

FICTIONS OF DISEASE IN EARLY MODERN ENGLAND

Bodies, Plagues and Politics

Margaret Healy



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Margaret Healy

Lecturer in English

University of Sussex

palgrave



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First published 2001 by

PALGRAVE

Houndmills, Basingstoke, Hampshire RG21 6XS and

175 Fifth Avenue, New York, N. Y. 10010

Companies and representatives throughout the world

PALGRAVE is the new global academic imprint of St. Martin's Press LLC Scholarly and Reference Division and Palgrave Publishers Ltd (formerly Macmillan Press Ltd).

ISBN 0-333-96399-7

This book is printed on paper suitable for recycling and made from fully managed and sustained forest sources.

A catalogue record for this book is available from the British Library.

Library of Congress Cataloging-in-Publication Data

Healy, Margaret, 1955—

Fictions of disease in early modern England: bodies, plagues and politics / Margaret Healy.

p. cm.

Includes bibliographical references and index.

ISBN 0-333-96399-7

1. English literature—Early modern, 1500–1700—History and criticism. 2. Literature and medicine—England—History—17th century. 3. Literature and medicine—England—History—16th century. 4. Politics and literature—Great Britain—History—17th century. 5. Politics and literature—Great Britain—History—16th century. 6. Body, Human, in literature. 7. Medicine in literature. 8. Diseases in literature. 9. Plague in literature. I. Title.

PR438.M43 H43 2001

820.9'356—dc21

2001034499

10 9 8 7 6 5 4 3 2 1
10 09 08 07 06 05 04 03 02 01

Printed in Great Britain by Antony Rowe Ltd, Chippenham, Wiltshire

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Acknowledgements

This book has many origins and has been shaped by encounters with many more generous and knowledgeable individuals than it is possible adequately to acknowledge here. Some of my debts of gratitude go back a very long way. I would particularly like to thank the forward-looking medical sociologist at St Thomas's Hospital, London, whose compelling lectures in the 1970s first alerted me to the crucial importance of listening carefully to the culturally embedded narratives that we and our institutions construct around ailing bodies. Thanks are due, too, to generations of patients who subsequently confided their stories, confirming that medicine is about far more than scientific method and paradigms. Closer to my present professional home in English, I especially wish to highlight Helen Hackett's invaluable warm support and friendly guidance when reading early drafts of this work. Without the generous sharing of knowledge, too, by the London Wellcome Institute medical historians in those early days, especially Roy Porter and Andrew Wear, this project would have been much the poorer. The British Academy should be thanked for providing the initial scholarship that facilitated my change of career and enabled this project to take any shape at all. But it is to Tom Healy that I owe the greatest debt: he has provided the crucial long-term intellectual support, patient tolerance, and sense of humour that have helped bring this book to fruition.

Over the years I have benefited enormously from the discussions with members of the London Renaissance Seminar including Caterina Albano, Erica Fudge, Ruth Gilbert, Gordon McMullan, Michelle O'Callaghan, Ken Parker, Kathryn Perry, Susanne Scholz, Boika Sokolova, Alan Stewart and Sue Wiseman. I would also like to thank Pascal Briost, Warren Chernaik, Brian Cummings, Martin Hilsky, Lorna Hutson, James Knowles, Kathleen McLuskie, Jennifer Richards, Jonathan Sawday, René Weiss and Richard Wilson. The following institutions provided the much needed venues where I received helpful feedback on various aspects of this work: Charles University, Prague, Clare College, Cambridge, the European Institute at Florence, University College London, the University of Wales at Aberystwyth, the London Wellcome Institute, and the English departments of the universities of Hull, Lancaster, Newcastle, Southampton, Stirling and Sussex. I am grateful, too, to Josie Dixon for her encouragement and advice in the initial stages of this project, and to Eleanor Birne, my editor at Palgrave, for the enthusiastic interest she has taken in this book. Latterly, two readers for the press have provided invaluable guidance about final revisions.

Last, but certainly not least, special thanks are due to those students and postgraduates at the University of Sussex whose enthusiasm for discussing bodily representations, literature and politics, has spurred me on, convincing me that I am not completely alone in my obsessions.

List of Abbreviations

OED2	<i>Oxford English Dictionary</i> (revised edition)
STC2	<i>Short Title Catalogue</i> (revised edition)
DNB	<i>Dictionary of National Biography</i> (1921)

A Note on the Text

All Shakespearean references are to *The Complete Works*, Compact Edition, general editors Stanley Wells and Gary Taylor (Oxford: Clarendon Press, 1988).

