

PRACTICE IMPERFECT:
THE STRUGGLE FOR HEALTH IN
EARLY MODERN ENGLISH LITERATURE

BY

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*I would not wish
any companion in the world but you,
Nor can imagination form a shape,
Besides yourself, to like of. (The Tempest III.i)*

Thank you. I love you. Let's go already.

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Abstract

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Practice Imperfect:
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INTRODUCTION

“Heere thou hast succour to serve thee in thy sicknesse”:
The Promises of Medicine

Art thou diseased in thy Head? art thou greeved in thy heart? art thou pained with Ache? Art thou tormented with a Fever? Art thou wounded? Art thou troubled with any irksome sore? Doth thy sight faile? Doth thy hearing waxe weake? Dooth thy youth weare away? Dooth age creepe on a pace? Finallie, doost thou feele thy selfe infected with the poyson of the Plague and Pestilence? Then delay no time, but with a small price buye a gemme woorth Golde, (this booke I meane,) which though it be little in quantitie, yet it is great in qualitie and vertue. Heere (as in a cunning Apothecaries shops) are receipts of sundrie sortes provided, wherewith the rage of any sore by mittigated, the nypping smart of any ulcer or wounde asswaged and the venom of any malladie expelled, the perfection of health restored.

– *An Hospitall for the Diseased*, A2v

Compiler Thomas Cartwright addresses his reader in *An Hospitall for the Diseased* (1578) as any salesman might: with broad appeals to the populace, promises about his product, and attestations of that product's great value. His enumeration of ailments ranges from the minor (“any irksome sore”) to the serious (“Plague and Pestilence”), from the troubles of aging to those of mental health. All, he vows, will be cured by the collection of receipts and recipes contained in his little volume, which he labels “a gemme woorth Golde.” Cartwright employs a quacksalver's rhythm and makes appealing panacean claims of his text, and the book itself participates in a rapid influx of practical guides to health in early modern England.¹ The genre is composed of vernacular texts of both physical and

1 The quack's style was common and familiar enough to be parodied in Ben Jonson's *Volpone* (ca. 1605). Jonson's titular, malingering Volpone disguises himself as a mountebank in order to catch a glimpse of the beautiful Celia, and professes the virtues of his “blessed unguento” to the crowd and lady: “To fortify the most indigest and crude stomach, ay, were it of one that, through extreme weakness, vomited blood, applying only a warm napkin to the

spiritual health which offer actionable regimens of self-governance aimed at cure, solace, and salvation—or as Cartwright puts it, “the perfection of health restored.” Good salesmanship may have been one of the reasons for the relative success of Cartwright's volume, which went through at least eleven printings in the sixty years between 1578 and 1638, but practical health texts in the vernacular like his also gained footing by establishing themselves as authoritative, useful, and efficacious pathways to wellness. Such texts were appealing during a period in which patients and individuals faced all sorts of illness, from daily complaints to raging epidemics.

This project extends the current critical conversation about the impact of contemporary discourses of disease on early modern literature by studying how imaginative and literary texts work within and against the discourses of physical and spiritual health to which practical texts like Cartwright's belong.² I argue that these literary texts understand vernacular medical knowledge and practical regimens as models, challenging the easy abstraction of such totalizing approaches to health in order to articulate the complexities of individual experience and flawed human nature, and to expose the uncertainties of health as they relate to the nation, body, and soul. By understanding some of the ways that early modern literature engages with debates about the struggle for health, “Practice Imperfect” deepens our understanding of the interplay between literature and health in early modern culture.

The populace of England in the sixteenth and seventeenth centuries experienced sickness as physical fact and as social force—as Paul Slack has remarked, “illness is always a social as well as a biological phenomenon” (262). The plague struck frequently, especially in cities, shutting down

place, after the unction and fricace;—for the vertigine in the head, putting but a drop into your nostrils, likewise behind the ears; a most sovereign and approved remedy: the *mal caduco*, cramps, convulsions, paralyties, epilepsies, tremor-cordia, retired nerves, ill vapours of the spleen, stopping of the liver, the stone, the strangury, hernia ventosa, iliaca passio; stops a dysenteria immediately; easeth the torsion of the small guts; and cures melancholia hypochondriaca, being taken and applied according to my printed receipt” (II.ii.98-109).

2 I adopt Ernest P. Gilman's terminology of “imaginative writing,” which he uses in *Plague Writing in Early Modern England* (2009), as its capacious scope helps signal an archive of works for this dissertation that extends beyond traditional “literary” bounds, including pamphlets, letters, and prophetic texts.

major public venues such as playhouses and leading to the forcible house arrest of those thought to be infected.³ Syphilis, called (among other things) the “French Pox,” had recently begun its devastating raid across Europe. And those who escaped the ravages of these two great epidemics of the period might face a list of troubling conditions rivaling that tallied by Cartwright; among the multitude of ailments regularly recorded were smallpox, the stone, gout, agues, dropsy, scurvy, and the innumerable disorders related to the womb and to childbirth. Such an array contributed to what Margaret Pelling has described as a “common sense of human frailty” (*Common Lot* 2)—the ubiquity of distemper and bodily disorder was, for early moderns, universally accepted and widely expected.⁴

In this common experience many also shared a common attentiveness to personal health; looking at case records and personal documents, Pelling has demonstrated that individuals and households carefully monitored health and became “profoundly concerned” at the appearance of minor symptoms. This obsession with personal health led to the emergence of the “medical marketplace,” a term coined by Harold Cook in *The Decline of the Old Medical Regime in Stuart London* to describe the economic landscape of healthcare in the early modern period (22), in which practitioners at all levels and ranks proliferated.⁵ Patients had access to apothecaries, midwives,

3 Although not exclusively a medieval or early modern phenomenon (the *Yersinia pestis* bacterium persists today), England suffered greatly from plague outbreaks from 1550-1666; during that period, there were frequent outbreaks, with major incidents occurring in 1563, 1593, 1603, 1625, and 1665-66 (the “Great Plague”). In an attempt to contain the plague, the crown issued edicts demanding quarantine. According to the 1593 *Orders thought meete by her Majestie, and her privy counsell*, this meant six weeks of isolation after the passing of the outbreak, with the poor maintained “at the common charges” (Item 7).

4 Pelling's work is part of a shift away from an emphasis on the elite medical establishment to the vast array of unlicensed, or “irregular” practitioners, the suffering patient, and the texts themselves. Since this pivot to “history from below” began several decades ago, a great deal of important work has illuminated the larger culture of medicine in the early modern period. See, for example, Mary E. Fissell, “Readers, texts, and contexts” (1985) and *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (2004); Elizabeth Lane Furdell, *Publishing and Medicine in Early Modern England* (2002); Lucinda McCray Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth Century England* (1988); Pelling, “Medical Practitioners” and *The Common Lot*; Pelling and White, *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners 1550-1640* (2003); Porter, *Patients and Practitioners*; Richards, “Useful Books: Reading Vernacular Regimens in Sixteenth Century England” (2012); and Slack, “Mirrors of Health.”

5 Andrew Wear has challenged the “medical marketplace” as a construct overly reliant on free-market ideologies of the Reagan-Thatcher era (*Knowledge and Practice* 29). Cook's concept has, nonetheless, provided an extremely useful framework for considering the relationships between various groups engaged in medical practice and its related

herbalists, barber-surgeons, and various other irregular practitioners with whom they could negotiate for care, often at significantly lower costs than those offered by learned and licensed physicians. This exacerbated tensions between the medical establishment and its competitors, and attempts to regulate medical practice in England followed, ostensibly in order to protect patients seeking relief from dangerous practitioners. The Royal College of Physicians had the authority to grant licenses to practice, and also to punish the unlicensed, though the organization's capacity to effectively sanction offenders was limited by the College's jurisdiction, which extended only to the area immediately surrounding London.⁶

I am here concerned with yet another obstacle to the medical establishment's attempts at regulation, one also prompted by the obsession with personal health: the vernacular discourses of health and sickness. Practical texts in the vernacular that offered health advice flooded the marketplace in the sixteenth century, and their popularity only grew as time passed.⁷ As in the case of irregular practitioners, many of these texts were scorned by the Royal College of Physicians and its supporters, who claimed that increased access to medical knowledge in English encouraged ignorant, careless, and dangerous medical practice.⁸ There may, of course, have been alternative motivations: as Thomas Brugis asserts in his *Marrow of Physicke* (1640), “these kinde of bookes are very difficult to be published in English,” because many physicians “would be loath to publish them

spheres, and the notion remains intellectually useful.

- 6 For more on the standards and restrictions of the College's authority, see Pelling and Webster, “Medical Practitioners.” In addition to jurisdictional problems, Furdell notes the 1542 “Quack's Charter,” which further challenged the College's authority by allowing irregular practitioners to offer their services to patients if they did so for free (4).
- 7 “Practical” texts are written in the vernacular specifically to target a lay audience; they offer advice that might be construed in modern times in terms of “how-to” guides, suggesting methods and practice that will enable the reader to achieve specific goals.
- 8 Although the poorest members of society would have been unlikely to be literate, Fissell has shown that the sixteenth and seventeenth centuries saw a significant increase in literacy rates and in access to practical texts for household use. She asserts that almost all levels of society gained access, in this period, to what she calls “cheap print”: ballads, pamphlets, newspapers, and practical texts of health and devotion (1).

and make the secrets of their science common” (Av).⁹ Regardless of the reason for the College's objections, however, the popularization of medicine via print continued apace, and the market boomed.¹⁰ 153 medical texts—not including almanacs and primarily religious texts on epidemic disease, genres which were themselves quite popular—were published in English during the Tudor period, in almost 400 distinct editions (Slack 239), and 207 more were published between 1640 and 1660 (Webster *Instauration* 38); overall, the medical book trade was supported by more than 200 printers in London from 1475 to 1700 (Furdell 49).¹¹ And works of practical devotion, which include those texts aimed specifically at spiritual health, were, as Matthew P. Brown has termed them, “steady sellers,” which he suggests compose “a—perhaps *the*—canon of popular reading in the early modern West” (69). These texts were bought, used, and discussed in record numbers, generating further discussion and more texts and editions.

Vernacular health texts in the period fall into a wide range of categories, the boundaries of which can be somewhat blurry, but which in general tended to be more accessible than texts designed for university-trained experts. The volumes were typically smaller and significantly cheaper than learned texts. Nicholas Culpeper's *The English Physitian Enlarged* (1671) advertises itself as a “compleat method of physick, whereby a man may preserve his body in health; or cure himself [...] for three pence charge” (title page), a price consistent with the averages for such works (2d to 1s, depending on the work) and a miniscule fraction of the cost for a major work like Gerard's *Herbal* (48s) (Slack 247).¹² These cheap texts range in topic from the general—health regimens like Elyot's

9 For his part, Brugis claimed disinterest in personal profit and an interest in the greater good, “for a great number of people perish for want of meanes to procure the advise of a physition” (Av).

10 Furdell's *Publishing and Medicine in Early Modern Medicine* provides an excellent discussion of the specific challenges to the medical establishment posed by print of this kind.

11 An accounting of the English medical texts published between 1604 and 1640 is not readily available; however, Andrew Wear has noted a definite paucity of Latin texts circulating in the period, suggesting that English was still the preferred language for guides to maintaining health (*Knowledge and Practice* 41).

12 192 copies of Culpeper's work could thus be purchased for the cost of the more expensive text.

The Castell of Health and receipt books (offering recipes for a range of health complaints) like A.T.'s *A Rich Store-house or Treasury for the Diseased*—to works on more specific topics like the plague, human anatomy, or female-specific conditions (including midwifery manuals and works on hysteric ailments like *Suffocation of the Mother*), and they vary slightly in their stated purpose. Though all aim toward prevention or cure, and often both, some posit themselves as supplementary to consultation with a physician, and others profess to make readers doctors to themselves: William Walwyn's *Physicke for Families* (1674) purports to enable “every one, at sea or land, by the medicines herein mentioned, to cure themselves, their friends and relations, in all distempers and diseases” (title page). Purchasers of these texts thus had no lack of options, and could suit their choice to specific needs and budgets as they so desired.

Importantly, most works concerned with the health of the body were likewise concerned with the health of the soul, at least implicitly. Scholarship has largely elided the role of spiritual health and therapeutics in the overall scheme of medical health; this dissertation assumes, as did most early moderns, the inextricability of physical and spiritual health in the period. Ailments and aberrant conditions might be seen as a direct punishment for sinful behavior, for instance, and healing depended on God's will and permission. As a result, practical discourses of health were often inclusive of both body and soul in discussions of sickness and treatment. In explicitly medical texts, authors frequently remind readers of the postlapsarian etiology of sickness—that is, the notion that human sickness and death derive originally from man's first disobedience—and call on medicine as a gift from God and the maintenance of health as a divine blessing.¹³ Thomas Cogan, for instance, declares that “physicke is the ordinarie meanes which God hath appointed for the preserving and

13 Though any disease might be read as the punishment for some sin or excess, epidemic disease was considered to be a particularly medico-spiritual affliction of the populace. Plague is frequently described as a product of the downfall of society—physician Stephen Bradwell asserts that it is “the very influence of the striking Angell executing the vengeance of God upon the bodies of men” (2)—and writers translate “plague” as a derivation of the Latin *plaga* (“to strike”), to signal its nature as a punishment.

recovering of health, and consequently for the prolonging of life so long as his good pleasure is” (3).¹⁴ In works focusing on spiritual health (as in the *ars moriendi* genre, which will be discussed in more detail in chapter 2), the emphasis lies instead on treating the human body—given, after all, by God himself—with care in order to help improve the health of the soul. Patients are reminded to be patient and obedient, and, as theologian William Perkins declares, the sick must “not onely prepare his bodie, as physicians doe prescribe, but hee must also prepare his soule by humbling him-selfe under the hande of God in his sicknes for his sinnes” (153). Given the close connection between health in body and in soul, good medicine is sanctioned by God for the treatment of his flock, and is part of a holistic regimen that seeks to ensure the health of the whole person. Such a perspective, combined with the rise in practical, do-it-yourself guides, leads to the placing of that good medicine in the hands of readers.

And so the various texts and genres of practical health circulated, claiming to provide this medicine to the people; in doing so, they circulated ideas about methods and practice, which necessarily shift and fluctuate according to changes and debates in medical and scientific knowledge.¹⁵ Some of these debates mirror the conflicts over who could and should practice, as the Royal College of Physicians fought against the flood of irregular practitioners for dominance. And while some ideas and methods remained relatively static—theories about ideal conditions for bloodletting, or about the characteristics and uses of various plants and herbs, or about the necessity of obedience to one's practitioner and to God—practical discourses of health also reflected conflicts arising in contemporary medical practice, especially as challengers to traditional Galenic principles

14 This sentiment is common in dedicatory epistles and prefaces to readers. Cartwright, for instance, reminds his readers that God has “a special regard” to “the health of thy body, and the safety of thy soule” which is “evidently proved by the manyfolde remedies, which he hath prepared to restore thee to soundness of Limme and life” (A2r).

15 Debates in discourses of spiritual health occasionally reflect different medical theories, but are largely focused on differences in denominational belief. Some of these differences, particularly between Catholic and Post-Reformation texts, are outlined in chapter 2.

emerged.¹⁶

Galenic medicine, which dominated the medical field throughout much of the early modern period, held (among other things) that the health of the body depended upon a careful balance, within the body, of the four humors (blood, black bile, yellow bile, phlegm), which were regulated through control of the non-naturals (hygienic factors not inherent in the body: air, food and drink, sleep and wakefulness, motion and rest, excretion and retention, dreams and emotions).¹⁷ Upsets in this balance, either through deficiency or excess of any particular humor, led to *dyskerasia*—literally, a “bad mixture”—resulting in psychological or physical sickness. What qualified as a proper balance depended upon the individual: Thomas Elyot devotes a significant amount of *The Castell of Health* to defining the “complexion,” or the “combination of two divers qualities of the foure elements in one body, as hot and dry of the fire, hot and moyst of the ayre, cold and moist of the water, cold and dry of the earth” (3). Each person, governed by a particular complexion, would be subject to different conditions, different imbalances, different treatments: the melancholic, cold and dry in complexion (and associated with black bile), could be identified by a lean, hard frame, plain and thin hair, excessive watchfulness and fretting, and would have “dreames fearfull” and be “seldome laughing” (5).¹⁸ If that melancholic were to suffer a deficiency of phlegm, one dietary remedy might be to consume fish, lamb (if he is not yet old), or cucumber. Elyot's work, and the regimens that followed in its stead, offered detailed guidance on diet, behavior, and activity, as a means of self-regulating the body and avoiding *dyskerasia*. Medicines—compiled in household collections, printed in the vernacular by authors like Cartwright, or kept as proprietary by practitioners—served as the next

16 Debates about specific therapeutic methods will be discussed in more detail in chapter 1.

17 Humoral theory does not originate with Galen, who lived in the second century A.D.; rather, Galen further developed older Greek humoral principles, many of which derive from the Hippocratic corpus several hundred years earlier. After Galen, the theory saw more developments under Avicenna and in the Middle Ages. For a quick overview of the history of humoral medicine, see Healy, *Fictions of Disease* chapter 1.

18 Each individual would be further distinguished by the complexion of his or her individual members, which could in turn face *dyskerasia*.

logical step, offering cure where prevention faltered. The system, complex and logical, served to explain a great deal of the individuality of the human body and its relationship to the natural world.¹⁹

Despite its wide—and understandable—acceptance, Galenic medicine faced significant challenges as advances in human anatomy and the development of alchemical medicine found footing starting in the sixteenth century. Differences in method and model sometimes appeared in print in the form of polemics against quacks and poor practitioners, as in the 1605 *Beware of pick-purses, or a caveat for sick folkes to take beede of unlearned phisitions, and unskilfull chyrgions*, which argues that learned, Galenic medicine is the only reliable medicine because the “ample and divine Arte of Physicke...requireth a whole man” and “is not learned in the space of one or two yeares” (3).²⁰ They also appeared in texts promising extreme novelty, as in Walwyn's *Physicke for Families*, which is, apparently, a “new, safe, and powerfull way” to cure any and all diseases “without any the trouble, hazzard, pain or danger, or purgers, vomitters, bleedings, issues, glisters, blisters, opium, antimony, and quicksilver” (title page). With this title, Walwyn positions his method against both traditional methods and the new alchemical remedies of Paracelsus and his followers.²¹ And still others acknowledged divergent opinions while drawing on multiple traditions: as Allen Debus notes in *The Chemical Philosophy*, English authors began citing Paracelsus as an authority in the mid-sixteenth century while simultaneously advocating for Galenic principles (177).

Regardless of the ideological or methodological perspective of any given vernacular health

19 And despite advancements in medical knowledge superseding the humors, cure was not simply the result of chance (or prayer); the dietetic regimens emphasized moderation and exercise, promoting healthy bodies, and the medicinal nature of plants and herbs was often recognized with some accuracy. In addition, pre-modern medicinal compounds met with some success: in 2015, scientists at the University of Nottingham recreated a salve for eye infections from the Anglo-Saxon Bald's Leechbook (BL Royal 12)—a mixture of garlic, onion, wine, and cow stomach—and found it to be 90% effective at destroying the highly antibiotic resistant MRSA bacteria (BBC).

20 Translated by English physician Francis Herring from Johann Oberndorf's German original, the text goes on to say that “it is clearer then the Sun, that the whole Rable of these Quackalvers, are of a base wit, & perverse Nature, having no more naturall Inclination or Disposition unto this study, then the Asse to the harpe” (3).

21 Antimony, also an effective purgative, and quicksilver—or mercury—were both important for Paracelsian treatment. They are also, as was learned in later centuries, extremely toxic.

text, however, all are united in positing themselves as authoritative and efficacious. The very nature of the genre requires that texts figure themselves as offering real solutions: who wants to read a book of medicines that aren't true medicines, or to learn about a diet one should not follow?

Authors enumerate their credentials in various ways. Elyot, who was not a practitioner, admits that he has “never bene at Mountpellier, Padua, nor Salerne,” the centers of great medical learning, but nonetheless has studied deeply in medical authorities and has “found some thing in Phisicke, whereby I have taken no litle profite concerning mine owne health” and that he finds worth sharing (A5r). Others, like Walwyn and Girolamo Ruscelli (who wrote under the pseudonym Alexis of Piedmont, and was translated into English by several authors), offered up evidence of their own successful practice. Ruscelli, according to the preface of the 1580 translation of his *Secretes of the Reverende Mayster Alexis of Piemont*, was compelled to share his work after a tragedy: Ruscelli refused a competitor's request for one of his famed remedies for the stone, interpreting the query as a way for the practitioner to take credit for another's success, and offered instead to treat the patient for free if allowed to meet with him himself. The physician acquiesced too late, and Ruscelli came to the patient when he was “so nigh his end” that all he could do was lift “up his eyes, castyng them piteousle towarde me” before dying (2). Guilt-stricken (and for a while, suicidal), Ruscelli tells us that he vowed to give up his vanity and share his secrets with the world, so that he would no longer be tempted by petty rivalries with other practitioners, and so that all could benefit from his extensive experience and wisdom. And for Jane Sharp, author of *The Midwives Book* (1671), authority comes from both experience and identity: she explicitly denies the assumed preeminence of male midwives (and by extension their manuals), despite their learning, and asserts the “natural propriety” of women in the role, offering her text as useful and appropriate to true midwives.²²

²² The Bible, she notes, “hath recorded Midwives to the perpetual honor of the female sex,” especially since there is “not so much as one word concerning men-midwives mentioned there” (3).

Works of spiritual health employ many of the same authorizing methods as those used for physical health texts.²³ Christopher Sutton's *Disce Mori: Learne to Die* (1601) promises to provide “the meane and manner of disposing [one]self to God” (title page), a process Sutton claims to have originally undertaken for personal use but which he, like Elyot, is ultimately convinced has broader utility: “after, waiing with my self, how much it concerneth every man to be careful of his end ... I then began to draw that particular advertisement apperteyning unto some, to a more generall discourse, appliable unto all, and everie one” (A3v-A4r). And the anonymously composed *The Dying Mans Assistant: Or, Short instructions for those who are concern'd in the preparing of sick persons for death* (1697) posits the text as a clear, efficacious, and widely applicable system of practice; the address to the reader assumes an inherent authority derived from necessity, noting that “the subject of this treatise [is] above the needing any arguments to perswade the world of its importance” and limits itself to “no other preface, than may just suffice for the facilitating...application of it to practice” (A2r). It is, the author states, “a compleat set of instructions, shewing how to assist and dispose a sick person” (A2v) that clinically establishes “the most proper and effectual means” for healing the soul's ailments (A3r). *The Dying Mans Assistant* is a particularly clear example of the ways that authors of practical texts of all kinds claim authority and efficacy for their works; its tactics are taken up by other works of spiritual health and are a prominent feature of the prefatory materials of vernacular guides to

23 A shared vocabulary of sickness and treatment emphasizes the connections between the discourses. Works might be addressed to those experiencing physical sickness, offering ways of supplementing medical treatment by seeking out its true source (as William Perkins suggests readers ought to do), or they may be focused specifically on soul-sickness and its spiritual treatment. Among the many works of practical devotion that fall into the category of “spiritual health” guidebooks are texts calling themselves “salves” or “balms,” which make explicit the medico-spiritual connections I assume in this project. Some of these are *ars moriendi* texts, including *The Sicke Mans Salve* by Thomas Becon and *Salve for a Sick Man* by William Perkins. Others cast their potential for healing wider than the deathbed to those who are merely soul-sick from lapsed prayer or inattentive worship: see, for example, John Andrewes, *A soveraigne salve to cure a sicke soule infected with the poyson of sinne* (1624); Zacharie Boyd, *The balme of Gilead prepared for the sicke* (1629); Thomas Brooks, *Precious remedies against Satans devices, or, salve for all mens sores* (1652); Thomas Calvert, *Heart-salve for a wounded soule* (1647); David Chytraeus, *A soveraigne salve for a sick soule* (1590); R. Gove, *A soveraigne salve to cure wounded spirit, or, the ready way and meanes to give spirituall ease and comfort to distressed consciences* (1651); Thomas Powell, *A salve for soul-sores* (1679); and William Sclater, *The sick soules salve* (1612).

physical health.²⁴

Many of these texts—medical works in particular—contain caveats indicating that the information contained within is accurate and proven, but not foolproof. A work may be “wel approved” (Ruscelli) or a “plain way of Nature's own prescribing” (Thomas Tryon, *The Good Housewife made a doctor*) guaranteed to aid in prevention and cure, but that guarantee holds only when the methods prescribed are properly used by readers. According to the authors of these guides, failing to follow instructions might merely lead to a lack of results, but sometimes, the consequences are more dire: “if the things therein conteyned by not descreetly and wisely studied and applied, according to the true meaning of the author” warns Thomas Vicary, “we have to tell you hereof, that therein is great perill, because through ignorant practitioners ... commonly doth ensue death, and separation of soule and bodie” (1). The establishment of such high stakes acts as insurance in the case of reader error, but also reinforces the importance and authority of the texts themselves. These works, carefully compiled and based in the authority of learning and experience, promise “profit” to readers who carefully follow the methods within, in the form of good health. Placed in print, these methods appear stable and fixed; when reprinted—as many of these texts were, over and over—they become codified, their authority confirmed and reconfirmed by the ongoing marketability they offer.

Literature in the sixteenth and seventeenth centuries takes note of these methods, and many authors deal rather directly with the concerns about health and sickness that these practical texts demonstrate. Thomas Dekker's *The Wonderfull Yeare* (1603), which recounts the momentous year of Elizabeth I's death and James I's ascension, concerns itself also with the devastation of the 1603 plague.²⁵ Dekker describes the epidemic's grip on those facing it first-hand in visceral terms, saying

24 It is somewhat less common for works of spiritual health to have extensive prefatory material of the type seen here, perhaps because the use of such texts is simply assumed; however, all offer implicit claims to authority through the very act of offering clear and specific advice for achieving spiritual health.

25 Christopher Hill's *The Century of Revolution, 1603-1714* (1982) records 33,500 deaths in London alone during the outbreak (Appendix D).

that “A stiffe and freezing horror sucks up the rivers of my bloud: my hair stands on end with the panting of my braines: mine eye balls are readie to start out, being beaten with the billowes of my teares.” Overtaken in body and mind by the horrors of the disease, he decides to take up his pen:

Sorrow and Truth, sit you on each side of me, whilst I am delivered of this deadly burden: prompt me that I may utter ruthfull and passionate condolement: arme my trembling hand, that it may boldly rip up and Anatomise the ulcerous body of this Anthropophagized plague: lend me Art (without any counterfet shadowing) to paint and delineate to the life the whole story of this mortall and pestiferous battaile, & you the ghosts of those more (by many) then 40000 that with the virulent poison of infection have been driven out of your earthlie dwellings: you desolate hand-wringing widdowes, that beate your bosomes over your departing husbands: you woefully distracted mothers that with disheveld haire falne into swoonds whilst you lye kissing the insensible cold lips of your breathless infants: you out-cast and down-troden orphans, that shall many a yeare hende remember to mourne, when your mourning garments shall look old and be forgotten; And you the Genii of all those emptied families, whose habitations are now among the antipodes: Joyne all your hands together, and with your bodies cast a ring about me: let me behold your ghastly vizages that my paper may receive their true pictures: Eccho forth your grones through the hollow trunk of my pen, and raine downe your gummy teares into mine inke, that even marble bosomes may be shaken with terror, and hearts of adamant melt into compassion. (C5r-v)

Invoking Sorrow and Truth and explicitly casting out Apollo and the traditional muses (whom he terms “bewitching” and “silver tongd”), Dekker here wants both to be surgeon and sage, to “rip up and Anatomise” the plague by telling the stories of the dead and their survivors. His instruments become the vessel for the truths of their sickness: their wails fill the “hollow trunk” of his pen, and he writes with an ink that is mingled with tears. The work he produces from this, then, is figured as inextricable from the realities—the terrors—of disease, designed to move the reader into compassion for those who “have bin driven out of [their] earthie dwellings.” Dekker's invocation offers a kind of mission statement for much of literature in the early modern period: intimately aware of, and engaged with, both the realities of sickness and the discourses that deal with those realities, literature has been increasingly recognized for the ways it takes on the topic of disease, from Dekker's plague to Falstaff's gout.

My work here builds on recent scholarship interested in this topic, in the discussion of the

relationship between literature and medicine. In recent years, scholars have turned their attention to the way that the popularization of medicine in English—especially in “cheap print” forms—permeates literature in the period.²⁶ One strain of this work shares an interest with Dekker and focuses on the abundance of plague-related literature and its impact. Ernest B. Gilman's *Plague Writing in Early Modern England* (2009) bases its examination on the (admittedly) bold claim that *all* English writing of the time can be called “plague writing” (26). In particular, he argues that the period is “a crucial historical moment,” inspired both by the prevalence of the epidemic and by the availability of printed texts, in which writing and plague are “most intimately conjoined” (3).²⁷ Similarly concerned with the ubiquity of discourses of disease in the period, Jonathan Gil Harris and Kaara L. Peterson have produced work that likewise explores the link between writing and medicine. Harris, noting the rise in exogenous models of disease, argues that literature in the period becomes the staging ground for concerns about the rising transnational economy, relying on metaphors in which foreign commodities and forces are figured as pathogens—threats to the well-being of the nation.²⁸ And Peterson's work has made great strides in uncovering the subtleties of the discourses of women's health, which were a major focus of practical medicine and literature—as she demonstrates, drama was especially rife with references to and metaphors of hysterical illness.²⁹

26 This shift in focus—and my own work in this project—has been influenced by work that examines the range and importance of practical and popular vernacular works on English culture more broadly. See, for example, Fissell, *Vernacular Bodies*; Furdell, *Publishing and Medicine*; Eve Keller, *Generating Bodies and Gendered Selves: The Rhetoric of Reproduction in Early Modern England* (2007); Roy Porter, *The Popularization of Medicine 1650-1850* (1992); and Wear, *Knowledge and Practice*.

27 Rebecca Totaro has taken up the topic of plague literature in her work, as well, and has produced useful critical editions of several plague texts as well as studies of literature produced in the aftermath of plague epidemics. See Totaro, *Suffering in Paradise: The Bubonic Plague in English in English Literature from More to Milton* (2005), *The Plague in Print: Essential Elizabethan Sources* (2010), and *The Plague Epic in Early Modern England: Heroic Measures, 1603-1721* (2012); and Totaro and Gilman's edited collection *Representing the Plague in Early Modern England* (2011).

28 Exogenous models of disease figure sickness as the result of external influences rather than internal imbalances, and were often cited in cases of epidemic disease; Harris works on this notion of disease-as-foreign-body in both *Foreign Bodies and the Body Politic: Discourses of social pathology in early modern England* (1998) and *Sick Economies: Drama, Mercantilism, and Disease in Shakespeare's England* (2004).

29 Drama has been an especially significant subject in this conversation. For some approaches to the influence of the discourses of sickness and health on dramatic literature, see Maurizio Calbi, *Approximate Bodies: Gender and power in*

This project is also part of the larger critical conversation about the early modern body as it is gendered, pathologized, and vexed by the soul. Touchstones in this conversation include Gail Kern Paster, who has discussed the role of humoral & Galenic medicine in social constructions of the body, and Michael Schoenfeldt, who has examined their role in developing inwardness and individuality. Paster's *The Body Embarrassed* (1993) focuses on the instability of the humoral body, seeing it as a site of embarrassment and censure, especially for women (whose bodies were especially “leaky”). Schoenfeldt's *Bodies and Selves in Early Modern England* (1999), on the other hand, is interested not in how society reads the humoral body and its fluctuations, but rather in how Galenic humoral theory and careful regimen help develop and diagnose psychology and human motive. Both approaches—seeing the humoral body as fundamentally leaky, porous, and unstable and as controlled and controllable—have opened up useful avenues of inquiry. Phyllis Mack, for instance, has shown how female visionaries used the experience of their own bodies to “make something *universal*” of the personal, to share with others the extreme physicality of their visions (*Visionary Women* 8). And Margaret Healy's *Fictions of disease in early modern England* considers the “complex bodily dynamic” in literature that adjudicates between “the normal and the pathological, the innocent and the guilty” (3); she is especially interested in representing and reconstructing diseased bodies, in the various manifestations of physical ailments *on* the body, and the intertwining of the health of the body with that of the soul.³⁰

In the past several decades, these scholarly conversations have raised important questions about the networks and connections between literary texts and the discourses of practical health and sickness in the period, and have added texture to our understanding of both English cultural ideas of

early modern drama and anatomy (2005); M.A. Katritzky, *Women, Medicine and Theatre 1500-1750: Literary Mountebanks and Performing Quacks* (2007); Todd Pettigrew, *Shakespeare and the Practice of Physic: Medical Narrative on the Early Modern English Stage* (2007); Tanya Pollard, *Drugs and Theater in Early Modern England* (2005).

30 For other approaches to the early modern body, see David Hillman, *Shakespeare's Entrails: Belief, Skepticism, and the Interior of the Body* (2007) and Jonathan Sawday, *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture* (1996).

health and individual experiences of sickness. However, in most scholarly accounts, the discourses of health, sickness, and medicine are cast as an agent that works upon literature and culture. Harris argues that “pathological language mediated” authorial understandings of economics and that physiologies of bodily fluids “underwrote” the composition of economic models in the early modern period (*Sick Economies* 26). For Gilman, plague “illuminates” and “provokes” literary and “imaginative writing” (3). The tendency has thus far been to assume a largely unidirectional relationship between the discourses of health and those of literature, in which early modern medicine and sickness impacts literary work, shaping the metaphors and images authors employ, and driving disease's various cultural representations. While the impact of the language of sickness, and of the discourses of health, on literature and culture cannot be overestimated, this one-way flow of influence leaves out the way that many authors and texts were engaging with that language in ways that (implicitly or explicitly) challenge the capacity of medical practice and human knowledge to offer satisfactory, comprehensive answers.

This dissertation argues for a recognition of a more discursive relationship between the two spheres. I consider texts which, building from efforts like those of Dekker in *The Wonderful Year* to engage with the language of sickness in its painful realities, talk back to the models, the methods, and the knowledge prescribed and set forth in the discourses of health discussed above. That is, what follows is an examination of texts that don't simply *use* the available information about health and sickness, but also *question* the practices and knowledge established about health and sickness. In each of the chapters, imaginative works engage with practical texts to articulate the often unstable nature of discourses and debates about early modern health, shifting them from the static position of printed authority on practice into dynamic conversations with the body politic, the diseased body, and the visionary female body. The problems of physical and spiritual health thus become, in these texts, a means of highlighting the insufficiency of human knowledge for developing and promoting

universal, stable approaches to health in body and soul.

I also work here to recuperate the period's sense of the interconnectedness of spiritual and physical health; traditionally, scholars have either underplayed or ignored the overlap between early modern religion and medicine. Although vernacular medical texts cite theological principles (and spiritual texts likewise advocate for appropriate medical care) throughout the sixteenth and seventeenth centuries, many have assumed that the spheres remained largely separate. Michael T. Walton suggests that professional study of Galen was perceived as antithetical to spiritual approaches to health, and asserts that Paracelsianism attempted a correction to “pagan” medicine (4)—and in general, scholars have accepted the characterization of early modern physicians as “atheistic” (a claim that Sir Thomas Browne counters in his *Religio Medici*). Andrew Wear argues that the construct of the medical marketplace, because it privileges economic forces over other cultural forces, contributes to the ignoring of the relationship between religion and medicine (*Knowledge and Practice* 28-30). Another possible cause of the scholarly blind spot lies in the rise of the New Science in the seventeenth century, which combines an interest in the observation and recording of facts with a rhetoric of “plain” language and direct expression; this led to a tendency to eschew discussions of spiritual matters and mystical language, and subsequent scholarship has tended to focus on these more secular elements of early modern science.³¹ Recently, however, some have started to recognize and investigate the “remarkable convergence between religion and medicine” in the period (Healy 43), and this dissertation demonstrates some of the ways that the discourses of spiritual and physical health, of religion and medicine, necessarily intersect and correspond for

31 The ideals of the New Science began to take root in England with the work of Francis Bacon, and led to the founding of the Royal Society of London in 1662. For more on the shifting rhetorical techniques of the New Science, including the ways that information was recorded and the changing social networks involved in knowledge production, see Peter Dear, “Totius in Verba: Rhetoric and Authority in the Early Royal Society” (1985); Stephen Shapin, *A Social History of Truth: Civility and Science in Seventeenth-Century England* (1994); and Shapin and Simon Schaffer, *Leviathan and the Air-Pump: Hobbes, Boyle, and the Experimental Life* (1985).

authors of practical and imaginative texts alike.³²

Considerations of health were, in the early modern period, not limited to the effects of disease and treatment on an individual patient's body, and so "Practice Imperfect" begins with the ailing national body. The first chapter, "A body yet distempered!: The Physician-King and the impermanence of health in Shakespeare's Lancastrian 'Tetralogy'" considers the interrogation, in Shakespeare's *Richard II*, *Henry IV 1-2*, and *Henry V*, of the possibility of perfect practice as it relates to the health of the nation. The metaphor of the body had become a commonplace by the late sixteenth century, and many authors had begun to pathologize the trope: if the state was a body, its political and social ills were diseases. The current conversation about disease and kingship in the tetralogy tends to limit itself to articulating the analogy of the king as physician; that is, that bad kings are necessarily bad doctors to their body politic, and a good king's therapeutic hand would restore its health. Pressing this discussion further, I argue that the tetralogy undermines the possibility of long-term healthful governance when read in the context of contemporary debates about medical practice. Although Richard II's and Henry IV's unsuccessful, opposing practices give way to Hal's therapeutic preeminence, the plays' use of the discourse of the pathologized body politic ultimately suggests the impermanence of national health even under the care of a successful physician-king.

Turning from the problem of national health to the dangers of the deathbed, chapter 2, "I feare the more!: Donne's *Devotions* and the Impossibility of Dying Well" considers the impracticability of the standardized model for "dying well" for the suffering patient. John Donne composed his *Devotions upon emergent occasions* after experiencing a "spotted fever." The work has been read primarily in its chronological context, as a meditative text composed by "Doctor Donne," Dean

32 For approaches that take seriously (to varying degrees) the connection between spiritual and physical health in the period, see: Gilman, *Plague Writing*; Healy, *Fictions of Disease*; Helen Smith, "Metaphor, Cure, and Conversion in Early Modern England" (2014); Ramie Targoff, *John Donne, Body and Soul* (2008); and Wear, *Knowledge and Practice*.

of Saint Paul's, as he faced the ravages of physical and spiritual disease. I suggest instead that the *Devotions*, when read in relation to the *ars moriendi*, or art of dying well, seems more consonant with the conflict-heavy and paradoxical work of the younger Donne. I argue that the *Devotions* challenges the efficacy of the *ars* as a model for achieving spiritual health on the deathbed, showing how its abstractions and elision of the particularities of suffering cannot uniformly serve the sick and dying. Instead, Donne presents an alternative version of the *ars* which, like his early *Holy Sonnets*, incorporates the experience of fear, impatience, and doubt into the aims of the text. The art of dying well traditionally demanded the exclusion of fear and doubt, requiring that the dying face mortality placidly, obediently, even joyfully. For Donne, however, the end of life cannot, and should not, be approached so calmly, and the “ideal” model fails to account for the contingencies of dying.

The dissertation's third chapter, “Taken weak in my outward man': Pathologizing Female Prophets,” while tugging upon the threads of politics and spirituality woven through chapters one and two, considers the discourse about the bodies of seventeenth-century female prophets as it complicates contemporary understandings of physiological disease. Early modern texts frequently argue that bodily sickness is the manifestation of or punishment for sin. Furthermore, the female body is marked, in the period, by a rhetoric of uterine disorder and weakness: women's bodies are considered naturally deficient and leaky, persistently afflicted by the womb. Scholarship has long been interested in female bodies as vessels for religious prophecy, but the relationship of texts about the female prophetic body to the rapidly expanding discourse of female anatomy and disease has yet to be deeply explored. I address this lack by considering writings by and about female prophets, including Anna Trapnel, Elinor Channel, and Sarah Wight, whose bodies are foregrounded in their texts. Various held up as visionaries, frauds, lunatics, or witches, they are frequently understood as threats to social, religious, or political order. But I argue that the representation of their bodies suggests a disruption beyond that usually described in accounts of female prophets. First, as sick

bodies rendered as conduits for divinity, they threaten to destabilize the premise that diseased bodies are sinful; second, in representing female-specific ailments as productive of divine inspiration, they simultaneously threaten to undermine the attempts of vernacular medical texts to regularize symptoms as primarily physiological. Pathologized female prophets are thus troubling not only because their bodies are tossed into uncertainty, but also because they render uncertain the ability to comprehend those bodies and their ailments.

