuations but also through the literal temptation of forbidden fruit. Livingston, an avid reader who as a child had enjoyed

¹⁵⁷ Margaret J. M. Ezell, "Delaval [née Livingston], Lady Elizabeth (1648?–1717), memoirist and Jacobite agent," *Oxford Dictionary of National Biography*, accessed 3 May 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-68215>.

¹⁵⁸ Wiseman, "Delaval's memoirs," 89.

¹⁵⁹ Delaval, "Meditations," f. 8.

¹⁶⁰ *Ibid.*, f. 9.

¹⁶¹ *Ibid.*

¹⁶² *Ibid.*, f. 34; Wiseman, "Delaval's memoirs," 73.

¹⁶³ *Ibid.*, 78–9.

literally acting out scenes from her favourite romances and spiritual narratives, may even have been consciously playing on the verbal similitude between ‘serpent’ and ‘servant’ in her characterisation of Mrs Carter as her tempter.¹⁶⁴ In Livingston’s account, the literal act of eating fruit which had been forbidden became a microcosmic re-enactment of Original Sin, with the drama of the Fall reproduced in small in the motions of her sick body. “O let me never forget,” she wrote amidst one fit of sickness and despair, “how miserably I have Fallen, and therefore never cease diligently to watch Over all my way’s.”¹⁶⁵

A more explicitly embowelled form of Fall can be observed in the writings of Elizabeth Isham. Isham was born around 1608 into a Protestant family whose friends included both Laudians and staunch Calvinists as well as religious moderates. Her own personal religion can perhaps be most accurately situated within the hybrid category that Isaac Stephens has termed “Prayer Book Puritanism,” characterised by “a combination of Prayer Book devotion and the rigours of internal Puritan religiosity.”¹⁶⁶ Isham’s “Booke of Remembrance” was written retrospectively, as a series of pious self-reflections that were intended to be read by her family after her death, but apparently not to be published or circulated more widely.¹⁶⁷ In it, Isham described some of the most personal and emotionally charged episodes from her early life, including an episode of spiritual despair and an account of the death of her mother in 1625, when she herself was just seventeen.¹⁶⁸ Prior to these sobering events, however – and drawing heavily upon Augustine’s *Confessions* – much of Isham’s account focusses on the seemingly trivial sins of her childhood.

Some time around 1620, when she was no older than an adolescent, Isham reports that she broke into one of her family’s cupboards and consumed a large quantity of pears. When confronted with her crime by her mother, she flatly denied any wrongdoing, escaping the scene of the crime unpunished.¹⁶⁹ Drunk on her victory – or perhaps just high on fruit-sugar – Isham allowed her penchant for forbidden fruit to develop into a full-blown compulsion. At first, she kept her thefts small and infrequent, mindful of an explicit command from her parents that she should “eate no pares.”¹⁷⁰ However, as time passed, she grew bolder, stuffing herself full of more and more fruit until “by this meanes I was

¹⁶⁴ Ezell, “Delaval,” ODNB.

¹⁶⁵ Delaval, “Meditations,” f. 80.

¹⁶⁶ Stephens, *Gentlewoman’s Remembrance*, 187, 223.

¹⁶⁷ Clarke and Longfellow, “[E]xamine my life.”

¹⁶⁸ Ibid.

¹⁶⁹ Isham, “Booke of Remembrance,” f. 10r.

¹⁷⁰ Ibid.

satisfied.”¹⁷¹ On at least one occasion, the negative health consequences of her intemperate diet caught up with her: in 1622, at the age of fourteen, she was afflicted with a terrible fit of indigestion.¹⁷² This sickness left her housebound and vomiting for a full day, experiencing intense abdominal pain which one observer likened to the pain of childbirth. But it was only after a brush with the minister John Dod – a Puritan preacher known both for his radical asceticism and his gift for comforting afflicted consciences – that Isham finally resolved to renounce her life of crime.¹⁷³ Noticing her eating fruit on a fast day, Dod delivered a few choice words to the young Isham which seem to have left her suitably chastened. Following this encounter, she wrote, “I have bin the more carefull to avoide the eateing of fruit at unseasonnable times, though they temted mee never so much.”¹⁷⁴

Isham explicitly framed her pear-stealing antics as a contravention of rules laid down by her parents, writing on one occasion that “my father injoining me that I should eate no pares, but they tempting me every time I saw them, I should take one, having som regard to my fathers command.”¹⁷⁵ It is impossible to ignore the biblical resonance of this passage, in which a young woman lusts after forbidden fruit in defiance of paternal authority. But Isham, like the other writers discussed here, brought a raw physicality to her own Fall which was absent from Genesis 3; her temporal punishment took the form of vomiting, flatulence, and intestinal spasms “as painfull as a womans travell.”¹⁷⁶ She appears to have otherwise taken pride in how rarely she suffered from physical illness, recalling that “the extremety of sicknes [never] held me above a day from my Childhood to this present,” and on one occasion even commenting – much like Wallington – that “I was not sicke, although I eate part of a great apple.”¹⁷⁷ However, she also reported that “I am somtimes trobled with this infirmity now which I thinke to be winde,” and in one of her diary entries from 1622 (when she would have been around fourteen years old) she

¹⁷¹ Ibid.

¹⁷² Ibid., f. 17r.

¹⁷³ J. Fielding, “Dod, John (1550–1645), Church of England clergyman,” Oxford Dictionary of National Biography, accessed 3 May 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-7729>.

¹⁷⁴ Isham, “Booke of Rememberance,” f. 13r.

¹⁷⁵ Ibid., f. 10r.

¹⁷⁶ Ibid., f. 17r.

¹⁷⁷ Ibid., f. 16r.

noted that “at this t[ime] I [had] a great fit of the wind collick and evere since I have dayly said the 103 psalm” – a prayer of thanks to God for deliverance from illness.¹⁷⁸

Isham, like Baxter, made the threat of fruit-induced flatulence a pivotal factor in her conversion to a godlier manner of living. Her technical understanding of wind colic was drawn from humoral medicine: having read and absorbed the dietary advice in William Vaughan’s *Approved Directions for Health*, she attributed her disease to “abundance of ill humers, nature being overburdened with ill juice and moisture.”¹⁷⁹ As Schoenfeldt has powerfully illustrated, Galenic dietetics, with its emphasis on the careful maintenance of humoral balance, could provide a convenient physiological basis for holding individuals morally accountable for their eating habits.¹⁸⁰ Gluttonous fruit consumption, a principal cause of flatulence, therefore became for Isham a matter of intense guilt: “Too often,” she wrote, “I yeeld to eate that for my tooths when my stomacke doth not requier it: I therefore crave parden my God, for that is past, and desire thy assistiance for my amendement.”¹⁸¹ Isham’s episodes of painful flatulence can therefore be viewed as entirely commensurable with her Edenic anxieties about the transgression of parental authority, a causal relationship made possible only by the dense web of meanings which clustered around the idea of fruit.

Half-digested elements of the Fall are also present in Dionys Fitzherbert’s narrative of spiritual despair. Fitzherbert, who was around twenty-six years old at the time of her breakdown, was an unmarried gentlewoman from Oxfordshire, who had recently become lady-in-waiting to the influential Countess of Huntingdon.¹⁸² Like Isham, Fitzherbert’s devotional identity appears to have been somewhat unstable; while she was raised by a moderate Anglican family, her own writing bears the mark of a particularly zealous form of Calvinism. To complicate matters further, as Katharine Hodgkin has highlighted, the family name ‘Fitzherbert’ carried strong Catholic associations, which might go some way towards explaining why Fitzherbert herself expressed such vocal opposition to Catholicism in her own writing.¹⁸³ Like the other godly individuals discussed here, Fitzherbert’s narrative is characterised by anxieties over both spiritual and societal instability; at the time of her breakdown, she had spent several years moving from

¹⁷⁸ Northampton Record Office MS, IL 3365, “Diary by Elizabeth Isham, c. 1649.” f. 13.

¹⁷⁹ Isham, “Booke of Remembrance,” f. 17r. Evidence of Isham’s reading of Vaughan’s work can be seen at 17r.

¹⁸⁰ Schoenfeldt, *Bodies and selves*, 19.

¹⁸¹ Isham, “Booke of Remembrance,” f. 17r.

¹⁸² Hodgkin, *Women, madness and sin*, 15.

¹⁸³ *Ibid.*

household to household in a series of apparently unfulfilling positions as a lady-in-waiting. She was reluctant to marry, a fact which apparently created tensions between her and the rest of her family, and also appears to have been troubled by the recent memory of the Gunpowder Plot, which had taken place just three years earlier. Viewed together, it is not difficult to imagine how this confluence of personal stressors might have produced a general sense of existential unease.

The most acute of Fitzherbert's troubles, however, began when her lady decided to host a party to ring in the New Year. It was customary at such gatherings for guests to exchange gifts, but Fitzherbert had little in the way of personal income and was dependent upon her father to provide her with money. On this occasion, however – whether out of tightfistedness or sheer absentmindedness – he had failed to do so, and Fitzherbert was left feeling too ashamed and embarrassed to show her face.¹⁸⁴ On the night of the party she took to her bed, feigning or perhaps just exaggerating an episode of wind colic to escape her social obligations. That same night, one of her lady's servants brought her a baked apple, "which," Fitzherbert wrote, "I ded eat, never thinking how ill it was for the deses I pretended to be trobled withall."¹⁸⁵ Upon eating the fruit, she immediately experienced a dramatic and visceral reaction. She believed that the core was stuck in her throat, and that it "could never be goten from thenc but it would kill me."¹⁸⁶ She then began to vomit uncontrollably, until she feared that "all the yeard shuld flow with the mater that came out of my mouth."¹⁸⁷ Physicians were called, and the unfortunate Fitzherbert was locked away in a dark room and plied with purging medicines. Any residual sense of spiritual wellbeing that she may have felt now rapidly deteriorated. She became convinced that she was a hypocrite and a reprobate, and that her soul was destined for eternal damnation. Attempts to talk her out of this pattern of self-flagellation seem only to have deepened her conviction that she was damned. At her most despairing, Fitzherbert seems to have truly believed in her own spiritual abjection, writing that "ther was none nor ever shuld be any so miserable or wreched" as she.¹⁸⁸

Much of the emotional weight of Fitzherbert's narrative, like Isham's, rested upon the symbolic association between fruit and Fall. This can be observed in her highly selective

¹⁸⁴ Hodgkin, *Madness*, 121–2.

¹⁸⁵ Fitzherbert, "Booke," f. 9r.

¹⁸⁶ *Ibid.*

¹⁸⁷ *Ibid.*, f. 9v.

¹⁸⁸ *Ibid.*, ff. 5r–5v.

placement of a biblical passage taken from the First Epistle to the Corinthians, the significance of which can only be fully appreciated when the passage is read in full:

At night when I was set by the fire one of my lady's women came to see me and gave me a baked apple, which I did eat, never thinking how ill it was for the disease I pretended to be troubled withal; so utterly was my senses and reason now bereft me, with all feeling of godliness and virtue, as if I had never felt the motions of it in my soul. *A most fearful case, and a warning to every one to take heed that though they stand they fall not!* When I had eaten it the core stuck in my throat and troubled me very much; and I, who now thought everything was a judgement of God upon me for my sin, persuaded myself it was gone up into the uvula of my mouth, and that undoubtedly it could never be gotten from there, but it would kill me.¹⁸⁹

By placing this scriptural paraphrase at the heart of the 'baked apple' episode – immediately following her sin, and immediately preceding its consequences – Fitzherbert also places the idea of Fall in the mind of the reader at a pivotal moment in her narrative. In doing so she implicitly casts herself in the role of Eve, whose downward spiritual trajectory was likewise sealed in a small but catastrophic act of dietary indiscretion.

It is no trivial detail, then, that the moment at which Fitzherbert's spiritual life began to unravel was the moment of alimentation: her baked apple and the physical sensations it induced are essential to understanding the broader emotional arc of her narrative. Fitzherbert thought nothing of eating the apple until it began to cause her physical distress, at which point she became certain that her soul was in jeopardy. In her view, God had sent the fruit as a test of her moral integrity, a test which she had categorically failed. Her apple, like Eve's, carried within it a form of hidden knowledge: its emotionally transformative potential lay in its ability to reveal her inward nature, whether elect or reprobate. Due to her slightly faulty understanding of Galenic dietetics – unlike Isham, she could not have read Vaughan's *Approved Directions*, which was published three years after her breakdown – Fitzherbert believed that the baked apple ought to exacerbate the symptoms of her half-feigned flatulence, and that its failure to do so would surely expose

¹⁸⁹ Ibid., f. 9r (italics mine).

her lies to public view. Paradoxically, however, when she *did* experience digestive symptoms – choking and then vomiting up the apple along with the contents of her stomach – she interpreted this as further evidence of her hypocrisy. There is a crucial ambiguity at the heart of her narrative: she seems to have been unable to clarify whether she truly was suffering from wind colic, or whether the disease was no more than a calculated deception. Fitzherbert’s uncertainties about her own digestive health appear to have paralleled and frequently intersected with her doubts concerning the fate of her soul, in an unexpected convergence of lapsarian symbolism, humoral dietetics, and Calvinist soteriology.

Finally, we come to the extraordinary narrative of Joan Drake. The Drake account differs from the others presented here in several important respects. First of all, it is the only narrative not to have been written by the person who experienced the events described; the author, who has been identified as one Jasper Heartwell, a lawyer and editor, published his account of her life under the title *Trodden Down Strength, by the God of Strength, or, Mrs Drake Revived* in 1647, more than two decades after her death.¹⁹⁰ Heartwell had apparently been personally present for much of Drake’s suffering, and in publishing her narrative of religious despair, he sought to portray his subject as a true exemplar of Puritan femininity – an increasingly common trope of the godly literature of this period.¹⁹¹

Drake’s life was not a happy one. In 1603 she had been married against her will to Francis Drake, godson of the famous explorer of the same name. In 1615, following the birth of her first child, she sank into a state of deep despair from which she would never fully recover. Although it seems likely that Drake’s melancholy grew primarily out of her tragic life circumstances, and may also have been exaggerated by something like post-partum depression, Heartwell also attributed it to her mistreatment at the hands of an unskilful midwife. Following the delivery, he claimed,

shee was ever after troubled with fumes and scurvie vapors mounting up unto her head, which bred in her for the most part a continuall head-ach ... together with somewhat like

¹⁹⁰ “John Hart, D.D.,” *Trodden down strength, by the God of strength, or, Mrs Drake revived* (London: Printed by R. Bishop, 1647). Vos, “Drake,” ODNB.

¹⁹¹ On godly femininity and the “puritan exemplar” respectively, see Diane Willen, “Godly women in early modern England: Puritanism and gender,” *The Journal of Ecclesiastical History* 43, no. 4 (1992): 561–580; Stephens, *Gentlewoman’s remembrance*, 23–5.

unto a fire continually burning at her stomack, which no physick could remove, or was not Gods pleasure it should; the which drew her towards a more constant constitution of sadnesse and distemper.¹⁹²

Drake's melancholy had a particularly Calvinist flavour. Like Dionys Fitzherbert, she came to believe that she was "a damned Reprobate," forsaken by God, and that her "rejection and damnation" had already been decided, her fate in Hell sealed.¹⁹³ Her response to this conclusion, however, could not have been more different. Turning the punitive logic of Calvinist predestination on its head, Drake resolved "to spend the remainder of her time in all jollity and merriment, denying her selfe of no wordly [*sic.*] comforts."¹⁹⁴ Her emotional state at this time seems to have vacillated between abject despair and reckless abandon: during a consolatory visit from John Dod (the very same preacher who reprimanded Elizabeth Isham for eating too many pears), Drake chased the dour minister from her room brandishing a bedpost, and threatening to "knock him on the head."¹⁹⁵

Drake's own fruit episode took place at the height of her emotional suffering. Having been forbidden oranges as harmful to her already fragile bodily health, she ordered her personal maid to have no less than forty of them delivered to her, apparently in a drastic bid to end her own life. However, the actual outcome was not the one that Drake had intended. Far from bringing death, the oranges in fact "proved excellent medicines unto her, purging away abundance of black ugly filthy matter, which made her to look much better."¹⁹⁶ Although Drake shortly lapsed back into her previous state of spiritual despair, this episode of immoderate fruit consumption provided her with a window of remission from her suffering. What had begun as an attempted suicide had transformed, against all expectations, into a moderately effective therapeutic intervention.

Heartwell apparently related this episode to convey to the reader that, despite her sinful behaviour, Drake was nevertheless among God's elect. Her attempt to commit suicide – a

¹⁹² Hart, *Trodden dovvn strength*, 10–11.

¹⁹³ *Ibid.*, 23–4. On the recurrence of certain vocabulary and tropes in the literature of religious despair see especially Stachniewski, *Persecutory imagination*; MacDonald, "Fearefull estate."

¹⁹⁴ Hart, *Trodden dovvn strength*, 24. Drake's sentiments have markedly antinomian overtones: see David Como, *Blown by the Spirit: Puritanism and the emergence of an antinomian underground in pre-Civil-War England* (Stanford CA: Stanford University Press, 2004); also Cooper, *Fear and polemic*.

¹⁹⁵ Hart, *Trodden dovvn strength*, 27. On bedposts and violence, see Laura Gowing, "The twinkling of a bedstaff: recovering the social life of English beds 1500–1700," *Home Cultures* 11, no. 3 (2014): 280–1.

¹⁹⁶ Hart, *Trodden dovvn strength*, 30–1.

terrible sin in early modern England – quite literally backfired, and the hidden knowledge of her soul’s election was revealed to her in a torrent of blackened faeces. As we saw in chapters 3 and 4, the purging of large quantities of black matter was often interpreted in medical narratives as signalling the moment of recovery, particularly in cases of emotional disorder or conditions in which demonic forces were felt to play an especially pronounced role.¹⁹⁷ In this narrative, then, the act of intemperate fruit-eating was just as emotionally transformative and potentially dangerous as it was for our other six authors – only in Drake’s case, the transformation which took place was cleansing rather than corrupting. The digestive tract remained at the heart of this ostensibly spiritual narrative; it was by forcibly shitting out the sin within her that Drake found temporary relief from her emotional suffering. Through God’s mercy, the potentially fatal surfeit that Drake sought was transformed into an episode of divinely ordained diarrhoea. The Drake narrative thus presented an intriguing inversion of the embowelled Fall narrative, a powerful reminder of God’s capacity to transform even the most abominable act of sin into a mark of salvation.

Conclusion

The godly culture of post-Reformation England might not seem the most obvious place to look for a history of the body, much less a history of the gut. As we saw in the introduction to this chapter, several scholars have recently suggested that an emphasis upon religion and spirituality can help to counter what they view as an overly materialist reading of early modern emotions. However, the evidence that I have presented suggests that, for many godly writers of the early seventeenth century, the relationship between the physical and the spiritual could be far messier and more viscerally embodied than has often been recognised. As Helen Smith has shown, for many Protestant writers, spiritual experience “was felt as much as thought, blurring the distinction not only between ratiocination and sensation, but between bodily and imaginative feeling.”¹⁹⁸ I have argued throughout this thesis that experiences and descriptions of emotion by early modern English writers need to be viewed as neither ‘purely’ physiological nor ‘purely’ spiritual, but as the product of a culturally specific, ‘embowelled’ form of subjectivity. Reconstructing an embodied phenomenology of early modern England does not, as Richard Strier has suggested, require historians to inaccurately portray Galenic medicine as a “master-discourse,” nor as a hermetically sealed or internally consistent knowledge

¹⁹⁷ See chapters 3 and 4 of this thesis.

¹⁹⁸ Smith, “Metaphor,” 477.

system.¹⁹⁹ As this chapter has demonstrated, while humoral medicine frequently played an important role in the framing of emotional disorder in this period, there were other languages and other narratives through which the imbrication of digestion and emotion could be expressed.

The religious narratives explored in this chapter reveal a host of spiritual anxieties which frequently became concentrated around the act of fruit consumption and its gastrointestinal consequences. Anxious reflection on the debilities and depredations of this mortal coil produced a form of pious inwardness in which godly individuals looked to their guts for answers to the most pressing soteriological questions of the age. Some held on to guilty memories of immoderate or illicit fruit-eating as reminders of the innately human capacity for sin. Others drew implicit parallels between their own experiences and those of Adam and Eve, reading their own felt sensations as the inevitable consequences of intemperate consumption in a fallen world. By infusing these episodes from their life-stories with deep spiritual meaning, each of these writers turned potentially mundane acts of physical consumption and indigestion into profoundly embowelled narratives of emotional transformation.

¹⁹⁹ Strier and Mazzio, "Two responses," 16.