After a first full note, all references to primary works are given in the text of the book. Where citations are from early printed books, the original spelling and punctuation has been preserved, though the short 's' has in all cases been substituted for long, and omitted letters from contractions and suspensions have been inserted and are identified by underlining. Any emphases in early books are indicated in my transcription by underlining.

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Introduction

Now, what is the cause of disease, or, whence arising
can violent illness suddenly blow up death
and disaster for humankind and hordes of beasts?
Let me explain: to begin, I showed above
that atoms of many things give life to us;

....

And all this mass of pestilence and disease
comes . . . from elsewhere, floating like clouds and fogs.

Lucretius (96–55 BC), *De Rerum Natura*¹

Some, as thou saw'st, by violent stroke shall die,
By fire, flood, famine, by intemperance more
In meats and drinks which on earth shall bring
Diseases dire, of which a monstrous crew
Before thee shall appear; that thou mayst know
What misery the inabstinence of Eve
Shall bring on men.

John Milton, *Paradise Lost* (1667)²

Disease – the dark side of life, hell on earth – is *the* recurring nightmare of much great fiction. Consider these two famous epics, separated temporally by many centuries: *De Rerum Natura* (RN) and *Paradise Lost* (PL). Surrounded by the profound political turmoil and intellectual ferment that characterized the closing years of the Roman republic, the poet Lucretius took up his pen and set about composing a radically new type of epic with Nature as its heroine and atheistical atomic theory as its philosophical linchpin. Purporting to be driven by repugnance at the ‘vile and vicious’

acts perpetrated in the name of religion, Lucretius sought to defuse the powerfully 'subversive' charge which he associated with priests' supernatural 'fantasies' about fearful occurrences like plagues being 'acts of god' (I, 83, 105, 104, 154). Countering such occult explanations with material ones based on observation, 'truth and reason' (I, 51), this accomplished rhetorician embraced his vocation as Nature's oracle, displaying all the fervour of ideological commitment, and deploying the relentless logic of Milton's Satan. Some 1700 years later, at the end of England's only republic and at another moment of political turmoil and intellectual ferment (the eve of the scientific Enlightenment), Milton's insatiate thirster after knowledge (a type of Enlightenment scientist, perhaps?) rose from the Tigris as a miasmatic exhalation 'wrapped in mist / Of midnight vapour' (IX, 69–75, 158–9) and proceeded on his pestilential course (in the manner of Lucretius' atom-like seeds of disease, 'floating like clouds and fogs', *RN*, VI, 1099) motivated by lust for power and intent on polluting Paradise with his evil, contagious and intemperate desire for forbidden knowledge. Sadly, but predictably, the 'inabstinence of Eve' would prove the key to his success (*PL*, XI, 476).

In fact, both Lucretius and Milton expounded their times' medical orthodoxy of epidemic disease discharging itself onto humanity from poisoned clouds and mists (the theory of miasma); and both appropriated 'truth and reason' for their cause, deploying their interpretations of bodily misfortune, and their talents as rhetoricians and poets, to criticize and shape the ideological fabric of their societies. Where they differed drastically, of course, is that one desired to 'justify the ways of God to men' (*PL*, I, 26) (and to curb society's increasing heretical thirst for empirically based understanding); whilst the other set himself up as a 'match for heaven' intent on trampling religion 'beneath our feet' (*RN*, I, 79, 78). Thus, whereas the later poet expounded a Christian, providential and moralistic overview of disease, the earlier one insisted on the exclusive validity of sense perception, and rejected as lies all religious interpretations of disease, which he linked to 'terror and confusion' and political manoeuvring in ancient Rome (I, 106). Undoubtedly Milton would have approved of Dante's relegation of Epicureans such as Lucretius to the sixth circle of Hell, along with the heretics, in *The Inferno* – another distinguished poem impregnated with the horrors of disease.

The juxtaposition of these epics foregrounds the socio-culturally constructed nature of explanations of disease, and literature's important participation in that process: two major premises that have informed and shaped this book. Together, these poems raise fascinating questions that resurface repeatedly through the course of this study: questions about the dynamics of social and political instability and writings about disease;

about the relation of categories of intellectual knowledge to power structures; about the strong and potentially manipulable emotions surrounding bodily chaos; and about gender tensions and writing disease. The phenomenon that Susan Sontag described as 'the struggle for rhetorical ownership of . . . illness' is rendered apparent by these poems: the ailing body can be a charged political site, and the way people explain and write about it has important consequences for individuals and for social groups.³ Indeed, any society's understanding and management of its sick bodies is constituted within a network of competing beliefs and interests.