Finally, a brief epilogue considers some of the ways in which the matters discussed here carry forward—both in the works of other authors like Sir Thomas Browne, and on the landscape of literary scholarship. Here, and throughout this work, I hope to show that even as discourses of practical health in the sixteenth and seventeenth centuries sought to provide “succour to serve thee in thy sickness” (as Thomas Cartwright promises), English literature participates in debates about health, and that it both develops cultural knowledge and challenges it, revealing a growing awareness of the frailty and uncertainty inherent in human knowledge. That is, I show some of the ways that literature understands practice to be, fundamentally, imperfect.

A note on texts:

Wherever feasible, I have referred to original print editions of the works discussed; these offer (to modern eyes) highly irregular spellings, contractions, and syntax, as well as variations in letter forms. For ease of reading, I have chosen to regularize letter forms (j/i, u/v, w/vv) according to modern conventions, and I have silently expanded contractions. In the interest of retaining as much of the character of the language used, however, I have retained original spellings and punctuation.

CHAPTER 1
“A body yet distempered”:
The Physician-King and the impermanence of health
in Shakespeare's Lancastrian Tetralogy

Wrath-kindled gentlemen, be ruled by me;
Let's purge this choler without letting blood.
This we prescribe, though no physician;
Deep malice makes too deep incision.
Forget, forgive; conclude, and be agreed;
Our doctors say this is no month to bleed.

– *Richard II* I.i.52-57³³

Richard II begins with an outbreak in the body politic. Faced with the festering enmity between Henry Bolingbroke and Thomas Mowbray, King Richard immediately diagnoses the disputants: described in parallel, the men are both “High-stomached ... and full of ire; / In rage, deaf as the sea, hasty as fire” (I.i.18-19). We are cued to bodies out of order, suffering from poorly regulated humors stemming from an excess of choler, which is hot and dry and debilitates its sufferers with rage and boiling blood.³⁴ The source of this outbreak lies in charges brought by Bolingbroke against Mowbray which allege, among other things, treason. And although Richard deals in this scene with a quarrel between two men, the nature of the accusations will signal a threat to the body politic as a whole: treason is a crime against the nation, and civil strife—the certain result of the dispute's escalation—is among the most dire sicknesses a nation can face. Without prompt cure, the localized infection will fester and spread.

That the dispute signals sickness is without question—the language of disease permeates the first scene and continues throughout the play—and although Richard declares himself “no physician”

33 All references to Shakespeare's plays come from Bevington's *Complete Works of Shakespeare*, 5th Ed. (2004).

34 Under the Galenic model, excesses or deficiencies in any of the four humors manifest in psychological and physical diseases and distemperatures, and often require medical attention.

(I.i.154), he offers prescriptions, and the play designates the king as physician to his body politic. His proposed remedy is to “purge this choler without letting blood,” since “this is no month to bleed”—but this, it turns out, is particularly bad medicine, as a body inflamed with the heat of choler is difficult to manage and restore without bloodletting.³⁵ In this moment of Richard's malpractice, the play poses a question: what makes for a good physician-king? This, along with the attendant questions of how that physician-king can cure the body politic, and whether health achieved can be maintained, resonate throughout *Richard II* and the following plays in the Lancastrian Tetralogy (*Henry IV* parts 1 and 2, *Henry V*), which all explore kingship in relation to the health of the nation and its members. In this chapter, I consider these questions as they relate to the aftermath of Bolingbroke and Mowbray's quarrel. I argue that the tetralogy's engagement with a pathologized version of the well-worn metaphor of the body politic, used in order to explore the health of the state, is also used to evaluate various styles of governance, and to challenge the capacity of prescribed methods to effectively cure an ailing body politic. By reading the cycle in light of contemporary debates about medical practice, we see that despite the clear ideal of governance set forth by the plays, health cannot last: England remains a patient in unstable health, requiring constant and unerring care.

Shakespeare's English histories, which dramatize chronicle histories of monarchs, are naturally concerned with politics, and scholars have long taken seriously the tetralogy's engagement with contemporary English governance.³⁶ The plays depict, through the stories of Richard II's deposition, Henry IV's troubled rule, and Henry V's princely exploits and kingly success, issues of

35 Thomas Elyot's *Castell of Health* (1534) enumerates a long list of physical, psychological, and behavioral symptoms associated with the overabundance of choler, including fevers, frenzies, madness, disobedience, “desyre of vengeance” and hatred (64v). Bloodletting was widely attested to be the best treatment for excesses of choler. For other contemporary examples, see Bullein's *The Government of Health* (1558) and Gyer's *The English Phlebotomy: Or, method and way of healing by letting of blood* (1592).

36 Lily B. Campbell goes so far as to declare that “Tragedy deals with an ethical world; history with a political world” (307); while such a sharp distinction has since been tempered (see John Wilders' *The Lost Garden: A View of Shakespeare's English and Roman History Plays*, 1-3), political matters are inextricable from the genre of history.

profound political and social importance in the 1590s. *Richard II* in particular has been associated with a specific moment in Elizabethan politics: on the eve of the failed Essex Rebellion in February 1601, the Lord Chamberlain's Men were enlisted, by followers of the Earl of Essex himself, to perform a play presumed to be Shakespeare's account of the successful overthrow of Richard by Henry IV. And later that same year, Elizabeth I reportedly remarked to William Lambarde, "I am Richard II, know ye not that?". These two events have led to arguments that Shakespeare was either aligned with or critical of Essex; that his play was censored, self-censored, or altered after the rebellion; and that his *Richard II* is (or is not) that of the February 1601 performance—indeed, Paul E.J. Hammer believes that the play offers the most conspicuous example of Shakespearean history transcending the stage to affect real-world politics.³⁷

While *Richard II* has been tied to a fixed historical and political moment, all four plays have been taken as reflecting contemporary politics more generally, both separately and as a thematically unified cycle.³⁸ The cycle's militarism, especially apparent in the two *Henry IV* plays and *Henry V*, for instance, has sparked debate about ideology and policy in a historical moment engaged both with

37 For the debate over whether the play performed was Shakespeare's, see the antagonistic exchange between Evelyn May Albright and Ray Heffner in *PMLA*, from 1927-32 (issues 42, 45, 46, 47), Leeds Barroll, "A New History for Shakespeare and His Time" (1988), Blair Worden, "Shakespeare in Life and Art: Biography and *Richard II*" (2006) and Hammer, "Shakespeare's *Richard II*, the Play of 7 February 1601, and the Essex Rising" (2008). For discussions of Shakespeare's possible relation to (or opinion of) Essex, see Jonathan Bate, "Was Shakespeare an Essex Man?" (2009), Chris Fitter, "Historicising Shakespeare's *Richard II*: Current Events, Dating, and the Sabotage of Essex" (2005), and Hammer. For consideration of the possible censorship of the deposition scene (omitted from three extant editions prior to the Rebellion, but included later), see Janet Clare, "The Censorship of the Deposition Scene in *Richard II*" (1990), Paula Blank's "Speaking Freely about Richard II" (1997), and Cyndia Susan Clegg, "By the choise and inuitation of al the realme: *Richard II* and Elizabethan Press Censorship" (1997). And on Elizabeth's conversation with Lambarde, see Hammer, and Jason Scott-Warren, "Was Elizabeth I Richard II? The Authenticity of Lambarde's 'Conversation'" (2012).

38 Scholars have identified connections to other specific historical moments in the three "Henry" plays of the Tetralogy (sometimes called the "Henriad"), especially *Henry V*. For instance, Katherine Eggert argues that the act of writing the triumphal "war play" at this particular point in Elizabeth's reign "grants theater not the power of subversion, but rather the power of patriarchy," which aims to silence the waning power of the queen (523). Anny Crunelle-Vanrigh sees the Choruses of *Henry V* as deliberate aesthetic references to Elizabeth's "Royal Entry"—the ceremonial pageantry that marked the start of her reign, linking hero king and virgin queen rather than separating them. And James Shapiro considers *Henry V*'s triumph a belated commemoration of Elizabeth's 1588 victory over the Spanish Armada. Although there are a few connections like these across the cycle, only *Richard II* seems to be connected to a single historical event with such specificity.

chivalric and heroic ideals and with the tug of pacifism.³⁹ The place of such a chivalric, heroic past has been questioned in scholarship on nostalgia and memory; recent readings have argued that nostalgia for a “vanishing world” of certainty and confidence in the political status quo gives way to a destabilized political present (Belsey 126) and that throughout the tetralogy historical memory becomes “not a prize but a problem, a threat to English political identity as well as its foundation” (8).⁴⁰ Each of these themes relates to the perennial discussion regarding nationalism in the play cycle, which arguably found its earliest articulation in E.M.W. Tillyard's *Shakespeare's History Plays*.⁴¹ Tillyard considered the tetralogy a grand narrative of Tudor mythmaking; along with the first tetralogy (the three parts of *Henry VI* and *Richard III*), Tillyard suggested, the plays represent on the one hand a commitment to order and hierarchy, and on the other, a staging of the instability of the English monarchy that began with the deposition of a rightful king and would not be resolved until the ascension of Henry Tudor (Henry VIII). *Shakespeare's History Plays* has since been recognized as an oversimplification, but Tillyard nonetheless established an important precedent for taking seriously the historical ramifications of the plays' political material, and subsequent reactions to the work have added a great deal of nuance to the topic of nationalism and propaganda in the tetralogy.⁴² Often,

39 Patricia A. Cahill argues that the *Henry IV* plays invoke a new, idealized militarism that moves away from the chivalric ideals of characters like Hotspur to advocate economic rationalism—a product of the “nascent capitalism” of the plays” (93)—as the model for soldiers. William Leahy argues that the cycle's persistent interest in the conditions of its soldiers reflects Shakespeare's own interest in contemporary conditions in military ranks. Vimala C. Pasupathi is similarly concerned with the individual soldier, and reads the Henriad's references to military apparel as a manifestation of the link between soldier and monarch. For examinations of the plays' militarism versus irenicism more generally, see Campbell, *Shakespeare's 'Histories'*, especially chapter xv; Paul Jorgenson, *Shakespeare's Military World* (1956), chapter v; Stephen Marx, “Shakespeare's Pacifism” (1992); and John S. Mebane, “Impious War: Religion and the Ideology of Warfare in *Henry V*” (2007).

40 Baldo's work provides an especially cogent reading of the “problem” of historical memory in the plays, arguing that early modern political and national identity came to rely upon acts of forgetting carefully recast as a form of remembrance and nostalgia. For other considerations of memory and nostalgia in the Tetralogy, see Belsey; Eggert, “Nostalgia and the Not Yet Late Queen” (1994); and Stanford Sternlicht, “The Making of a Political Martyr-Myth: Shakespeare's Use of the Memory of Richard II in *1e2 Henry IV* and *Henry V*” (1971).

41 I use “nationalism” advisedly here; while many hold that nationalism does not emerge until the eighteenth or nineteenth century, that date has been convincingly argued to be earlier. See Baldo, “Wars of Memory in *Henry V*” (1996) and Claire McEachern, “*Henry V* and the Paradox of the Body Politic” (1994).

42 Alan Farmer has noted that scholarship on Shakespeare's histories has since tended to fall into two camps: the first,

especially in older readings, interpretations concur at least partially with Tillyard, suggesting that the cycle promotes a vision of English national unity culminating in Hal's reign.⁴³ Subtleties and complications emerge, however, as scholars consider the individual kings, rather than the whole play cycle.

Kingship is, for many, the ultimate political concern of the Lancastrian Tetralogy. While earlier readings—like those touting the cycle's successful nationalism—tend to see the problem of kingship resolved in Hal, more recent scholarship pushes back against a simple agreement with *Henry V's* Chorus and its promotion of the heroic king.⁴⁴ Jonathan Hart and Timothy Rosendale take up the issue of the king's divinity: after Richard's fall, divine or “sacral” (in Rosendale's terms) kingship demonstrates itself to be an outmoded, if not inherently dangerous, ideology of governance. Rosendale holds that Hal ushers in a new ideal, one of “sacramental” kingship, “in which royal authority is constituted and sustained through the interpretive cooperation of its subjects” (124). But Hart contends instead that the plays highlight the instability of divine kingship without positing an alternative. Hart's insistence on instability—the loss of one ideology without the introduction of another—has become a common refrain among scholars of the tetralogy: in the absence of trust in Hal as a manifestation of ideals of kingship, readings have often taken him instead as the symbol of

led by Tillyard, considers the plays politically conservative and aim at supporting monarchical authority; the second undermines the monarchy by showing the machinations of royal power and encouraging political revolution.

43 Belsey, for example, sees in the plays a manifestation of the dreams of empire, and while she also argues that they also question the legitimacy of war and kingship, she suggests that for certain audiences (those of London in 1599, those who watched Olivier's Hal triumph during World War II), *Henry V* might have “constituted a patriotic fantasy” and a promise of Gaunt's sceptred isle (116). For other who see the play as a positive or propagandistic demonstration, see John Jump, “Shakespeare and History” (1975), Albert C. Labriola, “This Sceptred Isle: Kingship and the Body Politic in the Lancastrian Tetralogy” (1976), and Derek Traversi, *Shakespeare from Richard II to Henry V* (1957). For a reading that sees the cycle as an argument against national unity and patriotism, see Hugh Grady, *Shakespeare, Machiavelli, and Montaigne: Power and Subjectivity from Richard II to Hamlet* (2002).

44 For positive readings of the representation of kingship in the Tetralogy, see R.J. Dorius, “A Little More than a Little” (1960), Labriola, “This Sceptred Isle,” Irving Ribner, *The English History Play in the Age of Shakespeare* (1957) and “The Political Problem in Shakespeare's Lancastrian Tetralogy” (1952), Traversi, *Shakespeare from Richard II to Henry V*, and Joan Webber, “The Renewal of the King's Symbolic Role: From Richard II to Henry V” (1963).

a changing world, one without much faith in monarchical power or the legitimacy of kingship.⁴⁵

Norman Rabkin famously declared Hal the embodiment of the optical illusion that forces viewers to see either a rabbit or a duck—hero-king or manipulative politician—but neither simultaneously. I suggest instead that the play cycle does not force us to see its political arc or its final king as one or the other, but that it instead engages with the language of sickness and debates about practice to show that despite Hal's success as physician-king, his practice is ultimately futile, the body politic under his care unstable and ever-threatened by relapse.⁴⁶ Neither kings, nor medical practice more generally, can truly cure.

In order to better understand the tetralogy's treatment of kingship and national governance, then, we need to comprehend how the plays deploy the language of health and disease; in place of the question of “right” or “divine” rule, metaphors of sickness in the body politic and its management by the three physician-kings show that although styles of practice matter to the health of the nation, none can totally control it. Instead, the human (and postlapsarian) inability to attain and maintain health presents itself, framed cogently in debates about medical practice and emphasized by the unique perspective of theater as it performs history. While monarchical ideologies and theories about the source of a king's authority find their way into both modern scholarship and contemporary political literature, less has been written about particular styles of governance. That is, early moderns had a way of talking about who and what a king *is*, and to whom he owes his own obedience, but somewhat less of a codified vocabulary for how a king ought to act.⁴⁷ By analogizing practices of political governance to those of medical governance, however, the

45 See, for instance, Belsey, *Shakespeare in Theory and Practice*, Kristin M.S. Bezio, “Drama and Demigods: Kingship and Charisma in Shakespeare's England” (2013), and Lindsay Adamson Livingston, “The Place, Space, and Voice of Rebellion: Limits of Transgression in *Henry IV, part P*” (2004).

46 Any brief survey of Shakespeare scholarship must necessarily be limited. Despite a dearth of female characters in the cycle, gender studies in particular has led to deeply evocative and important readings; see, for instance, Jean E. Howard and Phyllis Rackin's *Engendering a Nation: A Feminist Account of Shakespeare's English Histories* (1997).

47 Conduct manuals describing the proper manners and education of the nobility imply some ideal, if somewhat vague,

Lancastrian Tetralogy frames those practical styles in familiar and coherent terms. The early modern medical practice on which this analogy is based was fraught with debates about how to heal a disordered body, and who had the right to do so. Arguments for both philosophical and manual models were expressed in various forms: traditional and learned medicine versus empiric and irregular practice, physician versus surgeon, and so on.⁴⁸ Being attentive to the language of sickness and health in the tetralogy, as well as its depictions of the three kings' relative capacity as physicians to the body politic, enables a new reading of the play cycle that engages with recent scholarly interest in the problem of kingship, but also permits us to reconcile the plays' strain of cynicism with their elevation of Hal as ideal king.

Elements of my argument build on, but also diverge markedly from, the work of scholars interested in Shakespeare's use of medicine and humoral theory. David F. Hoeniger highlights Richard's pronouncement that “this is no month to bleed” in his helpful survey of Shakespeare's literary use of the medical tradition; but though the almanac he cites as evidence for contemporary astrological practice contradicts the king's prescription, Hoeniger ventures no discussion of his malpractice (241-42). Martha Kalnin Diede's *Shakespeare's Knowledgeable Body* (2008), by contrast, does examine the role of kings in managing the health of the body politic. She considers Richard to be more a patient than a physician, and argues that he “persists in promoting infection in his body politic” rather than treats it (14). She nonetheless associates the figure of the king with that of the physician, arguing that both Henry IV and Hal work to treat the nation's sickness. Diede's argument focuses largely on each king's use of his sensual parts, that is, how he employs tongue, eye, and ear.⁴⁹ While her connection of each monarch's efficacy to the soundness of his body usefully demonstrates

behaviors: a just, Christian king (as opposed to a tyrant) will avoid flattery, seek honor, and judge fairly.

48 I elaborate on these distinctions more thoroughly below, and follow Margaret Pelling's designation of “irregular” here; the term refers to the vast array of practitioners operating outside the highly regulated system of university training for physicians.

49 Both Richard and Henry IV, for example, are guilty of political myopia (and Richard of plenty else, as well).

that a practitioner must be in health to effectively heal, it does not look outward to that practice itself. Further, she argues that the health of the body politic and the efficacy of each king travel along a uniformly upward trajectory across the cycle—this, however, discounts the depths of sickness to which the nation sinks under Henry IV, as the language of disease manifests both literally and metaphorically. I would like to suggest instead that the tetralogy is deeply interested in what each king does in his capacity as physician and how he does it, and that both Richard II and Henry IV represent examples of untenable extremes in practice; Hal will be the only physician-king in the cycle whose therapeutic methods find any measure of success. Finally, I here extend the work of Cynthia Marie Headley, whose study of the imperfect humoral body in early modern drama starts to elaborate on the impermanence of health (for physical and political bodies) in a fallen world.⁵⁰

In what follows, I begin with a consideration of the early modern body politic, especially as it begins to take on medical valences, in order to contextualize the language of sickness in the tetralogy. I then turn to that language of sickness throughout the play cycle in order to extend the current conversation about kingship and disease. Although the body politic ails in different ways under each of the three kings, I suggest that the overwhelming emphasis is on the continuity of that body politic and its vulnerabilities, and that the representation of each of those kings recalls contemporary debates regarding models of practice and governance in order to challenge their efficacy for the long-term health of England. Ultimately, I argue that the plays evaluate the practice of each king via the language of sickness and health, and that while the promise of Hal's moderate practice makes him the mirror for all Christian kings, the plays expose—both in their telling of history and in their reference to history and theater—the inadequacy of practical models to effect permanent health.

⁵⁰ Her work on the Lancastrian Tetralogy limits itself to a brief consideration of *Richard II*, and thus does not consider the implications of the “temporary nature of health” as it manifests under Richard's successors.

I. Governing Bodies: The early modern medical body politic

With deep roots in both theological and classical traditions, corporeal or organic metaphors for governments and nations are long-established, and by the sixteenth century the “body politic” had become a near-ubiquitous means of conceptualizing the state. Here, I contextualize the early modern body politic, focusing especially on its exceptional prevalence in the time of Shakespeare. This prevalence, I contend, is related to the rise of vernacular medicine's popularity and availability, a phenomenon that manifested in vocal debates about practice and in an increased connection between metaphors of the body and physical bodies themselves. The sudden “tangibility” of the metaphor perhaps explains its pervasiveness in both political and literary texts, and in the case of the Lancastrian Tetralogy, creates a particularly potent means of articulating concerns about national governance and health.⁵¹ In theory, proper diagnosis and cure could be expected to ensure a return to and continuation of health; in practice, as the plays show, such a return might be imperfect or short-lived.

Part of a large network of organic metaphors ascribing anatomical or physiological characteristics to the land, the “body politic” developed out of conceptual foundations laid by such figures as Plato, Aristotle, and Saint Paul.⁵² In what is perhaps the earliest articulation of the idea, the *Areopagiticus* (ca. fourth-century B.C.), Isocrates compares the government to the soul and the state to the body, “for it is this which deliberates upon all questions, seeking to preserve what is good and to ward off what is disastrous” (qtd. in Hale 19). In this early formulation, two things are notable: first, the soul holds the revered status of the seat of deliberation; second, the decision-making

51 I follow Jacob Soll's use of tangibility here – in “Healing the Body Politic: French Royal Doctors, History, and the Birth of a Nation 156-1634” (2002), Soll argues that the French religious wars created an environment in which doctors have expanded influence over politics, both treating the king's natural body and offering him advice on how to heal the body of his nation.

52 The first—and only, so far as I can determine—full-length survey focused exclusively on the body politic as a political metaphor in early modern England is David George Hale's *The Body Politic: A Political Metaphor in English Renaissance Literature* (1971), which offers a thorough accounting of the examples of the metaphor as it appears in England.

faculties of the soul are ascribed to an entire government, rather than an individual. By the time of Shakespeare, most English examples of the metaphor source reason and deliberation in the head, and set a single monarch—rather than a diffuse government—in the seat of deliberative power.

Also by the sixteenth century, the metaphor of the body politic would be so common as to be commonplace: an immediately comprehensible formulation for understanding the state and its workings, used in a range of texts.⁵³ John of Salisbury brought the metaphor back into contemporary circulation with the twelfth-century *Policraticus*, and was followed by a plethora of authors (including Giraldus Cambrensis and Sir Thomas More) who similarly used corporeal imagery to describe social and political entities.⁵⁴ Sir Thomas Elyot's political manual *The Booke, Named the Governour* (1531), so common a text that Tillyard boldly postulates that Shakespeare himself must have read one of its eight editions, opens with a concise description of the state using these now-familiar terms: “A publike weale is a body living,” he avers, highlighting the body's composition “of sondry estates and degrees of men,” and the necessity of equitable governance led “by the rule and moderation and reason” (1). The ideal body politic is thus imagined as a whole composed of many harmoniously ordered parts.⁵⁵

53 The body politic would eventually be supplanted by a different metaphor of governance—that of the social contract—but the enduring popularity of the earlier metaphor shows itself in polemical tracts distributed on the cusp of the Interregnum, such as *The disease of the House: or, the state Mountebanke: administering physick to a sick parliament* (1649), *Mistris Parliament presented in her bed* (1648), and *Ding Dong, or Sir Pitiful Parliament, on his death-bed* (1648). Perhaps most famous, however, is the frontispiece to Thomas Hobbes' *Leviathan* (1651), in which the state, shaped like a human body, is composed of hundreds of tiny, indistinguishable heads with the head and face of the king. Katherine Bootle Attie has argued that Hobbes' mid-century formulation allowed for the conception of an eternal state, a “civic immortality” that seemed lost to England during the civil wars (498).

54 Archambault notes that while the metaphor had been used in both political and theological discourse since at least Plato and Aristotle, it did not become so prominent in the discussion of politics until the twelfth-century—Salisbury's text is among the most influential political works of the period (25-27).

55 Literary authors, in turn, frequently drew explicit correspondences between those various parts and real-world categories. John Donne's *Funerall Elegy*, prologue to his first memorial poem for Elizabeth Drury (1610), laments a world whole in members but lacking the spirit (Drury herself) to make it harmonious and good. For him, the world has “Princes for arms, and counsellors for brains, / lawyers for tongues, divines for hearts” (22-23); the wealthy are the gluttonous stomach the poor the back, and soldiers and merchants the hands and feet, respectively. *Coriolanus'* famous retelling of the fable of the belly suggests instead that “The senators of Rome are this good belly,” and the citizens “the mutinous members” (including one “great toe of this assembly”). Menenius argues that—rather than being gluttonous—the stomach is the distributor of nourishment for the whole body. The reading of each part's

Because the body politic was typically used in the period to describe a monarchical state, most authors place the ruler at the head. Thomas More's *Epigrams* (1518) asserts of the kingdom-body that “the king is its head; the people form the other parts” (Miller, Bradner, and Lynch 165).⁵⁶ The “other parts” owe their allegiance to the head, and are to follow its orders; importantly, while this promotes monarchical rule, it does not necessarily promote absolute monarchical authority. As Laertes describes the responsibilities of Hamlet as prince of Denmark, “his choice [must] be circumscrib'd / Unto the voice and yielding of that body / Whereof he is the head” (*Hamlet* I.iii.22-24). The harmonious body politic implies a reciprocal dependence of all its parts: neither a decapitated nor dismembered body can long survive. And not only do all the parts within a body have direct relation and connection to the other parts, but bodies themselves might also be members: heads of smaller bodies (households, towns, parishes) are members of the larger body of the state, and the state might in turn be understood as a mere member of an even larger body headed by God Himself.⁵⁷ Though the head is typically the predominant member, a prosperous and healthy body requires that each part work in concert with all the others, regardless of its status. The head is no less beholden to the whole than the great toe.⁵⁸

The usefulness of the body politic as a comprehensible metaphor for the state is apparent in

value thus varies depending on who describes the body (and the implications of those readings will be discussed further below), but in general, the “central” members are the head, arms, and heart, with the head as the center of reason.

- 56 In rare instances, such as the Donne poem referenced in the above footnote, the king is appointed to either the arms or the heart—but these are exceptions to what appears to be the rule in the early modern period.
- 57 The relationship here is likewise reciprocal. Paul's declaration that “As the body is one, and hath many members, and all the members of that one body, being many, are one body: even so is Christ” (1 Cor. 12:12) imagines the Church, synecdochically rendered as Christ, as a body with many members all essential to the full functioning of the organism/organization: “the eye cannot say unto the hand, I have no need of thee: nor the head again to the feet, I have no need of you... Therefore if one member suffer with it: if one member be had in honor, all the members rejoice with it” (1 Cor. 12:21, 26).
- 58 This introduces the possibility that parts may fail to act in support of the whole, due to prideful or tyrannical impulses, to blind incompetence, or simply to age and temperament. In *Titus Andronicus*, for example, Titus acknowledges his unfitness for the monarchy when Marcus suggests he seize the crown for himself: “A better head her glorious body fits / Than his that shakes for age and feebleness” (I.i.187-88).

these examples, and scholars have variously interpreted the reason for its popularity. Hale, for example, conceives of the metaphor primarily in terms of the hierarchical structuring of the Great Chain of Being: each member in its place, and its place preordained. This encourages adherence to existing power structures, and Hale suggests that the metaphor gained traction in the period as a result of national expansion, religious reform, and humanism. More recently, reading a popularity rooted instead in an *opposition* to authority and absolutism, Arlette Jouanna has argued that the metaphor in fact favored the “counterbalance” to the monarch—the body's members (*Le Devoir de révolte* 281-312, qtd. in Banks 206-7).⁵⁹ The popularity of the metaphor—like the interpretations of its uses—may be read in various ways, attesting to the fluidity and adaptability of the body politic in political arguments.⁶⁰ But the corporeal metaphor's ascension to the primary means of describing and discussing the state also corresponds to parallel developments in medicine and medical printing in the sixteenth century. In the rise of vernacular printed medicine and in Vesalian anatomy, concerns about health and sickness came to the fore with a new fervor, and the metaphor of the body politic shifts accordingly, with an increasing tendency towards the use of humoral language and references to bodily health. Thus, I would suggest that alongside these developments, the body politic itself becomes subject with new frequency to sickness, disease, and the festering of wounds.⁶¹

Medical printing flourished in England during the Tudor period, and a remarkable number of the texts produced were published in the vernacular; many such texts were reprinted repeatedly throughout the sixteenth century, and their popularity enabled the language of sickness and health to

59 Jouanna's argument, from 1989, is unavailable in English translation; I here rely on the account of her work in Kathryn Banks' “Interpretations of the Body Politic and of Natural Bodies in Late Sixteenth Century France” (2009).

60 For other interpretations of the metaphor's implications, see Ernest Kantorowicz, *The King's Two Bodies: A Study in Mediaeval Political Theology* (1957), Paul Archambault, “The Analogy of the Body in Renaissance Political Literature” (1967), and Penny Roberts, “The kingdom's two bodies? Corporeal rhetoric and royal authority during the Religious Wars” (2007).

61 Humoral and disease-prone versions of the corporeal metaphor exist in rare examples throughout the history of its use—Salisbury briefly discusses disease in the body politic in his *Policraticus*, to explain the problem of a tyrant (and advocate tyrannicide), for example—but the pathologized body politic metaphor does not dominate until the sixteenth century, when it finds persistent and increasingly detailed articulation.

revitalize the metaphor of the body politic.⁶² Conflating medicine with politics was a natural move: from at least the fourteenth century, “governance” signaled both the management of a household, estate, or nation and the management of physical health (“govern”). And with the increasing availability and popularity of vernacular medical texts purporting to offer the best advice for restoring and maintaining physical health, it is thus no surprise that authors apply the framework of medical regimen to the metaphorical body politic. Sir John Cheke, for instance, declares in *The hurt of sedicion* (1549) that good government leads to good health in both physical and political bodies. Without proper order, neither can be “without much grieffe of inflamacion” and a body is not healthy “where any least point is out of joynt” (F3).

The work of Thomas Elyot, in particular, indicates an overlap between political and medical guides and the correspondence of self- and political-governance. As noted above, Elyot's widely-circulated *Boke, named the Governour* offers a definition of the nation as a body; but around the same time, Elyot also wrote the *Castell of Health*, the earliest—and among the most influential—English-language medical regimen. First published in 1534, the text saw sixteen reprints between 1536 and 1595, and its successors frequently acknowledged their debt to the text in their prefaces.⁶³ The ideas and methods Elyot compiles (he was not himself a practitioner) were considered current for decades after their initial publication. But even before publishing *Castell*, Elyot is clearly thinking in terms that analogize physical and political bodies: *Boke* describes a body politic subject to distemper and disease, rendered in humoral terms, and requiring a governor to “attend on [the] cure” of diseases

62 For a statistical account of printed vernacular medicine in Tudor England, see Paul Slack, “Mirrors of health and treasures of poor men: the uses of vernacular medical literature of Tudor England” (1979). Slack identifies nearly 400 editions of vernacular medical works printed between 1486 and 1604, many of which would have been affordable and accessible to a large population of literate households (247). For a detailed investigation of the impact of these texts on the medical, political, and social landscape of the period, see the work of Elizabeth Lane Furdell, especially *Publishing and Medicine in Early Modern England* (2002).

63 In addition to providing a clear and useful overview of humoral medicine and explicit dietary, hygienic, and medical advice, *Castell* sold at a much lower price than herbals and more technical medical works (Wear, *Knowledge and Practice* 158), allowing more households access to important information about health.

and decay in the nation (207v).

At the same time that medicine and its relationship to governance began to be widely discussed in the vernacular, the bodies at the center of that discussion became the staging ground for scientific innovation. The sixteenth-century experience of the body was rapidly changing, thanks in large part to developments that challenged Galenic traditions, especially in the field of anatomy.⁶⁴ Belgian surgeon Andreas Vesalius' discoveries in human anatomy were published in the groundbreaking, illustrated *De humani corporis fabrica* in 1543. This contributed, in part, to what Andrew Fleck calls the “imbrication of medical discourse and nationalist views” (317) as belief spread that better knowledge of the body would aid in better governing the body politic.⁶⁵

The effect of these shifts on the discourse of the body politic is apparent in the discourse of a state subject to the ravages of sickness and the balm of medicine, its condition dependent upon the careful governance of health. Robert Crowley's “Of Commotionars” appropriately describes disruption in the commonwealth in humoral terms: “When the body is vexed, / Through humors corrupted, / ... those humors must be purged” (513), he begins, comparing the “weale publyke” to a physical body. He imagines the primary threat to “publyke unitie” to be men acting in rebellion, characterized as “rotton humours”; once diagnosed, these humors must be immediately purged from the body politic, “els wyll it decay, / as do the bodyes naturall” (527-38). Crowley was both poet and polemicist: he also wrote *The way to wealth, wherein is plainly taught a most present remedy for sedicion* (1550), a political tract in which he argues in favor of hierarchical order and against sedition as the prime “daungerous disease in the bodie of a commen-wealth” (131). Crowley's work is indicative of a new

64 Galenic knowledge—humoral theory and models of disease and treatment—were also being challenged on other fronts, with figures such as Paracelsus working to upend traditional medicine. For more on Paracelsian medicine, see Allen Debus, *The Chemical Philosophy: Paracelsian Science and Medicine in the Sixteenth and Seventeenth Centuries* (1977), and Walter Pagel, *Paracelsus: An Introduction to Philosophical Medicine in the Era of the Renaissance* (1982).

65 Fleck's primary interest is in how the body politic inflects readings of dismembered and dissolute bodies in Thomas Nashe's *The Unfortunate Traveller*, and he does not treat the simultaneous explosion of vernacular medicine, with its focus on harmony, unity, and health.

medical emphasis in which the body politic is decidedly pathologized, an emphasis that will be taken up widely towards the end of the sixteenth century, when Shakespeare composes the Lancastrian Tetralogy.

This pathologized body politic is subsequently employed as a means of identifying weaknesses in the state. Thomas Starkey's unpublished "Dialogue between Pole and Lupset" (ca. 1536), for example, diagnoses the English body politic with several diseases.⁶⁶ Included among the body's manifold sicknesses are: consumption, or a drastic population decline, leading to "gret sklendurnes" and "lake of powar and strength"; dropsy, in which the remaining citizens are lazy and idle; palsy, or the excessive production and consumption of fashionable and faddish commodities; and pestilence, or the lack of agreement among members, often leading to rebellion (76-83).⁶⁷ William Turner's *A new booke of spirituall physyc* (1555) follows a similar framework, but considers the diseases to be spiritual, derived from the flaws of the "nobilite and gentlemen of Englande."⁶⁸ For Turner, diagnoses of the several diseases vary: palsy is, like "numnes in a naturall body," the "unlearnedness" of the nobility, with a corollary of spiritual ignorance; engendered in the natural body by cold humors, in the nobility it derives from gluttony and excess (46v-47r). Dropsy, or disproportionate greed and ambition, is likened to being "swelled & puffed up, wyth wynde and water, and to be exceedyng thursty" (48v). Both Starkey and Turner extend the potential for one-to-one correspondence in the body politic from individual-to-part to the larger-scale political ill-to-

66 Starkey's "Dialogue" was not published until the nineteenth century, for reasons that are not entirely clear. Archambault calls Starkey "profoundly disturbed" and reckons that avoiding publication was wise, since the text is "one of the most outspoken and hostile treatises of Henry's entire reign" (39). However, while Starkey's is deeply critical of English political problems, he carefully avoids ascribing fault for those troubles to his king.

67 Dropsy is caused, he remarks, by swollen humors that cause an incapacity for work; palsy results from vice, ill-occupation, and excessive consumption; and pestilence, the worst of the lot, develops when parts of the body cease to be proportional to their appointed place, and thus act in opposition to the whole.

68 Turner's text has received little critical attention. Thoms P. Harrison, Jr. calls it a "religious tract" and a satire, and participates in a trend of reading Turner alongside Spenser; Rainer Pineas more thoroughly examines the text, determining that the medical language is "a weapon of religious controversy" but that the *Spirituall Physyc* is an important political work, not merely religious satire.

medical illness, making clear some of the ways the metaphor enables conversations about the health of the nation.

The changes in the use of the corporeal metaphor that coincided with the rise in vernacular medicine and the new anatomy are especially useful for understanding the Lancastrian Tetralogy's views of kingship and governance. Shakespeare was prolific in his use of the body politic metaphor more generally, and he anatomizes his bodies politic—his “fleshly land” (*King John* IV.ii.246)—throughout the plays. He describes Julius Caesar as Rome's head, and Antony as but one of its limbs in *Julius Caesar* (II.i.166), and Cymbeline refers to a disguised Belarius, Guiderius, and Arviragus as “the liver, heart, and brain of Britain” (*Cymbeline* V.v.14). He extends the metaphor into political pathology with some frequency, as well, especially towards the end of his career. Macbeth asks the doctor who cannot treat the phantasms of Lady Macbeth to turn his attention to the ailing nation, instead: “cast / The water of thy land, find her disease, / And purge it to a sound and pristine health” (V.iii.52-54). Coriolanus himself is described as “a disease that must be cut away,” and “a limb that has but a disease— / Mortal to cut it off; to cure it easy” (III.i.304-306). Like the Lancastrian Tetralogy, *Coriolanus* presents much of the discussion of the state within a context of pathology; it is not, however, concerned with the therapeutic role of a monarch, but rather shows the tragic fall of a hero in the context of republicanism and war. Amidst all these uses of the body politic, the Lancastrian Tetralogy not only contains the heaviest concentration of language that ties disorder in the commonwealth to disease, but also most clearly focuses on the capacity of the head to act as the body politic's physician, to treat and cure the various sicknesses that threaten England's health.⁶⁹

As the metaphor of the body politic became inflected by the changing discourses of medical practice and the rise of vernacular medical texts in print, the corporealized image of the nation

69 William Spates (2010) asserts that *Henry IV, Part II* is the locus for this language within the cycle (160); U.C. Knoepfelmacher (1963) considers the first part to be centrally concerned with humoral theory; and Robert L Reid contends that the Henriad is the “*locus classicus* of humoral psychology” in literature from the fourteenth through seventeenth centuries.

shows how vulnerable the body politic is to the threat of disorder, figured as distemper and disease. England, according to the Lancastrian Tetralogy, faces very real instances of these distempers under the reign of Richard II, and the sickness of the nation will develop throughout the play cycle before finding remedy at the hands of King Hal in *Henry V*. All four plays engage with the notion that the king acts as physician to the nation, raising questions of good and bad practice—questions that share much in common with contemporary public conversations prompted both by the challenges to traditional Galenism and by the sudden influx of readily accessible vernacular medicine to non-learned audiences. These debates, which often took the form of harsh polemics between opposing camps, posited strong views about who should practice medicine, and how. As will become clear, the Lancastrian Tetralogy posits a sick nation, and offers three physician-kings as potential healers for its ills—the failures of Richard II and Henry IV's styles of practice give way to a therapeutic moderation that finds success in Hal's reign. But in these debates is the rising sense that health cannot stay fixed; the Tetralogy makes its audience acutely aware that this is the case, suggesting in the end that practical styles of governance, while they may help define what makes a perfect physician-king, cannot make his practice last.

II. “What rank diseases grow”: The ailing national body in the Lancastrian Tetralogy

The use of the pathologized body politic throughout the Lancastrian Tetralogy necessarily raises the question of how best to treat the various distempers afflicting the nation, and over the course of the four plays we see a great variety indeed: each of the three kings faces a body politic that is fundamentally the same, and yet is cast in different terms, its health faltering or threatened by the specific political conditions of each historical moment. In this section I turn to the different representations of affliction under each physician-king and the language of anatomy that guides much of those representations; this examination both sets up the ensuing debates about therapeutic

practice and shows how the unconventional uses of this body politic imagery in the cycle contribute to the plays' argument about that practice. Richard's England reflects natural decay and threats to the national order: humoral imagery grafted together with that of horticulture and agriculture, depicting canker in body and land. Under Henry IV, that body fractures, literalizing and multiplying the split caused by rebellion and usurpation; as the sickness grows, it breaches metaphorical boundaries to infect actual bodies within the plays. Only Hal is able to achieve and maintain a healthy body politic; this allows him to turn his attention to external concerns.⁷⁰ The representation of the national body throughout the tetralogy, through its metaphors of disorder and decay, marks a trajectory in which Hal presides (through his own methods and practice) over a finally healthy nation but also emphasizes a unity in the national body that resists long-term cure—highlighting the temporary nature of Hal's success and of health itself.