CONCLUSION

Passions of the Bowels

In 1633, the parents of a young woman named Edith Stoughton sought medical advice from John Hall, the physician and son-in-law of William Shakespeare, in Stratford-upon-Avon, Warwickshire.¹ According to Hall's case notes, the seventeen-year-old Stoughton was "miserably afflicted with Melancholy, her Courses as yet not having broken forth."² Her condition produced dramatic and debilitating emotional symptoms: she would become "very easily angry with her nearest Friends," and "continually cried out that her parents would kill her."³ Although Stoughton had already been "purged well by expert Physicians," these treatments had apparently had little effect, and her parents wished to know if a cure was even possible. Hall's response was less than optimistic: "Very hardly, being her Constitution was Melancholy."⁴ Nevertheless, he resolved to try. First, he administered a series of enemas and purges, "by which," he reported, "the humour was rendered more obsequious."⁵ He then applied leeches to her haemorrhoidal veins, presumably with the intention of 'drawing down' the heavy, earthy melancholic humour that he believed to be the source of her distress. Once all this was done, Hall brought out his *pièce de résistance*: his patient "was purged with a helleborated Apple, in which Apple was roasted a dram of Hellebore; afterward the Hellebore was cast away, and the Apple given."⁶ After perhaps another week of treatment, during which time she was given gentler, "comforting" medicines to restore her damaged constitution, Edith Stoughton was reported to be fully and miraculously recovered.⁷

How might historians interpret this episode? We might begin, as Ursula Potter and Sara Read have done, by considering what it might be able to tell us about the familial and gender politics of early seventeenth-century England. Potter has observed, with a note of approval, the "real concern" shown by Stoughton's father towards his daughter, while Read has offered the rather more cynical observation that Hall's failure to prescribe the

¹ Hall, *Select observations*, 174–6; Lane ed., *John Hall*, 341–3. The case is also repeated in Robert Bayfield, *Tes iatrikes kartos, or, A treatise de morborum capitis essentiis & pronosticis adorned with above three hundred choice and rare observations* (London: Printed by D. Maxwel, 1663): 40–1. Hall's original (Latin) manuscript is British Library, Egerton MS 2065, "Curationum Historicarum et Empiricarum, in certis locis et notis personis expertarum et probatarum, libellus."

² Hall, *Select observations*, 174.

³ *Ibid.*

⁴ *Ibid.*, 174–5.

⁵ *Ibid.*, 175.

⁶ *Ibid.*

⁷ *Ibid.*, 175–6.

“protestant cure of marriage ... suggests he thought her disease was too advanced.”⁸ Joan Lane has speculated, with some justification, that in light of Stoughton’s apparently deranged condition, it is reasonably likely that Hall’s already violent medications were administered by force.⁹ From these discussions, it quickly becomes clear that the clinical encounter between Hall and Staughton can be understood to express much deeper and perhaps more troubling social themes than might be readily apparent.

About Edith herself we know frustratingly little. Like most of Hall’s patients, she was from a comparatively affluent background: Lane has identified her as the eldest daughter of Anthony Stoughton, a local landowner, and has noted that two years after her treatment she was married to the Worcestershire gentleman Thomas Young.¹⁰ In addition, about a year prior to her fit of melancholy, Hall had treated Stoughton for ‘ascarides’ or roundworm in her gut – a fact which could be seen to have special significance when we consider the heavily moralised discussion of intestinal worms presented in the previous chapter.¹¹ Hall’s biography may also offer clues as to how his own professional or even personal background may have influenced his therapeutic decisions. Besides being Shakespeare’s son-in-law, he was “a known Puritan” at a time when his home town of Stratford was torn in half by religious factionalism.¹² As we saw in chapters 3 and 4, Puritan writers appear to have been particularly drawn to the rhetoric of violent, penitential purgation that became such a prominent aspect of religious and social discourse in the early seventeenth century.¹³ Is it possible, then, that Hall’s treatment of Stoughton owed something not just to his medical training, but also to his own devotional leanings? That perhaps his administration of strong purges, clysters, and bleedings, as Erin Sullivan has suggested, even offered a peculiarly Puritan form of “physical exorcism” to his patients?¹⁴

We might also take a closer look at the “helleborated apple,” which appeared with some regularity in English medical literature throughout the long seventeenth century, from John MakLuire’s *Buckler of Bodily Health* (1630) to Archibald Pitcairne’s *Philosophical and*

⁸ Potter, “Greensickness,” 278–9; Read, *Menstruation*, 71.

⁹ Lane ed., *John Hall*, 343.

¹⁰ *Ibid.*, 333–5.

¹¹ *Ibid.*

¹² Joan Lane, “Hall, John (1574/5?–1635): physician,” *Oxford Dictionary of National Biography*, accessed 3 May 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-11968>.

¹³ See also Wear, “Puritan perceptions of illness.”

¹⁴ Sullivan, *Beyond melancholy*, 108.

Mathematical Elements of Physick (1718) almost a century later.¹⁵ Even Thomas Willis, the “founder of clinical neuroscience,” recommended it.¹⁶ While it is difficult to determine precisely when and where this particular invention originated – Willis, for his part, attributed it to the sixteenth-century Portuguese physician Rodrigo da Fonseca – the instructions for its preparation tended to be relatively consistent, suggesting that its usage stemmed from a common progenitor.¹⁷ The roots of black hellebore were placed into the hollowed-out core of the apple, which was then roasted. After roasting, the hellebore was removed and thrown away (although some accounts are ambiguous on this rather crucial point), and the apple, newly infused with its violent purging quality, was eaten. Hellebore, as we know from chapter 4, enjoyed a special reputation in early modern England, well-known for being one of the most dangerous purgatives on the medical marketplace, as well as for its special use in the treatment of madness and melancholy. The quintessential *pharmakon*, it was as much poison as medicine, forcibly purging away the foulest and blackest dregs of the melancholy bowels. As for the apple, we have already seen that fruit occupied a particularly ambivalent position in both the medical and moral worldview of the godly in early seventeenth-century England. Whether through its ‘scouring’ effects, its restorative sweetness, or its propensity to breed foul worms in the belly, fruit possessed transformative powers which could range from the miraculous to the fatal. Moreover – and as we saw in the previous chapter – as the plant most commonly identified with the forbidden fruit of Eden in seventeenth-century English theology, the apple itself was imbued with potent moral significance for young women such as Elizabeth Isham, Dionys Fitzherbert, or Edith Stoughton.¹⁸

Bringing all of these contextual strands together raises the possibility of a much ‘thicker’ description of the Stoughton case. This reading suggests that by eating the hellebore apple, Edith Stoughton was unwittingly engaging in a re-enactment of the Fall in microcosm – a quasi-exorcistic ritual of respect-pollution intended to reverse her own personal descent into sin. In this line of interpretation, the apple represents the possibility or the danger of transformation, while the hellebore represents the knowledge of good and evil hidden within the forbidden fruit; the dark centre that originally

¹⁵ See for instance Makluire, *Buckler*, 15; Jean Prevost, *Medicaments for the poor; or, Physick for the common people* (London: printed by Peter Cole, 1656): 37; Morel, *Dispensatory*, 82; Archibald Pitcairne, *The philosophical and mathematical elements of physick*, vol. 2 (London: printed for Andrew Bell, 1718): 190.

¹⁶ Willis, *London practice*, 500. Molnár, “Willis.”

¹⁷ Willis, *London practice*, 500.

¹⁸ On the identification of the apple with the fruit of Eden, see Almond, *Adam and Eve*, 192–3.

condemned humanity to sin, suffering, mortality, and madness. The power of the hellebore apple lay in its capacity to transform the body by purging it of its filths, while at the same time bringing the sufferer closer to a state of pristine moral purity. This embowelled narrative of purification can be understood to operate in multiple registers – physiological, emotional, spiritual, and demonological – but in each of these registers, the basic structure of voluntary self-pollution followed by a casting out of ‘evil’ remains intact. By mapping this viscerally internalised narrative of expulsion onto the equally embodied narrative of the Fall, the experience of the sufferer was given an affective structure that enabled the healing transformation to take place.

Attempts to read such ‘deeper’ meaning into a relatively brief and almost entirely literal account of a medical encounter are inevitably speculative. However, even a more cautiously contextualised reading of this episode can reveal a great deal about the imbrication of flesh, spirit, and soul that was characteristic of so much of early modern subjectivity. The medicalised ritual of the hellebore apple reminds us that we can only ever draw an artificial line between the “acting out” of a narrative and the bodily processes that give shape and meaning to it.¹⁹ As Helen Smith has persuasively argued, the boundary between conversion and cure in the early modern period was never absolute.²⁰ If we choose to accept the reading of the Stoughton case that I have outlined above, then we must also accept that she and her physician both inhabited a world in which the experience of healing was at once a profoundly spiritual and a deeply material process, and in which the gut, as the crucial site of emotional transformation, assumed a position of overriding importance. Above all, then, the Stoughton episode powerfully illustrates the point that I have been emphasising throughout this thesis: that early modern English conceptions of emotion, physiology, and spirituality were all tangled up in a messy ontology of embowelment.

In chapters 1 and 2, we saw how debates over the material seat of the sensitive soul and the organic origins of emotional disorders frequently channelled wider socio-political anxieties about the agency and hierarchy of bodily organs. Helmontian physiology articulated a view of embowelled emotion which was clearly unpalatable to many, but which marked a degree of continuity from the humoral model, in which the bowels were imbued with (overwhelmingly negative) emotional agency of their own. Chapter 2

¹⁹ David Harley, “Rhetoric and the social construction of sickness and healing,” *Social History of Medicine* 12, no. 3 (1999): 407–435.

²⁰ Smith, “Metaphor.”

demonstrated that early modern ‘hypochondria’ can only be fully understood when its digestive and emotional elements are considered as mutually interrelated and fundamentally inseparable aspects of the condition. While the gastrointestinal origins of hypochondria faced concerted challenges from the Willisian nervous physiology, which laid the groundwork for its later redefinition as a wholly ‘imaginative’ disorder, we saw how physicians well into the eighteenth century continued to frame the disorder in digestive terms. In chapter 3, the prevalence and longevity of the practice of purgation as a treatment for emotional disorder was explained in terms of a wider cultural preoccupation with expulsion and purification, which gave rise to an embowelled concept of ‘cure’ that could be at once literal and metaphorical. In chapters 4, 5, and 6, I examined the complex and sometimes contradictory array of feelings that could cluster around three substances that were believed to have the power to materially transform emotions and identity when ingested into the body. In the case of hellebore, I suggested that the descriptive and emotive language surrounding this substance reveal a view of the melancholy sufferer as an excremental figure, whose most effective treatment consisted of violent and forcible evacuation. My case study of the writings of Thomas Tryon and George Cheyne explored the emphasis these authors placed upon the especially positive material-emotional qualities of milk, which they viewed as an exemplary model of English purity and simplicity at a time when the spiritual identity of the nation was believed by many to be under threat. The line between the material and the metaphorical is especially blurred in these writings, with the purportedly easy digestibility of milk signifying its quasi-divine nature. Finally, in chapter 6, I showed how discussions of intemperate or illicit fruit-eating could be interpreted within heavily emotive and moralised frameworks. Focussing on subjective experiences of fruit-induced indigestion as narrated in godly life-writing, I suggested that the spiritual significance attached to these episodes deeply problematises recent attempts to place ‘religious’ emotions in opposition to the body.

As we saw in the first two chapters, from the mid-eighteenth century onwards the gut was increasingly side-lined in medical discussions of emotional disorder. By the mid-nineteenth century, ‘brainhood’ had consolidated itself to such an extent that conditions which had previously been situated in the lower abdomen had been exclusively confined to the cerebrum.²¹ However, the full extent of the role played by scatology in this process has yet to be documented. Future research in this area needs to pay closer attention to

²¹ Vidal, “Brainhood.”

the “faecal imagery and rhetorics of abuse” that has been discussed at various points throughout this thesis, and to more closely interrogate the possible connections between the rise of the ‘cerebral subject’ and the growth of hostile and repressive attitudes towards the bowels.²² An Eliasian aversion towards excrement and the ‘lower parts,’ I suggest, may have played an important and under-appreciated role in the emergence of ‘brainhood.’²³ As we have seen, the language used to describe the medicalised experience of emotion in seventeenth- and early eighteenth-century England was often florid, visceral, and highly scatological. It frequently reveals a worldview in which disordered passions were seen as both metaphorically and literally excremental, justifying therapies that were often violent and seemingly punitive in nature. As I have shown, the humoral and chemical physiologies intersected with post-Reformation Christian culture in ways that were often complex, confused, and contradictory; moreover, the ‘Puritan’ preoccupation with inward piety appears to have worked its way into seventeenth-century discussions of dietetics and pharmacology, infusing discussions of digestion and excretion with a renewed sense of spiritual urgency. Within this highly emotive and heavily moralised framework, faecal matter became, for many writers, a substance which aptly embodied the abject ‘lowness’ of the post-lapsarian human condition. There may well have been an important link between this cultural development and the broadly defined ‘Civilizing Process’ which has been largely neglected, and twenty-first century incarnations of the Eliasian model could be greatly enhanced through a more detailed survey of religious discussions of emotion, excrementality, and the bowels in post-Reformation Europe.²⁴

A major aim of this study has been to undermine the cultural legacy that continues to prevent many scholars from discussing embowelled emotion as something firmly embedded in human history and culture. Digestion and excretion are no less fundamental to human experience than the loose assortment of cognitive sensations, chemical reactions, and physical impulses we collectively call emotions, and are, it seems, ultimately inseparable from them. The current trajectory of research into the microbiome and its role in emotional health has the potential not only to create new therapeutic

²² Inglis, “Dirt and denigration.”

²³ On the themes of disgust, abjection, shame, and repression in history and cultural studies, see Elias, *Civilizing Process*; Kristeva, *Powers of horror*; William Ian Miller, *The anatomy of disgust* (Cambridge, MA: Harvard University Press 1997).

²⁴ On the relationship between Christianity and the ‘civilizing process,’ see J. D. Knox, ‘Disciplina: The Monastic and Clerical Origins of European Civility’, in *Renaissance Society and Culture: essays in Honor of Eugene F. Rice, Jnr*, ed. John Monfasani & Ronald G. Musto (New York: Italica Press, 1991).

directions for emotional disorder, but also to fundamentally reshape what it means to be emotionally unwell, providing a new, embowelled language for sufferers to make sense of their condition. It also presents a largely unprecedented opportunity to explore the deeper cultural history of the gut and its role in emotion, and the many ways in which scientific and medical understandings of these phenomena have shaped – and been shaped by – social and cultural concerns. By interrogating past understandings of the connection between digestion and emotion, and its links to culturally specific beliefs about sickness and health, dirt and hygiene, power and subjugation, purity and danger, we can perhaps begin to work towards a more productive model of embowelled emotion for the twenty-first century – one that dispenses with the toxically excremental associations that informed so much of early modern medicine. As Elizabeth Wilson has suggested, “If we start with the presumption that mind and gut are keenly alive to each other rather than disengaged, perhaps our political intuitions ... can be rescripted.”²⁵

Despite their much-maligned status, the bowels are a vital part of what it means to be human, shaping our identities at the emotional, physiological, and societal levels. As one writer put it in 1700, “Tho’ our Passions are irregular, yet are they part of us; and we cannot readily resolve to tear out our Bowels, because they sometimes displease us.”²⁶ If we want to fully understand emotional experience, now or in the past, then we need to be willing to give the gut a key place in the discussion.

BIBLIOGRAPHY

Unpublished Primary Sources

²⁵ Wilson, *Gut feminism*, 37–8.

²⁶ William Ayloffe, *The government of the passions according to the rules of reason and religion viz, love, hatred, desire, eschewing, hope, despair, fear, anger, delight, sorrow, &c* (London: Printed for J. Knapton, 1700): 34. This passage appears to be a paraphrase or alternative translation of an earlier work by Jean-François Senault: “though our Passions be irregular, and that they trouble our quiet, these cease not to make up a part of our soul; though their insolency dislike us, we cannot resolve to tear out our bowels, unless we be assisted by Grace.” Jean-François Senault, *The use of passions* (London: Printed by W.G., 1671): 89.

British Library, London.

British Library, Add. MS 29243. "Medical prescriptions, notes of cases, etc., dated at Oxford, Edinburgh, Aberdeen, and London, from 1694 to 1708."

British Library, Add. MS 40883. "Spiritual Diary of Nehemiah Wallington (1641–1643)."

British Library, Egerton MS 2065. "Curationum Historicarum et Empiricarum, in certis locis et notis personis expertarum et probatarum, libellus."

British Library, Sloane MS 1589. "Sir Edmund King's day-book of medical cases, from 1676 to 1696, with an index prefixed."

British Library, Sloane MS 970, f. 37. "Method of curing hypochondriacal melancholy."

Bodleian Library, Oxford.

Bodleian Library, MS e. Mus. 169. "Dionys Fitzherbert, her Booke."

Bodleian Library, MS Smith 77, ff. 419–420. "Letter from John Hammond to Sir Peter Young, 3 September 1604."

Bodleian Library, MS Rawlinson D.78. "Elizabeth Delaval, Meditations and Prayers."

Sidney Sussex College Library, Cambridge.

Sidney Sussex College Library, MS 45. "Diary of Samuel Ward."

Wellcome Library

Wellcome Library, MS 7646. "Apothecary's Stock Book, early 17th century."

Wellcome Library, MS 7500. "Apothecary's Cash-Book, West Yorkshire, 18th century."

Wellcome Library, MS 6919. "Nicholas Gaynsford. fl. 1712–13), of Hartfield, Sussex: notes and recipes."

Wellcome Library, MS 3631. "Alexander Morgan, Medical case-book."

Wellcome Library, MS 5451. "Inventories and valuations of stock, 1754–1773."

Primary Source Websites

Constructing Elizabeth Isham. Accessed May 4, 2018.

<http://web.warwick.ac.uk/english/perdita/Isham/>

The Casebooks Project. Accessed May 4, 2018.

<http://www.magicandmedicine.hps.cam.ac.uk/>

17th and 18th Century Burney Newspapers Collection Database. Accessed May 4, 2018.

<https://www.gale.com/uk/c/17th-and-18th-century-burney-newspapers-collection>

17th - 18th century Nichols Newspapers Collection Database. Accessed May 4, 2018.

<https://www.gale.com/uk/c/17th-and-18th-century-nichols-newspapers-collection>

Published Primary Sources

[Anon.] ['A. B.']. *The sick-mans rare jewel wherein is discovered a speedy way how every man may recover lost health, and prolong life, how he may know what disease he hath, and how he himself may apply proper remedies to every disease.* London: printed by T.R. and N.T., 1674.

[Anon.] ['C. B.']. *A short method of physick shewing the cure of forty-five severall diseases which are the generall and most inclined to men and womens bodyes.* London: Printed by M. S., 1659.

[Anon.] ['Dr. Vanforce']. *Dr. Vanforce's Elixir Vitae: or, The miraculous preservative and restorative.* London: [n.p.], 1680.

[Anon.] ['E. W.']. *Spadacrene Dunelmensis, or, A short treatise of an ancient medicinal fountain or vitrioline spaw near the city of Durham together with the constituent principles, virtues and use thereof.* London: Printed by W. Godbid, 1675.

[Anon.] ['Eminent London physician']. *General observations and prescriptions in the practice [sic.] of physick. On several persons of quality, &c. By an eminent London physician.* London: printed for W. Mears, and J. Brown, 1715.

[Anon.] ['Fellow of the Royal Society']. *Remarks on Dr. Cheyne's essay. Of health and long life. Wherein some of the doctor's notorious contradictions, and false reasonings are laid open.* Dublin: Printed by J. Watts, 1725.

[Anon.] ['I. T.']. *The hauen of pleasure containing a freemans felicitie, and a true direction how to liue well.* London: Printed by P.S., 1597.

[Anon.] ['Philagathou']. *The method of chemical philosophie and physick. Being a brief introduction to the one, and a true discovery of the other.* London: printed by J.G., 1664.

[Anon.] ['Physician']. *A treatise of diseases of the head, brain, and nerves.* London: Printed, and sold by the author's appointment, 1741.

[Anon.] ['Pillo-Tisanus']. *An epistle to Ge--ge Ch--ne, M.D. F.R.S. upon his Essay of health and long life. With notes, physical and metaphysical.* London: printed for J. Roberts, 1725.

[Anon.] ['Puff-indorst, Fart in hando']. *The benefit of farting explain'd: or, the fundament-all cause of the distempers incident to the fair-sex, enquired into.* London: Printed for A. Moore, 1722.

[Anon.] ['J. H., lover of truth']. *A treatise of the great antidote of Paracelsus, Van Helmont, Croulius, and by them called the elixir proprietatis.* London: printed for the authour, 1666.

[Anon.] [John Hancocke]. *Febrifugum magnum, morbifugum magnum: or, the grand febrifuge improved.* London: [n.p.], 1726.

[Anon.] ['John Holney']. *The catholick or universal pill. For the cure of the scurvy, dropsy, jaundice, leprosy, Kings-evil, green sickness, or any other chronick distemper whatsoever.* London: [n.p.], 1678.

[Anon.] ['R. B.']. *Coral and steel, a most compendious method of preserving and restoring health.* London: Printed for the authour, 1660.