But this is a two-way process, and perceptions of sick bodies can influence the way we imagine and order social structures too.⁴ Because our minds are embodied, our conceptual systems are 'wired up' to interpret the world through our bodily experiences – we *can* only rationalize, and communicate with the world through the medium of our bodies.⁵ This means that when social systems are perceived to be disordered – 'sick' – we tend to imagine their basic conditions of integrity and well-being partly according to how we perceive our physical bodies' conditions of health. Additionally, because medicine adjudicates between the normal and the pathological, the innocent and the guilty, medical ideas might also be called into play to facilitate a 'cure' (thus, for example, a 'cancer' at the heart of government might need 'excising').⁶ However, this is a dynamic relationship and perceived problems in, for example, national and economic bodies may well impact on the schema of the individual body. Material disease events play their part in this process too; for example, cultural theorists of AIDS have argued that 'imagining an AIDS epidemic involves thinking the whole social order as itself an infected body'.⁷ Epidemics by their very nature demand political responses and provide a good opportunity and rationale for intervention into the lives of others, for the re-ordering of bodies.

This book is an exploration of this complex bodily dynamic in the context of the early modern – a period repeatedly described as a highly somatic moment, one that witnessed an unprecedented series of exchanges between medical and other knowledges; between the corporeal and other domains. This is traditionally put down to a pre-Enlightenment mode of thinking promoted by Aristotelian and Neoplatonic philosophies and by Pauline theology, all of which encouraged a modish and obsessional rendering of the world in terms of correspondences between macrocosm, body politic, and microcosm; hence the plethora of body images in medieval and early modern writings. In *The Elizabethan World Picture* E. M. W. Tillyard famously described this habit as an expression of 'the idea of that order' which all Elizabethans longed for: 'with their passionate love of ceremony they found the formality of these correspondences very congenial'.⁸ Corporeal analogies

were basically a quaint, pre-modern, and eventually discardable way of articulating a world in which man was the measure of all things. When the world was 'enlightened', especially by Cartesian philosophy with its radical mind-body split, we became more objective in our approach to knowledge and, thanks to 'Royal Science' and the anti-metaphor strictures of mid-seventeenth-century figures like Thomas Hobbes and Sir Thomas Browne, rational men stopped thinking in terms of organic bodily analogies – effectively we became 'disembodied'.⁹ According to this perception, body politic metaphors ceased to be a functional way of thinking social unity from the mid-seventeenth century: if they appear in modern writings they are fossilized relics or significant 'survivals' bequeathed to us from an earlier age, or mere decorative analogies.¹⁰

It will be clear that I am highly sceptical of this positivist account, which is premised on the post-Cartesian desire to separate knowledge into distinct disciplinary categories and drive a wedge between imaginative, aesthetic discourse and the discourses of 'objective' knowledge.¹¹ But, if this customary story does not satisfactorily explain the early modern's particular discursive obsession with corporeal analogies, how do we understand it? And if an explanation is forthcoming, what might it tell us about our own highly somatic moment in which the body has emerged, we are reliably told, as 'a new [intellectual] organizing principle'?¹² Not so 'new', perhaps, but why has it come out from behind closed doors and been reinstated as a viable 'organizing principle' now? The key to these questions lies, I believe, with the alternative way of apprehending the body-mind-society dynamic outlined above in which the significance of the 'body politic' extends beyond that of a mere heuristic device. This 'embodied' approach to cognition, premised on the insights of cognitive philosophy, metaphor theory, anthropology and the cultural theory of AIDS, will be utilized throughout this book.

Fictions of Disease is the outcome of two professional careers which have merged – courtesy of our somatic moment – in the pages of this book. As a health care practitioner with some 17 years of caring for sick bodies behind me, I profess a deep and lasting interest in the stories both sufferers and physicians tell about ailing bodies, and in how material factors such as signs and symptoms and routes of transmission, as well as cultural experiences, shape those stories. As a university lecturer teaching English I am now immersed in a discursive realm which is similarly preoccupied with narratives and their cultural embeddedness, but predominantly textual ones. In this study, real bodies and diseases meet with the early modern texts that interpreted them and imaginatively represented them. It is hoped that this will be a creative collision enabling enhanced understanding of embodiment in a period spanning from the first reforming parliaments

(1530s) to the English civil wars. Through focusing on the three most written-about disease states of this period – bubonic plague, syphilis and the replete, glutted, humoral body – *Fictions of Disease* seeks to understand the cultural location which promoted such a complex intertexture of medical, religious, economic, political and literary writings. It particularly strives for a better apprehension of the relation between aesthetic and ideological deployments of disease in early modern literary texts. Alongside pursuing questions of ideology and power, I am interested in providing an account of the erotic and aesthetic potential (the appeal to the commercial stage, for example) of certain diseases at specific cultural moments, and in exploring how generic conventions shape disease representations. My book concludes by asking what insights such a study can provide into the operations of today's somatic fictions.