Contributing to the tetralogy's argument about practice is the sudden erasure, in *Henry V's* healthful nation, of those metaphors that had announced its sickness in previous plays.⁷¹ The nation no longer cankered, England's need for surgery and physic has all but vanished. In its place arises a careful attention to maintaining the strength of the body, and a new emphasis on its parts as contiguous: this remains in most respects a humoral body, and its new wholeness enables anatomizing, an obsession with tallying but not with diagnosing. The play contains 173 uses of anatomical terminology, with the vast majority granted to the major members.⁷² The high frequency

70 This reminds us of the failures of his predecessors' methods of practice: both Richard and Henry IV sought abortive campaigns beyond the national body (in Ireland and Jerusalem, respectively) that were cut short by civil disease.

71 As Timothy Rosendale has noted, the shift in focus at the start of *Henry V* is drastic, since the problems of authority and legitimacy so central to the earlier plays no longer drives the plot forward—instead, “this play concentrates on unification and heroic success,” a combination made possible by Hal's unique capacity as model king, with the “potently constructive” pairing of legitimacy with capacity to rule (130).

72 These terms include the head (19), the eyes (24), the hands (39), the heart (33), and the tongue (11). The number increases significantly when including other medical terminology, such as blood (45), spirit (13), and humor (13). These numbers represent words used in a recognizably “anatomical” sense—for instance, I omitted usages like “heartily,” “dishearten,” and “heady”—but do not distinguish between medical/physical uses and metaphorical or spiritual ones (“spirit,” for example, may refer to the soul, to something spiritual, or to the Galenic notion of animating spirits).

of anatomical terms corresponds roughly to their frequency in the earlier plays: for the major members, *1 Henry IV* contains 174 references and *2 Henry IV* 186. *Richard II* contains a staggering 259 references, attesting to its centrality in setting up the problem of health in the body politic. But where all three previous plays emphasize sickness and disorder, in *Henry V* we see no indication of infection or disease; the references instead emphasize the harmonious balance of the body politic, now in a state of health. There is a twofold implication in this prevalence of specialized terminology: first, it reifies Hal's success as physician-king in the shift from disorder to harmony; second, it reminds us, by association, that this is the same body politic as that ruled by Richard and Henry IV, a continuity that subjects the nation to the danger of relapse.⁷³

The sickness in the body politic takes several forms over the course of the tetralogy—a garden blighted and overrun, a body wounded, members in disarray—and each variation recurs throughout the cycle. The series begins with Richard's misguided belief in the ability of the sick body to restore itself naturally and without intervention, a notion that appeals to the natural order itself. Nature thus becomes intertwined with the corporeal metaphor within and beyond the play, uniting the body politic with both horticultural and agricultural imagery. England is, in *Richard II*, famously rendered as a garden, a formulation that parallels and at times intersects with discourses of health. When John of Gaunt posits the nation as a garden threatened by Richard's rule, he terms it “this little world,” and a “teeming womb,” thus likening the land itself to a body (II.i.45, 51).⁷⁴ Overlaps in metaphors of horticulture and medicine—particularly surgery—were common in the period, especially in political texts. Richard Morison's *A Remedy for Sedition* (1536) describes civil uprising in language similar to that in *Richard II*, calling sedition a “sore” and “the greatest sickness, that can

73 As discussed in Chapter 2, according to John Donne's *Devotions* (and the medical and spiritual texts on which he relies) relapse is both more common and more dangerous than the original infection; describing his own recovered body as a sovereign nation in Meditation 23, Donne states that “a relapse proceeds with a more violent dispatch, and more irremediably, because it finds the Countrie weakned, and depopulated before” (604).

74 The phrase “little world” ties garden and body together as microcosms.

come to a commonwealth”; the solution is cutting away the offending parts (D2v). Turner's *Spirituell Physicke* also employs the metaphor, labeling idle nobles “unprofitable branches, which brynge forthe no frute” (4v). The tetralogy makes use of this overlap, toggling between the natural and the medical in its exploration of national sickness.

This connection between the land and the body thus quickly becomes a medical concern; in particular, the gardens of *Richard II* become especially important to national health when, late in the third act, the queen and her attendants overhear the castle's gardener and his helper. In tending the orchard, the gardener tells the helper to “cut off the heads of too fast growing sprays, / that look too lofty in our commonwealth” (III.iv.35-36); he compares the act to that of an executioner, not a doctor or surgeon, but his subsequent reference to the seasons being “disordered” reminds us that this is a matter of balance, not of justice. The gardener expands his analogy to encompass the entirety of the nation: “our sea-walled garden,” he asserts, “is full of weeds, her fairest flowers choked up, / ... Her knots disordered, and her unwholesome herbs / Swarming with caterpillars” (43-47).⁷⁵ The correct treatment is to cut away “superfluous branches” and, at the right time of year, to “wound the bark, the skin of our fruit trees, / Lest being overproud in sap and blood / With too much riches it confound itself” (58-60). The former promotes surgery, and the latter parallels bloodletting; the carefully-timed release of excesses through the “skin” helps maintain a healthy garden, a healthy body, and a healthy body politic.

Henry IV's description of the troubled body politic likewise draws upon this imagery, reminding us of the continuing sickness in England; he describes the land as “wan with care,” conflating the physical and the horticultural:

No more the thirsty entrance of this soil
Shall daub her lips with her own children's blood;

⁷⁵ Weeds and disease are both markers of the fallen state of man, and the result of disorder: Weeds are plants “out of place” (Tigner 66), and disease is a body out of balance.

No more shall trenching war channel her fields
 Nor bruise her flowerets with the armed hoofs
 Of hostile paces. (*1 Henry IV* I.i.5-9)

As in the previous play, England is figured as both body and garden, its fields, like flesh, threatened with wounds and bruises. Henry considers the danger to be martial, rather than explicitly medical, but the source and effect remain the same: the disorder is internal “civil butchery” (14), and the cuts, gashes, and bruises sustained can fester just as easily as the boils erupting from the excess of cholera in *Richard II*. Henry recognizes this danger in the rebellion headed by Archbishop Scroop: “You perceive the body of our kingdom,” Henry says, “How foul it is, what rank diseases grow, / And with what danger at the heart of it” (*2 Henry IV* III.i.38-40). The “growing” of the disease recalls the horticultural valence of the metaphor in the preceding plays, but the primary connotation is now physical, and its prospects for cure explicitly medical: “It is a body yet distempered,” Warwick notes, “Which to his former strength may be restored / With good advice and little medicine” (41-43). Although the scope of the metaphor gradually expands from a patch of cultivated ground to the whole earth itself, the treatment across all three plays emphasizes a horticultural rendering of the body politic that consistently ties the land under both Richard II and Henry IV to disorder and distemper.

Henry V pivots the metaphor slightly, from horticulture to agriculture, in Hal's stirring war-time rhetoric; this shift allows the play to focus on healthy, hale bodies, but cannot fully distinguish Hal's England from that of his predecessors.⁷⁶ The young king emphasizes the power of his soldiers' bodies, asking that “when the blast of war blows in our ears” (III.i.5), they “imitate” a tiger: to “stiffen the sinews,” “lend the eye a terrible aspect” from its place in “the portage of the head” and “let the brow o'erwhelm it” (6-11). He rallies them to “set the teeth and stretch the nostrils wide, /

76 Husbandry—the focus of Hal's agricultural metaphors—is less obviously tied to politics in the period, but like horticulture it shares language with the discourses of human medicine; likewise, good husbandry was part of a holistic approach to the health of a family or estate.

hold hard the breath, and bend up every spirit / to his full height” (15-17). The capacity of the English body to act in the manner of a vicious predator combines nature and nurture: its “blood is fet from fathers of war-proof” (18) and its “limbs were made in England” (26). Hal thus designates English strength as the product of careful breeding, urging his men to show “the mettle of [their] pasture” and that they are in fact “worth [their] breeding” (26-27). He will later ally physical health with agricultural practices, asserting that rising early “is both healthful and good husbandry” (IV.i.7). Anatomizing his soldiers and describing them as the finely-cultivated stock of England emphasizes the might of individual bodies as the dominant symbol of the body politic (a mighty change from bug-infested orchards). It also draws an explicit link between Hal and Richard: Gaunt accuses Richard of exploiting the body politic for royal benefit, a practice that has reduced the nation to “a tenement or pelting farm” (*Richard II* II.i.60), and which casts the two kings on opposite ends of the spectrum of husbandry.⁷⁷

The horticultural and agricultural language serves to highlight the body politic as an entity subject to natural forces and decay (and in need of a skilled husbandman to tend it); as the nation's health worsens, however, we see a focus on the disordering and disorientation of the body's members. Henry IV's England sees the greatest concentration of opposed members in the play cycle, perhaps because his own opposition to Mowbray marks the introduction of disease and disorder into the nation. Rather than orienting themselves harmoniously and in a united direction, the choleric young men stand “face to face, / And frowning brow to brow” (*Richard II* I.i.15-16). By the time Bolingbroke becomes King Henry, the body politic's members are all askew, a disorientation that augurs dismemberment if a cure isn't forthcoming. As Henry sees it,

These opposed eyes,
Which, liked the meteors of a troubled heaven,

⁷⁷ “Pelting” here is usually taken to mean “paltry,” or “petty,” but the term also suggests pelts stripped from animals—conjuring an image of livestock slaughtered and pieced out for profit—the precise opposite of Hal's treatment of his purebred warrior-stock.

All of one nature, of one intestine bred,
 Did lately meet in the intestine shock
 And furious close of civil butchery,
 Shall now in mutual and well-beseeming ranks
 March all one way and be no more opposed
 Against acquaintance, kindred, and allies.
 The edge of war, like an ill-sheathed knife,
 No more shall cut his master. (*1 Henry IV* I.i.5-18)

Although “all of one intestine bred,” the body's “opposing eyes” have, troublingly, rent the flesh of the national body, inflicting dangerous wounds. The king here describes the condition of the body politic as he has received it, but he also intends to remedy the ailing state, to unite the fractious parts into “mutual and well-beseeming ranks” all headed in the same direction. By quelling strife between “acquaintance, kindred, and allies,” he hopes to make the body whole.

That hope is thwarted by two separate attacks on the body politic during his rule, both expressed in metaphors of corporeal disharmony and potential dismemberment.⁷⁸ The first, prompted by the Percys (Hotspur and his father Northumberland), is imagined as a body within the body politic, and as an opposing member impeding the healing of the already sick nation. The rebellion's independent embodiment becomes apparent when Northumberland, a vital member, falls sick: “This sickness doth infect / The very life-blood of our enterprise; / 'Tis catching hither, even to our camp” (IV.i.28-30).⁷⁹ Northumberland's apparent illness “is a maim” to the rebel body, according to Worcester, and Hotspur replies that it is “a perilous gash, a very limb lopped off” but nonetheless urges that they proceed (42-43). Ultimately, the sickness of the rebel body stymies Henry's goal of harmonious reintegration into the body politic, rendering amputation of the ailing members the only cure. In the second rebellion, led by Archbishop Scroop, the source of England's physical and spiritual sickness is disputed: Morton asserts that Henry is the reason for the “bleeding

78 The threat of dismemberment is literal: the Percys wish to raise Mortimer to the throne, and Mortimer responds by declaring that he would split the country in three and share rule with those who helped his claim—chopping England's whole body into bits (*1 Henry IV* III.i.69-118).

79 Diede figures the rebellion as a tumor: “a malignant body-within-a-body” (54).

land / Gasping for life” (2 *Henry IV* I.ii.207-8), but Scroop maintains that “The commonwealth is sick of their own choice” (I.iii.87).⁸⁰ In both formulations, the threat of dismemberment by decapitation looms. Although the body politic keeps its head, thanks to the eventual arrest and execution of the rebel faction, the king's own increasing sickness contributes to his inefficacy and prevents the restoration of health in the national body.

While Hal also faces the threat of opposing members during his reign—reminding us yet again that this is the same body, subject to the same vulnerabilities in health—the brief encounter iterates the wholeness of the body politic, rather than its disorder. Treason and the seeds of disease lie this time in the figures of Richard, earl of Cambridge, Sir Thomas Grey, and Henry Lord Scroop of Masham. The men pose as loyal counselors while plotting to kill the king, but fail to beguile him. Hal uses the pretense of requesting counsel to illustrate the healthful unity of the body politic—the king has, “in head” assembled his army to serve as the arms and legs of the campaign in France. Again calling on the harmonious orientation of all the parts to the goals of the whole, he notes that the commonwealth is of one “heart,” or intent, all growing “in fair consent with ours,” and further indicates his appreciation for that loyalty by promising for “forget the office of our hand” rather than ever ignore the “desert and merit” of his followers (*Henry V* II.ii.15-35). Hal's repeated anatomical reference to members of the body reorients attention toward the body politic as a whole, and emphasizes the successful working of that body in its current health. It also sets a trap for the conspirators: Hal asks them what to do with members that threaten the newly hale state, and they urge punishment. Their king complies, sentencing both to death and cutting off the only opposing members threatening his body politic.

And so the English body politic remains throughout Hal's reign: unified, harmonious, and

⁸⁰ The dissent seems to be over where to place the blame: for Scroop, that burden falls on the public, which “disgorged” itself of Richard before Bolingbroke was an able ruler and now has had its full of the new monarch.

healthy, wherein reference to the parts does not signal danger to the whole. Hal's French campaign—based on a dubious familial claim to French land under Salic law—is safe only because England's body is healthy enough for its head to venture forth.⁸¹ This is in direct contrast to his predecessors: his father could not depart for his Jerusalem pilgrimage because of the civil disorder plaguing his reign. And Richard's overconfidence in his own efficacy leads him to turn to the rebel uprising in Ireland: “we will ourself in person to this war,” he says, leaving the body politic without a head and casting open the gates for the banished Bolingbroke's return and the full outbreak of civil disorder that leads to Richard's own downfall. Hal, on the other hand, is encouraged to pursue his claim in France, even with the possibility of invasion from the Scots, “who hath still been a giddy neighbor to us,” and who have a history of “Galling the gleaned land with hot assays” (I.ii.145, 151). Scotland's attack is presented as a contagion to be held at bay: giddiness is associated with madness, faintness, and vertigo or dizziness (“giddy”), and these latter three are connected symptomatically to the “falling sickness,” or epilepsy.⁸² Madness and the falling sickness are linked together by Thomas Elyot as “syckenesses of sprynge tyme” (79v), tying the Scottish threat to a specific category of disease.⁸³ Even still, the threat of external contagion requires only prevention to stave it off, given the current health of England.

Prevention in the king's absence will require the somewhat paradoxical splitting of his forces

81 From his deathbed, Henry IV also urges Hal to perform his legitimacy through a campaign of distraction: “Therefore, my Harry,” he advises, “Be it thy course to busy giddy minds / with foreign quarrels; that action, hence borne out, / may waste the memory of the former days” (2 *Henry IV* IV.v.212-14); Henry believes that foreign war will erase the stain of his problematic ascension and of Hal's presumed youthful intemperance. But this is a misdiagnosis (one of many) on Henry's part; by telling Hal to “busy giddy minds” he, perhaps unintentionally, refers to his own sickness (he cries out that his “brain is giddy” as he collapses in the previous scene) rather than that of the nation, and he also prescribes the action before learning that the prophecy of his death in Jerusalem was realized in England when he fell in the Jerusalem room; his perspective on the role of foreign war to the health of the body politic is thus misaligned. Hal cannot trust his father's diagnosis, and luckily does not leave his nation for the reason his father recommends.

82 Shakespeare elsewhere makes this same connection: in *Julius Caesar*, Brutus diagnoses Caesar with the falling sickness after he “swooned and fell down” (I.ii.260, 248).

83 That the Scots “gall” the nation further suggests the creation of sores and blisters, resulting in possible sites of infection (“gall”).

to keep England's body whole. As Exeter puts it,

Th'advised head defends itself at home;
For government, though high, and low, and lower,
Put into parts, doth keep in one consent,
Congreeing in a full and natural close,
Like music. (179-83).

Drawing on the hierarchical ordering of the body politic's separate parts, Exeter asserts the possibility of their actions being discrete without being disjointed or opposing. Exeter's description of a segmented-yet-corporate body politic both recalls and contrasts with that described by the rebel body in *2 Henry IV*. There, Hasting remarks on the divisions in King Henry's ranks: coping with the French, Glendower, and Scroop, "So is the unfirm King / In three divided, and his coffers sound / With hollow poverty and emptiness" (I.iii.73-75). So split are Henry's energies that focusing on any one thing would cripple all. Hal, however, can "divide [his] Happy England into four," taking one quarter into France "to make all Gallia shake" and leaving "thrice such powers" behind to protect the body politic from the Scottish irruption (*Henry V* I.ii.214-17).

The Lancastrian Tetralogy's persistent thematic deployment of the language of a pathologized body politic, both in the variations in the corporeal metaphor itself and in the frequent use of anatomical language, works to knit the representations in each play together, demonstrating a single English body politic across all four plays and under each of the three kings. This enduring body faces worsening health under Richard II and Henry IV, positing England as a patient in urgent need of care. The course of that cure allows the nation to achieve a hale and whole bodily state, its men declared the product of extraordinary husbandry and careful breeding, and contrasts with the disoriented members and poor gardening of previous regimes. Hal is its healer. But in positing him as such, the play cycle raises the question of how best to achieve that final stage of health, and who has the practical skill (and right) to treat the nation. In what follows, I will also take up that question, in order to demonstrate how this pervasive language of sickness, health, and treatment engages with

contemporary debates over medical practice as a means of working out the problem of good kingship and the extent of its potential for endurance.

III. “This we prescribe”: Physician-Kings and the debate over best practice

Of the arguments pursued by the tetralogy regarding the health of the body politic, the one pursued most prominently examines what it means to be an effective ruler, an expeditious head, and an efficacious healer. The three kings each face disorders of the national body, but the play cycle carefully distinguishes them as different types of practitioners in response to those ailments. In this section, I consider the variations in practice of each of the three physician-kings as they relate to contemporary debates about medical practice. In these debates, made prominent by developments in medicine and by the widespread availability of vernacular medical texts, a perennial question concerned who possessed the authority and skill to practice medicine, and about how precisely they ought to do it. If the king is a physician, then the tetralogy offers a kind of answer: the ideal practitioner takes the middle way, authorized by law and tradition, but informed by experience and the contingencies of specific conditions. The exemplar of that practice is Hal, and in him the cycle will both establish an ideal for practice and demonstrate the limits of that practice for achieving long-term health.

Clearly defined styles of kingship seem not to be widely available in the early modern period. Debates about the ideal model of governance focus primarily on the source of a ruler's authority and his or her relationship to those governed. Behavior might be promoted or discouraged by “mirrors”—conduct manuals offering advice and notable exempla like the Nine Worthies—and notions about the response to tyranny were well-trod.⁸⁴ However, aside from opinions on

84 For a survey of ideal kingship as defined by exempla, see Katherine Lewis, *Kingship and Masculinity in Late Medieval England* (2013), especially chapter 1; Urszula Kizelbach argues that Elizabeth I modeled her rule by example, as well, “from study and direct observation” of Henry VII rather than on any particular style of kingship (121). For

Machiavellian practices, rulers were more likely to be classified as simply “good” or “bad” than to be linked to any model of kingship.⁸⁵ The Lancastrian Tetralogy, however, offers more nuanced articulations of governance styles, by leveraging the contentious debates about medical practice that separated different, often clearly defined, therapeutic methodologies.

Traditional Galenic medicine in the period promoted a practice that was based in theories that claimed to be universally applicable to the vast array of health problems patients suffered; the purview of university-trained physicians, this “learned medicine” was, in many respects, the most prominent and therefore the most vocal participant in debates over authority and practice. The foundation of the Royal College of Physicians in 1518 granted a particular prestige and authority to its fellows and to the learned physicians in its orbit, elevating their status above surgeons, apothecaries, and irregular practitioners of all kinds.⁸⁶ These learned physicians traced their authority to the ancients, and they argued for a patient-centered practice based on logic and reason, on textual authority, and on experience, all components of medical theory.⁸⁷ The primary goal was prevention, rather than cure, and required sound advice and regimen to sustain the harmonious balance of the body (Cook, “Good Advice” 12). But while apparently dominant, learned medicine did not stand unassailed by alternatives.

discussions of the source of political authority, see Archambault, Richard L. Greaves, “Concepts of Political Obedience in Late Tudor England: Conflicting Perspectives” (1982), and Constance Jordan, *Shakespeare's Monarchies: Ruler and Subject in the Romances*, chapter 1 (1997)

- 85 Kizelbach notes that for many in Tudor England, Machiavellianism connoted tyranny and the abuse of power, and that much of the literature of the period reflects anti-Machiavellian preferences—though some scholars have identified Machiavellian practices in Shakespeare's *Henry IV* and *Hal* (1-3).
- 86 As discussed in the introduction to this dissertation, the College had exclusive authority to grant licenses to practice, and (ostensibly) to punish those practicing without a license; their jurisdiction was limited, however, to the area around London.
- 87 Early modern Galenists tended to model practice not on Galen's actual work, but rather on simplified versions that were, in some cases, distorted. As Nancy Siraisi has observed, their actual practice varied from the ideals listed: theory was typically arrived at “mostly by arguing about texts,” and while physicians claimed to rely on experience, no distinction was made between reported and personal experience (*The Clock and the Mirror* 45). For an overview of Galen's ideal physician, see Andrew Wear, *Knowledge and Practice in English Medicine* (2000) and Susan P. Mattern, *Galen and the Rhetoric of Healing* (2008).

Debates played out on several fields of medical theory and practice, both within communities of practitioners and from outside the profession, and these debates make their way onto the stage by the end of the sixteenth century. Stephen Pender has identified the “age of medical humanism” (ca. 1530-1630) as an especially intense period of contention regarding medicine's status, in which the uncertainty of medical efficacy and authority met with scrutiny, and Galenic principles began facing challenges on several fronts (“Uncertainty” 4-6).⁸⁸ These debates survive in the published works of learned physicians, regimen authors (who advocate for the dissemination of vernacular medical advice), and the literate and vocal Paracelsians and Helmontians; illiterate practitioners leave no written records, but their place in the debate was, as Andrew Wear has shown, legitimized by patients who regularly sought out non-traditional and supposedly “dangerous” practitioners for treatment (“Discourses” 379). Although there are clear categories in these debates—especially Physician, Surgeon, and Empiric—the tendency of learned medicine to yoke together all its opponents leads to some overlap in these categories.⁸⁹ Evidence suggests that not only was Shakespeare aware of these debates over medical practice, he made use of them in his work, in such plays as *Romeo and Juliet* and *Othello*.⁹⁰

The medical debates engaged by the Lancastrian Tetralogy hinge primarily on two

88 Pender focuses on critiques from outside the profession, noting that their primary attacks highlighted the ambiguity of medicine as either science or art, the learned physician's dependence on rhetoric, the presumed atheism of Galenists, and the internal conflicts between physicians, surgeons, empirics, and apothecaries. Of the challenges to Galen, Harold J. Cook notes that traditional accounts focus on debates prompted by Paracelsus (over iatrochemistry), Vesalius (anatomy), and Harvey (physiology) (“History of Medicine” 102).

89 In particular, Paracelsians are often equated with Empirics, classified primarily for “dangerous” practice deriving from non-traditional sources. While Paracelsians did share some characteristics with empiric medicine—especially an emphasis on experience—Empirics often relied on humoral medicine and principles of Galenism. For a thorough survey of the Paracelsian system, which depended not on humors but on elements and the *tria prima* of salt, sulphur, and mercury, see Debus vol. I, especially 51-58.

90 In a 2004 volume edited by Stephanie Moss and Kaara L. Peterson, several chapters engage with how these debates play out on the early modern stage. Moss convincingly suggests that *Othello* is concerned with the debate between Galenism and Paracelsianism, reading the relationship of Othello and Desdemona in light of Paracelsian renderings of alchemical processes. And Lynette Hunter argues that *Romeo and Juliet* “is a play overtly about contesting models of medical discourse” (171), in particular disputes between Galenists and Paracelsians and those between learned physicians and surgeons.

distinctions important to the practice of the physician-kings: in the clash between learned physicians and surgeons, the former represents philosophical practice, and the latter manual practice; that between learned physicians and the vast category of “empirics” pits authority and theory against experience and practice.⁹¹ Richard II appears as the learned physician, despite his cursory initial claim that he is “no physician” at all (*Richard II* I.i.154)—in ordering his subjects to “be ruled” by him, and by asserting “this we prescribe” (152, 154), he establishes himself as physician-king and asserts his therapeutic methods as being in the best interest of his body politic. Henry IV is his direct opponent and opposite, following empiric principles and engaging in manual practice; he does not explicitly frame himself as a physician, but the role is nonetheless assigned to him. Hal, for instance, clearly understands his father to be an active physician, and presumes his practice beneficial: hoping to be redeemed in his father's estimation, he wishes that “Your majesty may salve / The long grown wounds of my intemperance” (*2 Henry IV* III.ii.155-56). The healing power of forgiveness can only be provided by his father the king. As two apparent extremes on the spectrum of practice, however, both Richard's and Henry's flaws will be exposed, and the inefficacy of their governance declared by the play cycle.

Richard's initial prescription, that the choler between Bolingbroke and Mowbray be purged “without letting blood,” represents an example of serious malpractice. In proposing a bloodless cure, Richard hopes to temper the rising choler with mere forgiveness and agreement, and assumes that by enforcing such a therapy that cure will be non-violent. But purgation, by its very nature, is a violent act—methods of bloodless purgation existed, in emetics and laxatives for example, but all involve violent bodily responses or trauma inflicted on a body. Further, urging pacification in cases of excess choler is a preventative measure, not a curative one—once ire rages on the surface, the

91 Given the cycle's adherence to humoral imagery, I assume that the plays do not explicitly concern themselves with the debate between Galenism and Paracelsianism, though there may be overlap between Paracelsian principles and those of the empiric strain of the cycle.

only solution is the forcible balancing of humors.⁹² In this, Richard fundamentally, if not willfully, misunderstands how medicine works. His invocation of cosmological medicine, in which he declares that “this is no month to bleed” likewise marks his incompetence.⁹³ When Richard's attempt to prescribe forgiveness fails, he allows a duel to be scheduled on St. Lambert's Day, or September 17.⁹⁴ Medical regimens, like Elyot's, tended to be ambivalent on the safety of bloodletting in September.⁹⁵ But almanacs generally saw no danger in the practice; Gabriel Frende, a prominent English almanac-writer, incorporates the following advice into his calendar verse for the month of September: individuals should feel free to “Take medicines: use Phlebotomy.”⁹⁶ Frende's advice follows principles of the renowned *Regimen sanitas Salernitatem*, cited by Nicholas Gyer's *The English Phlebotomy* (1592); Gyer remarks that three days are particularly dangerous for phlebotomy—April 30, May 1, and September 30—but that aside from those days, “three [months] be best, and farre excell, / September, May, and eke Aprill” (qtd. in Gyer 178).⁹⁷ It turns out that September is an excellent “month to bleed.”

Richard's decision to avoid bloodletting in direct opposition to approved medical principles

92 Gail Kern Paster demonstrates the importance of phlebotomy as a tool for social control; she argues that, especially in drama, blood and bloodletting are “always narratively overcoded” with ethical and moral meanings, and notes the frequent conflation of bloodshed with bloodletting in the period (*The Body Embarrassed* 91); more recently, Tanya Pollard has argued that through this conflation, the period saw a rise in rhetoric advocating revenge as a particularly effective kind of therapy (see “A Kind of Wild Medicine”).

93 Richard's malpractice may be deliberate. His vested interest in obscuring his involvement in Woodstock's death may impact his therapeutic choices—but whether Richard is a bad doctor or is just bad, his prescription here is the turning point after which England's sickness becomes dire.

94 Autumn is a time of increased cholera (Elyot 71r): the season predisposes individuals of certain complexions to natural excesses of the humor, and Bolingbroke and Mowbray's rift is likely exacerbated by the time of year.

95 According to the regimens like Thomas Cogan's *Haven of Health* (1584) and Thomas Brugis' *Marrow of Physick* (1640), September, on the cusp of the hot, dry Summer and cold, dry Autumns seasons, can have inconsistent climate conditions which affect favorable bloodletting days: hot and dry weather made the practice particularly hazardous for many, and mild weather was universally recognized as more advantageous.

96 Most extant editions of Frende's almanac use this verse (1589, 1593, 1595, 1597, and 1598). In the seventeenth century (1614 to ca. 1623), several more almanacs were printed in Frende's name by the Company of Stationers (rather than Richard Watkins and James Robertes, who controlled the almanac trade in the 1580s-90s), and these offer an alternate verse. It is unclear whether Frende wrote or sanctioned these later almanacs, or if he was even still alive at the time of their publication.

97 The *Regimen sanitas Salernitatem* was the medieval predecessor to early modern vernacular medical regimens.

suggests an aversion to manual practice common to learned physicians. While Galen's writings advocate direct consultation with patients, permitting both bloodletting and physical contact, some early modern learned physicians avoided touching patients entirely (Moss 172).⁹⁸ Hoeniger convincingly argues that this hands-off approach derives from the declaration, at the 1163 Council of Tours, that *ecclesia abhorret a sanguine*; shortly after the Council, the Faculty of Medicine at the University of Paris required that all medical students “abjure work with their hands,” and both Cambridge and Oxford followed suit (19-20). This separated physicians from surgeons, whose training aligned more with that of craftsmen. For learned physicians, technical skill was derided as lesser; instead, they claimed the absolute superiority of medicine prescribed following reasoned reference of authoritative sources, relying on what Cook has identified as the key concepts of good judgments and advice, “attributes of character as much as knowledge” (“Good Advice” 4).

Although his confidence in his own identity will eventually fracture, Richard's notion of what it means to be king presumes an inherent and ineffable authority that parallels the rhetoric of the learned physician. The counsel offered by doctors with this extensive education could be (they said) trusted well beyond the work done by so-called “Empirics” and other irregular practitioners.⁹⁹ Supporters of learned medicine employ rhetoric that privileges professional authority and sees the learned physician as a *manus dei* charged with bringing “this precious pearl, health to the oppressed sick” (Irish A3v): God, who created physic itself, “ordained the physician for to help man” (Bullein *Government* 3). This bears some resemblance to the divine right of kings, fundamental to Richard's self-conception and his belief in the efficacy of his rule and practice, even in the absence of truly

98 For more on the ethical norms and practices of sixteenth and seventeenth century physicians and their relationship to the larger community of practitioners, see Pelling and Webster, “Medical Practitioners”; Margaret Pelling, *The Common Lot: Medical Occupations and the Urban Poor in Early Modern England* (1998); Andrew Wear, “Discourses” and *Knowledge and Practice in English Medicine*.

99 Empirics worked from experience and, according to the learned medical community, had no worthwhile education on which to base diagnoses and treatments.

effective treatment.¹⁰⁰

By nature and by necessity, Henry IV's practice in physic is antithetical to that of his predecessor—though it will likewise fail to heal the nation. The two men's natural temperaments are shown to be vastly different in *Richard II*: there, Henry's cholera prompts him to quick action, whereas Richard demonstrates a sanguinity that turns, in his fall, into melancholy. According to Levinus Lemnius in *The Touchstone of Complexions* (1581), the former temperament lends itself, in rulers, to susceptibility to bad advice and an inattention to the best interests of the nation, and the latter to madness, self-interest, and self-destruction.¹⁰¹ And where Richard intends to treat through authoritative counsel and tradition, refraining from the laying-on of hands, Henry IV does not possess the authority of divine right, and bases treatments in actions derived from experience. Prior to the decline of the king's health, *1 Henry IV* shows him on the battlefield, even engaging in hand-to-hand combat with Douglas (V.iv), and his language throughout the play demonstrates his preference for prompt and active responses to threats. Indeed, although Henry IV is himself unable to cut away the infections caused by the rebels because of his own physical impairment, he establishes his sons as proxies to his practice, sanctioning Hal's duel with Hotspur and John's management of the second rebel body.¹⁰² He emphasizes his preference for manual practice while advising Hal from his deathbed: he notes that those “By whose fell working I was first advanced / And by whose power I well might lodge a fear / To be again displaced” had to be managed, and thus “I cut them off” (IV.v.205-8). Recalling the action of a careful surgeon, the king emphasizes his own attempts at hands-on practice here.

100 “Not all the water in the rough rude sea,” Richard asserts upon returning to face Bolingbroke, “Can wash the balm from off an appointed king” (III.ii.55-56).

101 Rolf Soellner offers a thorough reading of Richard's humoral complexion in *Shakespeare's Patterns of Self Knowledge* (1972), 97-113, arguing that Richard's humors are a vehicle for self-exploration that the king ignores until too late.

102 The once-strong king nearly falls in the battle with Douglas and must be saved by Hal, and by the time Scroop and his men are captured in *2 Henry IV*, the king is nearly on his deathbed.

Henry IV's practice, divorced from the authority granted to Richard, thus bears resemblance to empiric medicine. With an emphasis on experiential practice and little to no reference to classical authority, the category “empiric” encompassed a vast range of irregular practitioners, many of whom were successful and popular, as they tended to treat diseases more directly and were affordable enough to service a broader range of patients. Success in empiric practice was often disregarded, however, and the practitioners were labeled as dangerous frauds for lacking the authority ostensibly provided by learned medicine.¹⁰³ Henry is himself deeply concerned with his own lack of authority, as his repeated reference to his guilt and his deathbed advice to Hal testify; as a usurper, he stands outside the realm of authorized practice, which threatens to undermine his success in restoring the nation to health.

There is less evidence of willful malpractice here, but Henry's own therapeutic method is marred by misdiagnosis and impeded by his own sickness. Diede argues in favor of Henry's practice, contending that the king's focus on restoring health by restoring order signals his efficacy (43-44). However, while restoring order is indeed necessary for achieving health, Henry's methods don't tend toward the achievement of that goal, and the plays identify his empiric kingship as fatally flawed. Empiric medicine was considered (and criticized for being) disease-centered (Wear “Discourses” 386)—for focusing on the disease itself, rather than the whole patient, as learned medicine claimed to do—and Henry focuses his treatment accordingly, on specific diseases in the body politic. Unfortunately, he fundamentally misapprehends diseases on more than one occasion. His first assessment of the danger to the body politic after his coronation is a misdiagnosis; he sees Hal's dissolute behavior and poor choice of companions as the nation's greatest threat, asserting that “If any threat hangs over us, 'tis he” (*Richard II* V.iii.3), despite the looming civil disorder. Likewise, he

103 For a sound overview of the fear of empirics, see Cook's “Good Advice and Little Medicine”; Todd H.J. Pettigrew has provided a useful look at Shakespeare's treatment of empiric medicine in *All's Well that Ends Well*, noting distrust of the practice from several contemporary writers (*Shakespeare and the Practice of Physic*, chapter 2).

initially recognizes the threat at the start of *1 Henry IV*—that which threatens both himself and his nation, “So shaken are we, so wan with care” (I.i.1)—as a martial, rather than a medical disorder (the “armed hoofs / of hostile paces” bruise and channel the fields [8-9]), well before he recognizes the “rank diseases” that actually infect the body politic (*2 Henry IV* III.i.39).¹⁰⁴ In such readings, Henry demonstrates poor diagnostic practices that derail the course of appropriate treatment.

Henry tends to connect his diagnoses of the national body politic to conditions of his own, a near-sightedness possibly tied to his own sense of guilt and his worsening health. A formerly choleric man, he reads the body of the land as suffering from war wounds; as the guilt-ridden usurper, he reads danger to the nation as deriving from sin rather than disordered members. We do not know whether his own sickness results primarily from his sin, but his weakened state limits his capacity to perform his hands-on practice and renders his diagnostic sight blurry: he claims that Hal is “as humorous as winter,” his blood “inclined to mirth,” and that his poor counselors are “rage and hot blood” (*2 Henry IV* IV.iv.34, 38, 63). But Hal, as will be shown, is continually concerned with the careful regulation of his humors, and of all the possible diagnoses of his primary “counselor,” Falstaff, an excess of choler is among the least likely.¹⁰⁵ Indeed, it sounds more like Henry is describing himself. Lacking the benefits of traditional learning, and thus unable to appeal to authority to discern the nature of the sickness, the king relies only on his personal sense of things.¹⁰⁶

104 The royal “we” in his opening line signals simultaneous reference to himself and to his nation. To be “wan” very often meant that one was unwholesomely discolored by disease; the word was frequently used as a synonym for “sickly,” and could indicate a body near death (Nicholas Culpeper refers to it as the “deadly color of the face” in his 1655 translation of Lazare Riviere, *The Practice of Physick*).

105 The humoral nature of Falstaff’s body has been amply discussed, though its relation to the body politic and the implications of his microcosmic disorder warrant more study: the plays demonstrate a constant preoccupation with Falstaff’s failing health, and in most cases the physical and moral disordering of Falstaff’s body reflects a similar disordering in the body politic—his sickness is a stand-in for those national ailments caused by intemperance. For some readings of Falstaff’s humoral body, see Gail Kern Paster, *Humoring the Body: Emotions and the Shakespearean Stage*, chapter 3 (2004), Benjamin Bertram, “Falstaff’s Body, the Body Politic, and the Body of Trade” (2009), and Joshua Fisher, “Digesting Falstaff: Food and Nation in Shakespeare’s *Henry IV* plays” (2009).

106 He also apparently lacks the precise diagnostic and therapeutic language of a learned physician; where Richard explicitly references approved medical practice and techniques, Henry attempts prescriptions in more general terms: he uses humoral and medical references, but rarely frames his treatments as definitively medical (no “letting blood”

As such, Henry is *too* empiric: his practice, though more engaged and manual than Richard's, lacks the balance necessary to effect national health.

Hal is the Tetralogy's mediation of the two existing extremes, and only under his care as a moderate practitioner will the body politic reach a state of healthful, balanced unity. We see him ministering to England's ills even before he takes the crown, in his measured treatment of the problems of Hotspur (during battle in *1 Henry IV*) and Falstaff (in their meeting during Hal's first procession as king in *Henry V*), both of whom are figured as threats to national health.¹⁰⁷ And in preparation for his reign, he promises to “choose such limbs of noble counsel, / that the great body of our state may go / in equal rank with the best govern'd nation” and so that England may experience “war, or peace, or both at once” (*2 Henry IV* V.ii.134-38), presaging the holistic stability that allows his nation to turn away from inward disease to external concerns. *Henry V* represents King Hal as the sole figure able to achieve this health. The play is outwardly propagandistic, foregrounding the achievements of its effortlessly charismatic hero: of the three kings of the Lancastrian Tetralogy, Hal is shown to be the most effective head and physician to England. The cycle takes pains to connect him to both of his predecessors, as well: as Henry IV's heir, he is connected to, and partakes in, the kind of hands-on practice favored by his father; as heir to the throne, he is legitimized by authority and divine right, as Richard had been. A younger Hal is even compared to Richard by his own father, who describes the deposed king as unworthy, and Hal as

or cosmological medicine here).

107 Hotspur's death reflects the disease he has engendered; rebellion, as we learn in the plays, is a sore that threatens to spread infection throughout the body politic. The offending limb must be amputated—severing it from the body is the only hope. Falstaff's case is less severe, and may allow for later reintegration into the body; two of his claimed ailments—a “kind of deafness” and a “malady of not marking” (*2 Henry IV* I.ii.116, 121)—have particular relevance to those who govern, as Falstaff himself later claims: “It is certain that either wise bearing or ignorant carriage is caught, as men take diseases, one from another.” (V.i.72-74). Counsel is contagious, and when poor, contagion. Falstaff believes his own counsel invaluable for young Hal, and imagines that as he “grows great” from his proximity to the king, he will “grow less” by purging (*1 Henry IV* V.iv.160-63). But Hal already understands the necessity of good company, and upon taking the throne banishes Falstaff so that he may “make less thy body hence, and more thy grace” away from the throne room (*2 Henry IV* V.v.52).

standing “in that very line” (*1 Henry IV* III.ii.85). This accentuates Hal's position between the two, a position that serves as an additional reminder that no physician-king is ever entirely independent (just as the nation is never free of the vulnerabilities that enabled the initial sickness in the body politic) while simultaneously facilitating his success.