[Anon.]. *A letter to George Cheyne, M.D. F.R.S. shewing, the danger of laying down general rules to those who are not acquainted with animal oeconomy, &c.* London: printed: and sold by J. Graves, 1724.

[Anon.]. *A Reprimand to bigotry, or, Reflections on the several letters of a book called The Mistery of phanaticism wherein the dissenters are vindicated from the calumnies and whims of the author of that book.* London: Printed for A. Baldwin, 1698.

[Anon.]. *A survey of the vindicatory schedule in a dialogue betwixt Doctor Black and Doctor Brown.* Edinburgh: [n.p.], 1691.

[Anon.]. *An Account of the causes of some particular rebellious distempers.* London: [n.p.], 1670.

[Anon.]. *Eikon e piste. Or, the faithfull pourtraicture of a loyall subject, in vindication of Eikon basilike.* London: [n.p.], 1649.

[Anon.]. *The compleat justice being an exact and compendious collection out of such as have treated of the Office of Justices of the Peace, but principally out of Mr. Lambert, Mr. Crompton, and Mr. Dalton: now amplified and purged from sundry errors which were in former impressions thereof.* London: Printed by James Flesher, 1656.

[Anon.]. *The virtues and uses of the cordial spirit of saffron.* London: Printed by R. Everingham, 1680.

Anderson, Patrick. *Grana angelica: or, The rare and singular vertues and uses of those angelical pills, discovered and left to posterity, by Doctor Patrick Anderson, late physician of Edinburgh.* London: [n.p.], 1681.

Andrews, Edward. *Panoplia Medica, or A medicinal armour for the whole body.* London: [n.p.], 1690.

Anthony, Francis. *The apologie, or defence of a verity heretofore published concerning a medicine called aurum potable.* London: Printed by John Legatt, 1616.

Apperley, Thomas. *Observations in physick, both rational and practical.* London: printed for W. Innys, 1731.

Arbuthnot, John. *The miscellaneous works of the late Dr. Arbuthnot.* Glasgow: printed for James Carlile, 1751.

Archer, John. *Every man his own doctor in two parts.* London: Printed by Peter Lillicrap for the author, 1671.

Arnold, Thomas. *Observations on the nature, kinds, causes, and prevention of insanity, lunacy, or madness.* 2 volumes. Leicester: printed by G. Ireland, 1782–6.

Ayliffe, William. *The government of the passions according to the rules of reason and religion viz, love, hatred, desire, eschewing, hope, despair, fear, anger, delight, sorrow, &c.* London: Printed for J. Knapton, 1700.

Bacon, Francis. *Sylva sylvarum: or A naturall historie In ten centuries.* London: Printed by John Haviland and Augustine Mathewes, 1627.

Baker, Richard. *Meditations and disquisitions upon the one and fiftieth psalm of David.* London: Printed by Edward Griffin, 1638.

Banister, John. *A needefull, new, and necessarie treatise of chyrurgerie.* London: By Thomas Marshe, Anno. 1575.

Baptista, Mantuanus. *The bucolicks of Baptist Mantuan in ten eclogues.* London: Printed for Humphrey Moseley, 1656.

- Barlow, William. *A breife discovery of the idle animaduersions of Marke Ridley Doctor in Phisicke vpon a treatise entituled, Magneticall aduertisements*. London: Printed by Edward Griffin, 1618.
- Barrough, Philip. *The methode of phisicke conteyning the causes, signes, and cures of inward diseases in mans body from the head to the foote*. London: By Thomas Vautrollier, 1583.
- Bate, George. *Pharmacopoeia Bateana, or, Bate's dispensatory*. London: Printed for S. Smith and B. Walford, 1694.
- Bateman, Robert. *A gentle dose for the fool turn'd physician. Or a brief reply to Blagraves ravings*. London: [n.p.] 1680. 2.
- Battie, William. *Treatise on madness*. London: printed for J. Whiston, 1758.
- Bauderon, Brice. *The expert phisician learnedly treating of all agues and feavers, whether simple or compound, shewing their different nature, causes, signes, and cure*. London: by R.I. for John Hancock, 1657.
- Baxter, Richard. *The saints everlasting rest, or, A treatise of the blessed state of the saints in their enjoyment of God in glory*. London: Printed by Rob. White, 1650.
- _____. *The right method for a settled peace of conscience, and spiritual comfort in 32 directions*. London: Printed for T. Underhil, F. Tyton, and W. Raybould, 1653.
- _____. *A third defence of the cause of peace*. 2 volumes. London: Printed for Jacob Sampson, 1681.
- _____. *Reliquiae Baxterianae, or, Mr. Richard Baxters narrative of the most memorable passages of his life and times faithfully publish'd from his own original manuscript by Matthew Sylvester*. London: Printed for T. Parkhurst, 1696. 3 volumes.
- Bayfield, Robert. *Tes iatrikes kartos, or, A treatise de morborum capitis essentiis & pronosticis adorned with above three hundred choice and rare observations*. London: Printed by D. Maxwel, 1663.
- Beard, Thomas. *A retractiue from the Romish religion*. London: printed by William Stansby, 1616.
- Beaumont, Francis. *Comedies and tragedies written by Francis Beaumont and Iohn Fletcher*. London: Printed for Humphrey Robinson, 1647.
- Bentley, Thomas. *The monument of matrones conteining seuen seuerall lamps of virginitie, or distinct treatises*. London: Printed by H. Denham, 1582.
- Blackmore, Richard. *A treatise of the spleen and vapours: or, hypocondriacal and hysterical affections*. London: printed for J. Pemberton, 1725.
- Blankaart, Steven. *A physical dictionary in which all the terms relating either to anatomy, chirurgery, pharmacy, or chymistry are very accurately explain'd*. London: Printed by J.D., 1684.
- Boehme, Jacob. *A description of the three principles of the divine essence*. London: Printed by M.S., 1648.
- Boerhaave, Hermann. *A new method of chemistry*. 2 volumes. London: printed for J. Osborn and T. Longman, 1727.

Bonet, Théophile. *A guide to the practical physician*. London: printed for Thomas Flesher, 1686.

Boorde, Andrew. *The Breuiary of helthe for all maner of syckenesses and diseases*. London: By Wylllyam Myddelton, 1547.

_____. *The breviarie of health wherin doth folow, remedies, for all manner of sicknesses & diseases, the which may be in man or woman*. London: By Thomas East, 1587.

Boulton, Richard. *An examination of Mr. John Colbatch his books*. London: Printed for A. and J. Churchill, 1698.

Boyle, Robert. *Philosophical works*. 3 volumes. London: printed for W. and J. Innys, 1725.

Brathwaite, Richard. *Times curtaine dravvne, or the anatomie of vanitie VVith other choice poems, entituled; health from Helicon*. London: Printed by Iohn Dawson, 1621.

Bright, Timothie. *A treatise of melancholie*. London: By Thomas Vautrollier, 1586.

_____. *A treatise, vvherein is declared the sufficiencie of English medicines, for cure of all diseases, cured with medicines*. London: Printed by Humphrey Lowenes, 1615.

Browne, John. *Adenochoiradelogia, or, An anatomick-chirurgial treatise of glandules & strumaes or, Kings-evil-swellings*. London: printed by Thomas Newcomb, 1684.

Bruel, Gualtherus. *Praxis medicinae, or, the physicians practice*. London: Printed by John Norton, 1632.

Bullein, William. *Bulleins bulwarke of defence against all sicknesse, soarenesse, and woundes that doe dayly assaulte mankind*. London: By Thomas Marshe, 1579.

Burton, Robert. *The anatomy of melancholy vvhath it is. VVith all the kindes, causes, symptomes, prognostickes, and seuerall cures of it*. Oxford: Printed by John Lichfield and James Short, 1621.

_____. *The anatomy of melancholy*. 4th edition. Oxford: Printed for Henry Cripps, 1632.

_____. *The anatomy of melancholy, Vol. 2: Text*. edited by Thomas C. Faulkner, Nicolas K. Kiessling and Rhonda L. Blair. Oxford: Clarendon, 1990.

Calvin, John. *Institutes of the Christian Religion*. Grand Rapids, MI: William B. Eerdmans Publishing Company, 1995.

Casaubon, Meric. *A treatise concerning enthusiasme, as it is an effect of nature, but is mistaken by many for either divine inspiration, or diabolical possession by Meric Casaubon*. London: Printed by R.D., 1655.

Castle, George. *The chymical Galenist*. London: Printed by Sarah Griffin, 1667.

Cavendish, Margaret. *The philosophical and physical opinions written by Her Excellency the Lady Marchionesse of Newcastle*. London: Printed for J. Martin and J. Allestrye, 1655.

Charleton, Walter. *Physiologia Epicuro-Gassendo-Charltoniana, or, A fabrick of science natural*. London: Printed by Tho. Newcomb, 1654.

Chester, Robert. *The anuals [sic.] of great Brittain*. London: Printed for Mathew Lownes, 1611.

Cheyne, George. *A new theory of continu'd fevers*. Edinburgh: printed for John Vallange, 1701.

_____. *Fluxionum methodus inversa; sive quantitatum fluentium leges generaliores*. London: J. Matthews, 1703.

_____. *A new theory of acute and slow continu'd fevers*. 4th edition. London: printed for George Strahan, 1724.

_____. *An essay of health and long life*. London: printed for George Strahan, 1724.

_____. *The english malady: or, a treatise of nervous diseases of all kinds, as spleen, vapours, lowness of spirits, hypochondriacal, and hysterical distempers, &c*. London: printed for George Strahan, 1733.

_____. *The natural method of cureing the diseases of the body, and the disorders of the mind depending on the body*. London: printed for George Strahan, 1742.

_____. *An essay on regimen. Together with five discourses, medical, moral, and philosophical: serving to illustrate the principles and theory of philosophical medicin, And point out Some of its Moral Consequences*. London: printed for George Strahan, 1742.

_____. *The Letters of Dr. George Cheyne to the Countess of Huntingdon*, edited by Charles F. Mullet. San Marino, CA: Huntington Library, 1940.

_____. *The Correspondence of Samuel Richardson with George Cheyne and Thomas Edwards*, edited by David E. Shuttleton and John A. Dussinger. Cambridge: Cambridge University Press, 2013.

Clifford, Anne. *The diaries of Lady Anne Clifford*, edited by D. J. H. Clifford. Stroud: Alan Sutton, 1990.

Cock, Thomas. *Kitchin-physick, or, Advice to the poor by way of dialogue betwixt Philanthropos, physician, Eugenius, apothecary [sic.], Lazarus, patient*. 2 volumes. London: Printed for Dorman Newman, 1676.

Cogan, Thomas. *The haven of health Chiefly gathered for the comfort of students, and consequently of all those that have a care of their health*. London: Printed by Anne Griffin, 1636.

Coke, Edward. *An abridgement of the Lord Coke's commentary on Littleton collected by an unknown author; yet by a late edition pretended to be Sir Humphrey Davenport, Kt. And in this second impression purged from very many gross errors committed in the said former edition*. London: printed for W. Lee, D. Pakeman, and G. Bedell, 1651.

Comenius, Johann. *Naturall philosophie reformed by divine light, or, A synopsis of physicks*. London: Printed by Robert and William Leybourn, 1651.

Cooke, James. *Mellificium Chirurgiæ: Or, The Marrow Of Chirurgery*. London: Printed for Joshua Phillips, 1704.

Cotta, John. *The triall of vvitch-craft shewing the true and right methode of the discovery*. London: Printed by George Purslowe, 1616.

Couch, Robert. *Praxis catholica, or, The countryman's universal remedy*. London: Printed for Robert Hartford, 1680.

Courten, William and Hans Sloane. "Experiments and observations of the effects of several sorts of poisons upon animals, etc. made at Montpellier in the years 1678 and 1679, by the late William Courten Esq; communicated by Dr. Hans Sloane, RS Secr.

Translated from the Latin MS." *Philosophical Transactions of the Royal Society* 27 (1710): 485–500.

Crab, Roger. *The English hermite and Dagon's-downfall*, edited by Andrew Hopton. London: Aporia, 1990.

Crooke, Helkiah. *Mikrokosmographia a description of the body of man*. London: Printed by William Jaggard, 1615.

Culpeper, Nicholas. *Culpeper's school of physick*. London: Printed for N. Brook, 1659.

Culpeper, Nicholas. *Health for the rich and poor, by dyet without physick*. London: Printed by Peter Cole, 1656.

Darrel, John. *A true narration of the strange and greuous vexation by the Devil, of 7. persons in Lancashire, and VWilliam Somers of Nottingham*. [n.p.], 1600.

Darrel, John. *The most wonderfull and true storie, of a certaine witch named Alse Gooderige of Stapen hill, who was arraigned and conuicted at Darbie at the Assises there*. London: For I.O., 1597.

De Laune, Thomas and Benjamin Keach, *Tropologia, or, A key to open Scripture metaphors the first book containing sacred philology, or the tropes in Scripture, reduc'd under their proper heads, with a brief explication of each*. 3 volumes. London: Printed by John Richardson and John Darby, 1681.

De le Boë, Frans. *A new idea of the practice of physic; written by that famous Franciscus De Le Boe, Sylvius; late chief professor of physic in the University of Leiden*. London: printed for Brabazon Aylmer, 1675.

De Mediolano, Joannes. *Regimen sanitatis Salerni: or, The schoole of Salernes regiment of health*. London: Printed by B. Alsop, 1649.

Digby, Kenelm. *A choice collection of rare secrets and experiments in philosophy*. London: Printed for the author, 1682.

Dioscorides, *De Materia Medica: Being an Herbal with Many Other Medicinal Materials*, translated by Tess Anne Osbaldeston. Johannesburg: Ibidis Press, 2000.

Dod, John and Robert Cleaver, *A godlie forme of householde government for the ordering of priuate families, according to the direction of Gods word*. London: Printed by Felix Kingston, 1598.

Dod, John. *Ten sermons tending chiefly to the fitting of men for the worthy receiuing of the Lords Supper*. London: Printed by William Hall, 1610.

Dodoens, Rembert. *A nievve herball, or historie of plantes wherin is contayned the vvhole discourse and perfect description of all sortes of herbes and plantes*. London: By Gerard Dewes, 1578.

Doläus, Johann. *Systema medicinale, a compleat system of physick, theoretical and practical*. London: printed for T. Passinger, 1686.

Drage, William. *A physical nosonomy, or, A new and true description of the law of God*. London: Printed by J. Dover, 1664.

Drage, William. *Daimonomegia a small treatise of sicknesses and diseases from witchcraft, and supernatural causes*. London: Printed by J. Dover, 1665.

Edwards, Thomas. *The third part of Gangraena. Or, A new and higher discovery of the errors, heresies, blasphemies, and insolent proceedings of the sectaries of these times.* London: Printed for Ralph Smith, 1646.

Eijk, Philip J. *Diocles of Carystus: A Collection of the Fragments With Translation and Commentary.* 2 volumes. Leiden: Brill, 2000.

Elyot, Thomas. *The castel of helth gathered and made by Syr Thomas Elyot knyghte, out of the chiefe authors of physyke.* Londini: In aedibus Thomae Bertheleti, 1534.

Estwick, Nicolas. *A dialogue betwixt a conformist and a non-conformist concerning the lawfulness of private meetings in the time of the publick ordinances.* London: [n.p.], 1668.

Etmüller, Michael. *Etmullerus abridg'd: or, A compleat system of the theory and practice of physick.* London: printed for E. Harris, 1699.

Featley, Daniel. *Clavis mystica a key opening divers difficult and mysterious texts of Holy Scripture; handled in seventy sermons, preached at solemn and most celebrated assemblies, upon speciall occasions, in England and France.* London: Printed by R. Y., 1636.

Ficino, Marsilio. *Three Books on Life.* Edited by Carol V. Kaske and John R. Clark. Binghamton, NY: Medieval & Renaissance Texts & Studies in conjunction with the Renaissance Society of America 1989.

Fielding, Henry. *An apology for the life of Mrs. Shamela Andrews.* London: printed for A. Dodd, 1741.

_____. *The history of Tom Jones, a foundling.* 6 volumes. London: printed for A. Millar, 1749.

Fioravanti, Leonardo. *Three exact pieces of Leonard Phioravant Knight, and Doctor in Physick, viz. his Rationall secrets, and Chirurgery, reviewed and revived.* London: Printed by G. Dawson, 1652.

Fitzgeffrey, Henry. *Certain elegies, done by sundrie excellent wits With satyres and epigrams.* London: Printed by B. Alsop, 1618.

Flamant, M. *The art of preserving and restoring health explaining the nature and causes of the distempers that afflict mankind.* London: Printed by R. Bently, H. Bonwick, and S. Manship, 1697.

Fletcher, Anthonie. *Certaine very proper, and most profitable similies wherein sundrie, and very many, most foule vices, and dangerous sinnes, of all sorts, are so plainly laid open, and displaid in their kindes, and so pointed at with the finger of God.* London: By Iohn Jackson, 1595.

Floyer, John. *Pharmako-basanos: or, The touch-stone of medicines.* London: printed for Michael Johnson, 1687.

Gardiner, Edmund. *The triall of tabacco.* London: By H. L., 1610.

Gataker, Thomas. *A discours apologetical.* London: Printed by R. Ibbitson, 1654.

Gay, John. *Three hours after marriage, A comedy, by Gay, Pope, and Arbuthnot.* Dublin: Printed for W. Whitestone, 1761.

- Gerard, John. *The herball or Generall historie of plantes*. London: Printed by Adam Islip, 1633.
- Gibbons, Nicholas. *Questions and disputations concerning the Holy Scripture wherein are contained, briefe, faithfull and sound expositions of the most difficult and hardest places*. London: Imprinted by Felix Kyngston, 1601.
- Gilby, Anthony. *A pleasaunt dialogue, betweene a souldior of Barwicke, and an English chaplaine Wherein are largely handled & laide open, such reasons as are brought in for maintenaunce of popishe traditions in our Eng. church*. Middelburg: Printed by R. Schilders, 1581.
- Goodman, Godfrey. *The fall of man, or the corruption of nature, proued by the light of our naturall reason*. London: Imprinted by Felix Kyngston, 1616.
- Galen. *Galen on Food and Diet*, translated by Mark Grant. London: Routledge, 2000.
- Greene, Robert. *Greenes groatsworth of wit, bought with a million of repentance Describing the folly of youth, the falshood of make-shift flatterers, the misery of the negligent, and mischieves of deceiving curtezans. Published at his dying request, and newly corrected and of many errors purged*. London: Printed by R. Hodgkinson, 1637.
- Hall, John. *Select observations on English bodies of eminent persons in desperate diseases first written in Latin by Mr. John Hall*. London: Printed by J. D., 1679.
- Hall, Joseph. *Christian moderation In two books*. London: Printed by Miles Flesher, 1640.
- _____. *Episcopacie by divine right*. London: Printed by Richard Badger, 1640.
- _____. *A defence of the humble remonstrance, against the frivolous and false exceptions of Smectymnvs*. London: Printed for Nathaniel Butter, 1641.
- _____. *Susurrium cum Deo soliloqies, or, Holy self-conferences of the devout soul upon sundry choice occasions with humble addresses to the throne of grace*. London: Printed by Will. Hunt, 1651.
- _____. *The invisible world discovered to spirituall eyes and reduced to usefull meditation*. London: Printed by E. Cotes, 1659.
- Harsnett, Samuel. *A discovery of the fraudulent practises of Iohn Darrel Bachelor of Artes in his proceedings concerning the pretended possession and dispossession of William Somers at Nottingham*. London: Imprinted by John Windet, 1599.
- Hart, John [i.e. Jasper Heartwell]. *Trodden dovn strength, by the God of strength, or, Mrs Drake revived*. London: Printed by R. Bishop, 1647.
- _____. *The firebrand taken out of the fire, or, The wonderfull history, case, and cure of Mis Drake, sometimes the wife of Francis Drake of Esher in the county of Surrey, Esq.* London: Printed for Tho. Mathewes, 1654.
- Harvey, Gideon. *The art of curing diseases by expectation with remarks on a supposed great case of apoplectick fits*. London: Printed for James Partridge, 1689.
- _____. *The vanities of philosophy & physick together with directions and medicines easily prepared by any of the least skill, whereby to preserve health, and prolong life, as well in those that live regularly, as others that live irregularly*. London: Printed for A. Roper, and R. Basset, and W. Turner, 1699.

Headrich, John. *Arcana philosophia, or, Chymical secrets containing the noted and useful chymical medicines of Dr. Wil. and Rich. Russel chymists*. London: Printed and sold by Henry Hills, 1697.

Henderson, Felicity. "Unpublished material from the memorandum book of Robert Hooke, Guildhall Library MS 1758." *Notes and Records* 61, no. 2. (2007): 129–175.

Henry, Philip. *Diaries and letters of Philip Henry, M.A. of Broad Oak, Flintshire, A.D. 1631-1696*. London: Kegan Paul, Trench & Co, 1882.

Herwig, H. M. *The art of curing sympathetically, or magnetically, proved to be most true by its theory and practice exemplified by several cures performed that way*. London: Printed for Tho. Newborough, R. Parker, and P. Buck, 1700.