Disease as a construct and medicine as myth

So far . . . the assumption that disease entities are natural objects, has not come under frontal attack. . . . Medical categories . . . are the outcome of a web of social practices, and bear their imprint. . . . Analyses of medical knowledge as a social construction are still neither common nor well known.

P. Wright and A. Treacher, *The Problem of Medical Knowledge* (1982)¹³

In the post-Foucauldian fall-out of the past decade or so, medicine's elision of its own discursiveness has, like that of science, 'come under frontal attack' from a range of disciplines, and with a force which the authors of this pioneering book would undoubtedly wish to celebrate.¹⁴ The burgeoning field of cultural theory and discourse analysis relating to AIDS has been a major impetus to this. Nevertheless, lay perceptions of medicine remain largely unchanged, and early modern literary criticism's response to this theoretical blast has been less marked than might be anticipated in the wake of poststructuralism and the new venereal 'plague'. A dominant tradition persists in which medicine is viewed as background information against which to read the canon, and in which images of disease in literature function simply as mood-creating tropes reflecting 'reality': thus more allusions to disease equal more disease in society, or in the body or mind of the author.¹⁵ Indeed, ignoring the 'constructed' nature of medicine and its disease paradigms inevitably leads to critical studies which juxtapose medicine to literature, providing lengthy lists of borrowings from one distinct sphere into another, effectively serving to perpetuate the myth that medicine, like science, possesses a discrete and rarified form of communication.

But two groundbreaking volumes which approach medicine and literature in a different, more integrated way, should be highlighted here: Jonathan Sawday's *The Body Emblazoned*, and Gail Kern Paster's *The Body Embarrassed*. These compelling studies have greatly enriched our understanding of the Renaissance cultures of anatomy and Galenic medicine respectively. Michael Schoenfeldt's subtle and convincing *Bodies and Selves in Early Modern England* has been an extremely significant recent addition to the field, and Jonathan Gil Harris's *Foreign Bodies and the Body Politic* has added an important Paracelsan dimension too.¹⁶ However, to date, critics have, in my view, placed too much emphasis on a standard, Galenic model of the body, or one that shifted drastically to a Vesalian or Paracelsan paradigm in the early seventeenth century.¹⁷ This is not to denigrate the importance of emphasizing each in its own way, but, as this study demonstrates, the age tended to combine these ostensibly competing theories in idiosyncratic manners: certainly, the Galenic bodily model (which will be explored in Chapter 1) together with its body politic analogies, was not eclipsed by the major seventeenth-century challenges to its authority. Furthermore, from the mid-sixteenth century, the biblical Word became increasingly indispensable for interpreting and acting upon bodily signs, especially those to do with contagious disease and pollution. This important shift is occluded by too singular an emphasis on what might be termed 'élite' medical paradigms. Similarly, as we shall see in relation to Thomas Lodge's plague treatise of 1603, under the impetus of humanistic learning, ancient historical, mythological and philosophical writings about disease assumed a heightened significance too.

In fact, in the early modern period plausible fictions about 'dis-ease' (human, social and environmental misfortune) formed the bedrock of medical theory. Furthermore, as clear-cut divisions between lay and professional healers were not operative at this time, it would be anachronistic and mistaken to assume that medical understanding, and its textual inscription, were the privileged preserve of an élite body of university-trained and objectively-seeing practitioners. In sixteenth-century England the majority of interpreters of bodily misfortune were not learned physicians.¹⁸ Indeed, we might even conclude that attempting to separate medical writings into a distinct category – a practice inevitably encouraged by modern disciplinary boundaries – is a contentious and extremely problematic exercise when applied to this period.