Henry V makes clear that Hal's ease in achieving his goals derives at least in part from his facility as head and physician-king to the body politic. The play begins with an assessment of the king's abilities and character, and Canterbury says of the king that “the art and practic part of life / Must be the mistress to this theoric,” a portrait of moderation that Hal's critics are surprised at but cannot deny (I.i.52-3).¹⁰⁸ Hal has recourse to “art and practic” allied with “theoric,” a middle ground between the hands-off, learned authority of Richard and the hands-on but un-authoritative practice of Henry IV. His practice suits the popular model espoused by vernacular manuals of practical medicine contemporary with Shakespeare: Phillip Barrough, in the *Method of Physicke* (1590), critiques physicians who “contain themselves within the compasse of their little studie...where they perceive their science redacted to a method.” Barrough values Galen for laying out “the whole bodie of physicke, by whom [practitioners] are taught the constitution of the body, the diversitie of temperature, the varietie of diseases, the causes, signes, and symptomates of the same,” but argues that such study lends a false sense that “when they shall go into the commonwealth to practice, ...will it not (thinke we) amase them? Will they not confesse then, that their arte is unperfect?”. “Art,” says Barrough, “is weake without practice,” and Hal's ability to pair art and practice with knowledge helps him avoid that weakness (A5v).

Hal, in addition, is the only king to seriously consider the responsibility of the physician-king to his patient-subjects as individuals, rather than to the body politic as a whole. In a conversation

¹⁰⁸ The third and fourth folio editions of the play (1664 and 1685, respectively) print “this theoric” as “his theoric,” making Hal's achievement all the more explicit. The quarto editions, all abbreviated versions of the play, omit the entire scene along with the Chorus speeches.

with one of his soldiers, Williams, a disguised Hal learns that not all his men are excited to head into battle: “I am afeard there are few die well that die in battle,” Williams remarks, “Now, if these men do not die well, it will be a black matter for the king that led them to it” (IV.i.141-45). As will be shown in Chapter 2, dying “well” in the early modern period required both medical and spiritual counsel from qualified professionals; William here collapses both physician and minister into the single body of the king, a move that causes the monarch to protest:

Every subject's duty is the King's; but every subject's soul is his own. Therefore should every soldier in the wars do as every sick man in his bed, wash every mote out of his conscience; and dying so, death is to him an advantage, or not dying, the time was blessedly lost wherein such preparation was gained. (176-82)

Hal's argument rightly distinguishes a man's spiritual condition from his physical one: his subjects' sins are not his responsibility.¹⁰⁹ He nevertheless retains responsibility for their bodies as the instruments of “duty,” retaining his place as medical counsel. And as the play demonstrates, he treats both body politic and the bodies of his subjects remarkably efficaciously, making his the only workable practice in the Tetralogy.

Fundamental to Hal's ability to enact this moderate practice is his maintenance of his own physical and spiritual health, and in this too he contrasts markedly from his predecessors. In the view of those who held Prince Hal prodigal, King Hal has been cured of all sin since his father's death: “Consideration like an angel came / And whipped th'offending Adam out of him, / Leaving his body as a paradise” (29-31).¹¹⁰ In Hal's estimation, this is himself fully realized, not somehow changed. He describes himself as merely *performing* dissolution, not as actually dissolute: his first soliloquy illustrates his intention to

109 As is frequently discussed throughout this dissertation, physical sickness was indisputably connected to sickness in the soul; however, Hal is correct here—treatment and care for body and soul were related, but under the purview of different counselors.

110 The description imagines that the symbol of original sin—Adam—has been expelled from Hal's now-Edenic body, suggesting that it is left in perfect order. Hal's body thus converges with the body politic in an even more thorough way than either that of Richard or Henry IV: his health reflects the health of the nation, and his body is a metonym for England—but it is also both body and garden (and the garden of Eden, to boot).

imitate the sun,
 Who doth permit the base contagious clouds
 To smother up his beauty from the world,
 That when he please again to be himself,
 Being wanted he may be more wondered at
 By breaking through the foul and ugly mists
 Of vapors that did seem to smother him. (*1 Henry IV* 1.2.191-97)

Figuring the influence of bad company as contagious vapors, Hal recognizes the necessity of eliminating it, and sees himself as up to the task. Part of his confidence stems from his endeavors to maintain his own health. He keeps careful watch over the balance of his humors, noting their proportion to Poin (‘‘I am now of all humors that have showed themselves humors’’ [*1 Henry IV* II.iv.91-92]) and later asserts that giving in to weariness ‘‘discolors the complexion of my greatness’’ (*2 Henry IV* II.ii.4-5).¹¹¹

Hal openly considers the health of his soul alongside that of his body, especially once he takes the throne. Recognizing that kingship lends itself to unease and dis-ease, Hal contends that none of the trappings so valued by Richard can settle the soul: ‘‘Tis not the balm, the scepter, and the ball, / ... The forced title running for the king, / The throne he sits on, nor the tide of pomp’’ do not enable the watchful care necessary to ‘‘maintain the peace’’ in nation and self (*Henry V* IV.i.281). Though he doesn't worship the symbols of the throne, he does not condone its debasement. He prays that God will not punish him for his father's sin in ‘‘compassing the crown’’ (292), ascribing blame for Richard's deposition and distancing himself from it; as a demonstration of reverence for the fallen monarch, he has moved Richard's body and mourned him, and has built two chantries ‘‘where the sad and solemn priests sing still for Richard's soul’’ (299-300). This contrasts Hal with his father, who spoke of contrition for deposing his king but nevertheless claimed the crown without ever properly repenting. Regardless of whether Hal's former critics are correct or he

111 Lemnius says that the perfect complexion and balance of the body results from ‘‘a temperate habit of the body’’ in which ‘‘there is an apt and convenient mixture and temperature of the Elements and qualities’’ (32r).

is about his reform and capacity for rule (or whether the truth lies somewhere in between), the overwhelming description of Hal is of a man in good health, both in body and soul.

Compare Hal's fitness to the health deficiencies of his predecessors and the play cycle's enlargement of Henry V as its ideal physician-king becomes even more apparent. Gaunt tells Richard that his abuse of royal authority leads him to be "in reputation sick" (*Richard II* II.i.96), a condition which has as much implication for the body politic as did the choler of rebellion and the canker of England's poorly-tended garden. Gaunt warns Richard that he needs to be a better patient, more attentive to condition and cure. But, as incapable of managing his own health as that of the nation, Richard never raises a hand to cure his sick reputation or to prevent his deposition. Henry IV's sickness, by contrast, is a very real one, with both physical and spiritual components obstructing his capacity as head of the nation. The deposition of a sitting king cannot help but be a serious act, and the cycle casts that act in the language of sin. Henry acknowledges this sin immediately upon ascending the throne. "I'll make a voyage to the Holy Land," he declares, "To wash this blood off from my guilty hand" (*Richard II* V.vi.50-51); the circumstances of his advancement require the necessity of spiritual atonement. However, he sets aside the pilgrimage to Jerusalem at the start of *Henry IV*, marking a failure to attend to his spiritual sickness, compounding the danger when he descends into the sickness from which he will die.¹¹² So important is Henry's sickness that it even outstrips the threat of rebellion—Prince John has apprehended Scroop and his followers by the early part of the fourth act, leaving the remainder of the play to deal with Henry's sickness and Hal's succession.

The varying health of the body politic is reflected in these individual bodies as well as in the body politic, and a closer look at the Tetralogy's treatment of all these bodies suggests Hal's

¹¹² He describes a bout of insomnia (III.i), which was a common symptom of many serious conditions, and then later suffers sudden blindness and faintness (IV.iv.110).

supremacy and his fitness. As a practitioner, he represents the most effective model of action, and his ability to manage threats efficiently and appropriately is further sign of his skill in diagnosing and treating conditions of different natures. He is more healthful in both spirit and body than his predecessors, as well—both by his own assessment and, once he's king, from the perspective of his subjects. According to the Lancastrian Tetralogy, King Hal, “star of England” is the nation's ideal physician-king, governing a land that can once again be likened to a healthy garden (and bringing into harmony the garden of France, as well). But for all his successes, the young king is connected to the rulers he so far exceeds, and he governs a body politic that is naturally vulnerable to the kinds of sicknesses that plagued it up until his reign. And as we shall see, the play-cycle is acutely aware of the potential for a relapse, and of health's temporary nature.

V. “A body yet distempered”: The impermanence of health

The Lancastrian Tetralogy is clear in its advocacy of moderate practice as the appropriate means of achieving national health, and in Hal's successful physic apparently offers a political model of kingship rendered in medical terms; despite this, several factors complicate Hal's success and undermine the notion that any such “ideal” of medical-political governance can have a lasting effect on health in the body politic. While the play cycle touts Hal as England's best physician-king, justified in his mediation of the extremes of his predecessors' practices by seemingly endless success during his reign, it simultaneously subverts his triumphs through a series of interventions that—while they permit the glorification of the heroic physician-king's image—question the long-term efficacy of even the most optimal style of governance. Here I examine these interventions—divine, historical, and theatrical—into Hal's practice and governance, in order to show that the tetralogy posits an ideal that is nevertheless attenuated, especially in the final play of the cycle, by a cynicism about the ability of practical models to sustain health in the long term.

Within *Henry V*, Hal's therapeutic method is depicted as a perfect blend of theory and practice, authority, and experience, embarked upon by a physician in excellent personal health and fitness; but crucial to the success of this “mirror of all Christian kings” (II.0.6) is the active hand of God Himself, suggesting that health may be brought about by a good practitioner, but that human practice has its temporal and spiritual limits. More than any other character in the tetralogy, Hal's actions and prescriptions are apparently sanctioned by righteousness, and his greatest successes are enabled by divine intervention. In the fields of France, Hal boasts of his own efficacy; he urges the governor of Harfleur to surrender the town without bloodshed, “Whiles yet my soldiers are in my command, / whiles yet the cold and temperate winds of grace / O'erblows the filthy and contagious clouds” or the spoils of war (III.iii.29-31). Hal figures himself as the facilitator of a curative, wholesome environment, able to manage—through the healthful strength of the English body he governs—to enforce temperance or to allow contagion to spread. Hal's rhetoric comes in spite of the English army's diminished numbers and the near-insurmountable odds against them, and yet English success is profoundly unequivocal, a miracle rather than exclusively the result of the king's governance. While chronicle sources vary on both the size of each army and the number of each nation's dead, *Henry V* adopts the most extreme figures: of the English, four named lords and 25 regular soldiers were lost; of the French, 10,000 lie slain (126 nobles, 8,400 “knights, esquires, and gallant gentlemen” and “but sixteen hundred mercenaries” [IV.vii.80-88]).¹¹³ Hal's bravery and the powerful rhetoric of English harmony and strength prior to the battle cannot negate the potentially devastating odds they face in taking on the French force, and it likewise does not explain their unbelievable success.

113 Anne Curry has helpfully compiled the chronicle records that tabulate the losses in the battle; the greatest underdog story is told by Capgrave's *Abbreviacion*, which claims that 8,000 English ground troops took on 140,000 Frenchmen. English losses, per Curry's collection, range from ten (two separate English sources) to 1600 (a French source). Accounts of French losses range from 1508 to 12,000; the nationality of the author has little impact on the numbers of French losses (12).

By amplifying the English victory from simple coup to miracle, the play draws attention to the limitations of human governance. Hal acknowledges the miraculous nature of their success, and despite his earlier boasting is quick to attribute the glory of winning the battle to God. When the herald Montjoy announces that the French have officially surrendered the day, Hal declares, “Praised be God, and not our strength, for it!” (IV.vii.86). He does so again at the report of the death tally, averring that it is “death” “To boast of this or take that praise from God / Which is his only” (IV.viii.115-16). Hal's faith is hardly lip-service; the play cycle emphasizes the superlative spiritual health of its final king, and his piety, along with his physical health, are two of the surest aspects of his character. Divine support does not negate Hal's prowess as a physician-king; indeed, it allows him to claim divine ordination as the *manus dei*, linking him to Richard's learned authority and practice but also surpassing it. But although the young king's therapeutic efforts have been sanctified, the necessity of God's intervention reminds us that even an ideal physician-king depends upon the divine and cannot expect to act alone. As Headley has shown, in the postlapsarian world, the humoral body was constantly subject to corruption and imbalance (9-12), and Hal, despite his unparalleled physical and spiritual health and effective practice, is nevertheless himself a humoral body attempting to govern a humorally-inflected body politic. Placing limits on Hal's ability to independently achieve success against the French army alludes to the limitations of his necessarily human practice in the postlapsarian world, and also recalls the potential for failure—from which the body politic might tumble again into disorder and disease.

Additional limitations to Hal's success are revealed by historical intervention into *Henry V*, in which the world beyond the play intrudes to disturb the unequivocal glory of Hal's exemplary governance. The audience does not see the true culmination of his victories or the full implications for his future reign, since the play ends, generically, rather more like a comedy than anything else (with a “wooing scene” and the expectation of marriage), and both real-world history and the staged

history of Shakespeare's first tetralogy attest to the short-lived health of the nation.¹¹⁴ In reality, of course, Henry V reigned only nine years, from 1413 to 1422; his son, Henry VI, became king at only nine months old. The fledgling monarch's reign was punctuated by disaster: the Wars of the Roses, bouts of madness, two separate stints on the throne (1422-61 and 1470-71). The Chorus reminds us of that legacy, closing out the play with a sonnet that highlights the failures that attended the court of Henry VI: "They lost France and made his England bleed, / Which oft our stage hath shown" (Epilogue 12-13). Much of the theatrical audience would have known, as the final Chorus remarks, that Henry VI's reign would undo the gains made by Hal, and that the nation would soon fracture and its health falter, during the Wars of the Roses. Dramatized in Shakespeare first tetralogy, Henry VI's reign and the Wars of the Roses had likely been staged with some frequency—"oft our stage hath shown"—since the early 1590s, and so the story would not have been unfamiliar to those in regular attendance at the theater.¹¹⁵

The reference by the Chorus to Henry VI's disordered and declining reign is part of a complicated historical perspective that confirms Hal's perfect practice but undermines its potential to secure health in the English body politic. As Brian Walsh puts it, *Henry V* "looks back on the history that is still to come" (178) and in the ability of historical imagination to shift its lens outside the play, and outside linear chronology, the text is able to exploit audience memory by looking forward and backward simultaneously, in order to highlight the inevitable decline of the nation after

114 Scholars have read the genre of *Henry V* in various ways. Perhaps more than any other play in the Tetralogy, it tends to blur generic lines and challenge audience expectations. Donald Hedrick, in particular, finds the supposed wooing scene between Hal and Katherine to signal "the violence to the genre" that has turned many off from the conclusion of the play; the insertion of a "romantic minicomedy" into "the main action of military history" is itself problematic, he suggests, but the wooing itself defies genre as well, since Katherine's agency and willingness to enter into the match is questionable (470). Claire McEachern concurs, calling the scene an attempt to "convert rape into marriage" (Introduction" xxxiii). For some approaches to genre in the play, see Paul Dean, "Chronicle and Romance Modes in *Henry V*" (1981), Patrick Colm Hogan, "Narrative Universals, Heroic Tragi-comedy, and Shakespeare's Political Ambivalence" (2006), and McEachern, "*Henry V* and the Paradox of the Body Politic."

115 The plays are typically dated to the first half of the 1590s, and Philip Henslowe's diary suggests evidence of contemporaneous stagings.

Hal. In a recent study of the *Henry VI* plays, Michael Harrawood has examined the language of alimentionation as a means of expressing concerns about the body politic. He notes that under Henry VI, there is a clear longing for “the right man to have the right kind of stomach” (93); this signals that the loss of a healthy body (and the faculty to use it for proper governance) at the head of the state haunts the play cycle.¹¹⁶ The first part opens with a eulogy for the recently departed ideal monarch: Bedford calls Hal “too famous to live long,” and says that “England ne'er lost a king of so much worth” only to be corrected by Gloucester, who declares that “England ne'er had a king until his time” (I.i.7-9). By general consensus, Hal was eminently suited for rule, deserving of command, and blessed by God. His character matches that which dominates the Lancastrian Tetralogy, and his characterization likewise emphasizes the capacity of his body in its health: “His arms spread wider than a dragon's wings,” his “sparkling eyes ... drove back his enemies,” and “He ne'er lift up his hand but conquered” (11-16). The language is martial—the earlier cycle is not so intent on the medicalization of bodies and the body politic—but the elegaic blazon resembles the kind of anatomizing Hal himself performs in *Henry V*, further connecting the two plays. In this careful weaving together of the dramatization of Hal's reign and that of his son, this historical perspective shifts (either forward chronologically and backward compositionally, or vice versa), but the characterization remains the same, and the implications are clear: Hal was the perfect king, but the health of his nation could never stay.

In a final intervention, the Chorus of *Henry V* calls into question even the reality of Hal's efficacy as physician-king, suggesting that the very notion is mere imagining. In the play's prologue, which highlights the metatheatrics of the history play by calling for “A kingdom for a stage, princes to act, / And monarchs to behold the swelling scene” (Prologue 3-5) and asking “Can this cockpit

¹¹⁶ Henry VI himself admits to being sick with uncertainty in the first part of the cycle, fretting that “I feel such sharp dissension in my breast, / Such fierce alarums both of my hope and fear, / As I am sick with working of my thoughts” (1 *Henry VI* V.v.86).

hold / 'The vasty fields of France?' (11-12), the Chorus calls attention to yet another trick of the drama: "Piece out our imperfections with your thoughts: / Into a thousand parts divide one man, / And make imaginary puissance" (23-25). David Bevington glosses "puissance" here as "armed might, army." In context, this makes some sense: the Chorus is asking the audience to imagine an entire army in the confines of the "Wooden O" (13), to imagine that they see and hear horses when horses are mentioned.¹¹⁷ But puissance can mean, alternatively, "power," "influence," or "prowess" ("puissance") and it is in this sense that the word is most often used in the play. Ely uses "puissant" twice in a single speech (I.ii) to mean "power," rather than "army," and Katherine calls Hal "mon tres-puissant seigneur" ("my most powerful lord") as he woos her (V.ii.257-58).¹¹⁸ If we consider the Chorus' request that the audience divide one man into a thousand parts with this definition in mind, the passages takes on an intriguing significance. Imagining that one man is a thousand does indeed conjure an imaginary army. But as the image recalls both the notion of the microcosm and the metaphor of the body politic, in which a single body made of many parts comprises the commonwealth, it complicates Hal's prowess and his influence: the body politic's power is a fiction. The long-term efficacy of the king's reign, suggests the Chorus, is as imaginary as the army and the horses.

Throughout *Henry V*, the inter-act Chorus parts serve several functions, including shifting the scene and time, and offering up effusive praise of its hero-king; but it is their collective enterprise of showing the limitations of the theater itself that most demonstrates the tenuous reality of Hal's success. The appeal to the audience to allow the play to work "on your imaginary forces" (Prologue 19) appears repeatedly, emphasizing the necessity of the audience to suspend disbelief at

117 This makes for a lot of imagining, given the French equestrian obsession: horses are mentioned more than twenty times over the course of the play.

118 In only one of the seven uses of puissant/puissance in the play does the word seem to definitively mean "army": when Pistol asks the disguised king if he is in "the puissant pike," or the infantry (IV.i.41).

the proceedings and essentially preventing them from doing so through repeated interruption. “Work, work your thoughts,” the Chorus says, tagging the effort of the project of imagining: “eke out our performance with your mind” (III.0.25, 34). It is a demanding process, and in the act of constantly—and forcefully—imagining the scene the audience is cued to its fictional nature. As both “actor in the play and a privileged voice outside it” (Danson 29), the Chorus requires our attention—and among the Chorus' expressed concerns are the shortcomings of theater as a representational form, and Hal's presumed excellence. It has been common to read the Chorus as somehow at odds with the rest of the play, since it hyperbolizes what many believe to be an ambivalently depicted king (one such critic argues that the Chorus provides the popular opinion of Hal, but that the play itself somehow “tells the truth about him” [Goddard 218]). I would suggest, instead, that the Chorus draws a parallel between the limitations of the theater and the limitations of Hal's efficacy as physician-king, and by extension those of political medicine more generally. That is, given the play's representation of Hal as an apparently universally successful practitioner, and the Chorus' careful deconstruction of the play as illusory, an imagining existing largely in the mind of the audience, the full extent of Hal's practice is called into question. He may very well be the best physician to England, but the actual scope of his accomplishment is no longer so sure. Ultimately, then, Hal's skillful practice is rendered null before it can even be established, and the play-cycle proffers the impermanence of national health as superseding the power of even a model physician-king to treat it.

The Lancastrian Tetralogy imagines an answer to the question of what it means to be a good king by exploring the question of what it means to be a successful physician to the body politic. The conclusion the cycle reaches dismisses extremes of practice—the loudest voices in debates of medicine—in favor of a moderate practice legitimized by (divine) authority but made more efficacious by sensitivity to experience and the contingencies of individual conditions. But the cycle

also declares something more important, in its recognition that the exemplar of that moderate practice, King Hal, will only serve to uphold the health of the nation during his lifetime, after which sickness and imbalance will seep back in. The Tetralogy suggests that the health of the body politic, like the health of a humoral body, is necessarily and permanently variable, and that perfection is impossible. The relative health of the body politic is determined by the facility of the practitioners in charge of its care, and thus it is fair both to praise Hal for his superlative skill and to seek good rulers of moderate governance, but all the ideals and models in the world cannot guarantee health: England is, and will remain, “a body yet distempered.”

CHAPTER 2
“I feare the more”:
Donne's *Devotions and the Impossibility of dying well*

My God, my God, I find in thy book that
fear is a stifling spirit, a spirit of suffocation.

– Donne, “Expostulation 6,” *Devotions*

As Shakespeare called into question the possibility of practitioners to achieve lasting national health, so too did John Donne doubt the body's capacity to be enduringly hale. By the time he fell sick with the illness that prompted his *Devotions upon emergent occasions* (1624), Donne had long since declared that “There is no health ... / And can there be worse sicknesse, then to know / That we are never well, nor can be so?” (*First Anniversary* 91, 93-4).¹¹⁹ His insistence on the fragility of health went hand in hand with a perennial uneasiness—a *dis-ease*—concerning his own mortality.¹²⁰ This predisposition is evident in Donne's writings from his early tract on suicide, *Biathanatos* (1608, published 1644) and the sonnets (i.e. “Death be not proud”), through “Deaths Duell,” the published version of his final sermon, which was delivered just days before his death on March 31, 1631. The *Devotions* fits firmly into this literary predilection of Donne's. The text opens with a lament at the “first grudging of the sickness”: “variable, and therefore miserable condition of man,” Donne says, highlighting the contingent nature of the human condition also at the heart of the *First Anniversary* (1).¹²¹ It then follows his experience as he faces his mortality and articulates—even indulges—his fears, realizing all the while that “fear is a stifling spirit, a spirit of suffocation” that should be controlled in order to regain health (121). The form and content of the *Devotions* are particular to

119 All references to Donne's poetry are taken from *The Complete Poetry of John Donne*, ed. John T. Shawcross (1968). They will be cited parenthetically in the text by line number.

120 Indeed, Donne's relationship to death has been called “unusually active,” featuring a preoccupation with the topic of mortality throughout his life and work. This includes not only his published poetry and prose, but also “innumerable letters anticipating his imminent death.” See Ramie Targoff, “Facing Death,” 217.

121 All references to the *Devotions* come from the 1624 first edition.

Donne, and particular to this text. Combining elements of familiar genres and echoing themes from elsewhere in his oeuvre, Donne provides the reader with a detailed autopathography or medical narrative, a spiritual-autobiographical rendering of his emotional state during his sickness, and an intensely personal “dialogue” with God.¹²²

But by reading Donne's complex, often paradoxical, and always difficult text through the lens of the period's codified approaches to the art of dying well, the *Devotions* reveals Donne's desire to achieve a spiritually satisfying and “holy” death, but also his recognition that the typical path to that death is untenable. The *ars moriendi*, which defines the standards of the ideal death in the period, offers a guide to proper behavior for the sick and dying, one which advocates obedience and cheer. But, as Donne's experience demonstrates, knowing how one ought to behave does not ensure easy compliance, and the text offers an alternative to the traditional model in which the agonies of sickness and fear are written into the process of devotion in direct opposition to the orthodox model. In some ways, his endeavor is dangerous, as fear can be damning if allowed to topple into despair, and as the text oscillates between attempting to quell his fears and allowing them free reign, the tension in the *Devotions* is palpable. The work reflects Donne's life-long fixation on death and decay as well as the full range of his fears, and in publishing it he suggests that despite the ideal, and despite the risk of straying from that ideal, such fears and fixations may ultimately be productive of salvation.

The occasion that inspired the *Devotions* came in the winter of 1623, when Donne was stricken with a “spotted fever”—a pest-borne infection likely related to typhus.¹²³ Such spotted

122 The presence of God's own voice in the text has been debated. Kate Narveson has called the text a “holy soliloquy,” but Daniel Doerksen notes that Donne's literary and theological output suggests that he understands Scripture and the book of nature (called the “booke of creatures” by Donne) to represent the presently-relevant word of God. I agree with Doerksen's assessment that Donne regarded God's Word as ever-present and useful, but remain agnostic about the dialogic character of Donne's account.

123 Critical accounts of Donne's specific illness differ: along with typhus, an alternate diagnosis of “relapsing fever” has been suggested. While the two diseases are largely symptomatically indistinguishable, their durations vary markedly: typhus often lasted only a week or so, suggesting a compound illness beginning with a “rewme” or cold that then morphed into the more serious fever. For a clear articulation of the very likely argument that it was a compound

fevers were “precursor epidemic[s]” acting as a kind of winter plague and carrying high, though not devastating, mortality rates (Gilman 193). Donne survived, and drew upon his experience in writing the *Devotions*, which tracks the course of his sickness in twenty-three Devotions, each corresponding to a single day in the medical episode. He maps the path of the “severall steps” of his illness in a set of Latin “Stationes,” a sort of table of contents that will also (with Donne's own English paraphrase) act as argument for each day's Devotion.¹²⁴ Each Devotion divides further into three sections: a meditation considering some aspect of the physical change that marks a given day, an expostulation in which Donne debates with God over the condition of his soul in that day, and a prayer concerning the themes discussed in the previous two sections.

This careful structure does not prevent the text from being difficult to read, as its prose is uneven and sometimes logically inconsistent within and across devotions. This, along with its idiosyncratic character, has led to the *Devotions*'s relative under-consideration in Donne studies.¹²⁵ Almost exclusively read only in small excerpted fragments, it ranks among the least discussed of Donne's published work. Given Donne's attention to organization, the structure has thus understandably been the starting point for many critics. The tripartite arrangement of the text has convinced many critics of the influence of the Jesuit meditative tradition. Saint Ignatius Loyola's *Spiritual Exercises*, the paradigm of this tradition, proposed that practitioners should work in three stages, first employing memory to recall a sacred event, then understanding to contemplate its

illness, see Anthony Raspa, xiv-xv.

124 While its function can be understood to be a table of contents, it has also been argued that formally, the Stationes constitute a poem in dactylic hexameter. See, for example, Mary A. Papazian, “The Latin 'Stationes' in John Donne's 'Devotions upon Emergent Occasions’” (1991).

125 Critics and readers have not always been kind to the *Devotions* as a literary work. Perhaps because the text “does not rate as the most lucid or the most representative” of Donne's work (Raspa, “Introduction” xiii), or because “the narrative lacks an obvious forward thrust” (Targoff *Body and Soul* 131), the publication history has been spotty, at best: a respectable five editions were published in the seventeenth century, but none at all emerged in the eighteenth. In the nineteenth and twentieth centuries combined, there were only four editions edited with any scholarly intent, with the most recent being Raspa's 1975 critical edition. For a fuller publication history of the *Devotions* through the early 1970s, see Raspa's introduction.

significance, and, finally, the will, in order to provoke an emotional response.¹²⁶ Donne's meditations, while they address primarily physical, emotional, and medical events, rather than sacred ones, are indeed first recalled, then carefully considered and questioned, and the final section is a prayer in both Donne's work and the meditative exercises.¹²⁷ Broadly speaking, then, it is clear that the *Devotions* is influenced by the meditative tradition.¹²⁸ The recognition of this influence has helped clarify how the genre facilitates Donne's explorations of, for example, scriptural concerns, predestination, translation, and the psychology of the self.¹²⁹

But meditations—Jesuit, Protestant, or some amalgam of the two—tell only part of the story of the *Devotions*; to think with Donne requires not merely ascribing the text to a particular religious tradition, but rather requires a recognition of the *Devotions*' engagement with another genre, the *ars moriendi*. An understudied genre, the *ars* promoted a homogeneous image of passive, happy obedience as a mirror for the sick *moriens* (the dying individual), and provided a recognizable model to ensure spiritual health in the event that physical health could not be restored. The existing discussion of the *ars moriendi*'s influence on the *Devotions* tends to be limited by a lack of voices, a too-narrow understanding of the scope of the *ars* tradition, and by the struggle to reconcile Donne's

126 Among those advocating for Jesuit influence (to varying degrees) are Louis L. Martz, *The Poetry of Meditation* (1954); Thomas VanLaan, "John Donne's *Devotions* and the Jesuit Spiritual Exercises" (1963); Anthony Raspa, in his edition of the *Devotions*; and Murray Roston, "Donne and the Meditative Tradition" (2005).

127 Donne would have had access to a number of Catholic meditative manuals, and Loyola's *Spiritual Exercises* was the most influential of these; see Roston, "Donne and the Meditative Tradition," 49.

128 It's not hard to imagine the *Devotions* as drawing on this genre of devotional works. Donne himself nods to this influence both by the name of the "meditation" sections of the text, as well as that of the text itself—importantly, the "Devotion" is not itself a genre, and is more fruitfully considered a "mode" governing several genres, including that of the meditation. See Anthony Low, *Love's Architecture: Devotional Modes in Seventeenth-Century English Poetry* (1978).

129 On the influence of Augustinian thought on the text, see Kate Gartner Frost, *Holy Delight: Typology, Numerology, and Autobiography in Donne's Devotions upon Emergent Occasions* (1990); Mary A. Papazian, "Literary Things Indifferent: The Shared Augustinianism of Donne's *Devotions* and Bunyan's *Grace Abounding*" (1995); and Eric C. Brown, "Salvific Moments in John Donne's *Devotions upon Emergent Occasions*" (2008). As to the debate about the text's Protestant and Catholic roots, Barbara Lewalski's challenge, in *Protestant Poetics and the Seventeenth-Century Religious Lyric* (1979), to Martz's claim that Protestants had little to no meditative tradition of their own marked a watershed in the discussion, and opened the conversation to countless new possibilities. For readings of Donne's work which explore these possibilities, see Janel M. Mueller, "The Exegesis of Experience: Dean Donne's *Devotions upon Emergent Occasions*" (1968); N.J.C. Andreason, "Donne's *Devotions* and the Psychology of Assent" (1965); Thomas J. Morrissey, "The Self and the Meditative Tradition in Donne's *Devotions*" (1980); and Gilman, *Plague Writing in Early Modern England* (2009).

troubled text with the peaceful consolation of the art of dying well.¹³⁰ For instance, Sister Elizabeth Savage's introduction to her 1975 edition of the text argues that in “content, tone, and basic method,” the *Devotions* carries a deep debt to the art of dying, but cautions that the text “cannot be understood as an *ars* treatise in the very strict sense” (xxxii, xxxiv). Savage's reading, which limits itself to parallels between the *Devotions* and early Catholic *ars* principles, correctly notes that Donne's text “presents the same situations as the *ars* tracts, [and] includes all the major topics and reflects similar values and attitudes” (lvi).¹³¹ However, Donne engages with a broader *ars* tradition that persisted after the Reformation, and he draws as clearly on the tropes and ideologies in the whole art of dying as on the structure of meditative exercises. In the *Devotions*, he deliberately manipulates genre and generic expectations in his efforts to express the inexpressible pain and fear of mortal illness, and to challenge the efficacy of the prevailing model of “dying well” presented in the *ars moriendi*.

This chapter expands on this less explored avenue of study regarding the *Devotions*. While in general the text has been understood in relationship to Donne's later ministry and the generally orthodox positions of his sermons, I argue that the text should be read more flexibly, in order to recognize its debt to the conflict-heavy, paradoxical work of the years before his ordination. This debt accounts for Donne's particular approach to the prospect of dying, especially his constant return to fear as he experiences his sickness.¹³² The ideal death promoted by the *ars moriendi* is

130 Many scholars engage with the *ars* only through passing mentions or dismissal. Andreason, for example, notes the link between the *Devotions* and the work of Thomas Becon (1560s) and Jeremy Taylor (1650s), but fails to recognize these two authors as working in the *ars moriendi* tradition, which obscures the relationship to the genre and its influence. Reinhardt H. Friedrich, without otherwise noting any connection between the two, asserts that “the *Devotions* convey the impact of [Donne's illness] more flexibly than any predetermined *ars moriendi* could do” (18). Frost contends that “the *ars moriendi* makes formal demands that are not met by Donne's book,” though she admits the “the *Devotions* would be the less” if he had not drawn upon the genre (6). This claim overlooks the fluidity of the “formal demands” of the *ars* after the Reformation, or locates the genre exclusively in Catholic examples. Roger B. Rollin argues instead that the *Devotions* “constitute a positive lesson in a positive lesson in holy dying, a typically Donnean innovation upon the tradition of *ars moriendi*” (53).

131 She focuses on a few broad parallels to the genre: an emphasis on the “insistence on the suddenness of sickness and death” (xxxiv); the public confession of sins; the profession of faith; and Satan's deathbed temptations.

132 Targoff argues, in *John Donne, Body and Soul*, for the importance of Donne's illness to the text, suggesting that the *Devotions* is a work about “crisis”—in particular, Donne's crisis of faith and physical health occasioned by his spotted fever. According to Targoff, the text allows Donne to practice his characteristic “brinksmanship,” to approach then retreat from the transition from life to death, and that “it was an effort to contain within his own script the

predicated on the interrelated principles that the soul has an unqualified primacy over the body, and that one ought to be glad and peaceful in the approach to death. In his *Devotions*, Donne references these and other tropes and precepts of the *ars*, both to ground the work in the contemporary framework outlining the proper approach to death, and because that approach hopefully suggests a means by which individuals may ensure their own salvation. But the *ars*' model of placid comportment occludes the vicissitudes of dying, and Donne's work challenges the abstractions of the practical model for deathbed behavior. Throughout the *Devotions*, Donne resists meaningful adherence to the tradition's fundamental principles of calm, patience, and obedience, and the use of the *ars* in the text thus shows by contrast a patient endlessly embodied and fearful in the face of his mortality. The representation of Donne's fears, as they relate to his body, his community, and his God, presents an alternative *ars moriendi*, one which acknowledges as productive the fear and doubt omitted from the ideal narrative.

In what follows, I first turn to the *ars moriendi*, to establish the early modern model of the ideal death as it resonates in a wide range of texts offering biographical deathbed narratives. Next, I turn to Donne's choice to publish the *Devotions*, both an unusual decision for the author and one that highlights the inclusion of specific invocations of the *ars*. In the following reading of the *Devotions*, I argue that Donne's response to that tradition shows how fear—of sickness, isolation, death, decay—undermines the potential to die a truly “ideal” death, but nevertheless does not damn the dying. I then show that this insistence on the prevalence of fear and its attendant troubles connects ideologically to the paradoxical qualities of Donne's earlier work, such as the *Holy Sonnets*, suggesting that Donne's divergences from the ideals of the *ars* are potentially productive of piety, rather than being dangerous to the prospect of salvation. Such a reading allows us to account not just for the way that fear, rather than hope and consolation, is central to the text, but also for the logical

otherwise terrifying uncertainty that surrounds the cycle of health, illness, and possible recovery” (133). I agree with Targoff's premise that the *Devotions* assumes the “interanimation” of the physical and spiritual, and find much of her argument compelling. However, I would like to suggest here that Targoff's notion of crisis is predicated on Donne's fear, and that it is thus sensible to orient our understanding of the text more directly on his experience of that fear.

inconsistencies that have plagued readers and critics for generations; by presenting the *Devotions* as an alternative to the prescribed practices of the vernacular *ars* tradition, Donne demonstrates the potential for a traditionally negative emotion to inspire “holy delight” in the reader, and suggests the inefficacy of a universal prescription for the dying.

I. “To be well prepared, and still free from all fear, and chearful”: Writing the Ideal Deathbed Story

The *ars moriendi* tradition, which produced the ideal narrative that the *Devotions* will engage with and challenge, stems from the early fifteenth-century conglomeration of a large collection of ideologies about death and dying. These were codified into a single unique discourse by two root texts: first, *Tractatus artis bene moriendi*, a long treatise forming the primary foundation of the tradition; second, *Ars moriendi*, a much shorter text articulating only the common deathbed temptations and accompanied by a series of eleven woodblock images. The genre quickly became “a complete and intelligible guide to the business of dying, a method to be learned,” and the basis of an extensive tradition spanning all of Europe (O’Connor 5).¹³³ *Ars* texts include many, if not all, of the following features: a commendation of death; the advocacy of dying without complaint, even joyfully; a discussion of the five primary temptations sent by Satan to the sickbed (unbelief, despair, impatience, pride, and worldly attachment); a series of questions designed to determine the condition of the *moriens*’ soul; a series of instructions to aid in the contemplation of Christ’s sacrificial passion; and sets of prayers to be said by the *moriens* and by those surrounding the deathbed, intended to ensure the safe passage of the soul to heaven and everlasting life. The appearance of these features together in a practical text marks the start of a recognizable tradition that would, for centuries, influence the way individuals wrote about and considered dying.

¹³³ O’Connor claims that the *ars* is primarily medieval and entirely Catholic, and that while Protestant texts may be related to the *ars* in purpose, they are not a part of the same tradition. I follow later readers of the tradition, like Nancy Lee Beaty and David William Atkinson, in categorizing all “art of dying” texts produced between the fifteenth and seventeenth centuries under the same generic umbrella of the *ars moriendi*, as this recognizes a clear continuity in form and function between Catholic and post-Reformation traditions.

The vernacular *ars moriendi* print tradition begins in England with a translation of the *Tractatus* by William Caxton called *The Arte & Crafte to Know Well to Dye* (1490). Caxton's translation is representative of the early, Catholic branch of the English *ars*, which undergoes substantial ideological alteration following the Reformation, producing a second, more diffuse and yet more influential, tradition. Pre-Reformation texts are especially concerned with matters immediately proximate to the deathbed, require thorough confession and absolution, imagine the temptations of the dying in terms of a literal struggle between angels and devils for human souls, and encourage intercessory prayers following the death of the *moriens*. Post-Reformation *ars* texts naturally reject many of the ideological positions of the Catholic tracts as “popish,” resulting in fewer devils by the bedside and an almost outright rejection of the efficacy of deathbed confession and posthumous prayer. These later texts vary widely in structure and form: though still firmly concerned with the “art of dying,” the genre begins to expand, considering within its purview the “art of living” as well. As Henry R. McAdoo has demonstrated, by the Caroline era a great deal of attention was paid in theological works to this question of preparation; the deferral of repentance is dangerous, as it allows the individual to ignore the necessity for leading a good life, and, in the case of sudden illness, may not provide the time to return to a state of grace: the requirements for living and dying well thus include the notion that individuals “should ever be in a state of preparedness,” continually attentive to the state of the soul and repenting immediately and completely for any sins committed (136). The experience on the deathbed, in these cases, is imagined to be a continuation of this preparedness, with the dying person free to focus on making final arrangements, more easily auditing the status of the soul's health, and calmly accepting the culmination of the earthly journey.¹³⁴

Contemporary textual evidence suggests that the advice offered in the *ars moriendi* was taken

134 An additional effect of the new life-long scope of the *ars* manifested in the explicit inclusion of medicine; where Catholic *ars* texts tend to engage with medicine only theoretically or metaphorically (through parallels to medical theory), if at all, the post-Reformation tradition comes to engage more directly with disease-specific cures and the hygienic (i.e. preservative, rather than curative) principles common to vernacular medical regimens. Donne's text takes up both branches of practical literature, by employing elements of both physical and spiritual health regimens.

seriously as a set of rules for how to approach—and how to write about approaching—the end of life. Presentations of the proper way to die appear in a range of published works and in unpublished autobiographical writings, offering up the deaths of real people as exemplars in place of the abstract *moriens*. In these accounts, which appear across the late-sixteenth and seventeenth centuries, many principles advocated by the *ars* are acted out on the page in descriptions of the last days, hours, and moments of the dying. They show how an “ideal” death ought to be described, by referencing recognizable tropes from the *ars* genre (especially sickbed patience and placidity), and suggest that there existed a coherent model for the writing of the death of an early modern Christian, a model widespread and familiar enough to inspire an entire subgenre of printed “Life and Death” stories.¹³⁵ And it is in the context of this model that Donne's *Devotions* works, offering a powerful counterpoint to the tranquil ideal, one focusing on the patient's impatient struggles in the face of death.