Hey, Mrs. *A generous discovery of many curious and useful medicines and preparations, both in physic, chymistry, cookery, and stiffenry*. London: printed for the author, 1725.

Highmore, Nathaniel. *Exercitationes duae, quarum prior De passione hysterica: altera de affectione hypochondriaca*. Oxon: A. Lichfield, 1660.

Hinde, Thomas. *Under God; humbly desiring his blessing to this famous and wonderful never-failing cordial drink of the world, the great preserver of mankind*. London: Printed for the author, 1678.

Hippocrates, *The whole aphorismes of great Hippocrates, prince of physicians translated into English for the benefit of such as are ignorant of the Greek & Latine tongs*. London: Printed by H. L., 1610.

_____. *The aphorismes of Hippocrates, prince of physitiens with a short comment on them taken out of those larger notes of Galen, Heurnius, Fuchsius, &c*. London: Printed for Humphrey Moseley, 1655.

_____. *The eight sections of Hippocrates Aphorismes review'd and rendred into English, according to the translation of Anutius Foesusius*. London: printed by W. Godbid, 1665.

_____. *The aphorisms of Hippocrates*. London: printed for R. Wilkin, 1735.

_____. *Doctrines and practice of Hippocrates in surgery and physic*. London: printed for T. Cadell, 1783.

Hooke, Robert. *The diary of Robert Hooke, 1672-1680*, edited by Walter Adams and Henry Robinson. London: Wykeham Publications, 1968.

Hubert, Francis. *The deplorable life and death of Edward the Second, King of England*. London: Printed for Roger Michell, 1628.

Hughes, George. *A dry rod blooming and fruit-bearing. Or, A treatise of the pain, gain, and use of chastenings*. London: Printed by T. Paine, 1644.

Jeaffreson, John Cordy ed. *Middlesex County Records: Vol. 1, 1550–1603*. London: Printed by Woodfall and Kinder, 1886.

Johnson, Robert. *Praxis medicinae reformata: = or, The practice of physick reformed*. London: Printed for Brabazon Aylmer, 1700.

Jonstonus, Joannes. *The idea of practical physick in twelve books*. London: Printed by Peter Cole, 1657.

Jorden, Edward. *A briefe discourse of a disease called the suffocation of the mother Written vppon occasion which hath beene of late taken thereby, to suspect possession of an euill spirit, or some such like supernaturall power*. London: Printed by John Windet, 1603.

Kendall, George. *An appendix to The unlearned alchymist wherein is contained the true receipt of that excellent diaphoretick and diuretick pill, purging by sweat and urine, commonly known by the name of Matthew's pill*. London: Printed for Joseph Leigh, 1664.

Kilby, Richard. *The burthen of a loaden conscience: or the miserie of sinne set forth by the confession of a miserable sinner*. Cambridge: Printed by Cantrell Legge, 1608.

_____. *Hallelu-iah: praise yee the Lord, for the vnburthening of a loaden conscience By his grace is Iesus Christ vouchsafed vnto the worst sinner of all the whole world*. Cambridge: Printed by Cantrell Legge, 1618.

Le Clerc, Daniel. *The history of physick*. London: Printed for D. Brown, 1699.

Lemnius, Levinus. *The touchstone of complexions generallye applicable, expedient and profitable for all such, as be desirous & carefull of their bodylye health*. London: Imprinted by Thomas Marsh, 1576.

_____. *The secret miracles of nature in four books*. London: Printed by Jo. Streater, 1658.

Lister, Martin. "A remarkable relation of a man bitten with a mad dog, and dying of the disease called hydrophobia, sent in a letter to the Royal Society by the learned Martin Lister Esquire, dated from York March 26. 1683." *Philosophical Transactions of the Royal Society* 13 (1683): 162–170.

_____. "An Account of the Nature and Differences of the Juices, More Particularly, of Our English Vegetables. By Dr. Martin Lister, Fell. of Coll. of Phys. and R. S." *Philosophical Transactions of the Royal Society* 19 (1695): 365–383.

Lomax, Nathaniel. *Delaun reviv'd, vix. A plain and short discourse of that famous doctor's pills, their use and virtues*. London: [n.p.], 1680.

Love, Christopher. *The penitent pardoned a treatise wherein is handled the duty of confession of sin and the priviledge of the pardon of sin*. London: Printed for John Rothwell, 1657.

Love, Jeremiah. *Clavis medicinae: or, The practice of physick reformed*. London: printed for Henry Brome, 1674.

Makluire, John. *The Buckler of bodilie health whereby health may bee defended, and sicknesse repelled*. Edinburgh: Printed by John Wreittoun, 1630.

Mandeville, Bernard. *A treatise of the hypochondriack and hysterick passions, vulgarly call'd the hypo in men and vapours in women*. London: printed and sold by Dryden Leach, 1711.

_____. *The fable of the bees: or, private vices publick benefits*. London: printed for J. Roberts, 1714.

Mather, Cotton. *Manuctio ad ministerium. Directions for a candidate of the ministry*. Boston: Printed for Thomas Hancock, 1726.

Mathews, Richard. *The unlearned alchymist his antidote, or, A more full and ample explanation of the use, virtue and benefit of my pill*. London: printed for Joseph Leigh, 1660.

Maynwaringe, Everard. *Useful discoveries and practical observations, in some late remarkable cures of the scurvy*. London: printed by A.M. for T. Basset under St. Dunstons Church in Fleet-Street, 1668.

_____. *The pharmacopoeian physician's repository*. London: [n.p.], 1669.

_____. *The efficacy and extent of true purgation*. London: Printed for D. Browne, 1696.

Mead, Richard. *The life and adventures of Don Bilioso de L'Estomac*. London: printed by J. Bettenham, 1719.

Merry, Nathaniel. *Cure for the dogmatical incurables, performed in matter of fact by N. Merry philo-chym*. London: Printed by T. James, 1682.

Moffett, Thomas. *Healths improvement: or, Rules comprizing and discovering the nature, method, and manner of preparing all sorts of food used in this nation*. London: Printed by Thomas Newcomb, 1655.

More, Henry. *Enthusiasmus triumphatus, or, A discourse of the nature, causes, kinds, and cure, of enthusiasme*. London: Printed by J. Flesher, and are to be sold by W. Morden bookseller in Cambridge, 1656. 16–17

_____. *The immortality of the soul*. London: Printed by J. Flesher, for William Morden, 1659.

_____. *The Conway Letters: The Correspondence of Anne, Viscountess Conway, Henry More, and their Friends 1642–1684*, edited by Marjorie Hope Nicolson and Sarah Hutton. Oxford: Clarendon, 1992.

Morel, Pierre. *The expert doctors dispensatory. The whole art of physick restored to practice*. London: Printed for N. Brook, 1657.

Origen. *On First Principles*. Translated by G. W. Butterworth. Eugene, OR: Wipf and Stock, 2012.

Packe, Christopher. *Mineralogia, or, An account of the preparation, manifold vertues and uses of a mineral salt, both in physick and chyrurgery which is so safe, pleasant and effectual in its operation, that it may be taken by those of all ages and constitutions with great benefit*. London: Printed and are to be sold by D. Newman, 1693.

Paracelsus, *Paracelsus his Dispensatory and chirurgery*. London: Printed by T.M., 1656.

Paré, Ambroise. *The workes of that famous chirurgion Ambrose Parey translated out of Latine and compared with the French. by Th: Johnson*. London: Printed by Th: Cotes and R. Young, 1634.

Parkinson, John. *Theatrum botanicum: the theater of plants*. London: printed by Tho. Cotes, 1640.

Pechey, John. *The compleat herbal of physical plants containing all such English and foreign herbs, shrubs and trees as are used in physick and surgery*. London: Printed for Henry Bonwicke, 1694.

_____. *The store-house of physical practice being a general treatise of the causes and signs of all diseases afflicting human bodies*. London: Printed for Henry Bonwicke, 1695.

Pemell, Robert. *De morbis capitis or, of the chief internall diseases of the head*. London: Printed for Philemon Stephens, 1650.

_____. *Tractatus de simplicium medicamentorum facultatibus*. London: Printed by M. Simmons, 1652.

Perkins, William. *The first part of The cases of conscience Wherein specially, three maine questions concerning man, simply considered in himselfe, are propounded and resolved, according to the word of God*. Cambridge: Printed by Iohn Legat, 1604.

Peter, Charles. *The cordial tincture, prepared by Charles Peter chyrurgeon, at his bathing-house in St. Martins-lane near Long Acre*. London: printed for the author, 1686.

Petrie, Alexander. *A compendious history of the Catholick church from the year 600 untill the year 1600 shewing her deformation and reformation*. 2 volumes. Hague: Printed by Adrian Vlack, 1657.

Philosophical Society of Edinburgh. *Medical essays and observations, revised and published by a society in Edinburgh*. Edinburgh: printed by T. and W. Ruddimans, 1733–44.

Pitcairne, Archibald. *The philosophical and mathematical elements of physick*. 2 volumes. London: printed for Andrew Bell, 1718.

Platter, Felix. *Platerus golden practice of physick*. London: printed by Peter Cole, printer and book-seller, at the sign of the Printing-press in Cornhill, near the Royal Exchange, 1664.

Pliny the Elder, *The historie of the world: commonly called, The naturall historie of C. Plinius Secundus*. 2 volumes. London: Printed by Adam Islip, 1634.

Pordage, Samuel. *Mundorum explicatio, or, The explanation of an hieroglyphical figure wherein are couched the mysteries of the external, internal, and eternal worlds, shewing the true progress of a soul from the court of Babylon to the city of Jerusalem, from the Adamical fallen state to the regenerate and angelical*. London: Printed by T. R., 1661.

Prevost, Jean. *Medicaments for the poor; or, Physick for the common people*. London: printed by Peter Cole in Leaden-Hall, 1656.

Quincy, John. *An examination of Dr. Woodward's State of physick and diseases*. London: printed for Andrew Bell, 1719.

Quincy, John. *Pharmacopœia officinalis & extemporanea: or, a compleat English dispensatory, in four parts*. London: printed for A. Bell, 1718.

Rhodokanakes, Konstantinos. *Alexicacvs spirit of salt of the vworld, which vulgarly prepair'd is call'd the spirit of salt*. London: Printed by I. R., 1667.

Rivière, Lazare. *The practice of physick in seventeen several books*. London: Printed by Peter Cole, 1655.

Robinson, Nicholas. *A new theory of physick and diseases, founded on the principles of the Newtonian philosophy*. London: printed for C. Rivington, 1725.

_____. *A new system of the spleen, vapours, and Hypochondriack Melancholy* London: Printed for A. Bettesworth, W. Innys, and C. Rivington, 1729.

Rogers, Nehemiah. *The true conuert. Or An exposition vpon the vvhole parable of the prodigall. Luke. 15. 11.12. &c.* London: Printed by Edward Griffin, 1620.

Ross, Alexander. *Arcana microcosmi, or, The hid secrets of man's body discovered.* London: Printed by Tho. Newcomb, 1652.

Royal College of Physicians of London. *Pharmacopoeia Londinensis, or, The London dispensatory further adorned by the studies and collections of the Fellows, now living of the said colledg.* London: Printed for Peter Cole, 1653.

_____. *Pharmacopoeia Londinensis, or, The London dispensatory further adorned by the studies and collections of the fellows, now living of the said colledg.* London: Printed by Peter Cole and Edward Cole, 1661.

_____. *A draught for the reformation of the London Pharmacopoeia, prepared for the perusal of the members of the College of Physicians.* London: [n.p.], 1742. Royal College of Physicians of London. *The dispensatory of the Royal College of Physicians in London.* London: printed by J. Bettenham, 1727.

_____. *The plan of a new London pharmacopoeia, proposed to the College of Physicians, by their committee appointed for that purpose.* London: [n.p.], 1745.

Saint Augustine of Hippo. *Certaine select prayers gathered out of S. Augustine's meditations which he calleth his selfe talke with God.* London: Printed by Iohn Daye, 1574.

_____. *Saint Augustines confessions translated: and with some marginall notes illustrated.* London: Printed by Iohn Norton, 1631.

Salmon, William. *Synopsis medicinæ, or A compendium of astrological, Galenical, & chymical physick.* London: printed by W. Godbid, 1671.

_____. *By publick authority. Doctor Salmon's pills, drops & balsam these so famously known throughout all England, fitted for the cure of most diseases in men, women & children.* London: [n.p.], 1680.

_____. *Iatrica, seu, Praxis medendi, The practice of curing being a medicinal history of above three thousand famous observations in the cure of diseases, performed by the author hereof.* London: Printed for Thomas Dawks and Langley Curtiss, 1681.

_____. *Doron medicum, or, A supplement to the new London dispensatory in III books.* London: Printed for T. Dawks, 1683.

_____. *Synopsis medicinae: or, A compendium of the theory and practice of physick.* 4th edition. London: Printed by J.D., 1699.

Senault, Jean-François. *The use of passions written in French by J.F. Senault ; and put into English by Henry, Earl of Monmouth.* London: Printed by W.G., 1671.

Sennert, Daniel. *Nine books of physick and chirurgery.* London: printed by J.M. for Lodowick Lloyd, at the Castle in Corn-hill, 1658.

_____. *The sixth book of Practical physick.* London: printed by Peter Cole, 1662.

_____. *Chymistry made easie and useful. Or, The agreement and disagreement of the chymists and galenists.* London: Printed by Peter Cole, 1662.

- Shepard, Thomas. *The sincere convert discovering the paucity of true beleivers and the great difficulty of saving conversion by Tho. Shepheard*. London: Printed by T.P. and M.S. for Humphrey Blunden, 1641.
- Sibbes, Richard. *The riches of mercie In two treatises*. London: Printed by John Dawson, 1638.
- Southerne, Thomas. *The maids last prayer, or, Any, rather than fail a comedy, as it is acted at the Theatre Royal by Their Majesties servants*. London: Printed for R. Bentley, 1693.
- Spenser, Edmund. *The faerie queene*. London: Printed by Richard Field, 1596.
- Starkey, George. *Natures explication and Helmont's vindication*. London: printed by E. Cotes, 1657.
- Strother, Edward. *An essay on sickness and health; wherein are contain'd all necessary cautions and directions, for the regulation of diseas'd and healthy persons: In Which Dr. Cheyne's Mistaken Opinions in his late Essay, are occasionally taken Notice of*. London: printed for Charles Rivington, 1725.
- Stubbe, Henry. *A reply unto the letter written to Mr. Henry Stubbe in defense of The history of the Royal Society*. Oxford: Printed for Richard Davis, 1671.
- Stubbes, Phillip. *The second part of the anatomie of abuses*. London: Printed by R. Ward, 1583.
- Swift, Jonathan. *The works of Dr. Jonathan Swift*. 8 volumes. Edinburgh: printed by Alexander Donaldson, 1768.
- Sydenham, Cuthbert. *The false brother, or, A new map of Scotland, drawn by an English pencil*. London: printed by R.W., 1651.
- Tachenius, Otto. *Otto Tachenius his clavis to the antient Hippocratical physick*. London: printed and are to be sold by W. Marshall, 1690.
- Tanner, John. *The hidden treasures of the art of physick*. London: Printed for George Sawbridge, at the sign of the Bible on Lud-gate-Hill, 1659.
- Tauvry, Daniel. *A treatise of medicines containing an account of their chymical principles*. London: Printed for Richard Wellington, Arthur Bettesworth, and Bernard Lintott, 1700.
- Thomson, George. *A letter sent to Mr. Henry Stubbe on which animadversions are made by Geo. Thomson, Dr. of physick*. London: Printed for Nath. Crouch, 1672.
- Thomson, George. *Ortho-methodoz itro-chymike: or the direct method of curing chymically*. London: printed for B. Billingsley, 1675.
- Thornton, Alice. *My first booke of my life*, edited by Raymond Anselment. Lincoln: University of Nebraska Press, 2014.
- Toldervy, John. *The foot out of the snare*. London: Printed by J. C. for Tho. Brewster, 1656.
- Topsell, Edward. *The history of four-footed beasts and serpents*. London: printed by E. Cotes, 1658.
- Trapp, John. *A commentary or exposition upon the books of Ezra, Nehemiah, Esther, Job and Psalms wherein the text is explained, some controversies are discussed*. London: Printed by T.R. and E.M., 1657.

- Trye, Mary. *Medicatrix: or, The woman-physician*. London: Printed by T. R. & N. T., 1675.
- Tryon, Thomas. *A treatise of cleanness in meats and drinks of the preparation of food, the excellency of good airs and the benefits of clean sweet beds also of the generation of bugs and their cure*. London: Printed for the Author, 1682.
- _____. *Healths grand preservative*. London: printed for the author, 1682.
- _____. *A treatise of dreams & visions wherein the causes, natures, and uses, of nocturnal representations, and the communications both of good and evil angels, as also departed souls, to mankind*. London: n.p, 1689.
- _____. *A way to health, long life and happiness*. London: Printed by H.C., 1691.
- _____. *Some memoirs of the life of Mr. Tho. Tryon, late of London, merchant*. London: Printed by T. Sowle, 1705.
- _____. *The good house-wife made a doctor*. London: Printed for H.N. and T.S., 1692.
- _____. *Tryon's letters upon several occasions*. London: Printed for Geo. Conyers and Eliz. Harris, 1700.
- _____. *The knowledge of a man's self the surest guide to the true worship of God, and good government of the min`d and body*. London: printed for Tho. Bennet, 1703.
- Van Helmont, Jean Baptiste. *Van Helmont's works containing his most excellent philosophy, physick, chirurgery, anatomy*. London: Printed for Lodowick Lloyd, 1664.
- Vaughan, William. *Approved directions for health, both naturall and artificiall*. London: Printed by T. S., 1612.
- _____. *The Newlanders cure*. London: By Nicholas Okes for F. Constable, and are to be sold at his shop in Pauls Church at the signe of the Craine, 1630.
- Venner, Tobias. *Via recta ad vitam longam, or A plaine philosophical discourse of the nature, faculties, and effects, of all such things, as by way of nourishments, and dieteticall obseruations, make for the preseruation of health*. London: Printed by Edward Griffin, 1620.
- Waldschmidt, Johann Jakob. *Advice to a physician containing particular directions relating to the cure of most diseases, with reflections on the nature and use of most celebrated remedies*. London: Printed for H. Newman, 1695.
- Walker, Anthony. *The vertuous wife: or, the holy life of Mrs. Elizabth Walker, late wife of A. Walker, D.D. sometime Rector of Fyfield in Essex Giving a modest and short account of her exemplantary piety and charity*. London: printed for N. R., 1694.
- Walker, Clement. *Anarchia Anglicana: or, the history of independency. The second part Being a continuation of relations and observations historicall and politique upon this present Parliament, begun anno 16*. [n.p.], 1649.
- Walkington, Thomas. *The optick glasse of humors*. London: Imprinted by John Windet for Martin Clerke, 1607.
- Wedel, Georg Wolfgang. *An introduction to the whole practice of physick*. London: printed for William Thackery, 1685.
- Wharton, Henry. *The enthusiasm of the church of Rome demonstrated in some observations upon the life of Ignatius Loyola*. London: Printed for Ric. Chiswell, 1688.

White, John. *The first centvry of scandalous, malignant priests, made and admitted into benefices by the prelates, in whose hands the ordination of ministers and government of the church hath been*. London: Printed by George Miller, 1643.

Willis, Thomas. *Pharmaceutice rationalis*. London: Printed for T. Dring, C. Harper, and J. Leigh, 1679.

_____. *An essay of the pathology of the brain and nervous stock in which convulsive diseases are treated of*. London: Printed by J. B., 1681.

_____. *Five treatises viz. 1. Of urines, 2. Of the accension of the blood, 3. Of musculary motion, 4. The anatomy of the brain, 5. The description and use of the nerves*. London: Printed for T. Dring, C. Harper, J. Leigh, and S. Martin, 1681.

_____. *The remaining medical works of that famous and renowned physician Dr. Thomas Willis*. London: Printed for T. Dring, C. Harper, J. Leigh, and S. Martyn, 1681.

_____. *Two discourses concerning the soul of brutes*. London: printed for Thomas Dring, 1683.

_____. *The London practice of physick, or, The whole practical part of Physick contained in the works of Dr. Willis faithfully made English, and printed together for the publick good*. London: Printed for Thomas Basset and William Croke, 1685.

Wilson, George. *A compleat course of chymistry containing near three hundred operations*. London: Printed by Walter Kettelby, 1699.

Woodward, John. *The state of physick: and of diseases; With an inquiry into the causes of the late increase of them*. London: Printed for T. Horne, 1718.

_____. *Select cases, and Consultations, in Physick*. London: printed for L. Davis and C. Reymers, 1757.

Worthington, Thomas. *An anker of Christian doctrine VVherein, the most principal pointes of Catholique religion, are proued*. Printed at Doway: By Laurence Kellam, 1622.

Wright, Thomas. *The passions of the minde in generall*. London: Printed by Valentine Simmes, 1604.