My work favours a far more holistic, less scientifically heroic, account of 'medicine' – in any age, but particularly in pre-technological societies. As the analysis of a broad range of early modern vernacular medical books in Chapter 1 reveals, general understanding of the body was not limited to one clearly defined paradigm, but was far more diverse, idiosyncratic

and unstable: in fact, there was not one model of the body in this period, but a slightly bewildering range. Many physicians operating in the seventeenth century were, like James Shirley's physician in the masque *The Triumph of Peace* (1634), 'A Galenist, and parcel Paracelsus' – a bit of both – or, like Simon Forman and Robert Fludd, extremely eclectic.¹⁹ Indeed, as *Fictions of Disease* demonstrates, the various models of bodily dysfunction and healing that circulated in early modern English culture were viewed less as competing structures than as ones to be employed in complementary fashions. Similarly, body politic constructs were diverse and often compendious, each writer emphasizing elements that authenticated his argument about how to achieve the 'health' and unity of the commonwealth. This produces a very different, less straightforward, frustratingly less clear-cut cultural dynamic than is acknowledged in recent work.

But this view of diseases as 'constructs' requires further clarification. After all, it is common knowledge that infections like measles and sore throats are caused by germs called viruses and bacteria which invade the body – isn't it? Today, in advanced technological societies we are used to thinking about diseases as discrete bio-medical entities that can be detected with the aid of a microscope. Effectively, as the sociologists Claudine Herzlich and Janine Pierret have argued, 'the discourse of medicine about illness is so loud that it tends to drone out all the others'.²⁰ But not completely, it seems, if we consider, for example, competing explanations of measles in Hong Kong in the late twentieth century. As the social anthropologist J. B. Loudon has described, most informants there, when asked about measles, viewed it not as a disease but rather as a 'natural, necessary, inevitable but dangerous transitional condition', linked to 'womb poison' affecting adult males, and resulting from intercourse with a woman within the ritually prohibited period of one hundred days after childbirth.²¹ Clearly, here, the traditional Chinese cultural understanding of measles was powerful enough to 'drone out' the competing Western medical explanation of measles, even though the theory of measles as a viral entity could be substantiated using available technology.

In fact Renaissance English humoral medicine offered a remarkably similar explanation of measles. In his medical regimen of 1593 the humanist scholar Simon Kellwaye described 'the conjunct cause' of 'measels and pockes' as:

the menstruall blood which from the beginning in our Mothers wombes wee receaved, the which mingling it selfe with the rest of our blood, doth cause an ebullition of the whole . . . which matter if it be houte and slimy, then it produceth the pocks, but if dry and subtill, then the measels.²²

The 'filthy menstruall matter', the corrupting mother's blood, had to be expelled from the infant's body and this was accomplished in the course of the 'measels' or 'pockes' sickness (f. 39r). This cross-cultural comparison yields a striking insight: two cultures separated by centuries and vast geographical distance can provide remarkably similar explanations of a collection of bodily signs and symptoms (the link is possibly that humoral theory had its roots in ancient China).²³ In Hong Kong in the 1970s, however, measles was not popularly perceived as a disease (even though it had a high mortality rate), but as a 'transitional condition'. In early modern England, described alongside smallpox and plague, it clearly was.

Definitions of diseases are, in fact, rarely just a matter of causative organisms: if cultural traditions participate in constructing diseases, so do prevailing fashions and lifestyles. The illness 'chlorosis', related to the earlier 'green sickness' and to current 'anaemia', is an example of this from the nineteenth century. This is how a medical historian, Henry Sigerist, described the phenomenon in 1943:

The latter, an anemia of young girls, has completely disappeared today. It has been attributed to the effect of the corset on the adolescent organism. . . . Chlorosis was the disease of the young girl of the upper classes who lived an indoor life without physical exercise, doing some needlework, playing some music and waiting for her husband to relieve her. It was the pale ethereal girl, dear to the poets of the time.²⁴

Sigerist alludes not only to the lifestyle associated with the affliction but to its Romantic qualities too – 'the pale, ethereal girl'. Indeed, the poets described here as enamoured of the tubercular victim, arguably played a role in constructing the disease's persona.

A century earlier another fashionable sickness, 'The English Malady', had caused a polemical stir in Britain. In his treatise on the subject, a contemporary sufferer and physician, George Cheyne, implicated the following in the production of this new disease's 'atrocious and frightful Symptoms':

The Moisture of our Air . . . the Richness and Heaviness of our Food, the Wealth and Abundance of the Inhabitants . . . the Inactivity and Sedentary Occupations of the better Sort.²⁵

The melancholy stereotype of a century before appears to have helped shape this culture-bound affliction; but the most fascinating thing about the English Malady is its relationship to eighteenth-century politics. The Whigs appear to have promoted the disease, citing it as evidence of Britain's