Publishers of the period produced countless titles that record notable lives and deaths; in the case of figures whose experience is meant to inspire readers with piety or goodness, rather than caution them against terrible behavior, the accounts of dying are both typically more detailed and more uniform, and follow the precepts of the *ars*.¹³⁶ These good deaths are often carried out by exactly those people we would expect—lives of preachers, pastors, and high-ranking clergy are common—but dying well is not a behavior exclusive to the already-saintly and religious elite. For example, Robert Dowe, a successful London merchant whose biography was printed promptly after his death in 1612, was a picture-perfect *moriens*: during the short sickness that struck him in the

135 Titles that included “The Life and Death of” an individual were quite popular, and seem to fall into three categories: Those of Christ, Mary, and major historical figures (like kings and queens), which tend to be quite long; those of infamous figures, especially criminals or women with supposed occult powers, which are often composed in ballad form on broadside, and which usually recount sensational episodes of bad behavior; and those which we might term “holy” or “pious” Life and Death stories, which recount the ways in which an individual has proven him- or herself to be an exemplar for readers. It is in this last category that we find a uniform recording of deaths according to the ideal.

136 These texts were not a niche interest promoted by a small group of pious publishers but rather a genre of longstanding, widespread interest—of the roughly thirty printed texts examined for this study, with publication dates ranging from 1572 to 1686, only Richard Marriot (with 4 titles, all by Izaak Walton) and Richard Royston (with 2, by separate authors) appear as the publisher for more than one text.

weakness of old age, he was perfectly patient, having “never shewed signe of discontentment,” and he avoids the common deathbed temptations—in particular doubt and despair—before commencing with a completely placid passing, in which “neither moaning hand nor foote, he slept sweetly in the Lorde” (Nixon D1v-D2v). Unlike that of a clergyman or divine, Dowe’s piety is not automatically assumed, yet his death is textbook.

Even the notorious rake John Wilmot, Second Earl of Rochester, who revels in the “buggeries, rapes, and incests made” in the shadows of Saint James Park and its trees (which he gloriously declares “consecrate to Prick and Cunt” [“Ramble in St, James’s Park,” 24, 10]), ultimately finds his way to a good death. Gilbert Burnet, the bishop who tended to Wilmot’s spiritual health in his final sickness and wrote his biography, notes his patient’s libertine past and famed impiety, but focuses, in his recounting of Wilmot’s death, on the sudden contrition that permitted him to die well: “now the hand of God touched him,” and he felt “a most penetrating cutting sorrow,” which led him “wholly to turn to God unfeignedly, and to do all that was possible ... to redeem those great portions of [his life], that he had formerly so ill employed” (*Some Passages* 128, 129-30). Wilmot settles all his debts, mends fractured alliances, and submits wholly to God. Burnet refers to Wilmot as “contented” and says, of his suffering on the deathbed, that he bore it well, “without breaking into repinings, or impatient complaints” (145, 155). In the end, we are told, Wilmot died just like Dowe, “without any convulsion, or so much as a groan” (158). Wilmot and Dowe represent just part of the spectrum of men for whom biographers record deaths in accordance with the *ars* ideal. From a parish constable with no university education to a member of the Merchant Taylors Company; from local preachers to Bishops; and from Puritan divines to the Restoration’s most profligate debauchee, the deaths recorded in many early modern biographies are “holy” deaths, or at least good ones.¹³⁷

137 We see this pattern, which casts the subject as a patient *moriens* throughout the period and in a range of biographies. For more examples, see: both lives of Chief Justice Matthew Hale, by Baxter (1681) and Burnet (1681); the anonymous biographical account inserted in Cowper’s autobiographical *Life and Death* (1619); Walton’s various *Lives*

Just as exemplary are the deaths of the many women whose biographies are recorded in the period, and whose piety consistently turns their final moments into perfect mirrors of the good death.¹³⁸ These women are often described in much the same terms as their male counterparts, and thus like ideal *morientes*. In one particularly thorough example, John Duncon describes the death of Lady Lettice Cary, wife of Lucius Cary, Viscount of Falkland. Cary succumbed to a severe sickness at 35, and Duncon notes that despite the extremity of her suffering, she exhibited “a rare pattern of patience,” triumphing over the Satanic lures endemic to *ars* descriptions of dying:

[T]he tranquillity of mind, which she had in these her last dayes, was most observable; That the Devil, who had so often perplexed her with violent temptations, should now leave her to rest and ease: she was wont to fear his most violent assaults on her deathbed (as his practice commonly is) but now God (it seems) had chained him up, and enabled her (by His Grace) to tread Satan under her feet. (36-7)

Having overcome temptation in spite of past fears and struggles, Cary further displays “not a word of complaint nor the least disturbance, or disquiet” as her illness progresses. Duncon wryly notes that the Lady was not prone to such calm in her life, and that her openness about her emotional and spiritual state with ministers and friends was belied by her quietude, despite the “store” of Divines present in whom she could confide (37). Her calm precipitates “most vigorous, and most instant” prayer, and a superlative example of the moment of death: “there seemed as little outward pain, as inward conflict; none could perceive either twitch, or groan, or gasp, or sigh” (38). Although we are led to believe that Cary, like other *morientes*, would not have begrudged the pains of sickness had God extended them to her last moment, she achieves the most sought after final state, in which

of prominent figures; Broughton, *A briefe discourse of the hyfe and death of... Sir William Pawlet* (1572); Durham, *The Life and Death of that Judicious and Accomplish'd Preacher, Robert Harris* (1662); Gale, *The Life and Death of Mr. John Rowe* (1673); Hinde, *A Faithfull Remonstrance of the Holy Life and Happy Death, of John Bruen of Bruen-Stepford* (1641); Isaacson, *An Exact Narration of the Life and Death of the Late Reverend and Learned... Lancelot Andrewes* (1650); Losa, *The Holy Life, Pilgrimage, and Blessed Death of Gregory Lopez* (1686); and Nicolls, *The Life and Death of Mr. Ignatius Jurdain* (1654).

138 Unlike the biographies of men, the range of represented backgrounds is much more narrow for women: most record the lives and deaths of women from the upper class and gentry. For more, see: *The Life and Death of Mrs Margaret Andrews* (1680); Batchiler, *The Virgins Pattern* (1661); Boreman, *A Mirrour of Christianity, and A Miracle of Charity* (1669); Harrison, *The Christian Life and Death of Mistris Katherin Brettergh* (1612); Reynell, *Bracteola Aurea, or, Filings of Gold* (1663); Reynolds, *Imitation and Caution for Christian Women* (1659); S.A., *The Virgin Saint: or, A brief narrative of the holy life, and Christian death of Mary Wilson* (1673); and Watkinson, *Mary's Choice declared* (1674).

both body and soul manifest her calm nature and assured salvation. Cary, and the ladies whose deaths are likewise recorded in printed Lives, are models of the *ars* genre: they settle their earthly affairs; they maintain their composure and cheer; and, as if into sleep, they ultimately pass peacefully.

The ideal deathbed narrative is thus fairly common in printed biographical accounts; but it also finds voice in unpublished manuscripts.¹³⁹ Alice Thornton's autobiography (BL Add MS 88897), which contains accounts of events in her life from childhood through her widowhood in 1668, is notable for its thoroughness and detail;¹⁴⁰ in the course of her work, she amasses copious records of calamities.¹⁴¹ Among these are many stories of the deaths of friends and loved ones, each meticulously, and perhaps miraculously, following the precepts of the *ars*. In the description of her father's final sickness and death, which occurred in late November 1640, she recounts that he became ill with a fever that left him bedridden for at least ten days. The fever did not relent, "but he, full of patience, and Christian magnanimity, was prepared for the Lords dealing with him in his providence, either for life, or death" (31). We are told that he composed his will, settled his debts, and smiled through the last treatments of the physicians (freshly slaughtered pigeons were pressed to the soles of his feet to draw out the offending humors, a treatment likewise applied to Donne in the *Devotions*), and "had the perfect use of his reason, & cleare understanding as in all his life...the entertainment in his sicknesse was full of devine meditations, ejaculations, & praires with praises to his God & preparations for death" (33). This narrative is typical in Thornton's autobiography; all the

139 Many accounts of death made by diarists and in private writings are simple records; Isabella Twysden's diary (BL ADD 34169-34172), written between 1645 and 1651 on the blank pages in printed almanacs, attempts only the barest memorialization of the departed: "21 August 1645 major Palet, about 8 a clock at night departed this life, a right honist good man he was, and was buried the 22 in the church at lambeth" (7r). Limited in space, and with little authorial pretension, Twysden is like many private citizens who sought to simply mark events for memorial purposes.

140 This may be due in part to the nature of the text's composition: Thornton wrote the autobiography towards the end of her life, and as a defense against an apparent slander brought against her and her family. Thornton's autobiography was recorded in several different manuscripts, was bequeathed to her eldest daughter on her death, and may thus have been revised several times. For more on Thornton's manuscript history and a fuller analysis of her work, see Anselment, "Seventeenth-Century Manuscript Sources of Alice Thornton's Life."

141 In particular, Thornton and her family seem especially prone to falling off their horses.

deaths she describes rehearse, in varying degrees of detail, this same story, in which the subject might as well be a nameless *moriens*. Even a young boy, Frank Kelly, brought into their home “for charitie” and who fell ill on Good Friday with a sickness that caused “great extreamity, of paine, & sickness,” which made his mouth and throat so sore he could not swallow and caused his vision to be “eaten out” fits the narrative perfectly. According to Thornton, Kelly never offered anything but a perfect image of sweetness, patience, and gratitude, and was, evidently, the perfect model of the dying patient—despite the apparently immense suffering he underwent, and despite being only nine years old (73).¹⁴²

The goal as one approaches death, according to biographical narratives of dying, can be summed up simply, as Izaak Walton does in reference to Sir Henry Wotton: one must “be well prepared, and still free from all fear, and cheerful” (*Lives* 76).¹⁴³ There is a near-universal emphasis on the *ars* principles of cheer and fearlessness mingled with unwavering expressions of Christian faith; details are limited to occasional mentions of the medical condition and the positive recollection of behaviors on the deathbed. These examples help to articulate the art of dying well’s presence as a recognizable ideal in the early modern period. They offer a carefully constructed, uniform version of the process of dying—one that ultimately glosses over the painful and terrifying realities of actually facing death. The agonies of illness are at most described at a remove, and in many cases are elided entirely.

In contrast, Donne’s work, as a first-hand account presenting a less-than-ideal struggle with

142 Another diarist of the late seventeenth century, Anne Fish, includes in her journal (Folger X.d.499) a mention of her father’s “wonderfull patience under great afflictions” as a reminder that “we should imitate his vertue” (3r); in his final moments, she remembers, he exerted what little strength he had in the profession of his faith (3v) and died “lying only as he us’d to do when he went to sleep & without any groan” (4r).

143 In Walton’s *The Life of Dr. John Donne*, even Donne himself becomes the perfect *moriens*: according to Walton, Donne endeavored to write his will early, “when no faculty of his soul was damp’d or made defective by sickness, or he surprized by a sudden apprehension of death,” in order to “prepare to leave the world before life left him” (90). The picture painted is of an entirely different character from the one we see in the *Devotions*: “he was so far from fearing death (which is the King of terrours) that he longed for the day of his dissolution” (110). Donne’s last days are described as passing in prayer, and Walton is certain to affirm the rightness of this peaceful death: “thus excellent, thus exemplary was the death of this memorable man” (117).

dying, acts as a powerful counterpoint to this standard narrative.¹⁴⁴ The *Devotions* constructs an opposing narrative, one in which the goal of calm piety cannot—and perhaps should not—be reached. Donne describes and elaborates on the *experience* of dying, and does not shy away from describing pain, fear, fits of conflicting emotion and behavior, and outright disobedience. He cries out at the trembling “earthquakes in him selfe, sodaine shakings,” the fevers and “sodaine red waters,” and describes his obsessive fear as “assist[ing] the sickness...to make the sicknes irremediable” (6-7). In doing so, he shows how the underlying principle of pacification fails to adequately serve himself, as a dying individual, and suggests that fear has a place in the process of holy dying. Although he will express yet more fear on his recovery, which returns him to his starting place, presaging relapse and reminding himself, yet again, that “we are never well, nor can be so,” his trembling throughout will have brought him pardon and renewed spiritual health.

II. “I importune my friends to receive them printed”: Placing the *Devotions* in context

Despite the gravity of his sickness, the Donne of the *Devotions* does not conform to the ideal described above: he is not well-prepared, free from all fear, or cheerful. In publishing the *Devotions*, Donne deliberately broadcasts his distress while using tropes and ideas drawn from the *ars*. He places the work in the same milieu as standardized tales of the dying, but the text’s utility for readers lies in its departures more than its conformity. That is, the leveraging of the familiarity of the ideal deathbed narrative allows Donne’s exploration of the effects of fear on the sick and dying, and the *Devotions*’ alternative to the rigid strictures of the “good death.”

Donne was a man of letters—this did not, however, make him a man of the press. It is therefore significant not only that the *Devotions* was published, but also published enthusiastically and

¹⁴⁴ The vast majority of dying narratives are presented in the third-person, which necessarily renders them less personal and intimate than Donne’s account. This change in narrative distance, while significant, nevertheless does not wholly account for Donne’s choice to represent his personal experience in so vexed and fearful a manner.

with clear consideration of the audience who would receive it. The work for which he is arguably now most famous—his poetry—was almost entirely kept out of print until after his death. Prior to his sickness of 1623, the only works which he had published willingly were his *First Anniversary* (1611) and *Second Anniversary* (1612), funeral elegies written for his patron's daughter Elizabeth Drury, and two anti-Catholic polemical tracts, *Pseudo-Martyr* (1610) and *Ignatius his Conclave* (1611).¹⁴⁵ Although he was typically reluctant to publish, after 1623 he allowed a selection of his sermons to be printed, as well as the *Devotions*.¹⁴⁶ He expressed some of his sentiments on the matter in his letters—though references to specific works are rare, those that remain illuminate some of his reticence, and present an image of an author who understands publication to be appropriate only for select texts.¹⁴⁷

Of the references to publishing his work in these letters, the *Devotions* is the only piece he offers willingly to the world of print. In a letter from 1624, he describes the recovery period following his convalescence as productive of possibly valuable writing:

Though I have left my bed, I have not left my bed-side; I sit there still, and as a prisoner discharged sits at the prison doore, to beg fees, so sit I here, to gather crummes. I have used this leisure, to put the meditations had in my sicknesse, into some such order, as may minister some holy delight ... my friends importun'd me to print them, I importune my friends to receive them printed. (Letter XC)

Although his slow recovery prompts a cantankerous response, Donne reacts positively to the request that he print his “meditations.” Further, while other letters indicate Donne’s enthusiasm to share his work privately, offering to his friends manuscript versions of his poetry, for example, here he “importune[s] my friends to receive [the *Devotions*] printed.” Two things stand out in this excerpt:

145 Regarding the poetry, Ted-Larry Pebworth offers a telling count: Donne allowed seven poems out of his nearly two hundred to be printed, amounting to 1,302 lines of nearly 8,000 (61). Of these, however, the vast majority come from the First and Second Anniversaries, which take up 1,002 lines (474 and 528, respectively)—when added to the Funerall Elegy accompanying them in print (106 lines), only 194 lines of poetry were printed without dedication to his patron.

146 It is unclear how many of the sermons printed between 1623 and 1631 were published with Donne's direct involvement: while a few are accompanied by dedicatory epistles that he wrote, not all bear this mark of approbation.

147 One measure of a text’s potential for printing is its interpretability. In one letter from 1619, he openly suppressed the publication of his discussion of suicide, *Biathanatos*, asking his friend Robert Ker to “publish it not, but yet burn it not,” because the topic is easily “misinterpretable” (*Letters to Severall Persons of Honour*, Letter VIII).

first, he references the process of composing the *Devotions*, which he “put...into some such order” either from notes taken while sick, or from recollections after the fact; and second, he imagines the text as being able to “minister some holy delight” —a reference to his desire that they be offered to an audience who will read them as something more than entertainment.

Of course Donne would not have sent fever-induced notes directly to the press without some revision, but his remark about putting things in order nonetheless highlights the deliberate nature of the text’s composition. The most obvious result of the text’s intricate construction comes in the daily tripartite form (meditation, expostulation, and prayer). But the effect can be felt in the rhetorical choices made regarding the content of the work, as well. Though the *Devotions* feels—and is—autobiographical, it’s no diary.¹⁴⁸ To put the work “in order,” the experience of his illness and the attendant fear must be re-created for the reader, and thus the text reflects the choice to replicate and highlight certain moments, feelings, and thoughts. Thus, while he is no longer suffering from the direct effects of his sickness, and is no longer in fear for his life, the text still lingers on the expressions of his pain and inconstancy, conveying his anxieties with dramatic immediacy.

Donne’s expressed wish that the text “minister some holy delight” to its readers follows naturally from the claim that he has carefully constructed the text according to some personal goal.¹⁴⁹ The choice of “minister” suggests not merely the role of pastoral ministry, nor exclusively a sense of dispensing, administering, or imparting “holy delight”—rather, the verb also carries, during the early modern period, the connotation of providing “(grounds, opportunity, etc.) for an event, action, etc.” (“minister, v.” 2.c). That is, “ministering” holy delight can be both to present it and

148 Brooke Conti’s recent study of the rise of autobiographical work in the seventeenth century, *Confessions of Faith in Early Modern England* (2014), argues compellingly that spiritual autobiography emerges from a culture of religious polemicism and that the resulting texts present the “truth” of religious belief in complicated terms. However, her suggestion that Donne uses the *Devotions* to represent himself as “unfailingly orthodox” (64) does not account for Donne’s decidedly *unorthodox* responses in the text.

149 “Holy delight” may be an allusion to Augustine’s *Confessions* 1.4.4—contemporary translations refer to God as “my holy delight” and Donne cites the phrase as Augustine’s in his Christmas-Day sermon at St. Paul’s in 1627. The phrase was not uncommon, however, and is also used for more general references to Christian goodness.

inspire it. Donne's own experience in the text suggests he felt little such delight, and so we might understand the text primarily in terms of its usefulness for readers.¹⁵⁰ The *ars moriendi* ostensibly provides a similar kind of ministry, as a practical guide to the duties of the dying and the achievement of salvation, and Donne seems to be engaging with holy dying as a means of inspiring holy delight.

Donne's familiarity with the *ars* makes itself clear throughout the *Devotions* as he struggles with the possibility of his (presumed) impending death. In addition to the connection to fundamental generic features of the *ars*, critics have shown that Donne engaged the art of dying directly, noting relevant parallels in his biblical allusions.¹⁵¹ In particular, Donne's reference to Hezekiah, who "writ the meditations of his sickness" (A3^v), connects the *Devotions* to the *ars* tradition—a model not just for Donne, Hezekiah was also a model for the *moriens*, and appears throughout the *ars* tradition, as a frequent reminder for the need to "Put thine house in an order, for thou shalt die, and not live" (2 Kings 20:1).¹⁵² The incorporation of references that would have been recognizable to readers of the *ars* suggests more than just allusion: Donne prints the *Devotions* with the knowledge that his deathbed account will be considered alongside the well-established tradition of the good death. The incorporation of *ars* tropes and premises into the text conforms to the expectations for a deathbed narrative; Donne's preoccupation with the overpowering experience of fear, however, does not. The lesson from, or use of, the text, which itself feels less than delightful, then, may be located in a reading of that fear, which with its attendant doubts, inconstancies, and struggles to adhere to the ideal death, is spiritually productive.

150 Here I follow Frost's assertion that "Donne saw his *Devotions* as a work of edification for his audience" (46).

151 See, for instance, Doerksen 149-52; Stephen Pender, "Essaying the Body", 223; and Savage xvii-xix.

152 Although evidence suggests that Donne probably relied more on the King James Bible of 1611, most of his contemporary sources draw on the Geneva Bible—and all quotations will be drawn from that earlier edition. For examples of Hezekiah in *ars* texts, see Caxton's *Crafte*, Perkins' *Salve*, and the hugely popular *Disce Mori: Learne to Die* (Sutton) and *Sick Mans Salve* (Becon).

Evidence suggests that Donne built *ars* elements into the *Devotions* as he put his meditations in order; it further suggests that readers understood the text as having a direct relationship with the genre. Exploring the reception of the work over its near four-century lifespan, Brooke Conti records a copy of the second edition, bound with Donne's 1627 sermon on the death of Lady Danvers, that has a device using *memento mori* imagery (a skull, crossed bones, a winged hourglass, and a crossed scythe and shovel).¹⁵³ Accordingly, readers would be reminded of their own "inevitable end" and be prompted to read the text as a guide to the experience of dying ("Popular and Critical Response," 367). Readers of a 1634 edition (Folger Library STC 7037) are greeted with an image of Donne in his death shroud flanked by images that promote precisely the same impression of the text as a guide to and account of dying (*fig. 1*). The frontispiece portrays Donne head-on and full-length, and is drawn from the monument to the preacher in Saint Paul's Cathedral.¹⁵⁴

We see the outline of Donne's arms (hands clasped and resting on his midsection) and legs beneath the fabric of the shroud, which emphasizes the corporeality of the figure over its ephemerality. Above his head is a skull in relief—perhaps the most iconic piece of imagery linked to the *ars* and the *memento mori*—wreathed in laurel, signifying the victory of death. The disembodied skull, floating above Donne's head but still contained within the same space as his body suggests the separation of body and spirit that was understood to be the primary definition of death, as well as their potential for reconstitution in one another, conceived of as an after-effect of salvation.

153 As Conti also notes, the practice of binding the *Devotions* with other Donne texts was common; the sermon on Danvers' death was sometimes included (and was itself one of the sermons Donne definitely sanctioned for print), but more frequently publishers chose to pair it with Donne's final sermon, published posthumously under the title *Death's Duell*.

154 A more famous portrait, commissioned by Donne several months before his death, similarly depicts him in his shroud, though it is restricted to his be-smocked upper torso and presents Donne's face in three-quarters perspective.



fig. 1

Around the central column containing Donne's effigy are four tondos, each depicting a biblical passage crucial to the principles of dying well. First, to the left of Donne's head, an image of the Garden of Eden depicts both Adam and Eve's seduction by the serpent and the aftermath of that seduction, and shows them being driven out by a sword-wielding angel. A reference to Genesis 3:6-24, the scene explains the earthly origins of sin, sickness, and death: mankind's fall.¹⁵⁵ To his right, the second image presents an image of a man brought low, seated in a field with arms outstretched and eyes looking plaintively to heaven; this represents Job 10:9, "Remember, I pray thee, that thou hast made me as the clay, and wilt thou bring me into dust again?"—both a reminder of mortality and part of Job's prayer that God will have mercy on his remaining days on earth. Below that, the lower right-hand image depicts four figures on their knees in prayer, and the verse, Matthew 26:41, warns, "Watch, and pray, that ye enter not into temptation: the spirit is willing, but the flesh is weak." In the lower left corner, a figure lies in a sickbed, surrounded by three companions; the corresponding verse, from Psalm 41, asserts that God "hast turned all his bed in this sickness." Psalm 41 finds the speaker (presumably David) sick and near death, complaining about the iniquity heaped upon him by his friends; upon confessing his sins ("Lord have mercy upon me: heal my soul, for I have sinned against thee" [41:4]), the speaker realizes that God "favorest me, because mine enemy doth not triumph against me" (41:11). The person who conceived of the frontispiece marks key elements in the art of dying (the correspondence of sickness and sin, the inevitability of death, the danger of temptation, the need for confession, and protection of the Lord) that are also features of Donne's particular experience. By figuring Donne's final portrait in the center of this progression of images, the frontispiece positions Donne's work directly within the *ars* genre.¹⁵⁶

155 "in the sweat of thy face shalt thou eat bread till thou return to the earth: for out of it wast thou taken, because thou art dust, and to dust shalt thou return" (Genesis 3:19).

156 This frontispiece to the 1634 edition suggests a conscious decision to place the *Devotions* in the context of the *ars moriendi*. Illustrations of this detail are otherwise absent from seventeenth-century editions of Donne's works. While the second edition of *Deaths Duell* (1633) presents a close-up portrait of Donne in his shroud (see note 38), all other

In composing the *Devotions* and having them printed, Donne positions himself within the familiar territory of the *ars moriendi* and the ideal deathbed narratives that dominated biographical accounts of Christian deaths, and places the work on display for the use of his readers. He claims to want to minister “holy delight” in the presenting of his meditations—but as will become apparent, that delight will come not from the satisfaction of a good death offered in ideal terms. Instead, the *Devotions* will suggest that the individual experience of death is fraught with a fear that undermines the ideal, but yet inspires the reader through the personal struggle with inconstancy and disobedience, both products of that fear. Throughout the work, Donne exploits the insufficiency of the rigid principles of the ideal death to present an alternate *ars*, one which acknowledges the often inevitable fear and impatience of the dying individual, and inspires holy delight in the possibility for a visceral and vexed deathbed experience to be productive of devotion.

III. “Feare is the busiest and irksomest affection”: Donne's deathbed experience

John Donne decided to publish the *Devotions* within the context of the well-established ideals of deathbed narratives and the *ars moriendi* genre, but his text challenges the very tradition in which it participates, as the narrator simultaneously resists and strives for the placidity and obedience mandated by the ideal. Although he fails to pacify himself, Donne uses the experience of his sickness to posit a vivid alternative to the docile *moriens*, and the attacks of fear—diverse in kind but all devastatingly powerful—that strike during the decline of health ultimately serve a positive spiritual function upon his recovery. Donne's fears encompass physical and spiritual health, and

illustrations of Donne that accompany title-pages (even those of the *Sermons*) depict Donne in his youth, as a courtier, and few possess any recognizable allegorical or iconographical elements. This 1634 edition is the only version of the *Devotions* to be adorned with any imagery at all; each of the seventeenth century editions was printed by Augustine Matthews for various publishers and booksellers (most frequently Thomas Jones), and while Matthews occasionally printed elaborate frontispieces to editions of other authors, none resemble the style or imagery of this piece, suggesting that the copperplate engraving was not done according to some established trope. Charles Greene, bookseller and possible publisher of the 1634 edition, likewise offers books that are unadorned; the few examples of illustrated frontispieces present either simple portraits or use non-specific woodcut blocks.

death and physical decay, which are all assumed to be interrelated: body and soul must be united, and their health equally maintained, to avoid the terrors of death. The text asserts that Donne is hampered by these fears to the extent that he cannot follow the prescribed deathbed narrative. His sickbed experience leads him to engage, over and over, with the *ars moriendi*'s near-universal insistence that one's approach to death should be placid, even joyful, and made without fear.¹⁵⁷ This is a fundamental tenet of the art of dying well, drawn from Ecclesiastes—and it is likewise the tenet which causes the most problems for the sick Donne in the *Devotions*.¹⁵⁸

The uncertainty over what happens after death and the fear of bodily decay are familiar, as is the orthodox refrain that only a fool would choose to remain living, since death is the ultimate cure for the aches, illnesses, and sins of the human condition; both are predicated upon specific concerns about the state of the body and its capacity to house the soul.¹⁵⁹ Caxton's *Crafte* begins with a chapter praising death, noting mankind's vulnerability to spiritual and physical illness. "Well to deye is gladly to deye," he declares, since death brings "the consumption of alle evylles, ... the brekyng of all the bondes of this curside and evyll worlde," and "the ende of all maladyes and sekenesses" (2). With such a bleak outlook on the world of the living, it is no surprise that the text advocates dying cheerfully, or that it offers an active desire for the severing of the body from the soul, which is, after

157 Although this chapter focuses on Donne's experiential resistance to patience and constancy in the face of death, Christopher Brooke has identified a theological resistance in the period to such Stoic values: he notes that "Augustine had diagnosed a belief in the possibility of such self-control [over emotions] as a symptom of pride" and that pride can never produce true constancy (*Philosophic Pride* 59). For more on early modern anti-Stoicism, see *Philosophic Pride: Stoicism and Political Thought From Lipsius to Rousseau*, especially chapter 3.

158 The 1595 *A Salve for a Sicke Man* (by Puritan theologian William Perkins) and Caxton's (Catholic) *Crafte* both cite Ecclesiastes 7:3, "A good name is better than good ointment; and the day of death, than the day that one is born" as evidence for the value of approaching one's death willingly and without fear.

159 Shakespeare continually references this fear—Hamlet famously argues that "in that sleep of death what dreams may come ... must give us pause" (*Hamlet* III.i.66-68), and in *Measure for Measure*, prisoner Claudio adds to a dread of the unknown an anxiety over the dissolution of the body: "but to die, and go we know not where; / to lie in cold obstruction and to rot" (III.i.129-30). Andrew Marvell provides an especially gruesome image of the violation of the body by decay in "To His Coy Mistress," while trying to spur romance: if his beloved doesn't give in to him soon, he says, she will wind up in the grave, and "then worms shall try / That long preserved virginity, / And your quaint honour turn to dust" (27-29).

all, “but the yssue or going oute of pryson” (2). In works like these, the best thing to do with one’s earthly body is to leave it—so the approach of one’s appointed end should be a jolly prospect, easily outweighing the fears brought on by doubt and the observable horror of decomposition.

Although *ars* texts encourage readers to look forward to their deaths, they also require that care be taken to maintain the health of that body while stuck on earth. Imagining the body as a habitable structure—such as a prison, a house, or a fortress—is a common trope typically used to imply the potential for physical strength and health. In medical texts, the body becomes a porous and mendable vessel for housing the vital spirits when properly cared for—or as “storehouses and mansions of disease” if poorly maintained (Barrough A.vi). Early modern poets drawn to spiritual themes are also especially fond of the metaphor: Donne, for instance, figures himself as “an usurp’d town” in “Batter my heart, three person’d God,” and Andrew Marvell dramatizes the struggle of a soul “enslaved” and “confined” within the body’s walls in “A Dialogue Between the Soul and Body.”

But whereas the trope is most often used to suggest the strength of a well-maintained physical fortress, either in a healthy body or the desire of a soul to escape that body, while on his sickbed Donne is decidedly more impressed by the fragility of such a structure and will be unable to reconcile himself to its eventual dissolution. He begins the *Devotions* technically prior to any recognizable symptoms, in a state of “pre-affliction” and “apprehension.” He nonetheless describes the earliest inklings of the malady as a “sodaine change” to which he can ascribe “no cause, nor call it by any name” (1-2). For all of the attempts to achieve healthfulness and follow preventative medicine (a practice by which, he says, we “deliberate upon our meates, and drinke, and ayre, and exercises”) that lead us to “hew, and polish every stone, that goes to that building” of the human body (2), it takes but a moment to reveal our frailty: “in a minute a canon batters all, overthrowes all, demolishes all,” and we are left with “a sicknes unprevented for all our diligence” (2-3).¹⁶⁰ Though

¹⁶⁰ Donne’s language here echoes the Holy Sonnet “Batter my heart, three person’d God ... / That I may rise and stand, o’erthrow mee, and bend / Your force, to breake, blowe, burn, and make me new” (1, 3-4); yet Donne is, in

he is familiar with standard regimen practices recommended by medical writers (the regulation of food, drink, environment, and exercise that he mentions), he doesn't seem convinced of the efficacy of those practices on their own. In this he echoes the imagery of John Moore's 1617 *ars* text, *A Mappe of Mans Mortalitie*, which describes the body as a weak and "cleyie farm". For Moore, fragility of the body is no problem, since "howsoever we repaire & patch this simple cottage, it will at last fall into our land-lords hands," and inevitability is presented as yet another reason not to fear death—after all, "it is absurd to feare that which we cannot shun" (184). But not so for Donne, for whom the exigencies of sickness cannot be borne calmly, and for whom the weaknesses of the body produce a fear that Moore does not acknowledge as legitimate.

Donne considers the body as violable in this way in accordance with contemporary views about the fallen state of mankind, but his reaction to what ought to be a boilerplate discussion of human mortality runs counter to the appropriate response. The vulnerability of the body to sickness and death was a product of "our first sinne" (5); the disobedience of Adam and Eve condemned all of humanity to mortality and weaknesses of the body.¹⁶¹ Romans 6:23 asserts the principle rather ominously, stating that "the wages of sin is death," and the *ars moriendi* makes a point of converting the dread of that first fatal consequence into hope. In one example, William Perkins neutralizes the trepidation that attends thinking about the wages of sin by anatomizing death itself. Physically, death is a "deprivation of life"; more broadly, it is a punishment and sign of God's judgment (2). Perkins asserts that of the two kinds of death, spiritual and bodily, his focus is on bodily death, "in which the body and soule are severed asunder" (8). This bodily death is itself of two natures: understood *per se*, it is the consequence of and punishment for mankind's fall. Its second nature, however, is as a blessing. Death, figured through the lens of Christ's sacrificial death, marks not a punishment, but

the *Devotions*, not so enthusiastic about having his gates battered and overthrown by sickness as he was there, at the prospect of God doing the same to "ravish" him.

161 As will be shown in chapter 3, the consequence of this disobedience manifests in women with additional frequency and complexity.

salvation. In this latter regard, death is the link to eternal life: a way around the wages of sin, and a beacon of hope for both the living and dying. When Donne considers his own mortality, however, he cannot cotton to a sedate anticipation of his salvation: “we die,” he asserts, “and cannot enjoy death, because we die in this torment of sicknes” (5). He knows that he’s supposed to appreciate the coming end, but he emphasizes that the “torment” and “pre-apprehensions and presages” troubling the mind prevents the calm and cheerful approach to death.

The torment of sickness derives not only from the agony of physical symptoms, according to Donne, but also in the fear incumbent in realizing one has fallen sick, which in turn compounds the danger and worsens one's prognosis.¹⁶² The principle that presaging and obsessing over bodily illness can impede the therapeutic process was well known, and Donne realizes that this very behavior is antithetical to recovery. Yet even after Donne establishes himself as an impatient patient, the problem continues. Devotion 6, which Donne titles in English “The Phisician is afraid,”¹⁶³ occurs in the narrative well after the onset of those symptoms “presaged” in Devotion 1. In it, Donne seizes on the physician’s anxiety and makes it his own:

I observe the phisician, with the same diligence, as hee the disease; I see hee feares, and I feare with him; I overtake him, I overrun him in his feare, and I go the faster, because he makes his pace slow; I feare the more, because he disguises his fear, and I see it with sharpnesse, because hee would not have me see it. (115-116)

His boundless imagination takes hold: he jumps forward to anticipate the worst possible end of illness, outstripping the actual evidence provided by the doctor, who disguises his own fear and presumably withholds medical information that might agitate his patient. Donne acknowledges the sound medical reasoning behind this practice even as he reacts against it; the doctor knows that his

162 Perkins asserts that such a fear obstructs both the physical and spiritual paths toward healing, noting that it will “astonish the senses of the sick party, and sometime cause desperation” (63). Bodily fear, according to Perkins, cripples the physical faculties, and its psychological effects prompt the pouring in of dangerous emotions linked to the deathbed temptations described in *ars* texts.

163 The Latin in the *Stationes* entry simply uses one word: the third-person present-tense *metuit*, “He fears.” Donne tags the “He” as the physician at the heading of the Devotion, but we ought to recognize the possibility, in the deliberately vague pronoun, that the antecedent could refer to either doctor or patient.

own nervousness will not impede his practice, but, Donne asserts, “he knows that my fear may disorder the effect, and working of his practice,” because fear “insinuate[es] it self in every action, or passion of the mind” causing every minor wind to seem “the stone, & seem the gout” (116-117). By contrast, the ability to assuage one's fear is a treatment in itself; Andrew Boorde's *Breviary of Health* (1575) argues for the necessity of relieving fear and embracing patience in the treatment of the patient. “I do advertise every sick man, & al other men the which hath any infirmitie, sickes, or impediment, above all thinges to pacifie him self,” Boorde recommends, because the person relieved of fear and frustration “shall mitigate his paines and anguish, be it never so great” (A.iii.r-v). Nonetheless, as he observes his Doctor, Donne feeds his fear until it grows too large to mollify.

Donne acknowledges the value of pacification, but despite his best efforts the *Devotions* records his fear of sickness continually getting the better of him. He insists, in Meditation 7, after the doctor calls for outside assistance, that “there is more feare, therefore more cause. If the phisician desire help, the burden grows great” (145). He recognizes the benefit of additional medical counsel, as God himself sanctions a “multiplication of ...helps” (167), and a doctor willing to consult with others shows that his care for the patient overshadows his ambition. Nonetheless, when Donne asserts that being able to anticipate the end of illness also requires that there *be* an end to illness, and “whether an autumn of the disease or mee, it is not my part to choose: but if it bee of me, it is of both” (145-6), the sense is not one of fearlessness or triumph but of resignation.

The apparent bravado of the next suggestion, that “my disease cannot survive me,” but that “I may overlive it” (146), would seem to counter his ambivalence and attempt consolation, but he chips away at the claim by repeating the cycle of fear in the text after he makes it. The claim is akin to that in the Holy Sonnet “Death be not proud,” where the speaker asserts that death is “slave to fate, chance, kings, and desperate men, / ... and poppy or charms can make us sleep as well / and better than [its] stroke” (9, 11-12). In the poem, the promise of everlasting life accentuates death's impotence—“One short sleep past, we wake eternally / and death shall be no more” (13-14)—

similarly, in the *Devotions* Donne reasons that his sickness must end, either in his return to health or in his death, and this could ostensibly provide solace. The poem's final clause, "Death, thou shalt die," marks effectively the same attempt to undermine the powerful quantity as in Meditation 7—but Donne's insistence that he shall overcome both illness and death ultimately works to highlight his fear rather than consolation or confidence. At best, it is an honest but temporary reprieve from the fear to which Donne constantly returns; at worst, it is mere bluster, a failed attempt at convincing himself that he isn't gripped by fear of his death. We see this when the illness starts to reach its zenith in Devotion 13, where in the presentation of "spots" declaring the disease's serious malignity, Donne describes himself as no longer able to find contentment in the worst case scenario: "it is a faint comfort to know the worst, when the worst is remediless" (317).

As Donne expresses worry about the physical progress of his disease, he simultaneously highlights fears concerning the health of his soul that will draw him further from the prescribed procedures for the deathbed experience. Remembering that he could sense the onset of his physical illness immediately, he worries that his soul lacks these auguring abilities: "why is not my soule, as sensible as my body," he asks, "why hath not my soule these presages, ... those suspitions of a sinne, as well as my body of a sickness?" Without the ability to anticipate impending sin, Donne says, "I go, I run, I flie into the ways of tentation, which I might shun; nay, I break into houses, wher the plague is" (11). He argues that he can fall soul-sick without even knowing, and that without the ability to recognize when his soul is already sick, he cannot recognize the early "fever[s] of lust, of envy, of ambition" and "the first messenger doth not say *Thou may die*, no, nor *Thou must die*, but *Thou art dead*" (12). Donne here takes the first recognized stage of spiritual sickness to be terminal, marked by "irrecoverableness, irremediableness" (13). Because of the human inability to correctly read the state of the soul—the real reason we can't take our soul's pulse is that we cannot hear it, not that it isn't there—proper recognition of the sins that occasion spiritual sickness come after they have already

been committed.¹⁶⁴ Thus, where presaging a physical sickness may lead to anxiety and the obstruction of treatment, the lack of presaging of spiritual sickness all but guarantees damnation.