Wroth, Mary. *The Countesse of Mountgomeries Urania*. London: Printed for John Marriott and Iohn Grismand, 1621.

Wynter, John. *Cyclus metasyncriticus: or, an essay on chronical diseases, the methods of cure; and herein, more fully, of the medicinal waters of Bath and Bristol, their several virtues and differences*. London: printed for W. and J. Innys, 1725.

Yonge, James. *Medicaster medicatus, or, A remedy for the itch of scribling*. London: Printed for Gabriel Kunholt, 1685.

_____. *Sidrophel vapulans, or, The quack-astrologer toss'd in a blanket*. London: printed and sold by John Nutt, 1699.

Secondary Sources

"Hellebore." Royal Horticultural Society. Accessed 6 May 2018.
<https://www.rhs.org.uk/advice/profile?PID=113>.

[Anon.] "On Hypochondriasis." *Journal of Psychological Medicine and Mental Pathology* 3, no. 9. (1850): 1–14.

Adam, Hajo, Otilia Obodaru, and Adam D. Galinsky. "Who you are is where you are: Antecedents and consequences of locating the self in the brain or the heart." *Organizational Behavior and Human Decision Processes* 128 (2015): 74–83.

Adcock, Rachel, Sara Read and Anna Ziomek ed. *Flesh and Spirit: An Anthology of Seventeenth-Century Women's Writing*. Oxford: Oxford University Press, 2014.

Albala, Ken. "Milk: Nutritious and Dangerous." In *Milk: Beyond the Dairy: Proceedings of the Oxford Symposium on Food and Cookery 1999*, edited by Harlan Walker. Totnes: Prospect Books, 2000. 19–30.

_____. *Eating right in the Renaissance*. London & Berkeley: University of California Press, 2002.

_____. *Food in Early Modern Europe*. Westport, CT: Greenwood Press, 2003.

_____. "Food for healing: Convalescent cookery in the early modern era." *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 43, no. 2 (2012): 323–328.

Allen, Andrew P., Timothy G. Dinan, Gerard Clarke, and John F. Cryan. "A psychology of the human brain–gut–microbiome axis." *Social and personality psychology compass* 11, no. 4. (2017).

Almond, Philip C. *Adam and Eve in Seventeenth-Century Thought*. Cambridge: Cambridge University Press, 2008. 2.

American Psychiatric Association, *Diagnostic and statistical manual of mental disorders: DSM-II*. Washington, D.C.: American Psychiatric Association, 1968.

Andrews, Jonathan and James Kennaway. "'The Grand Organ of Sympathy': 'Fashionable' Stomach Complaints and the Mind in Britain, 1700–1850." *Social History of Medicine*. 2017) accessed 4 May 2018, <https://doi.org/10.1093/shm/hkx055>.

Appelbaum, Robert. "Eve's and Adam's 'Apple:' Horticulture, Taste, and the Flesh of the Forbidden Fruit in 'Paradise Lost.'" *Milton Quarterly* 36, no. 4 (2002): 221–239.

Appleby, Andrew B. *Famine in Tudor and Stuart England*. Stanford, CA: Stanford University Press, 1978.

Arnault, Sharon L. "The Failure of Godly Womanhood: Religious and Gender Identity in the Life of Lady Elizabeth Delaval." In *Women during the English Reformations*, edited by Julie Chappell and Kaley A. Kramer. New York: Palgrave Macmillan, 2014. 115–128.

Atkinson, Colin and Jo B. Atkinson. "Thomas Bentley's The Monument of Matrones. 1582. The First Anglican Prayer Book for Women." *Anglican Theological Review* 74 (1992): 277–88.

Babb, Lawrence. *The Elizabethan Malady*. East Lansing MI: Michigan State University Press, 1951.

Bailey, Margaret Lewis. *Milton and Jakob Boehme: a study of German mysticism in seventeenth-century England*. New York: Haskell House, 1964.

Bakhtin, Mikhail. *Rabelais and His World*. Bloomington: Indiana University Press, 1984.

- Baron, J. H. "The discovery of gastric acid." *Gastroenterology* 76, no. 5. (1979): 1056–1064.
- Barry, Jonathan. "The 'Compleat Physician' and Experimentation in Medicines: Everard Maynwaring. c. 1629–1713) and the Restoration Debate on Medical Practice in London." *Medical history* 62, no. 2. (2018): 155–176.
- Bartsch, Shadi. *Persius: A Study in Food, Philosophy, and the Figural*. Chicago: University of Chicago Press, 2015.
- Battestin, Martin C. *Henry Fielding: A Life*. London: Routledge, 1989.
- Beatty, Heather R. *Nervous Disease in Late Eighteenth-Century Britain: The Reality of a Fashionable Disorder*. London: Routledge, 2015.
- Beier, Lucinda McCray. *Sufferers & healers: the experience of illness in seventeenth-century England*. London & New York: Routledge & Kegan Paul, 1987.
- _____. "Experience and experiment: Robert Hooke, illness and medicine." In *Robert Hooke: new studies*, edited by Michael Hunter and Simon Schaffer. Woodbridge: Boydell Press, 1989. 235–52.
- Berg, Maxine. *Luxury and pleasure in eighteenth-century Britain*. Oxford: Oxford University Press, 2007.
- _____ and Elizabeth Eger. "The Rise and Fall of the Luxury Debates." In *Luxury in the Eighteenth Century*, edited by Maxine Berg and Elizabeth Eger. London: Palgrave Macmillan, 2003.
- Berrios, German. "Hypochondriasis: History of the Concept." In *Hypochondriasis: Modern Perspectives on an Ancient Malady*, edited by Don R. Lipsitt and Vladan Starcevic. New York: Oxford University Press, 2001. 3–20.
- Bober, Phyllis Pray. "The Hierarchy of Milk in the Renaissance, and Marsilio Ficino on the Rewards of Old Age." In *In Milk: Beyond the Dairy: Proceedings of the Oxford Symposium on Food and Cookery 1999*, edited by Harlan Walker. Totnes: Prospect Books, 2000. 93–7.
- Boehrer, Bruce Thomas. *The Fury of Men's Gullets: Ben Jonson and the Digestive Canal*. Philadelphia: University of Pennsylvania Press, 1997.
- _____. "The Ordure of Things: Ben Jonson, Sir John Harington, and the Culture of Excrement in Early Modern England." In *New Perspectives on Ben Jonson*, edited by James Hirsh. London: Associated University Press, 1997. 174–196.
- Booy, David. *The notebooks of Nehemiah Wallington, 1618–1654: a selection*. Aldershot: Ashgate, 2007.
- Bos, Jacques. "The rise and decline of character: humoral psychology in ancient and early modern medical theory." *History of the Human Sciences* 22, no. 3. 2009. 29–50.
- Bossy, John. "The social history of confession in the age of the Reformation." *Transactions of the Royal Historical Society* 25 (1975): 21–38.
- Boulton, Jeremy and Leonard Schwarz. "The medicalisation of a parish workhouse in Georgian Westminster: St Martin in the Fields, 1725–1824." *Family & Community History* 17, no. 2 (2014): 122–140.

Bound Alberti, Fay. Introduction to *Medicine, emotion and disease, 1700–1950*, edited by Fay Bound Alberti. New York: Palgrave Macmillan, 2006. xiii–xxvii.

_____. *Matters of the Heart: History, medicine, and emotion*. Oxford: Oxford University Press, 2010.

Bourdieu, Pierre. *Outline of a Theory of Practice*. Cambridge: Cambridge University Press, 1977.

Bowers, Rick. "Roger Crab: Opposition Hunger Artist in 1650s England." *The Seventeenth Century* 18, no. 1 (2003): 93–112.

Breitenberg, Mark. *Anxious masculinity in early modern England*. Cambridge: Cambridge University Press, 1996.

Brogan, Boyd. "The Masque and the Matrix: Alice Egerton, Richard Napier, and Suffocation of the Mother." *Milton Studies* 55, no. 1 (2014): 3–52.

_____. "His belly, her seed: medicine and gender in early modern exorcism." Forthcoming in *Representations*.

Broomhall, Susan ed. *Early Modern Emotions: an introduction*. London & New York: Routledge, 2017.

Brown, Theodore M. "Medicine in the Shadow of the Principia." *Journal of the History of Ideas* 48, no. 4 (1987): 629–48.

Bryson, Anna. *From courtesy to civility: changing codes of conduct in early modern England*. Oxford: Clarendon Press, 1998.

Buxton, Richard. "The significance (or insignificance) of blackness in mythological names." In *Light and darkness in ancient Greek myth and religion*. Lexington, MA: Lexington Books, 2010. 3–13.

Bynum, Caroline Walker. *Holy feast and holy fast: The religious significance of food to medieval women*. Berkeley: University of California Press, 1987.

_____. "Why all the fuss about the body? A medievalist's perspective." *Critical inquiry* 22, no. 1. 1995. 1–33.

Bynum, William F. "The anatomical method, natural theology, and the functions of the brain." *Isis* 64, no. 4 (1973) 445–468.

Caciola, Nancy. *Discerning spirits: divine and demonic possession in the Middle Ages*. Ithaca, NY & London: Cornell University Press, 2006.

Caldwell, Patricia. *The Puritan conversion narrative: The beginnings of American expression*. Cambridge: Cambridge University Press, 1983.

Campkin, Ben. "Placing "Matter Out of Place": Purity and Danger as Evidence for Architecture and Urbanism." *Architectural Theory Review* 18, no. 1 (2013): 46–61.

Camporesi, Piero. *The incorruptible flesh: bodily mutation and mortification in religion and folklore*. Cambridge & New York: Cambridge University Press, 1988.

_____. *Bread of dreams*. Chicago: University of Chicago Press, 1989.

_____. *The anatomy of the senses: natural symbols in medieval and early modern Italy*. Cambridge: Polity Press, 1994.

- _____. *The Juice of Life*. New York: Continuum, 1995.
- Campos-Navarro, Roberto and Gustavo F. Scarpa. "The cultural-bound disease "empacho" in Argentina. A comprehensive botanico-historical and ethnopharmacological review." *Journal of ethnopharmacology* 148, no. 2 (2013): 349–360.
- Carter, Richard B. *Descartes' medical philosophy: the organic solution to the mind-body problem*. Baltimore: Johns Hopkins University Press, 1983.
- Cavallo, Sandra and Tessa Storey, *Healthy Living in Late Renaissance Italy*. Oxford: Oxford University Press, 2013. 212.
- Chalmers, Hero. "Dismantling the myth of "mad madge:" the cultural context of Margaret Cavendish's authorial self-presentation." *Women's Writing* 4, no. 3 (1997): 323–340.
- Chapple, Anne S. "Robert Burton's Geography of Melancholy." *Studies in English Literature, 1500–1900* 33, no. 1 (1993): 115.
- Charalampous, Charis. *Rethinking the mind-body relationship in early modern literature, philosophy and medicine: the renaissance of the body*. London: Routledge, 2016.
- Charlton, Anne. "An example of health education in the early 17th century: Naturall and artificial Directions for Health by William Vaughan." *Health education research* 20, no. 6 (2005): 656–64.
- Churchill, Wendy. *Female Patients in Early Modern Britain: Gender, Diagnosis, and Treatment*. Farnham: Ashgate, 2012.
- Clark, Stuart. "Demons and Disease: The Disenchantment of the Sick. 1500–1700." in *Illness and Healing Alternatives in Western Europe*, edited by Marijke Gijswijt-Hofstra, Hilary Marland, and Hans de Waardt. London & New York: Routledge, 1997. 38–58.
- _____. *Thinking with Demons: The Idea of Witchcraft in Early Modern Europe*. Oxford: Oxford University Press, 1999.
- Clarke, Elizabeth and Erica Longfellow. "[E]xamine my life': Writing the Self in the Early Seventeenth Century." *Constructing Elizabeth Isham*, published 2009. Accessed Feb 28, 2018, <https://warwick.ac.uk/fac/arts/ren/projects/isham/texts/>.
- Clericuzio, Antonio. "From van Helmont to Boyle: A study of the transmission of Helmontian chemical and medical theories in seventeenth-century England." *The British Journal for the history of science* 26, no. 3. 1993. 303–334
- _____. "The internal laboratory: the chemical reinterpretation of medical spirits in England. 1650–1680" in *Alchemy and Chemistry in the 16th and 17th Centuries*, edited by Piyo Rattansi and Antonio Clericuzio. Dordrecht: Kluwer Academic Publishers, 1994. 51–84.
- _____. "Chemical and mechanical theories of digestion in early modern medicine." *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 43, no. 2 (2012): 329–337.
- Clery, E. J. *The feminization debate in eighteenth-century England: literature, commerce and luxury*. Basingstoke: Palgrave Macmillan, 2004.
- Cohen, Simona. *Animals as Disguised Symbols in Renaissance Art*. Leiden: Brill, 2008. 220.

Como, David. *Blown by the Spirit: Puritanism and the emergence of an antinomian underground in pre-Civil-War England*. Stanford CA: Stanford University Press, 2004.

Cook, Harold J. *The decline of the old medical regime in Stuart London*. Ithaca: Cornell University Press, 1986.

_____. "The society of chemical physicians, the new philosophy, and the restoration court." *Bulletin of the History of Medicine* 61, no. 1 (1987): 61–77.

_____. "Physicians and the new philosophy: Henry Stubbe and the virtuosi-physicians." In *The medical revolution of the seventeenth century*, edited by Roger French and Andrew Wear. Cambridge: Cambridge University Press, 1989. 246–271.

_____. "Policing the health of London: the College of Physicians and the early Stuart monarchy." *Social History of Medicine* 2, no. 1 (1989): 1–33.

_____. "Good advice and little medicine: the professional authority of early modern English physicians." *Journal of British Studies* 33, no. 1 (1994): 1–31.

_____. "Victories for Empiricism, failures for theory: Medicine and science in the seventeenth century." In *The Body as Object and Instrument of Knowledge*, ed. Charles T. Wolfe and Ofer Gal. Springer, Dordrecht, 2010. 9–32.

_____. "Markets and cultures: medical specifics and the reconfiguration of the body in early modern Europe." *Transactions of the Royal Historical Society* 21 (2011): 123–145.

_____. "Treating of bodies medical and political: Dr. Mandeville's materialism." *Erasmus Journal for Philosophy and Economics* 9, no. 1 (2016): 1–31.

Cooper, Tim. *Fear and polemic in seventeenth-century England: Richard Baxter and antinomianism*. Farnham: Ashgate, 2001.

_____. "Richard Baxter and His Physicians." *Social History of Medicine* 20, no. 1 (2007): 1–19.

_____. "Conversion, Autobiography and Richard Baxter's *Reliquiae Baxterianae*. 1696." *The Seventeenth Century* 29, no. 2 (2014): 113–129.

Cooter, Roger. *The cultural meaning of popular science: Phrenology and the organization of consent in nineteenth-century Britain*. Cambridge: Cambridge University Press, 1984.

Cottingham, John. "Cartesian dualism: Theology, metaphysics, and science." In *The Cambridge companion to Descartes*, edited by John Cottingham. Cambridge: Cambridge University Press, 1992. 236–257.

Coudert, Alison. *The impact of the Kabbalah in the seventeenth century: the life and thought of Francis Mercury van Helmont (1614-1698)*. Leiden: Brill, 1999.

Crawford, Patricia. *Blood, bodies and families in early modern England*. London & New York: Routledge, 2004.

_____, and Sara Heller Mendelson. *Women in Early Modern England, 1550–1720*. Oxford: Clarendon Press, 1998.

Csordas, Thomas J. "Embodiment as a Paradigm for Anthropology." *Ethos* 18, no. 1 (1990): 5–47.

_____. Introduction to *Embodiment and Experience: The existential ground of culture and self*, edited by Thomas J. Csordas. Cambridge: Cambridge University Press, 1994. 1–24.

_____. *The sacred self: a cultural phenomenology of charismatic healing*. Berkeley: University of California Press, 1994.

Cummings, Brian and Freya Sierhuis ed. *Passions and Subjectivity in Early Modern Culture*. Farnham: Ashgate 2013.

Cunningham, Andrew. *The anatomical renaissance: The resurrection of the anatomical projects of the ancients*. Aldershot: Scolar Press, 1997.

Damasio, Antonio. *The Feeling of What Happens: body, emotion and the making of consciousness*. London: Vintage, 1999.

_____. *Descartes' Error: emotion, reason and the human brain*. London: Vintage, 2006.

Davies, Ceri. "Vaughan, Sir William [pseud. Orpheus junior] (c. 1575–1641), writer and promoter of colonization in Newfoundland." *Oxford Dictionary of National Biography*. 8 May. 2018.

<http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-28151>.

Davis, Natalie Zemon. "The rites of violence: religious riot in sixteenth-century France." *Past & Present* 59 (1973): 51–91.

De Vos, Paula. "European materia medica in historical texts: longevity of a tradition and implications for future use." *Journal of ethnopharmacology* 132, no. 1 (2010): 28–47.

Debus, Allen G. *The chemical philosophy: Paracelsian science and medicine in the sixteenth and seventeenth centuries*. Mineola: Dover Publications, 2002.

Derrida, Jacques. *Dissemination*. London: Continuum, 2004.

Dewhurst, Kenneth ed. *Willis's Oxford casebook (1650–52)*. Oxford: Sandford, 1981.

Dinan, Timothy G. and John F. Cryan. "Brain-gut-microbiota axis and mental health." *Psychosomatic medicine* 79, no. 8 (2017): 920–926.

Dixon, Thomas. *From passions to emotions: the creation of a secular psychological category*. Cambridge: Cambridge University Press, 2003.

_____. "“Emotion:” The history of a keyword in crisis." *Emotion Review* 4, no. 4 (2012): 338–44.

Dobson, Mary. *Contours of Death and Disease in Early Modern England*. Cambridge & New York: Cambridge University Press, 1997.

Dols, Michael. *Majnūn: the madman in medieval Islamic society*. Oxford: Oxford University Press, 1992.

Douglas, Mary. *Purity and Danger: an analysis of concepts of pollution and taboo*. London and New York: Routledge, 2001.

Duden, Barbara. *The woman beneath the skin: a doctor's patients in eighteenth-century Germany*. Cambridge, MA: Harvard University Press, 1991.

Durling, Robert M. "Deceit and Digestion in the Belly of Hell." In *Allegory and Representation*, edited by Stephen Greenblatt. Baltimore: Johns Hopkins University Press, 1981. 61–93.

Dyde, Sean. "Cullen, a cautionary tale." *Medical history* 59, no. 2 (2015): 222–240.

- Eales, Jacqueline. *Women in Early Modern England*. London: UCL, 1998.
- _____. "White, John [called Century White]. 1590–1645. politician and lawyer." Oxford Dictionary of National Biography. Accessed 30 Apr 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-29254>.
- Ehrstine, Glenn. "Foolectomies, Fool Enemas, and the Renaissance Anatomy of Folly." In *Fecal matters in early modern literature and art: studies in scatology*, edited by Jeff Persels and Russell Ganim. Aldershot: Ashgate, 2004. 96–108;
- Elias, Norbert. *The civilizing process*. Oxford: Blackwell, 1994.
- Elmer, Peter. "Medicine, religion and the Puritan revolution." In *The Medical Revolution of the Seventeenth Century*, edited by Roger French and Andrew Wear. Cambridge: Cambridge University Press, 1989. 10–45.
- Ernst, E. "Colonic irrigation: therapeutic claims by professional organisations, a review." *International journal of clinical practice* 64, no. 4 (2010): 429–431.
- Escolme, Bridget. *Emotional excess on the Shakespearean stage: passion's slaves*. London: Bloomsbury, 2014.
- Essary, Kirk. "Clear as Mud: Metaphor, Emotion and Meaning in Early Modern England." *English Studies* 98, no. 7 (2017): 689–703.
- Ezell, Margaret J. M. "Delaval [née Livingston], Lady Elizabeth. 1648?–1717), memoirist and Jacobite agent." Oxford Dictionary of National Biography. Accessed 3 May 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-68215>.
- Feher, Michel, Ramona Naddaff, and Nadia Tazi ed., *Fragments for a history of the human body*. 3 volumes. New York: Zone, 1989.
- Fielding, J. "Dod, John. 1550–1645), Church of England clergyman." Oxford Dictionary of National Biography. Accessed 3 May 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-7729>.
- Fildes, Valerie. *Wet Nursing: A History from Antiquity to the Present*. Oxford: Blackwell, 1988.
- Fissell, Mary E. "Readers, Texts, and Contexts: Vernacular Medical Works in Early Modern England." In *The Popularization of Medicine, 1650–1850*, edited by Roy Porter. London: Routledge, 1992. 72–96.
- _____. "The marketplace of print." In *Medicine and the Market in England and its Colonies, c. 1450–c. 1850*, edited by Mark Jenner and Patrick Wallis. London: Palgrave Macmillan, 2007. 108–132.
- Floyd-Wilson, Mary and Garrett A. Sullivan, Jr. Introduction to *Environment and Embodiment in Early Modern England*, edited by Mary Floyd-Wilson and Garrett A. Sullivan, Jr. Basingstoke: Palgrave Macmillan, 2007. 1–13.
- Floyd-Wilson, Mary, Matthew Greenfield, Gail Kern Paster, Tanya Pollard, Katherine Rowe, and Julian Yates. "Shakespeare and Embodiment: An E-Conversation." *Literature*

Compass 2, no. 1. 2005. Accessed 6 May 2018, <https://doi.org/10.1111/j.1741-4113.2005.00180.x>.