One product of Donne's inability to augur the onset of spiritual sickness manifests in a fear of the implications of death for his body, and the sundering of body and soul presents an insurmountable dilemma for him as he lies bedridden. As critics have noted in relation to Donne's earlier poetic works, both Donne's conception of the self and his beliefs about the origin of the soul make it impossible to fully commit to commending the solo journey of the soul to the afterlife; that is, Donne worries that the body will get left behind to rot.¹⁶⁵ Donne elaborates on his fear in Meditation 18 of the *Devotions*, after outlining the debate of how the soul, "being a separate substance," comes to be in the body (439). Refusing to take an explicit side in the debate, he instead remarks that "it is the going out, more than the coming in, that concerns us" (442). Donne considers the body and soul mutually constitutive—but in the *Devotions*, the beginning matters much less than the end. He expresses a hope that after his death, his body and soul will separate only briefly, and will "quickly returne to a joyfull reunion" in heaven (466). The very definition of death, in which body and soul are severed, disturbs Donne, and he wishes to immediately restore the vital connection between the two.

Donne's fear about the separation of body and soul has two facets: first, that the separation signals a loss of humanity (marked by a loss of community), and second, that it signals the onset of decay. He articulates both of these in a famous sequence of three devotions. Following the dangerous climax of the disease (*Devotions* 13-14), in which the telltale spots of his fever portend

164 Donne comes to recognize, over the course of *Expostulation* 1, that the flaw is mankind's own. "Will God pretend to make a watch, and leave out the springe," he asks, reminding us that the soul is unlikely to be the product of shoddy workmanship. It must, therefore, be at least as capable of registering symptoms as the body, because it simply doesn't make sense to "make so many various wheels in the faculties of the soule, and in the organs of the body," and yet to leave out that which would allow them to work properly (14). God, he realizes, "hast imprinted a pulse in our soule, but we do not examine it; a voice in our conscience, but wee doe not hearken unto it" (13).

165 There are heretical tendencies in this fear. John Carey notes that Donne found separation of body and soul so distressing that he made the unorthodox claim that soul and body both died and were resurrected together (219-233); more recently, Ramie Targoff demonstrates that Donne fails to assert the superiority of the soul over the body, as required by both Catholic and Protestant belief ("Traducing the Soul" 1493).

his mortal danger, and a bout of insomnia (Devotion 15), Donne descends into the contemplation of his own mortality, and that of humankind generally, when he hears church bells tolling for a funeral (Devotions 16-18). The sound of the bells calls attention to the loss of one of Donne's neighbors, and reminds him that though they lived *near* one another before, someday they will share the same house in heaven (390-91). Donne also notes that he shares with the departed a place in the Book of Life, as a chapter written in an imperfect language waiting to be perfected: "when one man dies, one chapter is not torne out of the booke, but translated into a better language; and every chapter must be so translated" (412). The revelation hints at the kind of consolation *ars* texts were meant to instill in the reader, with the reminder that the solemn ring of funeral bells betokens heavenly promise rather than earthly loss. In this moment, Donne attempts to align with orthodoxy and resist doubt, but his efforts will again be thwarted by his fears.

Owing to the similarity and connectedness of every person as a translatable chapter, the bell doesn't just call upon the one who is the subject of the sermon, but on the congregation as a whole, and, Donne reasons, "how much more mee, who am brought so neere the door by this sickness" (413). The conception of the interconnectedness of all humanity—and, more importantly for Donne, the relation of all humanity to himself—then develops into the most-excerpted passage in the work:

No man is an iland, intire of it selfe; every man is a peece of the continent, a part of the maine; if a clod bee washed away by the sea, Europe is the lesse, as well as if a promontorie were, as well as if a mannor of thy friends, or of thine own were; any mans death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bells tolls; it tolls for thee. (415-16)

Donne's metaphor, in which mankind as a whole is equated to a land mass divisible only by great loss to itself, corresponds with common imagery of the man-as-microcosm and to the rest of the *Devotions*, and has direct relevance to the problem he articulates regarding the loss of his body. As Donne pushes to solidify the fact of his self-centered interconnectedness ("any mans death diminishes me"), he not only implicates himself in the actions of all of humanity ("I am involved in mankind"), he tags himself as decidedly bodied. The deaths of others draw attention to his own

mortality, but he here is not a soul or divine thing, trapped in a sack of flesh and awaiting freedom in heaven, but a thing-of-earth. Donne is “a peece of the continent.” He is deeply moved by the tolling of the bells not just because a neighbor has died, or because that neighbor will share a house with him in heaven, but because it announces to him “*thou must die.*” He will be forced to leave this earth, vacating his “part of the maine” and his body must be severed from his soul. Here Donne shows himself to be guilty of succumbing to one of the primary temptations mentioned in the *ars moriendi*: the temptation of attachment to earthly things—in particular, his body and his life.

Donne figures the attachment to his body as the source of anxiety over its fate after his demise: the dissolution and decay of the body becomes a source of great dread for the patient here, pulling him away from the prescription to happily leave the things of this world. Worried that this decay signals that God devalues the body that means so much to him, he prays, in Devotion 17, that God will take care “of every graine of ashes after our death” just as he cared for every part of the living human body (407). Here he seems to accept the fact of disintegration, so long as God's hand is active in the process. But as of the very next day, he finds himself fretting over the coming change.¹⁶⁶ In losing the soul, “which scarce three minutes was such a house” the body “hath lost the name of a dwelling house, because none dwells in it, and is making haste to lose the name of a body, and dissolve to putrefaction” (445). This hearkens back to Donne's first day in the text, in which he emphasizes the fragility of the bodily structure—once the soul is wrenched from the body, the structure changes its character entirely, losing its identity: “now all the parts built up, and knit by a lovely soule, now but a statue of clay, and now, these limbs melted off, as if that clay were but snow; and now, the whole house is but a handful of sand; so much dust, and but a pecke of rubbidge, so much bone” (446-7). No longer allowed even its meager status as a fragile house, the body becomes a weathered clay statue (again recalling Moore's “cleyie farm”) doomed to face the elements and

¹⁶⁶ Donne devotes “Thou hast made me, and shall thy worke decay?” to this topic, as well: the speaker reflects on the “terror” that faces his “feebled flesh” as he rushes toward death and dissolution.

disintegrate into the same dust from which man originally rose.

According to the *Devotions*, fear thwarts the patient's ability to remain calm in the face of illness and bodily decay; it also renders him impatient and prone to disobedience, and leads him to flout the “rules” for dying well, which require attention to both spiritual and bodily health.¹⁶⁷ The necessity of obedience for medical and spiritual healing is both assumed by the nature of the texts offering practical advice and made explicitly fundamental to the *ars moriendi*. Many texts in the tradition advocate obedience implicitly, through the generic structure of each treatise (in which authors posit themselves as authorities and offer instruction) and through the suggestion that progress requires following orders and obeying good counsel.¹⁶⁸ The long-term consideration of physical and spiritual health, common in the post-Reformation branches of the genre, requires of individuals that they carefully maintain the spiritual and physical health given them by God, and not cut short the days appointed to them through carelessness or outright disobedience.¹⁶⁹ Perkins remarks that “he that is to take physicke must, not onely prepare his body, as physicians doe prescribe, but hee must also prepare his soule by humbling him-selfe under the hande of God in his sicknes for his sinnes” (77). The path to health requires the navigation of a dual obedience and humility, to God and to the doctor who does His work. However, the patient is exhorted to

167 Perkins remarks that “he that is to take physicke must, not onely prepare his body, as physicians doe prescribe, but hee must also prepare his soule by humbling him-selfe under the hande of God in his sicknes for his sinnes” (77).

168 In the Catholic tradition, each stage suggests the importance of obedience to God and one's spiritual advisor, but obedience is especially crucial in fending off the deathbed temptations sent by Satan, in which the will of the *moriens* is tested through both physical and spiritual means. The description of the temptations, and the instructions regarding the best way to combat them, serve to encourage patience, humility, and obedience in the patient.

169 This corresponds with the concomitant rise of the practical medical regimen, which similarly promotes preventative care rather than simply waiting to treat (and hopefully cure) illness. These medical texts construe the need for obedience in two ways, one medical and one spiritual: the patient must follow the instructions of the doctor in order to fully obey God in His plan. William Bullein, author of the regimens *The Government of Health* (1558) and *Bulleins Bulwarke of Defence* (1562), as well as a *Dialogue* (1578) on the plague that draws on *ars* principles, reminds us that “Every mans course is appointed, they cannot prolong theyre tyme;” notwithstanding this, “God hath ordained sundry means by hys mynisters, to help Mankynde in the tyme of sicknesse, to ease theyre paynes, and heale theyre woundes” (*Bulwarke* 1). Andrew Boorde advises patients to make themselves “at al times redy to follow the will, mynd, and councell of his physicion” (*Breviarie* A.iii.v), and from the standpoint of effective therapeutics, this makes perfect sense. Insubordination by a patient leads to bypassing or ignoring important steps in treatment, jeopardizing the efficacy of remedies and therapeutic practices.

remember the “right and proper ende of physicke”: physic isn't intended to prevent aging and death, and the period of one's life “cannot be lengthened by any skill of man” (Perkins 78). In effect, the patient should not focus hope specifically in physical cure but rather in the notion that by following the correct path to health, humbly and in good faith, God's Will will be done.

In Donne's case, fear of the separation of the body and soul lends itself to a preference for the care of the body, and leads him to ignore medicine's “proper ende.” His reluctance to admit the danger to his soul manifests in a refusal to follow the order of operations prescribed for a *moriens*.¹⁷⁰ As demonstrated, medical treatment is encouraged for the sick; it is, however, only a secondary step. First, patients must summon a minister to ensure spiritual health. Perkins' discussion of physical treatments assumes that the patient has first managed his or her spiritual affairs and has consulted a minister. William Bullein's *Dialogue* offers a summary of the recommended sequence of practices: while fleeing a plague-ridden town with his household, common-man (and *moriens*) Civis meets with Death, and immediately recognizes the coming tokens of plague. Civis then pleads to his servant, “Helpe me into some house, whereas I might send for some manne of God, to be my heavenly phisition, teaching me the waie to the kyngdome of heaven” (96v). Sending for the “maister doctor” is a secondary concern, only taken up by Civis' wife, Uxor, after they move him to a bed in a nearby home. When Donne finds himself bedridden—though, thankfully, not in some stranger's home—in the *Devotions*, he immediately jumps ahead to the horrors of death by asserting that “a sicke bed, is a grave, and all that the patient saies there, is but a varying degree of his own epitaph” (43-44). He assumes his case is mortal, and should be in a prime position to send for spiritual counsel. Despite the fearful image he paints, however, the next day does not see Donne calling upon a minister to be his “heavenly phisition”—instead, the patient calls a doctor.

In fact, there is no moment in the *Devotions* at which Donne calls for a member of the clergy;

170 In his refusal to follow the orthodox methods of dying well, Donne denies the possibility that he might die, or denies the possibility that those methods will assist him in any way, or both—in any case, a willing allowance of the soul-sickness he frets over in Expostulation 1 above.

as the doctor's concern for the patient brings more doctors to the room, after the King sends his own personal physician to help treat his subject, even as the disease worsens then climaxes, the patient ignores the necessity of calling on a spiritual guide. This runs counter to the approved course of action, a fact which Donne himself acknowledges: in Expostulation 4 he justifies calling the doctor by reasoning that sending for the physician is not a sin so long as one does not rely solely on bodily physic and neglect “spirituall physicke, which thou also hast instituted in thy Church” (78-79). He seems to want to suggest, at various points throughout the text (including Prayer 4, immediately following the above claim), that Christ is his spiritual physician, a common enough image in Christian theology, but one which does not eliminate the need to call a flesh-and-blood counsellor.¹⁷¹

Donne's refusal to call on a spiritual guide isn't explained by his own ordination, either: Rollin claims that Donne possesses the qualities of a spiritual physician within himself, and that he “confers' with himself” and “offers himself good advice” (55), which conjures an image of the patient babbling at himself in bed, not ministering to his own soul. Rollin, who argues that the *Devotions* is a kind of sequel to the *Holy Sonnets*, argues in relation to that earlier work that the speaker of the *Sonnets* is “an incompetent spiritual physician because he is too confused and overwrought to heal himself” (56), yet he does not suggest that the speaker of the *Devotions* is somehow less confused and overwrought, only that he manages to overcome the egocentricity of his youth. But while understanding the *Devotions* as a descendant of the *Holy Sonnets* is promising, it is rather more for the two texts' continuities than their differences. Donne presents himself as still confused and overwrought throughout the account of his illness, and remains characteristically egocentric. In addition, Donne asserts during his discussion of the need to call a medical doctor that “we *have* the physician, but we *are not* the physician” and that “the diseases are his owne, but the physician is

171 Donne says that God is “Lorde of both” spiritual and medical physic, and “thy son art the physician, the applier, of both” (87); since he has just asserted the “necessity of two phisicians, authorized by thee, the bodily and the spiritual physician” and claims to “come to both” (84), we might assume the relatively equal emphasis placed on each. If Donne relies on Christ as his only spiritual physician, he ought to be able to rely only on Christ as his only bodily physician, as well. By calling a doctor to his bedside without also calling a minister, he continues to place precedence on the body over the spirit, or is again unwilling to recognize the danger of his physical condition to his soul.

not...he must send for the physician” (70-71), signaling the necessity of outside counsel. If one oughtn't self-medicate, one oughtn't self-minister.

According to the *ars moriendi*, the patient must “die in obedience,” otherwise his or her “death cannot be acceptable to God” (Perkins 96), and thus most deathbed narratives portray their subjects as compliant in the extreme, pacified in the strength of the Lord regardless of the anguish of their final condition. Donne however, is neither pacified nor compliant. His fear of physical sickness threatens to debilitate his healing, and his fear of spiritual sickness belies a dread of death and its consequences, especially decay and the loss of his physical body. This leads to a disobedience that could exacerbate his spiritual condition (in turn worsening his physical condition). Donne knows precisely what procedure the guidebooks tell him to follow, and the danger of disobedience, but yet avoids his responsibility. Instead he posits his fear—in particular, fears that signal a preference for body over the soul—as an explicit impediment to orthodox, obedient action by submitting to the authority of those attending to his physical health without properly attending to his spiritual health. This fear, though unorthodox, will remain productive of devotion through Donne's recovery, and signals the *Devotions* continuity with the author's earlier work.

IV. “Those are my best days, when I shake with fear”: Donne's paradoxical fear and the *Devotions* beyond the Pulpit

The struggle to accept the necessity of help from a spiritual adviser in addition to a medical one is symptomatic both of the fear Donne expresses over the fate of the body and fear he has regarding his relationship with God. The *Devotions* depicts a patient conflicted about where he stands *with* God and what he wants *from* God: the fear of separation from God and His love is inconsistent with the fear of separation from the world, the body, and the self, further preventing submission to the principles of the good death. However, in his return to health Donne demonstrates the utility of the fear and internal struggle that has plagued him in his sickness. In this text, so often understood as a product of the pious Dean of Saint Paul's, Donne renders himself more like his younger self—

grappling with conflict and paradox and interested in his relationships to the divine and the earthly—than like the surefooted preacher of sermons.¹⁷²

Donne's expression of competing interests—his desire to remain in his body on earth and also to be united with God—present a paradoxical impulse inspired by his fear. As his doctors work to decide upon a course of treatment (Devotion 9), Donne begs for God's attention: "Looke...upon me, O Lord, in this distresse, and that will recall mee from the borders of this bodily death; Look upon me, and that wil raise me again from that spirituall death, in which my parents buried me" (223). Donne fears the solitude of a separation from the continent of humanity, and also isolation from God's caring eye; Targoff has identified this fear as "anxiety over being abandoned by God at the moment of greatest need," and has also noted a paradoxical extension of that fear, in which Donne "seems both to crave God's mediation and to resist it" (*Body and Soul* 143-4). As noted by Matthew Horn, Donne imagines himself protected against annihilation only if he can remain "continually and presently grounded ... in God's mind" (373).¹⁷³ God's attention also protects Donne from the isolation and quarantine that strikes him as one of the greatest punishments of sickness. Meditation 5 claims that sickness that forces solitude is an "excommunication"; the accompanying Expostulation suggests further that Donne worries that God has left him as his friends have: "O my God, it is the leper, that thou hast condemned to live alone; Have I such leprosie in my soule, that I must die alone; alone without thee?" (107). In Donne's view, having God's attention focused directly on oneself amplifies the potential for salvation—but also the need for correction. He expresses a fear that his sickness is a punishment for his sins (he asks, in Prayer 2, that God temper His ire "and call this sicknes, correction, and not anger" [38]) and a fear that he is not being punished sufficiently for those sins.

172 Donne became an Anglican priest in 1615, at the urging of James I, and was appointed Dean of St. Paul's in 1621, just two years before he fell sick with the spotted fever.

173 "Annihilation," according to Horn, is the disintegration of soul and body upon death; he argues that Donne hopes for merely a "temporal blackout" rather than an eternal dissolution.

Expostulation 14, in which Donne draws upon the medical notion of “Critical Days,” proposes a miraculous solution to several of these problems.¹⁷⁴ “Since a day is as a thousand yerres with thee,” he says, it should be no problem to allow this critical day in his illness to be as a week: “and in this one, let me consider seven daies, seven critical daies, and *judge my selfe, that I be not judged by thee*” (388). The request to extend the critical day recognizes that a single day is insufficient to account for the multitude of sins underlying Donne's sickness—if given an extension, he says, he will make a full reckoning and repentance, thus eliminating the danger inherent in deathbed confession and avoiding a more eternal judgment. The expansion of the critical day into a critical week also renders the space of annihilation negligible, “for how so long a day soever you make that in the grave, yet there is no day between that, and the resurrection,” at which point “wee shall all be invested, reapparrelled in our owne bodies” (358). Donne imagines, in this scenario, his death and resurrection happening without pain or delay, and this imagining allows for re-animation of the soul and body in a way that bypasses decay entirely. Such a dilation allows him to press God for evidence of His presence, since it would be a miracle performed exclusively for Donne's benefit, and delays the finality of his condition by literally adding time to his clock at the same time that it collapses that time into an immediate, simultaneous achievement of his death and salvation. In this fantasy of the critical week, Donne can imagine the elision of all he fears about the process of dying, and to presume the instantaneous satisfaction of his election.

The fantasy of Devotion 14 is just that, however: a fantasy. Donne immediately retracts the hope for the expansion of time in Expostulation 14, shifting the potential for calm consolation into a fresh anxiety. Prompted by a bout of insomnia, this new fear manifests in anxiety over the preparation for eternity and the seemingly endless counting of moments: “why is it al my businesse now to tell clocks?” (371-72), asks the patient who just the day before wished for more clocks to tell.

174 In Galenic medicine, the outcome of a disease can be influenced by astrological phenomena—the placement of the planets on a given day could thus spell cure or death for the patient.

The irony of having requested an extended day and being rewarded with an inability to sleep does not receive explicit mention here. However, Donne makes it clear that he has not successfully followed his own rules. Rather than take the opportunity for confession, he requests that God convert his insomnia into a sign of spiritual wakefulness and further evidence of God's attention and continued presence: he prays, in Prayer 15, that God will let this “continuall watchfullness” signify “that thou wouldest not have me sleepe in thy presence” (383-83). He also recants his request to consider the sickness “correction” for his sins, instead asking that God “wilt afford [his soul] such defensatives” that it will forever be awake “towards thee, and yet ever sleepe in thee,” and that He will “not call any peece of my sickness, a sinne” (384). Donne presents conflicting logic and altered responses to his sickness and its implications for his body and soul, precipitated by fear and uncertainty; this results in inconsistency—to the point of failure—in his pursuit of peace and quiet. For each profession of calm and certainty throughout the course of his sickness, he depicts a subsequent undermining, in anxious pleas, in frustrated complaints, in fountains of doubt.

Although Donne recovers from his sickness, which signals either God's forgiveness (if the affliction did indeed emerge from his sin) or the strength of his body and skill of his physicians (if not), the patient is not fully appeased. The return of his health should act as a tranquilizer, but instead Donne reads his situation in the final Devotion as even more dire, since he now faces relapse. Relapses are easy in a body weakened by sickness, he asserts, and are worse than the original sickness, because they are brought on in a person who ought to know how to prevent them. Knowing this can send the patient into a tailspin: “as feare is the busiest and irksomest affection, so is a relapse ... the most immediate exercise of that affection of feare” (605). Just as the inklings of symptoms threaten to make the patient worse, fear of relapse can spur said relapse, and result in the sick person's culpability for his or her condition. Thus, rather than ending his account as a man who has “ma[d]e peace with his fate,”¹⁷⁵ Donne ends with a final prayer that reflects the continuation of

¹⁷⁵ As Targoff asserts is the goal of the Protestant *ars moriendi* (*Body and Soul* 153).

his fears, begging that God ensures that he never “make a shipwracke of faith,” or allow “a relapse of those sinnes, which I have truly repented, and thou hast fully pardoned” (629-30). Though he claims to believe that God “hast fully pardoned” his sins in the course of his sickness and recovery, he presents himself as worried to the last that he will take advantage of that pardon and fall back into danger. Never out of the woods, the Donne of the *Devotions* is never without fear, and never constant. Here, though, the fruit of Donne's struggle emerges. The full spectrum of fears he has experienced now collapses into a kind of *timor Domini*—his fear of relapse, which represents a rejection of God's grace and mercy, manifests as a more direct fear of God and takes the place of fears of pain, decay, and dissolution. In this fear, Donne has at least temporarily learned to presage sickness in his soul, as he wished to do in *Expostulation 1*. Fear has helped him find his soul's pulse. The circumstance thus has a cautiously optimistic result: while his fear might cause him to sink back into sickness, he understands himself to have been pardoned, and consciousness of the danger of relapse prompts additional prayer and diligence for the state of his soul.

In highlighting his own fear and inconstancy and figuring himself as a man struggling to unite his hope for salvation with his emphasis on his life and body, Donne recollects the sensibility of unorthodox conflict in much of his earlier work. He begins the *Devotions* with a recognition of the variability of health and the inevitability of death, themes which resonate throughout his entire oeuvre; but in *Devotion 12*, in which the doctors press pigeons to his feet in an attempt to pull dangerous vapors from his head, Donne recalls—and amplifies—the debate over suicide made in his early *Biathanatos*.¹⁷⁶ In the meditation, Donne struggles to comprehend how “vapor,” seemingly so inconsequential, can be so perilous to health: “What will not kill a man,” he asks, “if a vapor will?” (285). More agonizing still is when “we our selves are the well, that breaths out this exhalation,” and when “wee our selves doe it to our selves by the same meanes, kill our selves with our owne vapors”

176 “Vapors” were understood to be gaseous properties that rose in the body, causing health problems. Using birds to draw out offending humors or vapors was not uncommon; indeed, in Alice Thornton's account of her father's deathbed experience, she notes that he smiled through the procedure, as the doctors applied freshly slaughtered pigeons to his soles as a final attempt at treatment (BL Add. MS 88897, 31-33).

(289). His anxiousness to mitigate culpability for self-homicide is a concern he also articulates in *Biathanatos*. There, the young Donne argues that suicide is not *per se* a moral evil, despite being a “sickly inclination” that he himself has often felt, and works to suggest that killing oneself may be justified, particularly in cases of divine prompting and self-sacrifice (17). Samson, for instance, was called by God to suicide, and Donne recounts countless stories of martyrs (including Christ Himself) whose deaths were the result of acting upon their faith. In the *Devotions*, the anxiety manifests over the ways in which the sinner commits a kind of suicide-by-living: Donne worries more about these “home-bredd vapours” (296) than those from other sources, because through them the individual becomes his or her own executioner. As Carey notes, Donne vehemently objects in *Biathanatos* to the idea that Church doctrine can universally condemn those who kill themselves as “impenitent, and so damned” (206). The Donne of the *Devotions* similarly doubts the universal culpability for home-bred vapors. If their source “is my thoughtfulness; was I not made to thinke? [If] it is my study; doth not my calling call for that? I have don nothing, willfully, perversely toward it, yet must suffer in it, die by it” (291). In both texts, death by self-homicide is the result, but Donne wants to posit will and intent as the measure of guilt: to act according to one's calling, he wants to suggest, cannot be a sin. As with parallels to the *ars* tradition, the modulation of fear and anxiety in the text ramps up in the face of individual experience—as Donne imagines himself to be facing death, and perhaps even self-homicide, he becomes ever more intent on considering his culpability, as that will impact his salvation.

While Donne's agonized deathbed consideration of what it means to kill oneself recalls the casuistic justifications of *Biathanatos*, the *Devotions* also carries an emphasis on contrast and paradox similar to that which animates much of his poetry. Readers of his love poetry will notice the frequent association of amorous and sexual relationships with religion—as in the speaker's assertion, in “The Relique,” that “he that digges us up” from the grave will see the bracelet of his lover's hair around his wrist bone, and will “make us Reliques; then / Though shalt be'a Mary Magdalen, and I / A

something else thereby” (14; 16-18). Similarly, readings of the *Holy Sonnets* often note the heavily eroticized nature of Donne’s religious expression, most famously in “Batter my heart, three person’d God,” where the speaker imagines salvation as only possible by means of sexual union with God: “I / Except you’enthrall mee, never shall be free, / Nor ever chast, except you ravish mee” (12-14). This last example especially highlights the uniting of seemingly contradictory elements—the violence of rape mingled with both romantic love (“Yet dearly I love you, and would be lov’d faine [9]) and chastity, freedom with bondage, lust with faith. Donne commands conflict and revels in inconstancy, and that is apparent in the *Devotions* as well as in his poetry.

Donne’s expressions of fear and internal conflict in the *Devotions* find especially powerful parallels in the *Holy Sonnets*, hinted at in examples above, suggesting a pedigree of anxiety connecting the two works.¹⁷⁷ In the *Sonnets*, the speaker is racked with fear, riddled with contrary feeling: first he “court[s] God,” then “quakes with true feare of his rod,” before ultimately determining that “those are my best dayes, when I shake with feare” (“To vex me, contraryes meet in one” 10-11, 14).¹⁷⁸ Like the *Devotions*, the *Holy Sonnets* are “riddled with theological inconsistencies,” and “suffused with the language of bodily decay, ... their urgent pleas for repair are with equal frequency directed at the mortal flesh as at the immortal soul” (Targoff, *Body and Soul* 107). “This is my playes last scene” offers a particularly vivid comparison to the experience of the *Devotions*; imagining life as a race, the speaker pictures the finish line occupied by a ravenous reaper there to sunder the runners from themselves:

here heavens appoint
My pilgrimages last mile; and my race
Idly, yet quickly runne, hath this last pace,
My spans last inch, my minutes latest point

¹⁷⁷ The *Holy Sonnets* were most likely composed around 1609, six years before Donne's ordination and almost a decade and a half before the *Devotions*.

¹⁷⁸ The speaker of the sonnets is likewise connected to the patient of the *Devotions* by a fear of being abandoned by God: as Richard Strier notes, “the sense of sin and fear of God in this poem are so profound that being forgotten replaces being forgiven as the alternative to damnation,” because “That God 'will not see the sinner himself' is the entire prayer. No further act of 'remembrance in Christ' is envisioned” (384).

And gluttonous death, will instantly unjoynt
My body, and soule (1-6)

The re-figuring of the end of life into smaller and smaller segments attempts a dilation of time by Zeno's Dichotomy Paradox: if he can simply keep dividing the units in half, he will never reach the end. Much like the Donne of the *Devotions*, who desires to dilate his critical day into a critical week, the speaker here hopes to delay death, indefinitely if not infinitely, and for the same reason.

Expressing a fear of death *per se* (as the separation of body and soul) by painting a picture of death as a slaving creature ready to rend the "joynt" of body and soul, the speaker shifts to a consideration of what it will be like to behold God. "But my'ever waking part," he says, "shall see that face, / Whose fear already shakes my every joint" (7-8). The reader is prepared by the contrastive "But" and the traditional expectations of God's joyous presence to be offered consolation, but imagining God's face prompts trepidation and the shaking of joints (reminding us of the "unjoynting" of body and soul). In the poem Donne's speaker likewise plays out the same fear of permanent dissolution that permeates the *Devotions*. The soul "takes flight" to heaven, but the "earth-borne body, in the earth shall dwell" (9-10). The two will not reunite. In this way, then, we might echo Rollin's claim that the *Devotions* is a kind of sequel to the *Holy Sonnets*—in both, the speakers face fear and inconstancy, and Donne employs powerful contrastive imagery to demonstrate the vexing of the subject.

Compare this to his sermons, which typically hew more closely to orthodox principles and present a much more traditional approach to the process of dying well. In these, Donne iterates the constant presence of sickness, for "God created man in health, but health continued but a few hours, and sickness hath had the Dominion 6000 years" (*Sermons* 2:79), reminding his congregation to manage the fear that attends such sickness. He asserts, in a sermon preached at St. Dunstan's on April 25, 1624 (just months after his recovery from the spotted fever), that natural fear is not

shameful—but nonetheless must be controlled. He remarks that while natural fear isn't taught, it also needn't be untaught, because though it is “imprinted in nature, [it] is *timor Domini*, the fear of the Lord, because the Lord is the Lord of nature” (6:105). So fear can be allowed as part of the natural condition, and Donne admits that “it is a wretched condition, to be without naturall affections.” However, it is a “dangerous dereliction” to leave one's fears unfettered, “not regulated, not inanimated by the spirit of God; for then by sadness may sink into desperation, and my fear will betray the succours which reason offereth” (6:106).¹⁷⁹ Being overtaken by the cycle of fear is thus dangerous for the soul, as it separates the person from reason and invites despair. Donne might as well be writing about himself here, describing both much of the experience articulated in the *Devotions* and the risks inherent in that text's cycles of fear. Here, however, he does not admit the possibility that unfettered fear of everything but God, like that with which he struggled in his sickness, might in fact be fruitfully converted into the more appropriate *timor Domini*.

Likewise, when the Donne of the pulpit discusses what it means to die well, he condones a generalized and idealized portrait unlike his personal experience in the *Devotions*, but very familiar to readers of the *ars moriendi* and “Life and Death” narratives. On February 29, 1627/8, Donne preached at Whitehall on Acts 7:60, “And when he had said this, he fell a sleep.” He likens the good death to a sleep and promotes careful preparation on the deathbed. For those who disobey and don't settle their consciences according to the rules, “death is a bloody conflict, and no victory at last, a tempestuous sea, and no harbor at last, a slippery heighth, and no footing, a desperate fall and no bottom” (8:175). Failure leads to fear (“a loathness to die, and fearfull apprehension”), and fear of death causes a person to “die twice over ... he shall be sick, twice sick, body-sick and soul-sick too, sense-sick and conscience-sick together” (8:188). Donne describes this doubled death and sickness

¹⁷⁹ Donne rehearses much of the “appropriate” argument of the right use of fear in Devotion 6—that is, *timor Domini*, the awe of God's power that supersedes all other fear—but ultimately succumbs to the “dangerous dereliction” he describes in this sermon by failing to control his natural fear for the remainder of the text.

in terms of lingering in moments of fear, and it is imagined in a series of conflicts: “To see the house fall, and yet be afraid to go out of it ... To see true figures of horror, and ly, and fancy worse; To begin to see thy sins but then, and finde every sin (at first sight) in the proportion of a Gyant, able to crush thee into despair” (8:189). Again, the fear he describes is deeply evocative of the struggles of the *Devotions* – Donne signals the dangerous nature of his own experience, contrasting it to the good death he advocates for his parishioners.¹⁸⁰ Arnold Stein notes that Donne's examples of the proper way to die are “public and optimistic,” and that “The set description is general, with almost no particularized content” (498).

When Donne speaks from the pulpit, he tends to pull back to a broad view of the art of dying, a view that permits the elision of unpleasant details; allusions to the kinds of fears experienced in his own sickness are acknowledged, but tend to be cautioned against as dangerous for the soul. But the *Devotions*, prominently aligned with the personalized expression of the poetry, does not avoid exploring the contingencies of particular experience, despite the danger. This granular examination of the deathbed, with its fears and struggles, neither tallies with the ideal death of the *ars moriendi* nor encourages consolation in the reader. Instead, while the principles of dying well might in general promote greater piety and encourage the improvement of one’s spiritual health, Donne demonstrates the difficulty of achieving that ideal, and suggests that the experience of fear, which naturally insinuates itself into the deathbed scene, might become a means of pursuing fruitful devotion. He tips dangerously close to despair, which both the *Devotions* and the sermons recognize as perilous for the soul, but ultimately survives to ask that God's “long-livd, ... everlasting mercy” (630) will continue to grace him as it has in sparing his life. In this, he participates in what Peter Iver

180 Some of the fears present in the *Devotions* do make it into Donne’s final sermon, “Deaths Duell,” in particular the concern over the decay of the body, which the preacher refers to as “an entrance into the death of corruption and putrefaction and vermiculation and incineration, and dispersion in and from the grave, in which every dead man dyes over again” (*Sermons* 10:236). However, unlike the *Devotions*, the sermon, which considers Psalms 68:20 (“And unto God the (Lord) belong the issues of death”), exhibits no doubt over the salvation and resurrection of body and soul – as the issues of death belong to God, so too can (and will) He overcome them for His faithful.

Kaufman terms “anticipatory distress”, which could be understood as a sign of “repentance and regeneration” (151), and thus part of a spiritually productive endeavor. Donne's fear, then, is a crucial element of his experience in his illness, and a challenge to the idealized practical model for dying well, as its persistence throughout is fundamental to his understanding of his recovery.

Donne's personal experience did not alter the standards by which Christians were supposed to order their dying days; the *ars moriendi* maintained its emphasis on the pacification of the self and the eradication of fear as first steps in the process of dying well, and Donne himself promotes in his later work as a preacher the very method that the patient of the *Devotions* rejects. To return to Donne's claim that he hoped the text would “minister some holy delight,” the individualized fear the patient records does not, in fact, *present* holy delight, as his struggles put him at odds with the peaceful cheer seen in traditional deathbed narratives. What it may do, however, is *inspire* holy delight through the contemplation of the richly described conflicts and contrasts that the text offers as the necessary attendants to fear in the face of grave illness. The text thrives on Donne's continued (and continual) experience of fear, which results from his inability to accept the premises underlying the *ars moriendi*, and while the dominant generic reading of the text as primarily devotional has certainly added to the accessibility of the *Devotions*, such a reading tends to ignore that fear, or attempts to convert it to hope or consolation, in an effort to conform to an image of the text as the literary product of Donne the preacher and Dean of Saint Paul's. Recognizing fear as central to the text frees us from this restrictive understanding, and allows us to recognize the continuity between the *Devotions* and the often messy faith and the delightful paradoxes of the younger, un-ordained, poet. Re-evaluating the *Devotions* in light of its own messiness and the inconstancy brought on by its patient's fear, then, demonstrates the possibilities opened up by challenging orthodox practices for spiritual health, and offers us a text that, rather than settling into the gradual acceptance of death, stages the vital struggle for salvation, and for life.

CHAPTER 3
“Taken Weak in My Outward Man”:
Pathologizing Female Prophets

Vision! The body crumbles before it, and becomes weak.

– Anna Trapnel, *The Cry of a Stone*

On March 8, 1690, twenty-year-old Christian James “fell sick and in a deadly swoon.” Her body remained lifeless for some “twenty hours space” before her mother's ministrations revived her (*Wonderful Prophesie* 38-39). Yet when the young maid returned to her senses, her reaction was dismay, rather than gratitude: “with voice most shrill” James cried out, “O Mother you have done me wrong” (58-59), and then declared the apocalypse imminent. Her prophesy asserts that “This is the last age of the world,” and amidst a long list of offenses and sins predicts that “dooms dreadfull day is nigh at hand / Fire and brimstone shall destroy / the heaven, the earth, the sea and land” (78; 98-100). By all accounts, the prophecy failed to materialize, and her mother's efforts to restore her only child to health ultimately failed as well: James' swoon returned, plunging her back into a coma from which she would not again recover. Though her relapse might be taken as a sign of the temporary nature of health described in the previous chapters, the ballad recounting this story, “To the tune of, In Summer Time,” imagines James' experience positively. It is read as a sign of God's might and a wondrous miracle, and the prophesy itself is taken rather more as a lesson than a prediction, in the hopes that printing it for the masses might cause “wicked men their ways [to] change” (144).

Christian James did not survive to augur further doom, and there is no record of her making other bold proclamations in the years leading up to this incident; yet her story places her within a cohort of female prophets that grew in size and influence in England during the seventeenth century. Remarkably diverse in both background and approach, these women spoke and were spoken about

in surprisingly high numbers (more than 300 female visionaries are recorded during the Interregnum alone), and their “prophecies” ranged from careful Biblical exegesis to ecstatic song, from doomsday predictions to political critiques.¹⁸¹ Assessments of the prophets themselves likewise varied: some, like the prolific Lady Eleanor Davies, garnered immense respect (at least part of the time), and many had supporters who deemed them true visionaries.¹⁸² But most seem also to have faced critique and skepticism, and charges of fraud, witchcraft, and lunacy were thrown at any woman who dared to claim divine inspiration for her visions. In this growing population, class, politics, and religion sometimes clash, sometimes align, and always coalesce around the woman speaking or writing, and especially around the interpretation, by outsiders, of prophet and prophecy.

Such interpretation continues in scholarship today. The last thirty years, in particular, has seen a drastic uptick in considerations of female prophets from the medieval through the early modern periods, with particular attention being paid to the specialized capacities of women as vessels for religious prophecy.¹⁸³ Understood as the meeker and weaker sex, prone to submissiveness and suggestibility, women made ideal conduits for the Word, in whatever form it manifested. Similarly, the female body itself was often eminently visible in these discourses – sometimes even literally, as some women claiming divine inspiration made very public pronouncements while wearing only sack-cloth and ashes—or even in the nude (Mack, *Visionary Women*, 168, 194). Studies

181 Phyllis Mack's landmark work on female visionaries in the seventeenth century hones in on the Interregnum primarily to highlight the sudden explosion of prophetic texts authored by women, and she identifies much of this work as political speech if only in the sense that the female voice was often only sanctioned in radical Christian sects whose work did not align with orthodoxy and political order. Indeed, of the more than 300 prophets she identifies, 220 were Quakers. See *Visionary Women: ecstatic prophecy in seventeenth-century England* (1992) and “Women as Prophets during the Civil War” (1982).

182 Respect for Davies was likely the result of her high status as a noblewoman combined with the apparent accuracy of her early prophecies: her ability to predict death (including that of her own husband) and pregnancy earned her invitations to court, until she predicted the death of the king himself. She would spend much of the rest of her life facing skepticism and prosecution. For a thorough biography of Davies, see Esther S. Cope, *Handmaid of the Holy Spirit: Dame Eleanor Davies, Never Soe Mad a Ladie* (1992).

183 The first major touchstone in the conversation about female prophets and their bodies is Carolyn Walker Bynum's *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women* (1987), which argues, in part, that female religiosity (for prophets and saints especially) is inextricably tied to the control of the body through fasting and food symbolism.

of the early modern female body connect notions of fluidity, porousness, and leakiness (features supposed to be inherent in female physiology) directly to rational and emotional states: “since there was no strong inner scaffolding, no reliable central core” that was not also permeable and mutable, women were both more volatile and more open than men (27). As a result, they were subject to outside influence, both natural and supernatural, divine and demonic. For female prophets, the body itself thus potentially allows direct connection with the Godhead.

The discourse concerning the bodies of female prophets also connects more broadly to contemporary discourses about the nature of female anatomy and disease, and this connection has remained largely untapped in recent criticism. This chapter turns toward this connection, considering writings by and about female prophets whose bodies reflect not just the period's typical stance on the bodies of women, but also an explicit concern with the relationship of sickness to those bodies and to the prophecies that result. Among the ministrations of Christian James' mother, for instance, we are told that, as her daughter lay lifeless and cold, she “did strong waters fetch / and [rub] her Temples and each vein” until the young woman was revived (*Wonderful Prophecy* 51-52). Both the condition and its cure have clear medical precedent: while her specific ailment is impossible to diagnose, James' symptoms reflect convulsion fits brought on by uterine disorder, and one remedy proposed for the release of a woman from these fits is the topical application of strong-smelling liquids (oils, vinegars, alcohols) to the skin of the head. Her fit brought on by a physical ailment, and her (temporary) cure and subsequent prophetic utterance rendered possible by a medical treatment, Christian James is but one example of a woman whose prophetic power is tied to sickness.

In what follows, I will explore the nature and implications of the representation of the bodies of a certain sub-set of early modern female prophets, in whose experiences there exists evidence of the potential for sickness and disease to be a useful part of the prophetic process, and

through whom we can gain a fuller understanding of the relationship of the century's shifting ideas about the body and its decipherability. These women share, in various ways, in the lineage of pathologized prophecy that Christian James embodies late in the seventeenth century: more than just vessels whose weakness and porousness allow the Spirit and Word to flow through them, their bodies are highlighted as subject to illness and ailments that somehow connect to their capacities for prophetic speech. This connection between disease and divine inspiration further complicates the status of the female prophet throughout the seventeenth century. The utterances of female prophets typically render the speakers as threats—to social, religious, or political order, and sometimes to all three—but their bodies remain legible as vessels (albeit for potentially sinister influence, rather than heavenly inspiration). However, I contend that the pathologized female prophet poses an additional threat to the establishment beyond these common fears: the representation of the prophet's sick or ailing body challenges the meaning of that body and its health, by disputing contemporary formulations of physiological disease that understand human sickness as the manifestation of or punishment for sin, and formulations of female bodies that imagine them as marked by a rhetoric of uterine disorder and weakness. Both medicine and religion attempt to make the female body decipherable and legible. However, sickness in a body designated as a conduit for divinity destabilizes the common premise that diseased bodies are sinful; further, representing female-specific ailments as productive of divine inspiration also undermines contemporary attempts of vernacular medical texts to code symptoms as physiological rather than supernatural.

To demonstrate the uniquely troublesome position of this group of prophets and their unwell bodies, I will first set the stage by contextualizing early modern female prophets more generally, in order to understand both the contemporary and modern critical conceptions of these women and their bodies, and to demonstrate that within the broad category of “female prophet” there exists a distinct subset of women whose sickened or ailing bodies come to the fore of their

experience. From there, I will examine the specific notions of disease and female physiology that dominate in the period as a means of illustrating the relevance of early modern discourses of health to the problem of this group of female prophets. Then, in turning to the prophets themselves, I will explore the various representations of the pathologized propheticess; the chapter will consider a range of women, from ballad heroines like Christian James to self-styled prophets whose status is authorized by outsiders (Elinor Channel and Sarah Wight) and those decried as frauds (Anne Wells), whose prophecies are connected to the female-specific afflictions from which they suffer. The bulk of this analysis will center on Anna Trapnel, a famed Fifth-Monarchist whose prophecies emerge exclusively during long periods of trances. Trapnel's experience, as I will demonstrate, employs language that ties her trances to uterine disorder, and the connection that she and her fellow prophets represent between the discourses of health and the prophetic body call into question the potential for certainty as it relates to physiological and theological models of health in the period.

I. Behold: Lives and Legacies of Female Prophets in Early Modern England

In the seventeenth century, female visionaries flourished in unprecedented numbers, and their utterances were (and are still) taken seriously as challenges to established authorities and social mores. Considering the nature and status of the seventeenth-century woman prophet reveals an emphasis on the contemporary notion of female physiology as weaker than the more “perfect” male, but that nevertheless assumes that female prophets maintain their health as a sign of their divine calling. These healthy prophets tell only part of the story, however, and I will proffer the sick and ailing prophet as a counterpart that demands our attention if we hope fully understand the challenge these women and their bodies posed in the period.

While men dominated most arenas of public religious and political speech, the visionary woman held a particularly potent place—though also a contested and polarizing one—in the public

imagination up to and throughout the early modern period. The status of the female religious had evolved drastically over the course of the medieval period. Caroline Walker Bynum has demonstrated that the twelfth through fifteenth centuries saw a dramatic rise in female saints, for instance; but alongside this acknowledgment of feminine righteousness and virtue, there was also a shift away from roles that permitted leadership and open preaching. Female mystics, whose identities depended on their capacity for holy speaking, were thus often viewed with deep ambivalence.¹⁸⁴ Although a prophet claimed holy connections, her image was tied inexorably to that of the witch—both were objects possessed by outside forces (either diabolical or divine), and the representation of witch and prophet positions them as threatening to clerical authorities (Bynum 20-23). By the seventeenth century, as the number of female visionaries grew, so did their capacity to be heard: the rise of vernacular printed texts permitted the widespread dissemination of ideas, and female-authored texts—or male-authored or authorized texts about women—became significantly more common as the decade wore on.¹⁸⁵ From the start of the Civil War through the end of the 1680s, more than half of these texts were prophetic in nature (Hobby, *Virtue* 26). Elsewhere, Hobby identifies over 130 texts authored by some 70 women within the single decade 1650-59 alone; nearly half of these women (34) had their works printed in more than one edition (Hobby, “Discourse” 16, 21). Lady Eleanor Davies, described as “the most prolific” female author of the seventeenth century, produced 70 published prophetic works between 1625 and 1652, financing many of them herself

184 Bynum notes a concurrent distrust in male visionaries in the late medieval period as well, suggesting that there was a general suspicion of “popular religious movements and mysticism” throughout Europe at the time (23); as she acknowledges, however, the broad distrust of male mystics differs significantly from the very specific and misogynist unease that characterized representations of their female counterparts.

185 Phyllis Mack offers an account of the visionary texts, both printed and unprinted, in *Visionary Women*, including a useful appendix listing each author and her religious affiliation (most, as she notes, are Quaker), and Feroli offers a chronological “Provisional Checklist” of prophetic texts printed by or for women from 1625-1667 in *Political Speaking Justified* (215-21); for a useful account of other women-authored political texts, which often take the form of cheap-print pamphlets, see Marcus Nevitt, *Women and the Pamphlet Culture of Revolutionary England, 1640-1660* (2006).

(Hobby, “Discourse” 22).¹⁸⁶

Prophets of more modest means (or no means at all) were frequently given patronage by sympathetic men, who authorized the printing of their texts both financially and rhetorically—many prophecies are accompanied by epistles to the reader from the male patron, who declares the female prophet sound of mind and virtuous; some even include the name of that patron in the title of the work (Elinor Channel's *A message from God* names Arise Evans in its full title to bolster authority, for example). Authorized or not, however, these women faced much the same problem as their medieval predecessors: even in the seventeenth century, as Diane Purkiss notes, “divine inspiration was uncomfortably close to its supposed opposites” (140), and in addition to labels of witchcraft and demonic possession, visionary women now had to contend with the badges of sedition and lunacy. Even Davies, initially well-respected and typically tolerated even by skeptics, eventually found herself imprisoned and then sent to Bedlam in 1637.¹⁸⁷

Visionary women spoke authoritatively on matters much more wide-ranging than just the apocalyptic hellfire predicted by Christian James in her last and only prophetic fit. While some women certainly did herald the coming destruction of the world in their prophecies, many more reflect the period's broader interpretation of the term: “prophecy” simply signals divinely inspired discourse (either written or spoken) transmitted through human agency (Purkiss 139).¹⁸⁸ For some women, divine inspiration meant sermon-style theological exegesis, an infringement on the realm of preaching.¹⁸⁹ For others, it meant a more explicit attack on the religious establishment: Anne Wells

186 For a complete list of Davies' writings, as well as a discussion of her publication practices and religious/political aims, see Cope's *Handmaid of the Holy Spirit*.

187 Roy Porter explores some of the implications of the shift in public opinion towards Davies, and her subsequent diagnosis as mad, in “The Prophetic Body: Lady Eleanor Davies and the Meanings of Madness” (1994).

188 The *Oxford English Dictionary* confirms this broader usage: though now largely obsolete, the first English meaning of “prophecy” (emerging out of Anglo-Norman in the early thirteenth century) meant “the action or practice of revealing or expressing the will or thought of God or of a god” (“prophecy,” 1a).

189 See, for instance, Dorothy Burch, *A catechisme of the severall heads of Christian Religion* (1646).

(later Anne Hall) was, for instance, known for “reviling the ministers, and the ministry” (*A Brief Representation*, A4v). And for the larger part of female visionaries in the seventeenth century, it also meant political commentary. Political and religious fracturing during and around the tumultuous period of Revolution produced a range of opposing political beliefs, and female prophets often took to critiquing government and rule in the nation.¹⁹⁰

These political texts often bridge the exegetical and the apocalyptic—Davies, for example, casts herself as a type of the Biblical prophet Daniel beginning in her 1625 *Warning to the Dragon* (she reworks her full maiden name into the anagram REVEALE O DANIEL on the title-page), in which she warns against the coming danger to England by performing a prophetic exegesis of the Daniel 7-12.¹⁹¹ Many such politically oriented prophets imagined their prophecies as divine cures for an ailing nation: Mary Cary offers one title as “a precious cordiall for a distempered kingdom,” and Elizabeth Poole first described the “disease and cure of the kingdom” in 1648, and then, when her advice was not adequately heeded, foretold the punishment to come “for disobeying the Lord, in taking away the life of the King” in 1649.¹⁹² Others, like Anna Trapnel, were less bold in formulating critiques of those in power: while Trapnel's *The Cry of a Stone* (1654) returns again and again to a disappointment in Cromwell's policies, the prophecy's critiques are interwoven in a patchwork of songs, prayers, history and scriptural exegesis, and Trapnel's own autobiographical narrative.¹⁹³ Trapnel there

190 In addition to Quakers, who Mack claims make up the primary dissenting group, female prophets hailed from other denominations as well: Eleanor Davies seems to have been raised Protestant (though Cope notes that her brothers flirted with Catholicism and she later evinces Calvinist beliefs), Anna Trapnel (though misidentified as a Quaker in the most famous portrait of her) was a Fifth Monarchist, and Anne Hall kept to “Anabaptistical society” (*A Brief Representation*, A3r). The specific religious views of the prophets are rarely named in the texts themselves; for a survey of the particular background and beliefs of a large number of these women, see Mack, *Visionary Women*, Appendices 1-2.

191 Chapters 7 to 12 in Daniel offer visions of the fall of Babylon. Davies further enhances her typology, in *Given to the Elector*, by linking Charles I to Belshazzar, king of Babylon at the time of Daniel's apocalyptic prophecies: using the spelling BELCHASER, Davies created another anagram, this time to CHARLES BE (9).

192 See Mary Cary, *A Word in Season to the Kingdom of England* (1647); Elizabeth Poole, *A Vision: Wherein is manifested the disease and cure of the kingdome* (1648) and *An Alarum of War* (1649).

193 Theresa Feroli highlights Trapnel's ambivalence towards Cromwell by noting that the prophet believes he “has the

reproduces a kind of survey of the many kinds of prophecy pronounced by her contemporaries, all in a single stretch of visions produced in early 1654.

Whether foretelling doom, preaching (or attacking preachers), or critiquing political figures and governmental practices, the authority of all these visionaries was claimed—by themselves and their supporters—by reference to that broad definition of prophecy as divine inspiration, and women were seen as especially suited to the receipt of that inspiration. The metaphor of the woman as an ideal “vessel” for prophecy had a long precedent in Christianity, and was frequently invoked throughout the period.¹⁹⁴ Sarah Wight, a prophet whose early trances were witnessed by the not-yet-visionary Anna Trapnel, references this image directly in her *Wonderful Pleasant and Profitable Letter* (1656), calling herself “an empty nothing, whose fulness is all in that Fountain that filleth all in all” (80). The woman's special capacity for vessel-hood relied upon several contemporary notions about female nature—and, in many cases, its inferiority. Socially, women were expected to exercise their virtue in part through passivity, obedience, and chaste honesty, and their status placed them uniformly lower in the social hierarchy than their male counterparts; as Elaine Hobby has noted, this made the holy woman less likely to commit the sin of pride, and more likely to embody Matthew 20:16: “So the last shall be first, and the first last” (Hobby, *Virtue* 26).¹⁹⁵ Ideal feminine behavior, then, promoted a closer connection with God.

Much of the conception of the female readiness for divine inspiration links not to idealized perceptions of womanly conduct, however, but to physiological and biological perceptions of deficiency. At its healthiest, the female body was understood to be cold and moist—directly

makings of a man of grace” but is hampered “by a mouth full of scriptures not adequately digested” (126).

194 Dyan Elliott notes the presence of the “vessel” metaphor as early as the patristic period, and Bynum describes it as a commonplace (one which clearly separated the religious roles of men and women) by about the twelfth century. See Elliott, “Tertullian, the Angelic Life, and the Age of Christ,” 17, and Bynum 23.

195 In keeping with the rest of this dissertation, I use the Geneva Bible for Scriptural quotations unless otherwise noted; in this particular case, the rendering is identical to that in the other major Bible of the century, the King James (or Authorized) Version of 1611.

opposite from the hot, dry composition of the male body—and this manifested in natural weakness relative to men, as well as a tendency toward plethora (the excess of humoral fluids, especially blood) and an inevitable leakiness and porosity within the body.¹⁹⁶ As a result, women were seen as innately more irrational, for without the tempering force of heat, the brain would falter in effectively guiding reason, and more emotional, since emotions (or passions) were produced by the humoral fluids (Mack 26). Lower capacity for reason and the excess of emotion, in turn, were thought to render women more susceptible to influence. As mentioned above, this influence might as easily be hellish as heavenly; a woman may be influenced by *anything*, but in any case, her body itself became an open and fluid space into which inspiration could flow (and in Sarah Wight's terms, fill).

And biologically, the body itself was a literal vessel: the womb, which in certain physiological models was seen as an underdeveloped and inverted version of testicles, is itself a hollow space for all but pregnant women, and contemporary anatomical drawings represented the womb as looking something like a bottle.¹⁹⁷ As Shannon Miller has demonstrated, reproduction and parturition serve as fertile metaphors in seventeenth-century prophecies; noting especially Elizabeth Poole's extended birthing metaphor in *A Vision* and the language of pregnancy she uses throughout *An Alarum of War*, Miller asserts that such imagery “equates the linguistic act with the physical act” (96). The female

196 As mentioned in the introduction to this dissertation, Gail Kern Paster's work, especially *The Body Embarrassed: Drama and the Disciplines of Shame in Early Modern England* (1993), has served as a touchstone for the subsequent literary study of humoral medicine as it relates to contemporary understandings of the body, and she demonstrates in great detail the effects of fluctuating humors on somatic experience. Also crucial to this discourse is Michael Schoenfeldt's *Bodies and Selves: Physiology and Inwardness in Spenser, Shakespeare, Herbert, and Milton* (1999).

197 The physiological model described here is one of two described by Thomas Laqueur in *Making Sex: Body and Gender from the Greeks to Freud* (1990); Laqueur bases his description of the “one-sex model” on Galen, who held that women are less-perfect anatomically than men. While Laqueur's two-model construct is valuable, he has been soundly criticized for oversimplifying or even ignoring the historical understandings of sex difference. For challenges to Laqueur, see Katherine Park, “Cadden, Laqueur, and the 'one-sex body'” (2010), Park and Robert Nye, “Destiny is Anatomy” (1991), and Michael Stolberg, “A Woman Down to Her Bones: the Anatomy of Sexual Difference in the Sixteenth and Seventeenth Centuries” (2003). For other, more detailed discussions of contemporary notions of sex difference and physiological inequality, see Monica Green “Bodies, Gender, Health, Disease” and Helen King, “The Mathematics of Sex” in Philip M. Soergel's *Sexuality and Culture in Medieval and Renaissance Europe* (2005), and Gail Kern Paster, “The Unbearable Coldness of Female Being: Women's Imperfections and the Humoral Economy” (1998).

prophet's ability to *deliver* her visions derives directly from the metaphorical and literal status of her body as a vessel, for better or for worse.

Public debate about the female prophets, as well as records of their trials and incarcerations, indicate that the behavior of the visionaries was often viewed with distrust, and further suggests that the women themselves posed problems for the religious and political establishment. Some, like Eleanor Davies and Anna Trapnel, were brought to trial for their words; Davies's extended stints in prison and Bedlam demonstrate the consequences of unfavorable rulings in such cases. Even when incarceration was not an immediate threat, women might be decried as heretics: Mary Ellwood's *The Spirit that works Abomination and its Abominable Work Discovered* (1685) challenges the claims made by the prophet Susannah Aldridge, saying that “so strong is the delusion, under which the Enemy holds her, that she fathers all this upon the Lord, and pretends to have received it immediately from His mouth” (8). As in many cases, the inspiration is not what is called into question, but rather the source of that inspiration—by way of ignorance, delusion, or willful fraud, many women are seen as misrepresenting the nature of their utterances as divine when they are anything but.

Modern critics have carried on the debate about the significance of these female prophets, with interest in their roles in the landscape of seventeenth-century society, religion, and politics increasing in the last several decades.¹⁹⁸ Because of the revolutionary (and often rebellious) nature of publicized women's speech, and the rapidity with which it proliferated in the seventeenth century, most accounts have addressed the political and feminist implications of these works.¹⁹⁹ Mack and Hobby have demonstrated that one likely reason for this proliferation was rooted in the founding of new religious sects that encouraged a more egalitarian perspective and were more open to women's

198 Earlier scholarship on these authors, as Mack has shown, tends to treat “women's spirituality as a metaphor for something else” and most either ascribe no agency at all to the female prophets or suggest that their choice to speak does not relate to true political or religious goals, but rather to personal or emotional needs (*Visionary Women* 88).

199 For a survey of the broad religio-political implications of religious and visionary women's participation, publication, and speech in medieval and early modern Europe, see Nancy Bradley Warren, *Women of God and Arms: Female Spirituality and Political Conflict, 1380-1600* (2005).

speech generally, and Mack further suggests that women were accepted as prophets precisely because of the controversial status they held as speakers. In a culture that gendered authority as male—with the state as a family, for example, and a king as its patriarch—challenges to that authority might rightly be gendered feminine. Female prophets thus embody a space in which they are always already subversive, simultaneously authorized as speakers and held in suspicion for their speech (“Women as Prophets” 20-22). The choice or compulsion of the prophets to persist in that speech despite the inevitable distrust represented a disruption which many scholars have read as inaugurating certain feminist principles; in particular, recent scholarship has suggested that the female prophets mark an explicit and deliberate step forward in female political and religious agency, with the visionaries or their patrons seeking to cement the authority and ideology of the prophecies.²⁰⁰

In the still-developing scholarly discourse about female prophets in the period, however, the conversation about female visionary bodies has generally remained focused on the miraculous and healthy body; this conversation has overlooked the way in which a group of these prophets (of varying profile and fame) have bodies which are decidedly not healthy. The nature of the afflictions these women suffer, furthermore, suggests a possible category of visionary women that has yet to be considered in much detail: the pathologized prophet. Scholarship has begun to show some of the problems posed by weakness and illness in a prophetic body, though not always directly. For example, in “Engendering Puritan Religious Culture in Old and New England,” Marilyn Westerkamp discusses the Puritan understanding of women as naturally evil and sinful in their

²⁰⁰ I specify political and religious agency rather than agency generally to follow Marcus Nevitt's caution that we not equate agency exclusively with “radical action,” as this ignores the varying expressions of women's agency in domestic and business spheres. Additionally, scholars after Mack seem to naturally narrow their focus in this regard. Barbara Ritter Dailey, for example, argues that Henry Jessey uses Sarah Wight's prophesying for political ends, to promote radical theology; Marilyn J. Westerkamp has suggested that the Puritan objection to female prophecy derives from the independence and agency it represents, by allowing the prophet to achieve direct consort with the divine without the interposition of church, society, or state (“Puritans and the Problem of Revelation” 571-2). For more, see the works of Hobby and Mack.

weakness; yet Diane Purkiss suggests that “bodily weakness [is] a signifier for prophetic empowerment” and posits that illness renders the body passive, “hence an authentic site of divine intervention” (144). Purkiss is relatively unusual in recognizing the prophet's body as legitimately sick, yet the disjunct in these two arguments demonstrates the paradox presented by the ailing visionary woman: how can one be holy (spiritually healthy) while manifesting evidence of sinfulness (in physical disease)?

Thanks in part to the recent work of Kaara L. Peterson, Helen King, and others, the nuances of early modern conceptions of female-specific ailments are now being uncovered. The blanket of hysteria, in particular, is beginning to unravel, and critics have begun to turn their attention to the deeply textured threads of *hysteria* – that is, uterine – conditions that early modern practitioners, authors, and women relied upon in explaining alterations in their physiological and emotional health. In what follows, I will bring this evolving discourse about female sickness into conversation with the discourse about the female prophets. By realigning this discourse, particularly that concerned with prophetic bodies, to account for sickness and contemporary conceptions of female-specific disease and disorder, I will show that the pathologized prophet disrupts more than previous readings have suggested of visionary women, going beyond challenges to social, religious and political order to threatening the very certainty of the period's central theological and medical conceptions about physical and spiritual health.

II. Distemper in the Matrix: Female Sickness Beyond 'Hysteria' in Early Modern England

The longstanding critical tendency to collapse a wide array of early modern physiological and emotional (or psychological) disorders in female patients into the single diagnostic category of “hysteria” is a curious and problematic one.²⁰¹ Despite claims that early modern “printed

²⁰¹ It remains, in general, a critical commonplace to rely on this problematic diagnostic category, even in otherwise

discourse ... tended to present hysteria as amongst the most common of all types of diseases” (Churchill 184), no medical text from the period seems to offer hysteria as a diagnosis for any condition, much less an extraordinarily common one. Indeed, the word “hysteria” is not even recorded until 1801, where it first appears in *The Medical and Physical Journal*, referring to a class of chronic disease (“hysteria”).²⁰² This sweeping reverse diagnosis, based on an etiological category non-existent in contemporary sources and now inevitably intertwined with loaded nineteenth-century psychological theories, unfortunately flattens the landscape of early modern female sickness and disease, which by the seventeenth century had a literature all its own that reflected a remarkable diversity of afflictions suffered by women. In this section I will sketch this landscape in order to argue for a significantly more nuanced picture of early modern uterine disorder; I will then broaden my scope to consider contemporary notions of physiological disease and its relation to spiritual health and sickness. As this discussion will demonstrate, both medical and theological authors sought to develop coherent and legible definitions to aid in the comprehension of bodies in health and in sickness, and it is this set of definitions that the pathologized female prophet's body challenges and threatens to undermine completely.

Christian James' revivification from the cold depths of seeming death was no isolated case: early modern texts teem with accounts of maids collapsing into apparent lifelessness, and the condition has roots in a specific physiological problem.²⁰³ As Kaara L. Peterson has demonstrated, texts of the sixteenth- and seventeenth-century developed a “medical folklore” around what she calls

judicious and impressive studies.

202 It seems to have ranked as relatively rare, as well: of 15,165 diseases diagnosed at the Liverpool Dispensary for the year 1800, only 99 (or .6 percent) were cases of hysteria so-called (*Medical and Physical Journal* 5, 118). Among “chronic” conditions, it was slightly more common—a report from East London for that same year recorded 7 hysteria cases out of a total of 149 (4 percent) (197).

203 Not all of these accounts are clear in ascribing the condition to precisely medical causes – many, especially those appearing in broadsides and pamphlets offer more sensational explanations, most commonly labeling the women as signs and wonders and their recovery as miraculous.

“revivification narratives,” or the class of tales that represent the resuscitation of women believed to be dead but who are in fact “merely suffering from grievous hysterical ailments” (*Popular Medicine* 4). She records examples across several genres, focusing primarily on medical texts and drama, where she identifies the category both as an actual physiological condition (*The Winter's Tale*) and as a created one (*Romeo and Juliet*).²⁰⁴ The unifying feature of all these accounts is a set of symptoms that signal hysteric sickness – or disorder arising specifically from problems concerning the womb (also called the matrix). Peterson's work carefully untangles the notion of hysteric disease from “hysteria,” declaring the “disjunctiveness” of the tradition of collapsing the two “a connective logic outside Renaissance-specific modes of representation or etiological models” (“Revivifications” 241).²⁰⁵ Uterine conditions in general might manifest in “epilepsy in the matrix” or “melancholy proceeding from the matrix” (Fonteyn A4v), greensickness, “frenzie of the womb,” or “suffocation of the mother,” as well as a range of related problems connected to menstruation, cancers, and reproductive issues.²⁰⁶ And although Peterson focuses her attention primarily on those women who are mistaken for dead, these conditions were not always so severe in their affliction—apparent death occurs in only the most extreme of cases.²⁰⁷ The “undead” woman, then, is part of a larger category of women suffering from uterine afflictions.

This larger category loomed large in the library of vernacular medicine in the period. The medical literature of female-specific (and thus largely uterine) health and sickness became, in the

204 See especially “Shakespearean Revivifications: Early Modern Undead” (2004).

205 In order to further distinguish these conditions from the anachronistic and flattening “hysteria,” I will henceforth rely primarily on the term “uterine,” another term (like Peterson's “hysteric”) in use during the period. While a more common word might be found (as in “womb” or “Matrix”), “uterine” has seventeenth-century precedent in medical and scientific texts, appearing in Helkiah Crooke's 1615 *Mikrokosmographia* and Sir Thomas Browne's 1646 *Pseudodoxia Epidemica*, and William Simpson's 1669 *Hydrologia Chymica* (“uterine, n.” 2, 3.a-b).

206 The connection of hysteric illness to this host of feminine conditions results from the supposed “consent” of parts, discussed in more detail below—the womb/matrix has a “sympathie with all parts of the body” and “is the cause of all those diseases which happen to women” (Fonteyn 1-2).

207 That so many of the recorded representations in the popular literature rely on the revivification narrative can likely be ascribed to the sensational nature of such stories—premature burial and undead maidens make for much more compelling tales than less-serious cases.

seventeenth century, a significant part of the vernacular discourse of health in England, and although the details did not always align perfectly, the texts provide a fairly uniform and comprehensive attempt at understanding female health. Offering both translations and original compositions, authors provided the reading public with midwifery manuals and gynecological tracts that often both defined the nature of the distinct female physiology and outlined diagnostic and therapeutic measures for the many troubles unique to that physiology.²⁰⁸ The dominant humoral reading of female physiology in these texts follows Galen's claim, here paraphrased by Helkiah Crooke, that “women are more imperfect then men, because they are colder. For indeed of all qualities heate is the most operative” in the development of strength and health (*Mikrokosmographia*, 275).²⁰⁹ The reproductive anatomy of women results from the coldness of their humoral composition, and is a further sign of imperfection: “women's testicles,” remain inside the body, says Crooke, “because they want heate to thrust them forth” (276). So coldness prevents the full and ideal formation of the body; it also renders the body “laxe & soft,” and

laxity argueth a defect of heate which is not able to boyle and dissolve the superfluous moisture; on the contrary, solidity and fastnesse of the flesh ariseth from the perfect assimilation of well boyled and resolved aliments. ... [T]he bodye of a woman being looser and as it were spongye, receyveth and conteyneth a greater quantity of blood. (275)

The ideal, then, is a body hot and firm enough to aid in the burning-off of excess humors. The female body apparently lacks that natural heat; its “looser” and more “spongye” nature also leads it

208 Although vernacular medical literature of female health was prominent throughout the seventeenth century, the middle decades saw a spike in the number of editions; attesting to this phenomenon, Mary Fissell notes that a single decade of the seventeenth century (1650-59) saw more midwifery books than appeared in the entire previous century (5).

209 Crooke's magisterial anatomical work is significant in the history of English vernacular medicine mostly for its series of anatomical drawings; the work also compiles an immense store of information and addresses controversies within the medical field. In this instance, although he ultimately sides with the dominant opinion, he addresses the claim that women might in fact be hotter than men, and in so doing acknowledges that “all the Faculties, Vitall, Naturall and Animal, are in women more perfect than in men” (273).

to retain additional moisture (especially blood).²¹⁰ The conventional defining characteristics of even the healthy female body thus imagine women primarily as underdeveloped males, with cold, moist bodies prone to the absorption and retention of excess humors.²¹¹

And in a physiological model in which a careful balance of those humors is essential to good health, this spongy and cold womanly nature had a direct effect on the frequency of illness.²¹² A disproportion of any humor in the bodies of men and women alike contributed to—even caused—the breakdown of emotional and physical health: for instance, as the examples of Henry Bolingbroke and Thomas Mowbray in Chapter One demonstrate, an excess of cholera often led to angry or vengeful outbursts, but might develop if untreated into more serious conditions including fevers, frenzies, and madness. Even more dangerous to women, however, was the specific natural tendency to retain excess blood. After the onset of menstruation, irregularity in the monthly “terms” or “courses,” among other problems, left women especially vulnerable to having blood that should have been purged through natural processes remain in the body. As Jonathan Sadler notes in his *Sick Womens Private Looking-Glass* (1636), this blood “may bee in fault two ways, in quantity or in quality” (16-17); Sadler's approach fuses two contemporary theories of how blood might act as pathogen.²¹³ According to some practitioners like Edward Jorden, menstrual blood was always potentially in danger of putrifying and circulating dangerous vapors—problems in menstruation

210 To illustrate how this sponginess works, Croke relates an “elegant similitude” by Hippocrates comparing the female body to a thick blanket of well-woven wool left overnight on the ground outdoors which, when retrieved, has become wet from absorbing the dew and moisture in the earth (275).

211 Recent scholarship refers to the way that many contemporary physicians and anatomists consider this body, additionally, as leaky and porous. Jorden asserts, for instance, that the womb specifically is “porous for the better entertaining of the vitall spirits, and the necessitie it hath of distention and contraction” (7r). For his part, Croke complicates this notion by arguing that Hippocrates has been misread on this point – he says that although women are loose, soft, and spongy, men are actually more porous, and says that we can see this clearly by recognizing that men “sweate more freely and more easily” (275).

212 For studies of female versus male experiences of illness and as patients in the period, see MacDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth Century England* (1981) and Wendy D. Churchill, *Female Patients in Early Modern Britain: Gender, Diagnosis, and Treatment* (2012).

213 Ambroise Pare likewise holds this approach, and dedicates an entire chapter to “How to know whether the strangulation of the wombe comes of the suppression of the flowers or the corruption of the seed” (Ch. XLVII).

might thus wind up poisoning the body. According to others such as Thomas Raynalde and Timothy Bright, menstrual blood was as naturally pure and safe as any other humor, but only so long as it remained contained within its rightful place in the uterus; excesses of this kind “never became harmful in quality, but only in quantity” (Hindson 95).²¹⁴ Whether the remaining blood putrified or overburdened the body, however, the effect was still the loss of health.

The relationship of the womb to the rest of the body offered early modern practitioners yet another etiological explanation for female sickness. One physiological model held that disorder could result from the movement of the organs themselves: the womb could be unmoored from other organs within the body, and might travel about—rising, sinking, and causing sickness whenever it traveled too far. This notion of the “wandering womb” was not universally recognized, especially as studies of anatomy gained new insight on the female body's internal structures. Nevertheless, the description is a clear part of seventeenth century conceptions of anatomy and disease: Edward Jorden describes the womb as “sometimes drawn upwards or sideways above his naturall seate” which leads to “compressing the neighbor parts, & so consequently one another” (5v). Even if the uterus stayed put, however, its health and fitness had a profound affect on the rest of the body. Fonteyn, summarizing predominant medical opinion, puts it simply: “the matrix hath a sympathie with all the parts of the body” (2). Crooke devotes a full chapter to a discussion of this “wonderfull consent” that links the womb to “the brayne, the heart, the liver, the kidneyes, the bladder, the guts, the share-bones [pubis]” and “all the faculties, animall, vitall, and natural.” This consent means that uterine trouble refers elsewhere – to “distemper in all the parts of the body” – and he makes a special point of noting that the strongest sympathetic connection is between the womb and the breasts (252). By sympathy, stirring, or sanguine excess, the female body was a

²¹⁴ For a thorough account of medical opinions about menstruation and menstrual blood in the period, see Bethan Hindson's “Attitudes Towards Menstruation and Menstrual Blood in Elizabethan England” (2009).

particularly troubled site in terms of maintaining health.

Regardless of the specific etiology leading to feminine disorder, there was, for most practitioners of the seventeenth century, one condition that dominated the field of possible uterine illnesses—this affliction of the womb led to the kind of “fits” that affect Kaara Peterson's “undead” women and, I contend, many of the female prophets in the period. The names applied to this condition are as various as the symptoms it apparently presented: *hysterica passio*, “suffocation” or “strangulation” of the mother or matrix, “strangling of the womb,” “fits of the mother,” and even simply “the mother” all appear in discussions of the condition throughout the century.²¹⁵ Uterine fits seem to have acted as an umbrella diagnosis, making up a category that Jorden asserts cannot be exceeded “either for varietie, or for strangeness of accidents” (1v). In addition to the catatonic or death-like state described in the most extreme of cases, fits might cause irregularities in speech (talking excessively or being struck dumb); a choking sensation or heaviness in the chest and throat; inedia and food aversion; difficulty breathing; rigidity or paroxysms of the limbs and torso; bodily weakness; drastic temperature changes (especially coldness); or changes in complexion. Ambroise Pare, writing of the condition in the sixteenth century, holds that many of the more common symptoms – weakness in the legs, sudden pallor, “sound sleepe, foolish talking ... breath as if they were dead, losse of speech, the contraction of the legs, and the like” (941)—are actually precursors to the fit itself, which is strictly the death-like swoon that lasts hours or even days. In general, however, the range of symptoms was understood to manifest differently in different patients, both in terms of severity and in combination.

The Suffocation of the Mother was itself thus something of a diagnostic category (rather than a single disease), at once distinct from and overlapping with related conditions. Sadler notes its

215 Peterson notes that although *hysterica passio* (the term by which she anchors her departure from “hysteria”) only enters the vernacular medical nomenclature in the seventeenth century, the disorder exists in comprehensive studies of health from several decades earlier: vernacular medical texts register discussions of uterine fits as early as 1583 (*Popular Medicine* 3).

separation from generalized and non-sex-specific conditions like Apoplexy (in which shrieking is significantly more common), Epilepsy (because uterine fits do not universally involve seizures, nor do those seizures result in frothy sputum), Syncope (in which respiration and pulse vanish immediately upon onset, rather than changing gradually), and Lethargy (in which the sufferer retains a strong pulse) while simultaneously recognizing that uterine fits might share characteristics with them (68-69). Jane Sharp, in fact, asserts that the Falling Sickness (a form of epilepsy) in women is caused by the same ill vapors as Suffocation of the Mother (328), suggesting an extension of the frequent claim that the womb is the predominant source of feminine malady: that the womb may, by consent with all the body's other parts, be connected to *all* feminine malady. Fits of the Mother likewise bear a marked similarity to greensickness, a disease primarily afflicting virgins and resulting from disordered menstruation and subsequent humoral trouble.²¹⁶ Although the symptoms of uterine fits seem in general to have been more severe, the source of the disease was apparently shared, and so too was one cure: “if it be a married woman, her husband may give her a present remedy” (Massaria 66). The married woman could regulate her humors through the vigorous exercise of intercourse; the unwed would have to seek other therapies. Throughout the literature of female illness, authors maintain that despite these networks of cause and symptom that might complicate diagnosis, the uterine fit is a distinct and serious affliction, and that it can, in the course of careful and meticulous practice, be both diagnosed and cured.

The careful and thorough delineation of this disorder seems to have begun around 1603, with Edward Jorden's *A Briefe Discourse of a Disease called the Suffocation of the Mother*, and this text marks an attempt to read certain physical ailments as having physiological causes rather than supernatural ones. Written in response to the notorious case of Mary Glover, a young woman afflicted with

²¹⁶ Greensickness, like Uterine fits, had many names: *morbus virgineus*, white fever, chlorosis, and (in later centuries) hypochromic anemia. For a comprehensive survey of greensickness and its role in regulating the sexuality of young women see Helen King, *The Disease of Virgins: Green sickness, chlorosis, and the problems of puberty* (2004).

(Jordan asserts) uterine fits but suspected of being the victim of demonic possession, the *Briefe Discourse* sets out to correct the “unlearned and rash conceits” of those

who are apt to make every thing a supernaturall work which they do not understand, proportioning the bounds of nature unto their own capacities: which might prove an occasion of abusing the name of God, and make us to use holy prayer as ungroundedly as the Papists do their prophane tricks. (A3r)

The goal, according to Jordan, is to improve physiological and medical knowledge to help curb the irresponsible ascription of supernatural cause to conditions with natural etiologies. He does not claim that there can be no instances of demonic possession—although they are indeed “verie rare now adayes”—but rather that most modern cases of this type can be explained by way of “uterin affect” instead (A4r). Claims of supernatural cures, he argues, can likewise be more properly read as natural: certain kinds of fasting might work to purge and balance humors in the same way that dietetic regimens would do, and prayer is a natural placebo, working by “confident perswasion” to calm and soothe the patient into a peaceful state, which is a precondition for the process of healing (A4r). Jordan is careful to lay out the relationship of supernatural explanations to his medical ones in order to argue that the existing diagnosis from uterine affect is appropriate to cases like Mary Glover's, and as a means of preventing demonology and accusations of witchcraft from impeding medical practice.²¹⁷

The physiological explanation of disease sought to overcome what we might now term “superstitious” etiologies and replace them with natural explanations for immediate causes of disease; the first or original cause of disease, however, was typically understood to derive from human sinfulness, and this too is challenged by the pathologized female prophet. With the menace of malady hovering over the English household and nation in the proliferation of plague, syphilis, smallpox, and the countless complaints of those suffering from conditions like gout, dropsy, and

²¹⁷ Or, for that matter, from over-invoking and thereby blaspheming God – his jab at those who would use prayer like Catholics use chicanery argues for a kind of moderation in prayer.

scurvy, sickness wasn't unanticipated. Rather, it was recognized as an appropriate punishment for mankind's fall. According to contemporary belief, the disobedience of Adam and Eve in the Garden of Eden rendered the human body susceptible to disease and decay; poet George Herbert, for instance, asserts in "Affliction (V)" that "At first we liv'd in pleasure," but since "we grew wanton / ... Affliction then is ours" (7, 9, 19). The natural human condition, in this post-lapsarian world, is one of persistent vulnerability in health, and the duty of the patient was to diagnose both physical and spiritual sickness equally: "So soone as a man shall feele any maner of sicknes to seaze upon his bodie," says theologian William Perkins, "he must consider with himselfe whence it ariseth;" in all cases, the nature and cause of disease stem from "the special providence of God," and while sin may not be the immediate cause—"there bee other causes of the wants of the body, and of sicknes beside sinne"—part of a complete diagnosis requires considering "for what cause the Lord should inflict [the] bodie with any sicknes or disease" (*Salve* 144). For some, this might mean divine punishment for immoderation in diet or excesses in behavior; for others, it might be a test of faith; or, if God had no immediate cause to mete out affliction, it could always be understood as part of the human inheritance—as the wages of sin are death, so too are disease and malady.²¹⁸

Early modern models of health, then, tend to assume that human sickness was predicated—on one way or another—on human sin, and further, that female bodies are naturally predisposed to more sickness than the typical male body. In both of these notions, writers were able to locate physiological and theological causes that were distinct but non-contradictory. The theological claim that the Fall introduced sickness and death to the world was no trouble medically speaking, and the idea that sins—especially sins of excess and intemperance in diet, emotion, and behavior—led to physiological ailments was confirmed by long-standing humoral theory. Likewise, the physiological

²¹⁸ As shown in chapter 2, John Donne struggles with the body's predilection for sickness and the connection of that sickness to the state of his soul.

claim that women were more prone to disease confirmed theological notions of sex difference. Women, as weaker, subordinate creatures, might easily be read as less-developed males, having been crafted from the male body as a help-meet rather than as an independent creation. And for those who maintained the inherent sinfulness of women, drawing on a conception of Eve as instigator of the Fall as well as misogynist renderings of the female sex as lustful, cunning, and deceitful, it would then seem simply good sense to expect female affliction to outstrip that of males. Indeed, God's punishment for Eve is uniquely suited to her anatomy: "Unto the woman he said, I will greatly multiply thy sorrow and thy conception; in sorrow thou shalt bring forth children" (Genesis 3:16). Eve's sin thus locates her punishment in the womb, in the processes related to conception, generation, and parturition. Uterine affliction is physiological fact and theological consequence, natural and medical in immediate cause but nonetheless consonant with the first cause of all sickness and death, human sin.

It is crucial to the understanding of early modern visionaries that bodies can act as a legible record of spiritual and physical health in the individual.²¹⁹ The healthy female prophet achieves communion with divine power through her body's heightened capacity for vessel-hood, with her inherent physical and emotional weaknesses serving to connect her with God and His grace. Her health is tied to her virtue, her righteousness, and her fitness to relay the Word. But the pathologized female prophet becomes a conundrum. Her sickness suggests a deficiency of virtue and righteousness that ought to preclude her from direct connection to God; her claim to divine inspiration, likewise, suggests supernatural intervention as the source of her maladies, in opposition to the contemporary attempt to codify natural causes as the most legible explanation for such

219 And as Sara D. Luttfring has recently demonstrated, early modern male authors have a particularly vested interest in a woman's body being made legible, in order to reveal "truths about her physical and moral interior" that are otherwise blocked by the limits of male knowledge (5); Luttfring asserts that medical texts claimed to offer access to these "truths" about the reproductive body to forestall the disorder caused by women holding sole discursive control over their own bodies (or withholding information out of deceit or ignorance).

conditions. In what follows, I will trace the paradoxical construct of the ailing visionary woman in a range of seventeenth-century texts, in order to understand the special problem these women pose to that attempt at certain legibility.