Flynn, Carol Houlihan. *The Body in Swift and Defoe*. Cambridge: Cambridge University Press, 1990.

Forth, Christopher E. and Ana-Carden Coyne ed. *Cultures of the Abdomen: diet, digestion, and fat in the modern world*. New York: Palgrave Macmillan, 2005.

Foucault, Michel. *Discipline and Punish: the birth of the prison*. London: Penguin Books, 1991.

Foust, Clifford M. *Rhubarb: the wondrous drug*. Princeton NJ: Princeton University Press, 1992.

Frank, Robert G. *Harvey and the Oxford physiologists: a study of scientific ideas*. Berkeley: University of California Press, 1980.

_____. "Thomas Willis and his circle: brain and mind in seventeenth-century medicine." In *The Languages of Psyche: Mind and Brain in Enlightenment Thought*, edited by G. S. Rousseau. Berkeley: University of California Press, 1990. 107–146.

Freeman, Thomas. "Demons, Deviance and Defiance: John Darrell and the Politics of Exorcism in Late Elizabethan England." In *Conformity and Orthodoxy in the English Church, c. 1560-1660*, edited by Peter Lake and Michael C. Questier. Woodbridge: Boydell Press, 2000. 34–63.

Fudge, Erica. *Perceiving Animals: Humans and Beasts in Early Modern English Culture*. Champaign: University of Illinois Press, 2002.

Furdell, Elizabeth Lane. *The Royal Doctors, 1485-1714: Medical Personnel at the Tudor and Stuart Courts*. Woodbridge: Boydell and Brewer, 2001.

_____. *Publishing and medicine in early modern England*. Rochester, NY: University of Rochester Press, 2002.

Gallagher, Noelle. "Satire as Medicine in the Restoration and Early Eighteenth Century: The History of a Metaphor." *Literature and medicine* 31, no. 1 (2013): 17–39.

Gallagher, Shaun. *How the body shapes the mind*. Oxford: Clarendon Press, 2005.

Garber, Daniel. "Soul and mind: Life and thought in the seventeenth century." In *The Cambridge History of Seventeenth-Century Philosophy*, edited by Daniel Garber and Michael Ayers. Cambridge: Cambridge University Press, 2000. Volume 1, 757–795.

Geller, Markham J. *Ancient Babylonian Medicine: Theory and Practice*. Chichester: John Wiley & Sons, 2010.

Gentilcore, David. *Food and Health in Early Modern Europe: Diet, Medicine and Society, 1450-1800*. London: Bloomsbury, 2015.

Gershon, Michael. *The Second Brain: A groundbreaking new understanding of nervous disorders of the stomach and intestine*. London: HarperCollins, 1999.

Gibbons, B. J. *Gender in mystical and occult thought: Behmenism and its development in England*. New York: Cambridge University Press, 1996. 115–6, 183–7.

- _____. "Mysticism and mechanism: the religious context of George Cheyne's representation of the body and its ills." *Journal for Eighteenth-Century Studies* 21, no. 1 (1998): 1–23.
- Gibson, Marion. *Possession, Puritanism and print: Darrell, Harsnett, Shakespeare and the Elizabethan exorcism controversy*. London: Routledge, 2015.
- Gilman, Ernest B. *Plague Writing in Early Modern England*. Chicago: University of Chicago Press, 2009.
- Ginzburg, Carlo. *The cheese and the worms: the cosmos of a sixteenth-century miller*. London: Routledge & Kegan Paul, 1980.
- Girard, M. C. *Connaissance et méconnaissance de l'hellébore dans l'Antiquité*. Quebec: Université Laval, 1986.
- Goldsmith, M. M. "Mandeville, Bernard. bap. 1670, d. 1733. physician and political philosopher." *Oxford Dictionary of National Biography*. Accessed April 28, 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-17926>.
- Gooding, Richard. "Pamela, Shamela, and the politics of the Pamela vogue." *Eighteenth-Century Fiction* 7, no. 2 (1995): 109–130.
- Gowing, Laura. "The twinkling of a bedstaff: recovering the social life of English beds 1500–1700." *Home Cultures* 11, no. 3 (2014): 275–304.
- Gowland, Angus. "The problem of early modern melancholy." *Past & Present* 191, no. 1 (2006): 77–120.
- _____. *The worlds of Renaissance melancholy: Robert Burton in context*. Cambridge: Cambridge University Press, 2006.
- _____. "Melancholy, Spleen, Hypochondria: Mental diseases in Europe and England from the Sixteenth to the Eighteenth Century." in *Missvergnügen: Zur kulturellen Bedeutung von Betrübniß, Verdruss und schlechter Laune*, edited by Alfred Bellebaum and Robert Hettlage. Dordrecht: Springer, 2012. 95–115.
- _____. "Melancholy, passions and identity in the renaissance." In *Passions and Subjectivity in Early Modern Culture*, edited by Brian Cummings and Freya Sierhuis. Farnham: Ashgate 2013. 85–104.
- Grafton, Anthony and William R. Newman ed. *Secrets of nature: astrology and alchemy in early modern Europe*. Cambridge: MIT Press, 2001.
- Greaves, Richard L. "Henry, Philip. 1631–1696), clergyman and ejected minister." *Oxford Dictionary of National Biography*. Accessed April 27, 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-12976>.
- Green, Ian M. "The persecution of 'scandalous' and 'malignant' parish clergy during the English Civil War." *The English Historical Review* 94, no. 372 (1979): 507–531.
- Green, John. *Turtles All the Way Down*. London: Penguin, 2017.
- Greenblatt, Stephen. "Filthy rites." *Daedalus* 111, no. 3 (1982): 1–16.

_____. *Renaissance Self-Fashioning: from More to Shakespeare*. Chicago: University of Chicago Press, 2005.

_____. *The Rise and Fall of Adam and Eve*. New York: Vintage Digital, 2017.

Gregori, Flavio. "Blackmore, Sir Richard. 1654–1729. physician and writer." Oxford Dictionary of National Biography, accessed April 28, 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-2528>.

Grell, Ole Peter. "Plague, Prayer and Physic: Helmontian Medicine in Restoration England." In *Religio Medici: Medicine and Religion in Seventeenth-Century England*, edited by Ole Peter Grell and Andrew Cunningham. Aldershot: Ashgate, 1996. 204–27.

_____ and Andrew Cunningham. Introduction to *Religio Medici: Medicine and Religion in Seventeenth-Century England*. Aldershot: Scolar Press, 1996. 1–11.

Groves, Beatrice. "The Morality of Milk: Shakespeare and the Ethics of Nursing," in *Shakespeare and Renaissance Ethics*. Edited by Patrick Gray and John D. Cox. Cambridge: Cambridge University Press, 2014. 139–158.

Grumett, David and Rachel Muers. *Theology on the menu: asceticism, meat and Christian diet*. Routledge, 2010.

Guerrini, Anita. "James Keill, George Cheyne, and Newtonian physiology, 1690–1740." *Journal of the History of Biology* 18, no. 2 (1985): 247–266.

_____. "Archibald Pitcairne and Newtonian medicine." *Medical history* 31, no. 1 (1987): 70–83.

_____. "'A Club of Little Villains': Rhetoric, Professional Identity and Medical Pamphlet Wars." In *Literature and Medicine during the Eighteenth Century*, edited by Marie Roberts and Roy Porter (1993): 226–44.

_____. "Newtonianism, Medicine and Religion." In *Religio Medici: Medicine and Religion in Seventeenth-Century England*. Aldershot: Scolar Press, 1996. 293–312.

_____. "A diet for a sensitive soul: Vegetarianism in eighteenth-century Britain." *Eighteenth-Century Life* 23, no. 2 (1999): 34–42.

_____. "The hungry soul: George Cheyne and the construction of femininity." *Eighteenth-Century Studies* 32, no. 3 (1999): 279–91.

_____. *Obesity and depression in the enlightenment: the life and times of George Cheyne*. Norman, OK: University of Oklahoma Press, 2000.

_____. "Health, national character and the English diet in 1700." *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 43, no. 2 (2012): 349–356.

_____. "Cheyne, George. 1671/2–1743), physician." Oxford Dictionary of National Biography. Accessed 1 May 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-5258>.

_____. "Pitcairne, Archibald. 1652–1713), physician." Oxford Dictionary of National Biography. Accessed 1 May 2018,

<http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-22320>.

Hale, David G. "Intestine sedition: The fable of the belly." *Comparative Literature Studies* 5, No. 4. (1968): 377–88.

_____. *The body politic: A political metaphor in Renaissance English literature*. Hague: Mouton, 1971.

Hall, Kim F. *Things of Darkness: Economies of Race and Gender in Early Modern England*. Ithaca: Cornell University Press, 1995.

_____. "'Extravagant Viciousness': Slavery and Gluttony in the Works of Thomas Tryon." In *Writing Race Across the Atlantic World: medieval to modern*, edited by Philip D. Beidler and Gary Taylor. New York: Palgrave Macmillan, 2005. 93–111.

Hampton, Bryan Adams. "Purgation, Exorcism, and the Civilizing Process in Macbeth." *SEL Studies in English Literature 1500-1900* 51, no. 2 (2011): 327–47.

Handley, Sasha. *Sleep in Early Modern England*. New Haven: Yale University Press, 2016.

Harley, David. "Mental illness, magical medicine and the Devil in northern England, 1650–1700." In *The Medical Revolution of the Seventeenth Century*, edited by Roger French and Andrew Wear. Cambridge: Cambridge University Press, 1989. 114–45.

_____. "Medical metaphors in English moral theology, 1560–1660," *Journal of the history of medicine and allied sciences* 48, no. 4 (1993): 396–435

_____. "From Providence to Nature: The Moral Theology and Godly Practice of Maternal Breast-feeding in Stuart England." *Bulletin of the History of Medicine* 69, no. 2 (1995): 198–223.

_____. "Rhetoric and the social construction of sickness and healing." *Social History of Medicine* 12, no. 3 (1999): 407–435.

Harper, Edward. "Ritual pollution as an integrator of caste and religion." *The journal of Asian studies* 23, no. 1 (1964): 151–197.

Harris, Jonathan Gil. *Foreign bodies and the body politic: Discourses of social pathology in early modern England*. Cambridge: Cambridge University Press, 1998.

Harvey, Karen. "Barbarity in a teacup? Punch, domesticity and gender in the eighteenth century," *Journal of Design History* 21, no. 3 (2008): 205–221.

Haskell, Yasmin. "The Anatomy of Hypochondria: Malachias Geiger's *Microcosmus Hypochondriacus* (Munich, 1652)." In *Diseases of the Imagination and imaginary disease in the early modern period*, edited by Yasmin Haskell. Turnhout: Brepols, 2011. 271–295.

Hawkins, Michael. "Piss Profits: Thomas Willis, His Diatribae Duae and the Formation of His Professional Identity." *History of science* 49, no. 1 (2011): 1–24.

Healy, David. *Pharmageddon*. Berkeley: University of California Press 2012.

Healy, Margaret. *Fictions of Disease in Early Modern England: bodies, plagues and politics*. New York: Palgrave, 2001.

_____. "Dangerous Blood: Menstruation, Medicine and Beliefs in Early Modern England." In *National Healths: Gender, Sexuality and Health in a Cross-Cultural Context*, edited by Michael Worton and Nana Wilson-Tagoe. London: UCL Press, 2004. 83–94.

Healy, Thomas. "Sound physic: Phineas Fletcher's *The Purple Island* and the poetry of purgation." *Renaissance Studies* 5, no. 3 (1991): 341–52.

Hedesan, Georgiana. *An Alchemical Quest for Universal Knowledge: The 'Christian Philosophy' of Jan Baptist Van Helmont, 1579–1644*. London: Routledge, 2016.

Henry, John. "The matter of souls: medical theory and theology." In *The Medical Revolution of the Seventeenth Century*, edited by Roger French and Andrew Wear. Cambridge: Cambridge University Press, 1989. 87–113.

_____. "The Fragmentation of Renaissance Occultism and the Decline of Magic." *History of science* 46, no. 1 (2008): 1–48.

Hessayon, Ariel. "Jacob Boehme's Writings During the English Revolution and Afterwards: Their Publication, Dissemination, and Influence." In *An introduction to Jacob Boehme: four centuries of thought and reception*, edited by Ariel Hessayon and S. L. T. Apetrei. London: Routledge, 2013. 77–97.

Heyd, Michael. *Be sober and reasonable: the critique of enthusiasm in the seventeenth and early eighteenth centuries*. Leiden and New York: E.J. Brill, 1995.

Hill, Christopher. *The World Turned Upside Down: radical ideas during the English revolution*. Harmondsworth: Penguin Books, 1975.

_____. *Puritanism and Revolution: studies in interpretation of the English Revolution of the 17th century*. New York: Palgrave Macmillan, 1997.

Hillman, David. *Shakespeare's entrails: belief, scepticism and the interior of the body*. Basingstoke: Palgrave Macmillan 2007.

_____. and Carlo Mazzio ed. *The body in parts: fantasies of corporeality in early modern Europe*, edited by David Hillman and Carla Mazzio. New York: Routledge, 1997.

Hindmarsh, D. B. *The evangelical conversion narrative: spiritual autobiography in early modern England*. Oxford: Oxford University Press, 2005.

Hodgkin, Katharine. *Madness in Seventeenth-Century Autobiography*. Houndmills: Palgrave MacMillan, 2007.

_____. *Women, madness and sin in early modern England: the autobiographical writings of Dionys Fitzherbert*. Farnham: Ashgate, 2010.

_____. "Scurvy Vapors and the Devil's Claw: Religion and the Body in Seventeenth-Century Women's Melancholy." *Studies in the Literary Imagination* 44, no. 2 (2011): 1–21.

Horstmanshoff, H. F. J., Helen King, and Claus Zittel eds. *Blood, sweat, and tears: the changing concepts of physiology from antiquity into early modern Europe*, Leiden & Boston: Brill, 2012.

Houliston, Victor. "How good were Little Miss Muffet's curds and whey?" In *Oxford Symposium on Food & Cookery, 1986: The Cooking Medium: Proceedings*, edited by Tom Jaine (Oxford: Oxford University Press, 1987): 75–83.

Hsu, Elisabeth. "The history of qing hao in the Chinese materia medica." *Transactions of the Royal Society of Tropical Medicine and Hygiene* 100, no. 6 (2006): 505–508.

_____. "Plants in Medical Practice and Common Sense: On the Interface of Ethnobotany and Medical Anthropology." In *Plants, Health and Healing: On the Interface of*

Ethnobotany and Medical Anthropology, edited by Elizabeth Hsu and Stephen Harris. New York: Berghahn Books, 2010. 1–48.

Hunt, Arnold. "Featley [Fairclough], Daniel. 1582–1645), Church of England clergyman and religious controversialist." Oxford Dictionary of National Biography, accessed April 27, 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-9242>.

Hunter, Michael. "Pitcairneana: an atheist text by Archibald Pitcairne." *The Historical Journal* 59, no. 2 (2016): 595–621.

Inglis, David. "Dirt and denigration: The faecal imagery and rhetorics of abuse." *Postcolonial Studies* 5, no. 2 (2002): 207–221.

Ingram, Allan ed. *Patterns of Madness in the Eighteenth Century: A Reader*. Liverpool: Liverpool University Press, 1998.

_____. "Death in Life and Life in Death: Melancholy and the Enlightenment." *Gesnerus* 63, no. 1–2 (2006): 92.

Ishizuka, Hisao. "'Fibre Body': The Concept of Fibre in Eighteenth-century Medicine, c. 1700–40." *Medical history* 56, no. 4 (2012): 562–584.

James, Susan. *Passion and Action: The Emotions in Seventeenth-Century Philosophy*. Oxford: Oxford University Press 1999.

_____. "Reason, the Passions, and the Good Life." In *The Cambridge History of Seventeenth-Century Philosophy*. 2 volumes. Cambridge: Cambridge University Press, 2008. Vol. 2, 1358–1396.

Jardine, Lisa. "Hooke the man: his diary and his health." *London's Leonardo: the Life and Work of Robert Hooke*. Oxford: Oxford University Press, 2003. 163–206.

Jenner, Mark. "Quackery and Enthusiasm, or Why Drinking Water Cured the Plague." in *Religio Medici*, edited by Ole Peter Grell and Andrew Cunningham. Scolar: Aldershot, 1996. 313–340.

_____. "Body, image, text in early modern Europe." *Social History of Medicine* 12, no. 1 (1999): 143–154.

_____. "The roasting of the rump: scatology and the body politic in Restoration England." *Past and Present*. 2002. 84–120.

_____ and Bertrand O. Taithe. "The historiographical body." In *Companion Encyclopedia of Medicine in the Twentieth Century*, edited by Roger Cooter and John V. Pickstone. London: Routledge, 2003. 187–200.

_____ and Patrick Wallis, introduction to *Medicine and the Market in England and Its Colonies, c. 1450–c. 1850*, edited by Mark S. R. Jenner and Patrick Wallis. Basingstoke: Palgrave Macmillan, 2007. 1–23.

Johns, Adrian. "The physiology of reading and the anatomy of enthusiasm." In *Religio Medici: medicine and Religion in seventeenth-century England*, edited by Andrew Cunningham and Ole Peter Grell. Aldershot: Scolar Press, 1996. 136–70.

Johnson, Laurie, John Sutton, and Evelyn Tribble. Introduction to *Embodied Cognition and Shakespeare's Theatre*, edited by Laurie Johnson, John Sutton, and Evelyn Tribble. London: Routledge, 2014. 1–12.

Jonsson, Fredrik Albritton. "The Physiology of Hypochondria in Eighteenth-Century Britain." In *Cultures of the Abdomen: Diet, Digestion, and Fat in the Modern World*, edited by Christopher E. Forth and Ana Carden-Coyne. New York: Palgrave Macmillan, 2005.

Kaplan, M. Lindsay. *The culture of slander in early modern England*. Cambridge: Cambridge University Press, 1997.

Kassell, Lauren. *Medicine and Magic in Elizabethan London*. London & Oxford: Clarendon, 2005.

_____. "Casebooks in Early Modern England: Medicine, Astrology, and Written Records." *Bulletin of the History of Medicine* 88, no. 4 (2014): 595–625.

Kassler, Jamie C. "Restraining the Passions: hydropneumatics and hierarchy in the philosophy of Thomas Willis." In *The soft underbelly of reason: the passions in the seventeenth century*, edited by Stephen Gaukroger. London & New York: Routledge, 1998. 159–176.

Keeble, N. H. *Richard Baxter, Puritan man of letters*. Oxford: Clarendon, 1982.

_____. "Baxter, Richard. 1615–1691. ejected minister and religious writer." *Oxford Dictionary of National Biography*. Accessed April 27, 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-1734>.

Kellman, Raphael. *The Microbiome Diet: The Scientifically Proven Way to Restore Your Gut Health and Achieve Permanent Weight Loss*. Cambridge, MA: Da Capo Press, 2014.

King, Helen. *The disease of virgins: green sickness, chlorosis, and the problems of puberty*. London: Routledge 2004.

Kleiman-Lafon, Sylvie. "The healing power of words: medicine as literature in Bernard Mandeville's *Treatise of the hypochondriack and hysteric diseases*," *Studies on Voltaire and the eighteenth century* 4 (2013): 161–181.

Klein, Wouter and Toine Pieters. "The Hidden History of a Famous Drug: Tracing the Medical and Public Acculturation of Peruvian Bark in Early Modern Western Europe (c. 1650–1720)." *Journal of the history of medicine and allied sciences* 71, no. 4. 2016. 400–421.

Kleinman, Arthur. *The illness narratives: suffering, healing, and the human condition*. New York: Basic Books, 1988.

Knox, J. D. 'Disciplina: The Monastic and Clerical Origins of European Civility', *Renaissance Society and Culture: Essays in Honor of Eugene F. Rice, Jr*, edited by John Monfasani and Ronald G. Musto. New York: Italica Press, 1991.

Kövecses, Zoltán. *Metaphor and emotion: Language, culture, and body in human feeling*. Cambridge: Cambridge University Press, 2003.

Kristeva, Julia. *Powers of Horror: An Essay on Abjection*. New York: Columbia University Press, 1982.

- Kuriyama, Shigehisa. "The forgotten fear of excrement." *Journal of Medieval and Early Modern Studies* 38, no. 3 (2008): 413–442.
- LaGuardia, David. "Doctor Rabelais and the Medicine of Scatology." In *Fecal matters in early modern literature and art: studies in scatology*, edited by Jeff Persels and Russell Ganim. Aldershot: Ashgate, 2004. 24–37.
- Lake, Peter. "Richard Kilby: A Study in Personal and Professional Failure." *Studies in Church History* 26 (1989): 221–235.
- Lakoff, George and Mark Johnson, *Philosophy in the flesh: the embodied mind and its challenge to Western thought*. New York: Basic Books, 1999.
- Lamont, William. *Richard Baxter and the Millennium*. London: Croom Helm, 1979.
- _____. *Puritanism and Historical Controversy*. London: UCL Press, 1996.
- Lane, Joan ed., *John Hall and His Patients*. Stratford-upon-Avon: The Shakespeare Birthplace Trust, 1996.
- _____. "Hall, John. 1574/5?–1635. physician." Oxford Dictionary of National Biography. Accessed 3 May 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-11968>.
- Lawlor, Clark. "Fashionable Melancholy." In *Melancholy Experience in Literature of the Long Eighteenth Century: Before Depression, 1660–1800*, edited by Allan Ingram, Stuart Sim, Clark Lawlor, Richard Terry, John Baker, and Leigh Wetherall-Dickson. London: Palgrave Macmillan, 2011. 25–53.
- Lehnhof, Kent R. "'Intestine War' and 'The Smell of Mortal Change: Troping the Digestive Tract in Milton's *Paradise Lost*.'" In *The Sacred and Profane in English Renaissance Literature*, edited by Mary Arshagouni Papazian. Newark, DE: University of Delaware Press, 2008. 278–300.
- Leong, Elaine. "Making Medicines in the Early Modern Household," *Bulletin of the History of Medicine* 82, no. 1 (2008): 145–168.
- Leslie, Michael "The spiritual husbandry of John Beale." In *Culture and cultivation in early modern England: writing and the land*, edited by Michael Leslie and Timothy Raylor. Leicester: Leicester University Press, 1992.
- Levine, Joseph M. *Dr. Woodward's shield: history, science, and satire in Augustan England*. Berkeley: University of California Press, 1977.
- Lloyd, Paul S. "Dietary Advice and Fruit-Eating in Late Tudor and Early Stuart England." *Journal of the History of Medicine and Allied Sciences*, 67, no. 4, (2012): 586.
- Lokhorst, Gert-Jan. "Descartes and the Pineal Gland." Stanford Encyclopedia of Philosophy, 2013. Accessed Apr 4, 2018, <https://stanford.library.sydney.edu.au/entries/pineal-gland/>
- Love, Harold. *Scribal publication in seventeenth-century England*. Oxford: Clarendon, 1993.
- Lund, Mary Ann. "Robert Burton the spiritual physician: religion and medicine in *The Anatomy of Melancholy*." *The Review of English Studies* 57, no. 232 (2006): 665–683.

Lynch, Kathleen. *Protestant Autobiography in the seventeenth-century Anglophone world*. Oxford: Oxford University Press, 2012.

MacDonald, Michael. *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England*. Cambridge & New York: Cambridge University Press, 1983.

_____, ed. *Witchcraft and Hysteria in Elizabethan London: Edward Jorden and the Mary Glover Case*. London: Routledge, 1991.

_____. "The fearefull estate of Francis Spira: narrative, identity, and emotion in early modern England." *Journal of British Studies* 31, no. 1 (1992): 32–61.

Maclean, Ian. *The Renaissance Notion of Woman*. Cambridge: Cambridge University Press, 1980.

Maclehose, W. F. "Fear, fantasy and imagination: the incubus in scholastic medicine." In *Emotions and Health, 1200–1700*, edited by Elena Carrera. Leiden: Brill, 2013. 67–94.

Majno, Guido. *The Healing Hand: man and wound in the ancient world*. Cambridge MA: Harvard University Press, 1975.

Martensen, Robert. "'Habit of reason': Anatomy and Anglicanism in Restoration England." *Bulletin of the history of medicine*, 66, no. 4 (1992): 511–535.

_____. *The Brain Takes Shape: An early history*. Oxford: Oxford University Press, 2004.

Martin, Emily. "Talking back to neuro-reductionism." In *Cultural bodies: Ethnography and theory*, edited by Helen Thomas and Jamilah Ahmed. Oxford: Blackwell, 2004. 190–211.

Mascuch, Michael. *The origins of the individualist self: autobiography and self-identity in England, 1591-1791*. Cambridge, Polity Press, 1997.

Matson, Wallace I. "Why Isn't the Mind-Body Problem Ancient?" In *Mind, Matter, and Method: Essays in Philosophy and Science in Honor of Herbert Feigl*, edited by Paul K. Feyerabend and Grover Maxwell. Minneapolis: University of Minnesota Press, 1966. 92–102.

Maus, Katherine Eisaman. *Inwardness and theater in the English Renaissance*. Chicago: University of Chicago Press, 1995.

Mayer, Emeran. *The mind-gut connection: How the hidden conversation within our bodies impacts our mood, our choices, and our overall health*. London & New York: HarperCollins, 2016.

McCabe, Richard Anthony. *Joseph Hall, a study in satire and meditation*. Oxford: Oxford University Press, 1982.

McGregor, J. F. "The Baptists: Fount of All Heresy." In *Radical Religion in the English Revolution*, edited by J. F. McGregor and Barry Reay. Oxford: Oxford University Press, 1984. 23–63.

McKee, Francis. "Honeyed words: Bernard Mandeville and medical discourse." In *Medicine in the enlightenment*, edited by Roy Porter. Amsterdam: Ridopi, 1995. 223–254.

Meek, Richard and Erin Sullivan ed. *The renaissance of emotion: understanding affect in Shakespeare and his contemporaries*. Manchester: Manchester University Press, 2015.

Michael, Emily. "Renaissance theories of body, soul, and mind." In *Psyche and Soma, Physicians and Metaphysicians on the Mind-Body Problem from Antiquity to*

Enlightenment, edited by Paul Potter and John P. Wright. New York: Oxford University Press, 2000. 148–172.

Micula-Gondek, Weronika, Ye Tao, and Angela S. Guarda. "Atypical purging behaviors in a patient with anorexia nervosa: consumption of raw red kidney beans as an emetic." *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity* (2017): 1–3.

Midelfort, H. C. Erik. *A History of Madness in Sixteenth-century Germany*. Stanford: Stanford University Press, 1999.

Miller, Ian. *A modern history of the stomach: gastric illness, medicine and British society, 1800-1950*. London: Pickering & Chatto, 2011.

Miller, William Ian. *The anatomy of disgust*. Cambridge, MA: Harvard University Press 1997.

Molnár, Zoltán. "Thomas Willis. 1621–1675), the founder of clinical neuroscience." *Nature Reviews Neuroscience* 5, no. 4. 2004. 329–335

Moore, Norman. "Robinson, Nicholas. c. 1697–1775), physician." Oxford Dictionary of National Biography. Accessed April 28, 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-23861>.

Moreira, Isabel. *Heaven's Purge: purgatory in late antiquity*. New York: Oxford University Press, 2010.

Morton, Timothy. "The Plantation of Wrath." in *Radicalism in British Literary Culture, 1650–1830: From Revolution to Revolution*, edited by Timothy Morton and Nigel Smith. Cambridge: Cambridge University Press, 2002. 64–85.

Mullan, David George. *Scottish Puritanism, 1590–1638*. Oxford: Oxford University Press, 2000.

Mullan, John. "Hypochondria and Hysteria: Sensibility and the Physicians." *The Eighteenth Century* 25, no. 2 (1984): 141–174.

_____. *Sentiment and sociability: the language of feeling in the eighteenth century*. Oxford: Clarendon, 1988.

Mullaney, Steven. *The Reformation of Emotions in the Age of Shakespeare*. Chicago: University of Chicago Press, 2015.

Multhauf, Robert. "J. B. van Helmont's reformation of the Galenic doctrine of digestion." *Bulletin of the history of medicine*, 29. 1955. 154–63

Nance, Brian. *Turquet de Mayerne as baroque physician: the art of medical portraiture*. Amsterdam: Rodopi, 2001.

Newman, William R. *Gehennical Fire: The Lives of George Starkey, An American Alchemist in the Scientific Revolution*. Chicago & London: University of Chicago Press, 2003.

_____ and Lawrence M. Principe. *Alchemy Tried in the Fire: Starkey, Boyle, and the fate of Helmontian chymistry*. Chicago & London: University of Chicago Press, 2002.

Newton, Hannah. *The sick child in early modern England, 1580–1720*. Oxford: Oxford University Press, 2012.

- NHS Choices. "Bulimia." Published 2017. Accessed Apr 16, 2018, <https://www.nhs.uk/conditions/bulimia/>.
- Noyes Jr., Russell. "The transformation of hypochondriasis in British medicine, 1680–1830." *Social history of medicine* 24, no. 2 (2011): 281–298.
- O'Mahony, S. M., G. Clarke, Y. E. Borre, T. G. Dinan, and J. F. Cryan. "Serotonin, tryptophan metabolism and the brain-gut-microbiome axis." *Behavioural brain research* 277 (2015): 32–48.
- O'Callaghan, Michelle. "Performing Politics: The Circulation of the "Parliament Fart."" *Huntington Library Quarterly* 69, no. 1 (2006): 121–138.
- Olivieri, Matteo F., Francesca Marzari, Andreas J. Kesel, Laura Bonalume, and Francesco Saettini. "Pharmacology and psychiatry at the origins of Greek medicine: The myth of Melampus and the madness of the Proetides." *Journal of the History of the Neurosciences* 26, no. 2 (2017): 193–215.
- Oxford English Dictionary Online. "catharsis, n." Oxford University Press. Accessed Apr 16, 2018, <http://www.oed.com/view/Entry/28926?redirectedFrom=catharsis#eid>.
- _____. "hypochondria, n." Oxford University Press. Accessed 26 April, 2018. <http://www.oed.com/view/Entry/90458?rskey=leOdTe&result=1&isAdvanced=false>.
- _____. "passion, n." Oxford University Press. Accessed April 26, 2018. <http://www.oed.com/view/Entry/138504?rskey=gn9ZAW&result=1>.
- _____. "physic, v." Oxford University Press. Accessed April 28, 2018. <http://www.oed.com/view/Entry/143119?rskey=20Bv0d&result=3&isAdvanced=false>.
- Padel, Ruth. *In and Out of the Mind: Greek Images of the Tragic Self*. Princeton: Princeton University Press, 1994.
- Pagel, Walter. "J.B. van Helmont's reformation of the Galenic doctrine of digestion and Paracelsus." *Bulletin of the History of Medicine*, 29. 1955. 563–568.
- _____. "Van Helmont's ideas on gastric digestion and the gastric acid." *Bulletin of the History of Medicine* 30, no. 6 (1956): 524–536.
- _____. *Joan Baptista van Helmont: reformer of science and medicine*. Cambridge & New York: Cambridge University Press, 1982.
- _____. *Paracelsus: an introduction to philosophical medicine in the era of the Renaissance*. Basel & New York: Karger, 1982.
- Park, Katharine. "The Organic Soul." In *The Cambridge History of Renaissance Philosophy*, edited by Charles B. Schmitt, Quentin Skinner, and Eckhard Kessler. Cambridge: Cambridge University Press, 2008. 464–484.
- Paster, Gail Kern. *The body embarrassed: drama and the disciplines of shame in early modern England*. Ithaca, N.Y: Cornell University Press, 1993.
- _____. "Purgation as the Allure of Mastery: Early Modern Medicine and the Technology of the Self." In *Material London*, edited by Lena Cowen Orlin. Philadelphia: University of Pennsylvania Press, 2000. 193–205.
- _____. *Humoring the body: emotions and the Shakespearean stage*. Chicago & London: University of Chicago Press 2004.

_____, Katherine Rowe, and Mary Floyd-Wilson ed. *Reading the early modern passions: Essays in the cultural history of emotion*. Philadelphia: University of Pennsylvania Press, 2004.

Patterson, W.B. *William Perkins and the Making of a Protestant England*. Oxford: Oxford University Press, 2014.

Peacey, J. T. "Sydenham, Cuthbert (bap. 1623, d. 1654), Independent minister and political writer." Oxford Dictionary of National Biography. Accessed 6 May, 2018. <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-26860>.

Peck, Linda Levy. *Court patronage and corruption in early Stuart England*. London & New York: Routledge, 1993.

Pelling, Margaret. "Defensive tactics: networking by female medical practitioners in early modern London," in *Communities in Early Modern England: Networks, Place, Rhetoric*, ed. Alexandra Shepard and Phil Withington. Manchester: Manchester University Press, 2000. 38–53.

_____. "Pemell, Robert (d. 1653), physician." Oxford Dictionary of National Biography. Accessed 6 May, 2018. <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-37843>.

_____ and Frances White. *Medical conflicts in early modern London: patronage, physicians, and irregular practitioners, 1550-1640*. Oxford: Clarendon, 2003.

Pennell, Sara. "'A matter of so great importance to my health': Alimentary knowledge in practice." *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 43, no. 2 (2012): 418–424.

Perlmutter, David. *Brain Maker: The Power of Gut Microbes to Heal and Protect Your Brain – for Life*. London: Little, Brown, 2015.

Perry, Ruth. "Colonizing the Breast: Sexuality and Maternity in Eighteenth-Century England." *Journal of the History of Sexuality* 2, no. 2 (1991): 204–34.

Persels, Jeff and Russell Ganim ed. *Fecal matters in early modern literature and art: studies in scatology*, edited by Jeff Persels and Russell Ganim. Aldershot: Ashgate, 2004.

Phythian-Adams, Charles. "Milk and soot: the changing vocabulary of a popular ritual in Stuart and Hanoverian London." In *The Pursuit of Urban History*, edited by Derek Fraser and Anthony Sutcliffe. London: E. Arnold, 1983. 83–104.

Pilloud, Séverine and Micheline Louis-Courvoisier, "The intimate experience of the body in the eighteenth century: between interiority and exteriority," *Medical History* 47, no. 4 (2003): 451–472

Plank, Geoffrey. "Thomas Tryon, Sheep and the Politics of Eden." *Cultural and Social History* 14, no. 5. 2017. 565–581.

Pollard, Tanya. *Drugs and Theater in Early Modern England*. Oxford: Oxford University Press, 2005.

Porter, Roy. "The rage of party: a glorious revolution in English psychiatry?" *Medical history* 27, no. 1 (1983): 35–50.

- _____. "Review: Man, Animals and Nature," *The Historical Journal* 28, no. 1 (1985): 225–229.
- _____. "The patient's view: Doing medical history from below." *Theory and society* 14, no. 2 (1985): 175–198.
- _____. *Health for Sale: Quackery in England, 1660-1850*. Manchester: Manchester University Press, 1989.
- _____. Introduction to *George Cheyne: The English Malady (1733)*, edited by Roy Porter. London and New York: Tavistock/Routledge, 1991. ix–li.
- _____. "History of the Body." In *New perspectives on historical writing*, edited by Peter Burke. Oxford: Polity Press, 1991. 206–232.
- _____. "Addicted to Modernity: Nervousness in the Early Consumer Society." In *Culture in History; Production, Consumption and Values in Historical Perspective*, edited by Joseph Melling and Jonathan Barry. Exeter: University of Exeter Press, 1992. 180–94.
- _____. *Flesh in the Age of Reason*. New York: W. W. Norton and Company, 2003.
- _____ and Dorothy Porter. *In sickness and in health: the British experience, 1650-1850*. London: Fourth Estate, 1988.
- _____ and John Brewer ed. *Consumption and the World of Goods*. London & New York: Routledge, 1993.
- Potter, Ursula. "Greensickness in Romeo and Juliet: Considerations on a sixteenth-century disease of virgins." In *The premodern teenager: youth in society, 1150-1650*, edited by Konrad Eisenbichler. Toronto: Centre for Reformation and Renaissance Studies, 2002. 271–291.
- Power, Mick. *Madness Cracked*. Oxford: Oxford University Press, 2015.
- Principe, Lawrence M. "Alchemy restored." *Isis* 102, no. 2 (2011): 305–312.
- Purnis, Jan. "The Stomach and Early Modern Emotion." *University of Toronto Quarterly* 79, no. 2 (2010): 800–818.
- _____. "Shakespeare's Second Brain: The Belly-Mind Relationship in Early Modern Culture." In *Embodied Cognition and Shakespeare's Theatre: The Early Modern Body-Mind*, edited by Laurie Johnson, John Sutton, and Evelyn B. Tribble. London: Routledge, 2013. 235–52.
- Rattansi, P. M. 'The Helmontian-Galenist Controversy in Restoration England,' *Ambix* 12, no. 1 (1964): 1–23.
- Read, Sara. *Menstruation and the female body in early-modern England*. Basingstoke: Palgrave Macmillan, 2013.
- _____. "'My Method and Medicines:' Mary Trye, Chemical Physician." *Early Modern Women* 11, no. 1 (2016): 137–148.
- Reddy, William. *The Navigation of Feeling: A Framework for the History of Emotions*. Cambridge: Cambridge University Press, 2001.
- Rieder, Ryan, Paul J. Wisniewski, Brandon L. Alderman, and Sara C. Campbell. "Microbes and mental health: A review." *Brain, behavior, and immunity* 66 (2017): 9–17.

- Rogers, John. *The matter of revolution: science, poetry, and politics in the age of Milton*. Ithaca, NY: Cornell University Press, 1996.
- Roper, Lyndal. *Oedipus and the Devil: Witchcraft, Religion and Sexuality in Early Modern Europe*. London, Routledge, 2013.
- Rorty, Richard. *Philosophy and the Mirror of Nature*. Princeton: Princeton University Press, 2009.
- Rosaldo, Michelle Z. "Toward an anthropology of self and feeling." In *Culture theory: Essays on mind, self, and emotion*, edited by Richard A. Shweder and Robert A. LeVine. Cambridge: Cambridge University Press, 1984. 137–157.
- Rosenberg, Philippe. "Thomas Tryon and the Seventeenth-Century Dimensions of Antislavery." *The William and Mary Quarterly* 61, no. 4 (2004): 609–42.
- Rosenwein, Barbara H. "Worrying about emotions in history." *The American Historical Review* 107, no. 3 (2002): 821–845.
- _____. "Review: William M. Reddy. *The Navigation of Feeling: A Framework for the History of Emotions*. New York: Cambridge University Press. 2001." *The American Historical Review*, 4, no. 107 (2002): 1181–1182.
- _____. "Les communautés émotionnelles et le corps." *Médiévales* 61 (2011): 55–75.
- Rousseau, George S. "Mysticism and Millenarianism: Immortal Dr. Cheyne." In *Millenarianism and Messianism in English Literature and Thought, 1650–1800*, edited by R. H. Popkin. Leiden: Brill, 1988. 192–230.
- _____. *Nervous Acts: essays on literature, culture, and sensibility*. Basingstoke: Palgrave Macmillan, 2004.
- Rublack, Ulinka. "Fluxes: the Early Modern Body and the Emotions." *History Workshop Journal* 53, no. 1 (2002): 1–16.
- Rudrum, Alan. "Ethical Vegetarianism in Seventeenth-Century Britain: Its Roots in Sixteenth-Century European Theological Debate." *The Seventeenth Century* 18, no. 1 (2003): 76–92.
- Rumbold, Valerie. "Scriblerus Club [Scriblerians]. act. 1714." Oxford Dictionary of National Biography. Accessed April 28, 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-71160>.
- Ryrie, Alec. *Being Protestant in Reformation Britain*. Oxford: Oxford University Press, 2013.
- Sanderson, Jonathan. "Nicholas Culpeper and the book trade: print and the promotion of vernacular medical knowledge, 1649–65." PhD thesis, University of Leeds, 1999.
- Sawday, Jonathan. *The body emblazoned. Dissection and the human body in Renaissance culture*. London: Routledge, 1995.
- Sawyer, Ronald C. "Patients, Healers, and Disease in the Southeast Midlands, 1597–1634." Ph.D. diss., University of Wisconsin-Madison, 1986.

Scarborough, John. "The Pharmacology of Sacred Plants, Herbs, and Roots." In *Magika Hiera*, edited by Christopher A. Faraone and Dirk Obbink. Oxford: Oxford University Press, 1997. 138–174.

Scarry, Elaine. *The body in pain: the making and unmaking of the world*. New York & Oxford: Oxford University Press, 1985.

Schaffer, Simon. "Godly men and mechanical philosophers: souls and spirits in Restoration natural philosophy." *Science in context* 1, no. 1 (1987): 53–85.

Scheer, Monique. "Are emotions a kind of practice (and is that what makes them have a history)? A Bourdieuan approach to understanding emotion." *History and Theory* 51, no. 2 (2012) 193–220.

Scheff, Thomas J. *Catharsis in healing, ritual, and drama*. Berkeley: University of California Press, 1979.

_____. "Catharsis and Other Heresies: A Theory of Emotion." *Journal of Social, Evolutionary, and Cultural Psychology* 1, no. 3 (2007): 98–113.

Scheper-Hughes, Nancy and Margaret M. Lock. "The mindful body: A prolegomenon to future work in medical anthropology." *Medical anthropology quarterly* 1, no. 1 (1987): 6–41.

Schiebinger, Londa. "Prospecting for Drugs: European Naturalists in the West Indies." In *Colonial botany: science, commerce, and politics in the early modern world*, edited by Londa Schiebinger and Claudia Swan. Philadelphia: University of Pennsylvania Press, 2007. 119–32.

Schmidt, Jeremy. *Melancholy and the care of the soul: religion, moral philosophy and madness in early modern England*. Aldershot: Ashgate, 2007.

Schoenfeldt, Michael. "Fables of the belly in early modern England." In *The Body in Parts: Fantasies of corporeality in early modern Europe*, edited by David Hillman and Carla Mazzio. New York: Routledge, 1997. 243–261.

_____. *Bodies and selves in early modern England: physiology and inwardness in Spenser, Shakespeare, Herbert, and Milton*. Cambridge: Cambridge University Press, 1999.

Scull, Andrew. *Madness in civilization: the cultural history of insanity from the Bible to Freud, from the madhouse to modern medicine*. London: Thames & Hudson, 2015.

_____. "Madness and Meaning." *The Paris Review* (blog), April 22, 2015, accessed 4 May 2018, <https://www.theparisreview.org/blog/2015/04/22/madness-and-meaning/>.

Seaver, Paul. *Wallington's world: a Puritan artisan in seventeenth-century London*. Stanford CA: Stanford University Press, 1985.

Sekora, John. *Luxury: the concept in Western thought, Eden to Smollett*. Baltimore: Johns Hopkins University Press, 1977.

Sena, John F. "Melancholic madness and the Puritans." *Harvard Theological Review* 66, no. 3 (1973): 293–309.

_____. "Swift as Moral Physician: Scatology and the Tradition of Love Melancholy." *The Journal of English and Germanic Philology* 76, no. 3 (1977): 346–362.

- Shapin, Steven. "Phrenological knowledge and the social structure of early nineteenth-century Edinburgh." *Annals of science* 32, no. 3 (1975): 219–243.
- _____. "'A Scholar and a Gentleman': the problematic identity of the scientific practitioner in early modern England." *History of science* 29, no. 3 (1991): 279–327.
- _____. "The Philosopher and the Chicken." In *Science Incarnate: historical embodiments of natural knowledge*, edited by Christopher Lawrence and Steven Shapin. Chicago: University of Chicago Press, 1998. 21–50.
- _____. "How to eat like a gentleman: dietetics and ethics in early modern England." In *Right Living: An Anglo-American Tradition of Self-Help Medicine and Hygiene*, edited by Charles Rosenberg. Baltimore, MD: Johns Hopkins University Press, 2003. 21–58.
- _____. "Trusting George Cheyne: Scientific expertise, common sense, and moral authority in early eighteenth-century dietetic medicine." *Bulletin of the History of Medicine* 77, no. 2 (2003) 263–297.
- _____ and Simon Schaffer, *Leviathan and the air-pump: Hobbes, Boyle, and the experimental life*. Princeton, NJ: Princeton University Press, 2011.
- _____. "'You are what you eat': historical changes in ideas about food and identity." *Historical Research* 87, no. 237 (2014): 377–392.
- Shapiro, Lawrence ed. *The Routledge handbook of embodied cognition*. New York: Routledge, 2014.
- Sharma, Devika and Frederik Tygstrup. Introduction to *Structures of Feeling: Affectivity and the Study of Culture*, edited by Devika Sharma and Frederick Tygstrup. Berlin & New York: De Gruyter, 2015. 1–19.
- Shilling, Chris. "The rise of body studies and the embodiment of society: A review of the field." *Horizons in Humanities and Social Sciences* 2, no. 1 (2016): 1–14.
- Shirilan, Stephanie. *Robert Burton and the Transformative Powers of Melancholy*. Farnham: Ashgate, 2015. 9–10.
- Shuttleton, David E. "'My own crazy carcass': the life and works of Dr George Cheyne, 1672-1743," (Ph.D. diss., University of Edinburgh, 1993).
- _____. "'Pamela's Library': Samuel Richardson and Dr. Cheyne's 'Universal Cure.'" *Eighteenth-Century Life* 23, no. 1 (1999): 59–79.
- _____. "The Fashioning of Fashionable Diseases in the Eighteenth Century." *Literature and medicine* 35, no. 2 (2017): 270–291.
- Simonazzi, Mauro. "Bernard Mandeville on hypochondria and self-liking." *Erasmus Journal for Philosophy and Economics* 9, no. 1 (2016): 62–81.
- Simons, Ronald C. and Charles C. Hughes, *The culture-bound syndromes: folk illnesses of psychiatric and anthropological interest*. Dordrecht: D. Reidel, 1985.
- Singh, Jyotsna G. "Th'expense of spirit in a waste of shame": Mapping the "Emotional Regime" of Shakespeare's Sonnets." In *A Companion to Shakespeare's Sonnets*, edited by Michael C. Schoenfeldt. Oxford: Blackwell, 2006. 277–289.
- Siraisi, Nancy G. *Medieval and early Renaissance medicine: an introduction to knowledge and practice*. Chicago: University of Chicago Press, 1990.

- Slack, Paul. *The Impact of Plague in Tudor and Stuart England*. Oxford: Clarendon Press, 1985.
- Smith, Bruce R. "Premodern sexualities," *Publications of the Modern Language Association of America* 115, no. 3 (2000): 318–29.
- Smith, Helen. "Metaphor, Cure, and Conversion in Early Modern England." *Renaissance Quarterly* 67, no. 2 (2014): 473–502.
- Smith, Leonard. *Lunatic Hospitals in Georgian England, 1750–1830*. London: Routledge, 2013.
- Smith, Molly Easo. "John Fletcher's response to the gender debate: the Woman's Prize and the Taming of the Shrew." *Papers on Language and Literature* 31, no. 1 (1995): 38–60.
- Smith, Nigel. "Enthusiasm and Enlightenment: of food, filth, and slavery." In *The Country and the City Revisited: England and the Politics of Culture, 1550–1850*, edited by Gerald MacLean, Donna Landry, and Joseph Ward. Cambridge: Cambridge University Press, 1999. 106–118.
- _____. "Pregnant Dreams in Early Modern Europe: The Philadelphian Example." In *The intellectual culture of Puritan women, 1558-1680*, edited by Johanna I. Harris and Elizabeth Scott-Baumann. Basingstoke: Palgrave Macmillan, 2011. 190–201.
- Smith, Peter J. *Between two stools: scatology and its representations in English literature, Chaucer to Swift*. Manchester: Manchester University Press, 2012.
- Smith, Ginnie. "Thomas Tryon's Regimen for Women: Sectarian Health in the Seventeenth Century." *The Sexual Dynamics of History: men's power, women's resistance*. London: Pluto Press, 1983. 47–65.
- _____. "Tryon, Thomas. 1634–1703), vegetarian and author." Oxford Dictionary of National Biography, accessed 1 May 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-27783>.
- Solomon, Robert C. *The Passions: Emotions and the Meaning of Life*. Indianapolis: Hackett, 1976.
- Speller, Emily E. "'For Knowledge Is As Food:' Digesting Gluttony and Temperance in *Paradise Lost*." *Early English Studies* 2 (2009): 1–28.
- Spufford, Margaret. "First steps in literacy: The reading and writing experiences of the humblest seventeenth-century spiritual autobiographers." *Social History* 4, no. 3 (1979): 415–418.
- Stachniewski, John. *The persecutory imagination: English Puritanism and the literature of religious despair*. Oxford: Clarendon Press, 1991.
- Stearns, Peter N. and Carol Z. Stearns. "Emotionology: Clarifying the History of Emotions and Emotional Standards." *American Historical Review*, 90, no. 4 (1985): 813–836.
- Stephens, Isaac. *The Gentlewoman's Remembrance: Patriarchy, piety, and singlehood in early Stuart England*. Manchester: Manchester University Press, 2016.

Stobart, Anne. *Household medicine in seventeenth-century England*. London: Bloomsbury Academic, 2016.

_____. and Susan Francia. "The Fragmentation of Herbal History: The Way Forward" in *Critical Approaches to the History of Western Herbal Medicine: From Classical Antiquity to the Early Modern Period*, edited by Susan Francia and Anne Stobart. London: Bloomsbury, 2014. 1–20.

Stolberg, Michael. "The miraculous effects of taking laxatives. Success and failure of pre-modern medical treatment from the patients' perspective." *Wurzbürger medizinhistorische Mitteilungen* 22 (2003): 167–177.

_____. *Experiencing illness and the sick body in early modern Europe*. Basingstoke: Palgrave Macmillan, 2011.

_____. *Uroscopy in early modern Europe*. Farnham: Ashgate, 2015.

Strier, Richard. "Against the Rule of Reason: Praise of Passion from Petrarch to Luther to Shakespeare to Herbert." In *Reading the Early Modern Passions: Essays in the Cultural History of Emotion*, edited by Gail Kern Paster, Katherine Rowe, and Mary Floyd-Wilson. Philadelphia: University of Pennsylvania Press, 2004. 23–42.

_____. *The Unrepentant Renaissance: from Petrarch to Shakespeare to Milton*. Chicago & London: The University of Chicago Press, 2011.

_____. and Carla Mazzio. "Two Responses to 'Shakespeare and Embodiment: An E-Conversation,'" *Literature Compass* 3, no. 1 (2006): 15–31.

Stuart, Tristram. *The bloodless revolution: a cultural history of vegetarianism from 1600 to modern times*. New York & London: W. W. Norton, 2008. 74–5.

Sullivan, Erin. *Beyond melancholy: sadness and selfhood in Renaissance England*. Oxford: Oxford University Press, 2016.

Swaab, Dick. *We are Our Brains: From the Womb to Alzheimer's*. London: Allen Lane, 2014.

Taylor, Charles. *Sources of the Self: The Making of the Modern Identity*. Cambridge: Cambridge University Press, 1989.

TEDx Talks. "Food for thought: How your belly controls your brain | Ruairi Robertson | TEDxFulbrightSantaMonica." YouTube Video, 14:30, published December 7, 2015. Accessed 4 May 2018, <https://youtu.be/awtmTJW9ic8>.

Temkin, Owsei. *The falling sickness: a history of epilepsy from the Greeks to the beginnings of modern neurology*. Baltimore: Johns Hopkins University Press, 1971.

_____. *Galenism: rise and decline of a medical philosophy*. Ithaca: Cornell University Press, 1972.

_____. *The Double Face of Janus and Other Essays in the History of Medicine*. Baltimore: Johns Hopkins University Press, 1977.

Thirsk, Joan. *Alternative agriculture: a history from the Black Death to the present day*. Oxford & New York: Oxford University Press, 1997.

_____. *Food in early modern England*. London: Hambledon Continuum, 2007).

- Thomas, Keith. *Religion and the decline of magic: studies in popular beliefs in sixteenth- and seventeenth-century England*. London: Weidenfeld & Nicolson, 1971.
- _____. *Man and the Natural World: changing attitudes in England 1500–1800*. London: Penguin, 1984.
- _____. “Bodily Control and Social Unease: The Fart in Seventeenth-Century England.” In *The Extraordinary and the Everyday in Early Modern England*, edited by Angela McShane and Garthine Walker. London: Palgrave Macmillan, 2010. 9–30.
- Thomson, Ann. *Bodies of Thought: Science, Religion, and the Soul in the Early Enlightenment*. Oxford: Oxford University Press, 2008.
- Thorley, David. “Towards a history of emotion, 1562–1660.” *The Seventeenth Century* 28, no. 1 (2013): 3–19.
- Todd, Margo. “Puritan Self-Fashioning: The Diary of Samuel Ward.” *Journal of British Studies*, 31, no. 3 (1992): 236–264.
- _____. “Ward, Samuel. 1572–1643. theologian and college head.” *Oxford Dictionary of National Biography*. Accessed April 27 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-28705>.
- Treisman, G. J. “The Role of the Brain–Gut–Microbiome in Mental Health and Mental Disorders.” In *The Microbiota in Gastrointestinal Pathophysiology: Implications for Human Health, Prebiotics, Probiotics, and Dysbiosis*, edited by Martin H. Floch, Yehuda Ringel, and W. Allen Walker. Cambridge MA: Academic Press, 2017. 389–397.
- Trevor, Douglas. *The poetics of melancholy in early modern England*. Cambridge: Cambridge University Press, 2004.
- Turner, Bryan S. “The government of the body: medical regimens and the rationalization of diet.” *The British Journal of Sociology* 33, no. 2 (1982): 254–269.
- _____. *The body & society: explorations in social theory*. London: Sage Publications, 2008.
- Turner, James. *One flesh: paradisaical marriage and sexual relations in the age of Milton*. Oxford: Clarendon Press, 1987.
- Underdown, David. *Pride's purge: politics in the Puritan revolution*. Oxford: Clarendon Press, 1971.
- Usher, Brett. “Gataker [formerly Gatacre], Thomas (1574–1654), Church of England clergyman and scholar.” *Oxford Dictionary of National Biography*. Accessed 10 May, 2018.
- _____. “Walker, Clement [pseud. Theodorus Verax] (d. 1651), political pamphleteer.” *Oxford Dictionary of National Biography*. Accessed 6 May, 2018. <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-28473>.
- Valenze, Deborah. *Milk: a local and global history*. New Haven: Yale University Press, 2011.
- Varela, Francisco J., Evan Thompson, and Eleanor Rosch, *The Embodied Mind: Cognitive science and human experience*. London: MIT Press, 2017.

- Vasset, Sophie. "Medical Laughter and Medical Polemics: The Woodward-Mead Quarrel and Medical Satire." *Revue de la Société d'études anglo-américaines des XVIIe et XVIIIe siècles* 70 (2013): 109–133.
- Versluis, Arthur. "The Place of Jacob Boehme in Western Esotericism." In *An introduction to Jacob Boehme: four centuries of thought and reception*, edited by Ariel Hessayon and S. L. T. Apetrei. London: Routledge, 2013.
- Vidal, Fernando. "Brainhood, anthropological figure of modernity." *History of the human sciences* 22, no. 1. (2009): 5–36.
- _____. *The Sciences of the Soul*. Chicago: University of Chicago Press, 2011.
- Vila, Anne C. *Enlightenment and pathology: sensibility in the literature and medicine of eighteenth-century France*. Baltimore: Johns Hopkins University Press, 1998.
- Vos, Stacie. "Drake [née Tothill], Joan. 1585/6–1625), gentlewoman and Puritan exemplar." Oxford Dictionary of National Biography. Accessed 3 May 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-107351>
- Walkden, Michael. "Bonny-Clabber Physicians: Eating Clean in the Seventeenth Century." The Recipes Project, published Jan 11 2018. Accessed May 1 2018, <https://recipes.hypotheses.org/10228>.
- Walker, D. P. *The Decline of Hell: Seventeenth-Century Discussions of Eternal Torment*. Chicago: University of Chicago Press, 1964.
- _____. "Medical Spirits in Philosophy and Theology from Ficino to Newton." In *Music, spirit and language in the Renaissance*, edited by Penelope Gouk. London: Variorum Reprints, 1985.
- Wall, Wendy. *Staging Domesticity: Household Work and English Identity in Early Modern Drama*. Cambridge: Cambridge University Press, 2002.
- Wallis, Patrick. "Plagues, morality and the place of medicine in early modern England." *The English Historical Review* 121, no. 490 (2006): 1-24.
- _____. "Exotic Drugs and English Medicine: England's Drug Trade, c. 1550–c. 1800." *Social history of medicine* 25, no. 1. 2011. 20–46.
- _____. "Harvey, Gideon (1636/7–1702), physician." Oxford Dictionary of National Biography. Accessed 6 May, 2018. <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-12519>.
- Watkins, Owen. *The Puritan Experience*. London: Routledge and Kegan Paul, 1972.
- Watts, Sydney. "Enlightened Fasting: Religious Conviction, Scientific Inquiry, and Medical Knowledge in Early Modern France." In *Food and Faith in Christian Culture*, edited by Ken Albala and Trudy Eden. New York: Columbia University Press, 2011. 105–124.
- Wear, Andrew. "Puritan perceptions of illness in seventeenth-century England." *Patients and Practitioners: lay perceptions of medicine in pre-industrial society*. Cambridge: Cambridge University Press, 1985. 55–100.
- _____. *Health and Healing in Early Modern England: Studies in Social and Intellectual History*. Aldershot: Ashgate, 1998.

_____. *Knowledge and practice in early modern English medicine, 1550–1680*. New York: Cambridge University Press, 2000.

Webster, Charles. "English Medical Reformers of the Puritan Revolution: A Background to the Society of Chymical Physitians." *Ambix*, 14, no. 1 (1967): 16–41.

_____. *The Great Instauration: Science, Medicine and Reform, 1626–1660*. Peter Lang: Bern, 2002.

Webster, Tom. "Writing to redundancy: approaches to spiritual journals and early modern spirituality." *The historical journal* 39, no. 1. 1996. 33–56.

_____. *Godly Clergy in early Stuart England, c. 1620–1643*. Cambridge & New York: Cambridge University Press, 1997.

_____. "(Re) Possession Of Dispossession: John Darrell And Diabolical Discourse." In *Witchcraft and the Act of 1604*, edited by John Newton and Jo Bath. Leiden: Brill, 2008. 91–112.

Weisser, Olivia. *Ill composed: sickness, gender, and belief in early modern England*. New Haven: Yale University Press, 2015.

Wheeler, Roxann. *The complexion of race: categories of difference in eighteenth-century British culture*. Philadelphia: University of Pennsylvania Press, 2000.

Whitaker, Katie. *Mad Madge: The extraordinary life of Margaret Cavendish, Duchess of Newcastle, the first woman to live by her pen*. London: Vintage, 2004.

Whorton, James C. *Inner Hygiene: Constipation and the pursuit of health in modern society*. Oxford: Oxford University Press, 2000.

Wilkens, Johannes. *The Healing Power of the Christmas Rose: The Medicinal Value of Black Hellebore*. Forest Row: Temple Lodge Publishing, 2017.

Willen, Diane. "Godly women in early modern England: Puritanism and gender." *The Journal of Ecclesiastical History* 43, no. 4 (1992): 561–580.

Williams, Elizabeth A. "Stomach and psyche: Eating, digestion, and mental illness in the medicine of Philippe Pinel." *Bulletin of the History of Medicine* 84, no. 3. 2010. 358–386

Williams, Katharine E. "Hysteria in seventeenth-century case records and unpublished manuscripts." *History of Psychiatry* 1, no. 4. 1990. 383–401.

Williams, Raymond. *Marxism and Literature*. Oxford: Oxford University Press, 1977.

Wilson, Elizabeth. *Psychosomatic: feminism and the neurological body*. Durham & London: Duke University Press, 2004.

_____. *Gut Feminism*. Durham: Duke University Press, 2015.

Wilson, Margaret. "Six views of embodied cognition." *Psychonomic bulletin & review* 9, no. 4. 2002. 625–636.

Wilson, Philip K. "Salmon, William. 1644–1713. medical empiric and author." Oxford Dictionary of National Biography, accessed April 29, 2018, <http://www.oxforddnb.com/view/10.1093/ref:odnb/9780198614128.001.0001/odnb-9780198614128-e-24559>.

- Winterbottom, Anna E. "Of the China root: a case study of the early modern circulation of materia medica." *Social History of Medicine* 28, no. 1 (2014): 22–44.
- Wiseman, Susan. "Elizabeth Delaval's Memoirs and Meditations: Textual Transmission and Jacobite Context." *Early Modern Women* 10, no. 1. 2015. 68–92.
- Wolfe, Charles T. "Forms of materialist embodiment." In *Anatomy and the organization of knowledge, 1500-1850*, edited by Matthew Landers and Brian Muñoz. London: Pickering & Chatto, 2012. 129–144.
- _____ and Ofer Gal ed. *The body as object and instrument of knowledge: embodied empiricism in early modern science*. Dordrecht: Springer, 2010.
- Wondrich, David. *Punch: The Delights (and Dangers) of the Flowing Bowl*. London: Penguin, 2010.
- Wootton, David. *Bad Medicine: doctors doing harm since Hippocrates*. Oxford: Oxford University Press, 2006.
- Yong, Ed. *I contain multitudes: the microbes within us and a grander view of life*. London: The Bodley Head, 2016.
- Young, Sera L. *Craving Earth: Understanding Pica: The Urge to Eat Clay, Starch, Ice, and Chalk*. New York: Columbia University Press, 2011.
- Zhong, Chen-Bo and Katie Liljenquist. "Washing away your sins: Threatened morality and physical cleansing." *Science* 313 (2006): 1451–1452.
- Zilboorg, Gregory and George W. Henry, *A History of Medical Psychology*. New York: W. W. Norton & Company, 1941.
- Zimmer, Carl. *Soul made flesh: the discovery of the brain - and how it changed the world*. London: Heinemann, 2004.