III. “A dead fit, a striving fit, a sighing fit, a painful fit”: reading the bodies of pathologized prophets

If a healthy female prophet might so thoroughly unsettle observers and critics that, like Eleanor Davies, she could face incarceration or institutionalization, what becomes of a visionary woman whose body itself signals disorder and disease? The question of the role of sickness is one that many texts themselves pose, by placing ailing female bodies in the forefront of the scene and linking them to the prophetic behaviors and utterances that the stories recount. In this section I will explore a group of texts that articulate different approaches to sick prophets, in order to delineate a sub-category within the larger class of visionary women in the period: the pathologized prophet. These women have, in some cases, very little in common beyond the fact of their maladies, and yet those maladies are central in their prophetic experiences. In the writings by and about these pathologized prophets, the women face suspicion and critique, both implied and explicit, that attempt to delegitimize female claims to being simultaneously sick and holy—a state that threatens to undermine seventeenth-century efforts to make notions of physical and spiritual sickness certain and legible.

In the ballad tale of Christian James with which this chapter began, the sickness of the young prophetess is rendered in the most extreme terms, as part of the larger category of revivification narratives; and the character of the revived prophetess appears elsewhere in popular print under similar terms. A 1580 account of a young German maid by Eyriak Schlichtenberger, printed in three major German cities before being translated into English and printed in London, recounts in detail a narrative so compelling it was recycled as contemporary—and English—in 1613 to account for “a

great deluge” in Lincolnshire “in which five villages were lamentably drowned this present month” (T.I., *A Miracle* title page).²²⁰ In the original telling, the unnamed maiden, daughter to “an honest country man, called Adam Krause,” fell into apparent death three days after being part of an extravagant wedding, and arrangements were made for a burial the very next day.²²¹ When, in the preparations for that burial, the girl's mother lifted the sheet to pay her final respects, “her daughter even as one awaked from slumber, raysed up her selfe, and with a mylde and cheerful countenance, spake unto her mother” (Schlichtenberger A4r).

Though the revived maid has a “cheerful countenance,” she, like Christian James, hasn't returned to spread sweetness and goodwill: her apparent death and restoration marks her as a vessel of prophetic admonition. “My most deere mother,” she begins, “why have you sinned so sore against God?” (A4r). The maid has been revived, she says, to prophesy for five days; that prophesy will involve the experience of meeting God while her spirit was on walkabout (“a comely old man, with a long gray beard, who saluted me”), and a warning that, should her addressees not amend their ways, they will face a series of tragedies: “warres shall greatly grieve the earth,” murders will be abundant, earthquakes will strike down cities, and although peace will follow, all of the learned men and good rulers will be gone, leaving humankind unmoored and rudderless (B3v). Her message delivered—that specific speech twice and several others mentioned only obliquely—and her five days at an end, the maid “committed her soul to God, and yeilded up the Ghost” (B4r). Like James and many of Peterson's “undead” women, the maid's revival is temporary, and that fact lends itself to a miraculous reading: a womanly body emptied and subsequently repurposed as divine vessel, her

220 The tale is reprinted wholesale in T.I.'s *A Miracle of Miracles* as a companion piece to another tale discussed below; the location and date is changed to suit the need of explaining the Lincolnshire flooding, but all other details remain, including the precise name of the Parson attending the events (Nicholas Farber).

221 In the tale, the maiden Krause is not the only one to die—the bridegroom's sister, daughter to a gentleman, joined the heroine, and they “dyled bothe in one after noone, betweene three and fowre of the clocke” (A3v). While both young women are mourned apparently equally and with great fervor, however, it is only the poor country maid who reawakens to speak again.

duplicated death a means of manifesting wonder and (hopefully) inspiring audiences to heed her call.

The country maid, especially in the 1580 reprinting of her story, may indeed have best served as a sign of God's warning, but the circumstances of her deaths casts her prophecies as products of (or at least connected to) uterine disorder, and by the seventeenth-century, this will complicate the reading of her place among the prophets. In her seeming death, Schlichtenberger's maid mirrors contemporary medical accounts of the worst outcome of a uterine fit. According to Jorden, the simulacrum of death results when the affliction strikes the vital spirits, which preserve natural heat and maintain the conjunction of soul and body—that is, those which maintain life itself. Uterine fits that attack the vital spirit cause the pulse to be “weake, slow, obscure, intermittent, &c., and the whole bodie accordingly feeble and slow in every action,” and “it is totally diminished in that symptom which is called syncope or swoounding, the very image of death, where the pulse is scarcely or not at all perceyved; the breath or respiration cleane gone” (9).²²² *A Briefe Discourse* provides a half-dozen “authentically” reports of women suffering from false-death of this kind, with durations lasting from twenty-four hours (the length of both the country maid's and Christian James' fits) through an entire week. The condition was feared to the extent that physicians recommended delaying burial for at least three days after the presumed passing, and advocating tests to ensure that the deceased was truly so.²²³ In formulations like Jorden's, the kind of resuscitation that precedes the above prophetic utterances is probably less a divine wonder and more a product of a disordered womb.

In the seventeenth century, after Jorden's *A Briefe Discourse* and as female prophets were

222 Jorden's distinction of syncope as a symptom, taken synonymously with “swoounding,” of Suffocation of the Mother differs slightly from Sadler's later account, but only semantically: Sadler too asserts that the symptoms of uterine fits can manifest in fainting, but refers to Syncope as a separate condition not deriving from uterine disorder (and thus one to which men would also be subject).

223 Texts follow that play on paranoia that misdiagnosed sufferers of the “Mother” would be buried alive; a number of ghastly stories circulate throughout the seventeenth century that recount the discoveries that women had been buried too soon. See, for example, *A Strange and wonderfull relation of the burying alive of Joan Bridges* (1646); *A Full and True Relation of a Maid in Nengate Street in London* (1669/70); and *News from Basing-stoak, of one Mrs. Blunden a Maltsters Wife, who was buried alive* (1680).

becoming more and more prominent, interpretations of bodies like those of James and the country maid shift away from the miraculous towards the problematic. Schlichtenberger's country maid originally appears prior to the widespread codification of uterine fits as a serious physiological condition, and in 1580 her story appears as a testament to “the wonderfull worke of God” (title page). But when the tale appears again, in 1614's *A Miracle, of Miracles*, the compiler/author T.I. pairs it with a curious account called “Strange Newes out of Sommersetshire,” which relates physiologically but not prophetically to the recycled work.²²⁴

In “Strange Newes,” a woman sent out to conduct farm-related business for her sick husband returns to find him back in relative health; she, however, has suddenly been struck by a condition in which she cannot stop babbling “as it were one had beene bewitched.” From babbling the wife descends into bouts of staring and convulsive fits that shake her “with such force, that the bed and the chamber did shake and move in most strange sort” (A4v). Between fits, she explains that she had gone to towne “to beate away the beare which followed her into the yard when shee came out of the countrie, which to her thinking had no head”—a fantastic yarn that her husband and friends think mere “vaine imaginings” resulting from “the lightnes of her braine, which was become idle for want of rest” (B1r). The fits continue for well nigh a week, sending the wife into periods of raging, memory loss, and idle babbling, until midnight on Sunday, when a great headless bear appears and shoves the woman's head between her legs, turning her into a “round compasse like an hoope” and then rolling her around the house and down the stairs. The bear eventually departs, leaving the wife less hoop-shaped but still contorted. She ultimately recovers fully—after repenting for the unnamed sins that prompted the onset of her condition.

The events of “Strange Newes out of Sommersetshire” do not, in any clear sense, link the

²²⁴ The title page to *A Miracle, of Miracles* depicts, in woodcut, a sickbed scene reminiscent of those popularized by the early *ars moriendi*: a patient prone in bed and surrounded on all side by observers. Where the early *ars* presents devils and demons alongside family and clergy, however, *A Miracle* offers up the headless bear who terrorizes the wife in “Strange Newes.”

afflicted wife to any form of prophecy or prophetic utterance, and yet the tale's place in *A Miracle, of Miracles* is significant to the reading of prophetic bodies. The fits described are, like those of the country maid, readily understandable as uterine fits. Jordan would label the wife's fits as Suffocation referred to the animal spirits, which affect sense, reason, and motion: behaviors often linked to madness, like babbling and raving, as well as convulsions and bodily contortions, result from “depraved” functions of the animal spirit resulting from uterine disorder (13r-15v). But beyond the physiological explanation, the wife's fits are further labelled as the result of her own sin; throughout the account, her husband is unable to convince her to pray for forgiveness and divine aid. Only after the harrowing experience with the headless bear does she truly repent and fully recover. Pairing these two texts in the seventeenth century signals a probable interpretive reception of the country maid's tale that was left out of the 1580 original. That the two are intended to be read together is suggested by the preface “To the Reader,” which asks that the audience not think of the following book as “a fained fable” but rather a warning: “all such things are sent as warnings for our wickednes” (A3r). Placing “Strange Newes” first ties the fitful female body to sin, reminding readers of the connection between physiological and spiritual health. The subsequent recycling of the tale of the country maid's own sickness then rests upon that foundation, complicating the reading of the visionary's utterances—which, while they seem prophetic, nonetheless parallel the “idle” ravings of the soul-sick wife. Schlichtenberger's earlier account of the country maid represents her visionary speech relatively uncontroversially, in part because her prophecy lacks a pointed political message or theological critique; but by the seventeenth century, the body comes into play in a new way, and the conjunction of texts in *A Miracle, of Miracles* suggests that a sickened visionary woman might be troubling for reasons that extend beyond her prophetic message.

The country maid's prophetic body is problematized by association with “Strange Newes,” but pathologized female prophets in other texts were often explicitly challenged by critics, as well.

The accounts of Elinor Channel and Anne Wells demonstrate the poor treatment ailing visionaries received, as well as the differing ways in which a text might represent its prophetic subject.

According to *A Message from God, By a Dumb Woman* (1653), Elinor Channel was asleep “Upon a Sabbath-day” in 1653. She would be awoken by “a blow given her upon her heart,” and the sudden revelation that she must deliver a message from the Lord to Oliver Cromwell in London (A2r).

When Channel's husband refuses to allow her to leave her family for this mission, she is struck dumb and rendered restless and unable to sleep. The condition persists even after she receives leave to go, however, and she wanders the streets looking for someone “to take it [her prophecy] from her mouth, and publish it in print, that she might get some ease that way” (5). Her presence in London and her purpose are, the text tells us, apparently known by the crowds she navigates, yet she receives nothing but vilification: “the cruel Bedles [parish officers] dragged her to Bridewel, and wounded the poor soul for nothing...and that they refused her at Bridewel, and turned her out again among the wanton mad crew, who flocked about her and abused her” (6).

Channel eventually finds a patron in Arise Evans, who deems her “sensible and profound” once she regains her speech and who publishes the account of her treatment and the message she came to London to spread. But her final success and authorization comes only after profound mistreatment from those who understand her as a fraud and a danger: Bridewell, as both a prison and a hospital, acts as a site of diagnosis—even though she is turned away, the “wanton mad crew” does the work of defining her as sick, or seditious, or both. Channel's loss of speech is cast in terms that tie it to uterine fits (“she said, when she is Dumb, all her senses are taken up”) and Evans compares her directly to Anna Trapnel, “whom some account of as the Diana of the English” (7) and who, as will be shown below, figures her sick body prominently in her texts.²²⁵ And while Arise

²²⁵ Dumbness as a symptom of uterine fits is common, as it derives from the choking off or diminishing of the airway that gives “Suffocation” or “Strangulation” of the Mother its name.

Evans finds no threat in Channel's body—when she finds him, she regains speech, and it is unclear how much of her fit he witnessed first-hand—the others she encounters in London are markedly less forgiving, refusing to grant her status as a prophet because of the ailments she demonstrates.

Anne Wells (later Hall) also garners a text devoted to her prophecies, *A Brief Representation and Discovery* (1649), but her visions and bodily afflictions are not recounted by a patron, and are instead cast as dubious products of “falsehood and dissimulation” on the part of the prophetess. Wells grew up, according to the preface, rather indolent but healthy: “she seldome refused her food; she was of a fresh and healthful complexion.” Despite this apparent health, she would frequently make shows of attempting to hang or drown herself, and she “pretends her self to be exceedingly tormented of the Devil” (A3v), which prompts shoemaker Nicholas Ware and tailor Matthew Hall to exorcise her by their own miraculous faith. Upon the first attempt, she falls into a syncope or swoon, appearing dead for half an hour. The following account declares that her fits continue after the “exorcism”, and that “afterwards she had sundry fits, (being skilful to put herself into them at pleasure) as a dead fit, a striving fit, a sighing fit, a painful fit at her heart striving for life, a coughing fit, a deaf fit, a dumb fit, and a blind fit.” The suspicious author of the preface allows that “in her recovery out of these fits, she had many times revelations,” but is unwilling to grant the legitimacy either of her ailments or her utterances.

The text that follows ostensibly presents “The Information of Anne Hall” in a large primary column, with the apparent testimony of the “seduced people of Whatfield” in a marginal column. The testimony casts Wells as a temptress who uses illness to ensnare Ware and Hall in her web of “beastliness, uncleanness, & unheard of wickedness”: before marrying Hall, the testimony claims, “she counterfeited a pain in the lower part of her belly” as a ruse to get in bed with both men (9).²²⁶

²²⁶ Indeed, the text makes great use of the supposed sinfulness of women and the threat of allowing them to speak or organize: the preface begins with a reminder that “The Serpent at first beguiled Eve, wounding the man with his own rib...the Pharisees had their *Gynaecea*, Colledges or meetings of women” and women near intellectual and

The primary account likewise affects a stance of disbelief and disdain, claiming that Wells confessed to feigning all of her conditions:

About a fortnight after the return of the aforesaid Masters Hall and Nic Ware, this Informant saith, that she did counterfeit a dead fit; and Master Hall speaking, as formerly, in the name of Jesus, and she receiving no benefit, he then confessed to her in private that it was revealed to him at London, that she should not be perfectly recovered of those fits, until she was married unto him. (2)

Hall's proposal of marriage as a cure for the fits signals their physiological—rather than demoniacal—origins, regardless of whether or not they were feigned or whether Wells ever truthfully confessed to feigning them. Throughout the text and paratext, however, the uterine fits are tied to the prophetic act as catalyst for her speech, and the author of the work identifies Wells' body as the site of deceit and trouble (if not legitimate disorder) most in need of suppression—her presumed sinfulness thus disqualifies her from being understood as a prophet, even as the sickness in her body remains in question.

Of the visionary women whose sick bodies take the fore, the complications caused by those bodies are not so obviously negatively charged when the prophet is more prominent than those women discussed above; Sarah Wight, for instance, was known far and wide for her long trances and subsequent visions. Her experience nevertheless cannot escape the problems posed by the attempt to claim a holy sickness. From the outset of Henry Jessey's account of Wight's case, *The Exceeding Riches of Grace Advanced by the Spirit of Grace, in an Empty Nothing Creature* (1647), the prophetess' bodily afflictions are posited as equally important as those of her spirit.²²⁷

Conventional scholarly accounts of Wight's experience focus on the “confluence of [her]

righteous men, if influential, are “generally all Arch-Hereticks, some strumpet or other, by whom they spread the poison of their heresie” (A3r).

227 The Table of Contents is arranged as an index, with Wight's early life in the first entry, followed immediately by “Her Deep affliction. 1. *In Spirit*, ... 2. *In body*, ...” (A3r)

visions and her extraordinary fasting” (Feroi 100), because she was said to have abstained from most food for 75 days; such accounts read extreme fasting—by Wight and others—as a miraculous sign of a regenerative body kept in health by God.²²⁸ But a closer reading of what Wight undergoes in her prophetic process reveals a more disordered physiological picture.²²⁹ For instance, Wight's unusual diet is not so simply categorized as a fast. She consumes very little, to be sure, but she is sustained by more than just God's love: the text records her taking in small amounts of broth, water, and small beer periodically throughout the period of laying-in and prophetic trances. Further, her abstention is hardly voluntary: Jessey describes her as “*unable* to eat for many days” (A3r, emphasis mine) and ties her inedia to fits that strike her body. He notes, too, that the distress has a clear physiological component: “Shee not being able to eat, or drink more than shee did, but against her stomach. When shee by urging, yeilded to take somewhat, she could not keepe it, but presently cast it up.” In the attempt to feed her something more substantial, her caretakers press a cordial on her, and the very smell makes her sick (56). Wight offers an explanation during an interview with an observer, Mister Sprig:

- Mr. Spr. Doe you take no food?
 S. *Yes, I feed on Jesus Christ, he is my daily food, he feeds me with himselfe [...]*
 M. Spr. But I speake of Bodily food. Doe you think its no temptation on you to forbear bodily food?
 S. *No: I would eate if I could, but I cannot. If I try, it makes me worse.* (90-91)

The prophet attempts to read her inedia as divine in origin by claiming to be fed by Christ; and yet, as she is pressed on the distinction between spiritual food and bodily food, she acknowledges the

228 Few scholars seem to have written extensively on Wight; “Conventional” here thus refers primarily to mentions of the prophet in larger works. Feroi and Mack each discuss Wight, considering her alongside other trance-prophets like Anna Trapnel. For a discussion of the holy fasting body as linked to miraculous physical wholeness, see Simon Schaffer, “Piety, Physic, and Prodigious Abstinence” (1996).

229 Barbara Ritter Dailey, whose “The Visitation of Sarah Wight” places *Exceeding Riches* in conversation with the *ars moriendi* genre (discussed in detail in chapter 2, above) in order to recuperate devotional practice and piety as “an expressive form of communication in the politics of social life” in and after the English Civil War, admits that Wight was seriously ill at the time of her prophetic visitations, suggesting that being on her deathbed prompts the conversion narrative that allowed her to be a vessel filled with Grace (444-45).

physiological desire for real-world sustenance and the physical impediment to consuming anything substantial. Inedia as Wight experiences it—aversion to food smells as well as difficulty swallowing or keeping food down—falls among the many alimentary complications of uterine fits. The constriction or obstruction of the esophagus and stomach is an extension of the suffocating that results from extreme fits; Sadler terms this an “oppression” of the stomach, which when relieved leads to vomiting (68), and Jorden connects it to fits that offend the natural spirits—those which govern maintenance of the body (18).²³⁰

Wight suffers a great deal from her “fasting” and its likely uterine etiology. Jessey’s account of her story is filled with accounts of additional fits that manifest like those of the other pathologized prophets discussed here: On April 6, 1647, she was “then struck deafe, blind, and lame” (2), a complete privation of the senses signaling a severe uterine fit. On another occasion, a “trembling fell upon her; such as shee never had, at any other time...Her hands and her feet were clunched, so as shee could not stand,” and “when shee was ready to speak, her tongue was smitten” (14); here the dumbness that also afflicts Elinor Channel temporarily prevents Wight from prophesying, and the bodily rigidity following a “trembling” suggests the convulsion fits so common among apparent sufferers of uterine disorder.²³¹ *The Exceeding Riches of Grace* makes much of Wight’s condition as a possible sickness, which she, in an attempt to authorize her prophecy, denies – when interviewed by a physician, Dr. Cox, she is asked how she knows that her spiritual comfort is no “delusion” (madness, too, could be a symptom of uterine fits), and she maintains firmly that it is a gift from the Lord given that she might speak His glory. And yet her body is constantly described in

230 As with those fits that affect the animal spirits, the resulting symptoms vary depending on whether the faculty is diminished, depraved, or abolished; thus, these fits may either manifest as “loathing of meat” and swellings that obstruct consumption, or as a “gnawing in the stomach,” vomiting, or “extraordinary hunger” (18).

231 She more fully describes the April 6th fit later in the text: “shee was taken in all her body: all was shaken, and shee trembled exceedingly. That her hands were clinch’d up together, and so were her feet, as it if were by the Cramp; and her mouth was drawn up, as a purse; and her eyes were with the eyelids folded up and closed; and her hearing was taken from her; and shee had no motion nor desire” (60-61).

the language of affliction, her prophecies and visions drawn explicitly from the experience of a sickness unique to women. When Wight calls herself an “empty nothing,” she elides the compromising of her body as a vessel, but the text describing her does not, and can not. The text thus presents a disjunct that represents the incompatibility of sickness and prophetic speech being located in the same female body: Wight seems to recognize the problem of that incompatibility when she attempts to recast her sickness in other terms, suggesting that she knows the world won't allow her to be both holy and sick.

As these visionary women demonstrate, sickness might, for many women, be productive of prophetic practice. Their shared experience of uterine fits, though diverse in the precise manifestation of symptoms, connects them as a distinct category of prophet whose identities and utterances are pathologized, and this pathologization adds a troubling layer to the interpretation of their texts and bodies. The texts disclose an uncertain relationship with the sick female body: never far from a recognition of the presumed sinful nature of women and the sinful origins of disease, the works at once present and cast doubt over the women and their prophecies because of the ailments suffered by the prophets. Distrust of these prophets and their visions is located not in the content of the visions—there is no consistent thread of “sedition” or “blasphemy” described in the texts above, and beyond the claims of Anne Wells' supposed fraud none of the texts signal a mistrust in the utterances themselves—but rather in the bodies of the speakers themselves, bodies which cannot be trusted, medically or theologically, to beget anything holy when they are in the precarious physiological and spiritual state of sickness.

IV. “The body crumbles”: Anna Trapnel's ailing “Outward Man” and the problems of prophecy

The seventeenth century saw several of these pathologized female prophets, but none came to such prominence as Anna Trapnel, a Fifth Monarchist born in Stepney in the early seventeenth

century who bore witness to the fits and trances of Sarah Wight around the time her own visions began. Trapnel's prophecies are the subject of several texts, some self-authored, and in this section I will consider the unique position of this young visionary in the field of ailing prophets throughout the century. Over the course of the texts by and about her, we learn a great deal about Trapnel's prophecies themselves (the most famous of which is transcribed nearly in its entirety by a "Relator" present during her longest trance), about her body and health, and about the reaction to both. In this great detail, Trapnel becomes the ideal case study of the pathologized prophet, as she exhibits a wide array of symptoms that link her prophetic body to uterine disorder—indeed, that array is wider and more coherently described than in the case of any other prophet, and the readings of Trapnel's body and work (like those of the pathologized prophets above) consistently hesitate to allow for her sickness to be true and truly connected to prophecy.

Anna Trapnel's body is constantly on display in the works by and about her, and scholars have rightly focused on how to read that body.²³² Many of these readings accord with general trends in scholarship on the female prophets: Mack, for instance, regards Trapnel as representing "the ultimate manifestation of the prophet," labelling those women "who preached prone" and in trances as the idealized model of a passive and "entirely purified receptacle" for the divine (34).²³³ Theresa Feroli, however, holds that it is the prominent display of the weak or sick body preaching "prone"

232 Work on Trapnel is still relatively uncommon, and is typically incorporated into larger conversations about women's political and theological speaking in the period (some of which are sketched above). The field thus only begins to take shape in about the 1980s. One early "discovery" of one of Trapnel's works in the Bodleian Library, by Champlin Burrage, largely avoids analysis of Trapnel or her body—although the author does appear to doubt Trapnel's "so-called prophecies" (526)—and instead focuses on relaying the details of this unique book and verifying the identity of Trapnel as the same woman referenced by male authors like Joseph Smith. More recently, Susannah B. Mintz has shifted the emphasis off Trapnel's body and onto the *Report and Pled's* interest in Trapnel as an object of "specularity": she records being looked at by countless people, even as the reader "looks" at her through the text, and Mintz connects the narrative to recent theories of autobiography that understand the "self" as created in and by the text. For a thorough survey of the scholarship on Trapnel through 2000, see Hilary Hinds' edition of *The Cry of a Stone* (2000), xxxvi-xlvii.

233 For other authors who argue for the purity of Trapnel and her body, see Margaret Ferguson, "A Room Not Their Own: Renaissance Women as Readers and Writers" (1988) and Purkiss, "Producing the Voice." Hinds' introduction follows this reading, as well.

that signals power, rather than passivity; she suggests that Trapnel marks a moment in the history of female prophets in which the shift to “speaking the body” begins to claim female weakness and sexuality as productive of positive and active authority.²³⁴ Trapnel's special focus on her body “as a model for Fifth Monarchist identity,” Feroli claims, complicates the traditional scholarly notion that early modern women who sought to authorize and promote their words understood their bodies as impediments to that goal (98). I would like to suggest a revision on both points. While Feroli correctly suggests that Trapnel's body is more than an impediment, as it serves as the site of production and essential precondition for her utterances, and thus her fame (and the dissemination of her prophecies), the sickness that strikes that body makes Trapnel's status and authority impossible to discern because of the paradox of the pathologized female prophet. Neither Trapnel's contemporaries nor she herself will ultimately be successful in reading her body and its illness in a way that eliminates either the contradictions of a sick female physiology as a divine spiritual vessel, or the threat those contradictions pose to contemporary understandings of the body and its physical and spiritual health.

In a group of four texts all published in 1654, Trapnel and her anonymous relators construct a detailed picture of the prophet's life and her prophecies, which emanate from a body that is described in terms of being in the throes of uterine affliction.²³⁵ Trapnel's narrative is dominated, in these texts, by three events. The most prominent of these is an eleven or twelve-day trance that

234 Feroli claims in *Political Speaking Justified* that the writings of the seventeenth-century female prophets (specifically Davies, Trapnel, and Margaret Fell) register a shift in female authority in which it “evolves from being an adjunct of patriarchy to an attribute of female sexuality,” especially as it is located in the body (16). The sexuality of the female prophets more generally is often discussed alongside consideration of the rise of “egalitarian” sects like the Quakers. See, for instance, Hobby, *Virtue of Necessity* and Mack, *Visionary Women*.

235 These texts are: *A Legacy for Saints*; *Anna Trapnel's Report and Plea*; *The Cry of a Stone*; and *Strange and Wonderful News from White-Hall*. A later text, called *A lively voice for the King of Saints and Nations* (1658), was printed under her name as well, but is outside of the scope of this study, because its some 7,000 lines of verse prophecy do not, at least explicitly, focus on the body of the prophet herself. Likewise, the thousand-page Bodleian folio (“Poetical addresses or discourses delivered to a gathering of 'Companions' in 1657 and 1658”) discussed by Burrage is described as being exclusively in doggerel verse. Further study of these examples of “doggerel” would be necessary to determine whether either of these two later texts offer additional insight into the sickness Trapnel suffers or the experience of her prophetic trances more generally.

occurred in January 1654 at Whitehall. Present at an examination of preacher Vavasor Powell by the Council of State, Trapnel was suddenly seized by a fit and had to be carried into a nearby room, where she spent the duration of her nearly two-week trance fasting and prophesying in prayer, song, and speech. She would draw a large audience for this period, including her “Relator,” who arrives on the second or third day and acts as amanuensis for the remainder of the trance; this trance is the primary subject of *The Cry of a Stone* and *Strange and Wonderful Newes from White-Hall*. After her recovery, *Anna Trapnel's Report and Plea* records her solo journey to Cornwall on the advice of her friends (and after a vision from God). But throughout all her personal accounts are references to a crucial period of sickness in 1646, which serves as the starting point for Trapnel's entire prophetic career, and positions her body at the fore of her experiences as a visionary.

A Legacy for Saints serves as an introduction to Trapnel's history of illness as well as of her credentials as a divine vessel.²³⁶ As a younger maid, Trapnel tells us, she sensed strongly that she “was not in the covenant,” and her belief in her own unrighteousness is depicted via metaphors of physical ailments: “I was now as a cripple,” she claims, “and I was stricken dumb... when I have set myself to pray” (2-3). Those metaphors of sickness are literalized on 17 June 1646, which she says marks “the beginning of my distemper of body.” The distemper she falls into hits hard and endures well into July, striking her with fever and intense pain, “and gret heaviness of spirit, and a rending of heart, so that I watered my couch with my tears” (25). At the peak of her sickness, she describes an experience that authors like Jorden would consider a uterine fit:

as I lay in the strength of the fever, burning very much within, but without like a clod, and my stomack being shut up, not able to take the creatures, nor to hear them spoken of, my stomack was so weak, that all that fortnight I lay and took nothing but small beer, & a little juice of cherries, or conserve of currants. (27)

Throughout the ordeal, she says, she “remained thus like a dead carcass,” as she experiences the

²³⁶ Quotations from all but *The Cry of a Stone* are from the 1654 editions of the texts; for *Cry*, I have here relied upon Hilary Hind's 2000 edition.

locked-in sensation of the rigidity common in alleged cases of Suffocation of the Mother, and the subsequent aversion to meat and actual inedia that follows from the clamping down of the stomach. Additionally, her “rending of heart” can be read as both a spiritual condition and as a sign of uterine disorder: Jane Sharp's description of the condition in *The Midwives Book* (1671) asserts of the female patient that “oftentimes...her heart akes” around the onset of a fit of womb-strangulation (332). She suffers from that strangulation explicitly around 9 in the evening on the day of the major fit, and describes “a swelling in my throat, which even stopt my breath” (30). Trapnel's various uterine symptoms here both tie to the clinical descriptions of Suffocation of the Mother and connect her to the group of pathologized prophets above: although she does not, in this summer sickness in 1646, utter prophecy, she does have a vision of the Lord in which “this voice was given to my spirits, *I say arise, walk and praise me; set forth my glory*” (41).²³⁷ God's injunction to “set forth” His glory authorizes Trapnel as a vessel for the word, and thereafter she becomes just that—public (and published) record of her seems exclusively to describe her experiences and travails as a prophet and servant of the Lord.

Throughout the continuing narrative of the four texts, Trapnel's prophetic visions and her capacity for holy speech are linked to the uterine fits that she experiences “at the beginning of [her] distemper.” She repeatedly frames the sickness of her body as a failing of her “outward man,” a reference to 2 Corinthians 4:16 that accepts sickness and mortality in the body alongside the eternity of the soul; “but though our outward man perish, our inward man is renewed day by day.” The biblical refrain seems designed to recall Trapnel's righteousness, but also makes sickness, and specifically, uterine fits, inextricable from any interpretation of that “outward man.” In her discussion of her earliest vision in 1642—in which the Lord comforts her but does not convert her

²³⁷ The vision coincides with the end of her fit: “I called for my clothes, all pain was ceased, the fever left me...and [I] could walk about the room without fainting, or any body to help me, and my stomach was opened that I could let down broth, which before I could not” (41-42).

into a divine vessel—she uses the phrase, saying “my outward man was stricken very weak, and all in a sweat, but I received much joy” (*Legacy* 14). Linked to some mild bodily disorder (marked by weakness and sweating, it's unclear whether this too is a uterine fit), Trapnel's vision seems to proceed from that sickness, bringing her delight in her communication with the divine.²³⁸ And although the weakening of her body is often tied to the righteous increase of her spirit and always (after her vessel-making sickness of 1646) antecedent to prophetic activity of some kind, later iterations of the phrase emphasize not the positive spiritual or divine “joy” she first received but rather the experience of sickness. She explicitly but reluctantly acknowledges that experience later in *Legacy*, defining her “decaying of the outward [as] (I cannot but say a) sickness” (25). She links that sickness to her apparent uterine fits, as well: “and they that were with me, saw and felt on my outward man, which was like a dead clod, I was so cold a great while” (*Report and Plea* 8). Trapnel uses the image of her “outward man” a total of six times in three texts (*Strange and Wonderful Newes* is written by an anonymous third party and contains no direct quotations of the prophet), and in those instances builds a network of correspondences that unites the image to uterine fits: the health and strength of Trapnel's “man” is directly relative to the condition of her “Mother.”

And, like the pathologized prophets discussed above, Trapnel's Mother is likewise tied to her prophetic speech. In *The Cry of A Stone*, she again uses the image of her outward man to recall an earlier prophecy, saying “Then was I taken weak in my outward man, keeping my bed fourteen days, neither drinking nor eating but a draught of small beer, and a bit of toast once in twenty-four hours; and as soon as this vision was over, I broke forth to the singing of their deliverance in Scotland” (*Cry* 9). She here conflates the fit itself (as her “fasting” has elsewhere been linked to the inedia of uterine disorder) with the vision, and considers the condition of sickness to be the catalyst for the

²³⁸ Trapnel “had seen an Angell, surely it was a very glorious vision, such a perfume was left in my spirits all that night” (14)

prophecy that follows, which she characteristically sings rather than speaks.²³⁹ Her Relator tells of her present inedia in nearly identical terms: of her twelve-day fit at Whitehall, she spends the first five “neither eating nor drinking anything more or less,” and for the remainder takes sustenance only “once in twenty-four hours,” similarly consuming bits of toast and sips of small beer (4).²⁴⁰ *Cry* further describes her Whitehall fit as like her earlier prophetic fits by noting that to onlookers, she seems bound by the rigidity and insensibility of her 1646 fit—“Lying in bed with her eyes shut, her hands fixed,” he tells us, she “seemed to be as one whose ears and eyes were locked up, that all was to her as perfect silence” (4, 16)—and by noting that, like in her earlier vision of Scotland, “she was carried forth in a spirit of prayer and singing” (4). Both her uterine fits and her visions continue during her subsequent journey to Cornwall. Trapnel repeatedly falls sick over the course of the journey, experiencing “cold fit[s]” and weakness, and turning into the insensible “clod” that might at times be mistaken for a corpse (*Report and Plea* 41, 8). With most of these fits she describes the simultaneous bursts of prophecy that also marked her trance at Whitehall. Of one experience, she says, “all that day I was wrapt up, so that I could not tell, whether I was in the body or out: yet I sung with understanding, as to the things the Lord was doing among the sonnes and daughters of men” (42). Whether termed her outward man or described in more clinical terms, in these instances (and throughout the prophetic texts of 1654) Trapnel's ailing body is central to the visionary process, with her prophetic verses, prayers, and songs all proceeding from a weakness, described in terms of uterine disorder, in that body.

As is the case with the other pathologized prophets, texts by and about Trapnel record

239 Much of *Cry* is presented in verse, much like the later prophecies that were printed without significant narrative paratext; Trapnel is described as alternately singing and reciting sections of this verse, and the *Report and Plea* records her frequent singing from the trance-state, as well. According to Jorden, singing is among the symptoms of a uterine fit affecting the animal spirit, and he recounts a case in which a gentlewoman, “being in these fits would rave, laugh, & weep, her eies being shut” (13r, 16r).

240 The Relator adds to the extraordinary casting of Trapnel's inedia/fasting by saying that sometimes the toast is soaked in small beer so that she can suck the moisture out without eating the bread itself, and sometimes she merely washes her mouth out with the beer, and does not swallow (4). *Strange and Wonderful Newes* repeats this account (3).

significant problems in interpreting the sick body that produces divine outpourings. The old worries and allegations about vocal women persist. As was the case with most female prophets, Hobby notes that Trapnel's contemporaries were uncertain about whether she could be genuine, or ought more properly be called mad, or possessed (34). Indeed, on her trip to Cornwall, Trapnel tells us that her critics wanted to try her for diabolical activity: "These justices that came to fetch me out of my bed, they made a great tumult," she says, "and these soon came up the stairs, crying, *A witch, a witch.*" The fits, they claimed, could be falsified at will, recalling the alleged sin of Anne Wells: "*She will fall in a trance, when we shall at any time call for her*" (*Report and Plea* 21). If neither witchcraft nor possession led to fraudulent claims about the body, "They will say the spirit of madness and distraction is upon her, and that it is immodesty" (*Cry* 71)—in either case, her skeptics question the nature of the utterances that follow her fits. If possessed, her inspiration is not divine regardless of the condition of her body; if mad, her body may indeed be wracked with uterine fits, but her rightful place is Bedlam, not amidst a crowd of receptive acolytes.

Some are more generous while still denying the possibility that Trapnel is both sick and a prophet. In a letter written 21 October 1654, the author (B.T.) likewise evinces doubt about the validity of Trapnel's visions, using as evidence the suggestion that her speeches consist entirely of things she knew before falling into her fits, but he does not doubt the bodily affliction Trapnel suffers:²⁴¹

If she did continue in it but one or two dayes, I should be apt to thinke she might do it when she would, in the strength of parts, save for two things. 1st, she is so stifed in hir Body that were she not warme one would thinke her dead. 2ly. Because she saith she cannot make a verse when she is her selfe. (xxxiv)

Without calling her heretical, or diabolical, or insane, the letter suggests that Trapnel's fits are indeed the true source of her utterances, but also avoids leaping to the notion that they are "the visions and

²⁴¹ This letter, transcribed in the introduction to Issue 54 of *The Clarke Papers* (1894), appears to be part of John Thurloe's papers in the Bodleian Library—Thurloe was the head of spying and intelligence under Cromwell.

revelations of the Lord”—and that Trapnel is thus made a vessel—and assumes that her speech is instead merely the babbling of the sick. The author claims to be persuaded of Trapnel's general goodness, and even admits that she might have some communion with God, but the communion does not seem to him to be one in which Trapnel is a vessel for traditional prophecy; instead, the letter writer focuses on her inedia, reading her survival as a sign of “her sweet enjoyment...of God” (xxxv). In this sympathetic reading, the sick woman is permitted both her sickness and the ultimate dispensation of Grace that brings her out of that sickness, but not the problematic status of ailing prophet.

Trapnel too refers to the attempt to define her behavior in medical terms as a means of denying her prophetic status: “They say these are convulsion-fits, and sickness, and diseases that make thy handmaid to be in weakness. But oh they know not the pouring forth of thy spirit, for that makes the body to crumble, and weakens nature” (*Cry* 29). The prophet recognizes this diagnosis as an attempt to discredit her prophecy by defining it as the result of a physiological sickness—and thus rooted in her sinfulness, not a legitimate connection to the divine. She responds with a claim of her own, that being the vessel of the Lord can also cause the body to “crumble” in sickness, and that therefore she is both holy and sick.

But just as her audience and critics cannot clearly and certainly reconcile the sick body with the prophetic one, Trapnel's own language struggles to reckon with the paradoxical nature behind her fits. *A Legacy for Saints* tags her youthful fasting as an anorectic compulsion: “my mother would say to me, if thou dost fast so...the devill will take advantage against thee,” Trapnel recalls, “but I could not indure to be spoken to, my spirit was so peevisch and froward and I apprehended I was never the better for ... fasting, yet I could not forbear” (4). The description is one of a sickness borne of weakness and temptation rather than divine sustenance; and her later fits—many of which also feature inedia—are both associated with her sinfulness and with the visions she experiences.

She is, further, frequently unable to discern the source and meaning of her sickness: when she recalls her friends carrying her to bed during her fit of 1646, she experiences a brief release from her distemper. “As soon as I was laid,” she says, “I felt the knot unknit, and the heaviness of my spirits removed ... and Sathan fled, and corruptions mortified” (*Legacy* 25). She uses similar language in *The Cry of a Stone* to describe the end of a week-long fit: “at the end of those seven days, my body was freed from that torture caused by Satan” (10). In these examples, Trapnel belies her confidence in her own holy sickness, and in the idea that her suffering is a necessary part of God’s “pouring forth” of divine inspiration and love into her body as a visionary vessel. In claiming Satan as the author of her distemper and torture, she calls into question the status of her own spiritual health: it cannot be both God’s inspiration and the Devil’s temptation that strikes her into fits, and the latter option does not suggest a reading of her body as a holy vessel.

Anna Trapnel stands out among the pathologized prophets for the comprehensiveness in detail surrounding her fits and visions; in the 1654 texts she is shown not only to endure the full gamut of symptoms recognized in diagnoses of uterine fits, but also to suffer from the same difficulties in interpretation. Her passing in and out of a corpse-like state of insensibility, coldness, and rigidity; her choking, inedia, and food aversion; her physical weakness; and her range of unusual utterances, especially song and verse: all of these attest to the affliction of the Mother. Her critics advance several explanations for her behavior—eventually succeeding in having her briefly committed to Bridewell Prison for “sedition”—but they, like Trapnel herself, struggle to definitively assert a legible definition for her prophetic body. The difficulty in claiming a certain diagnosis for her physical and spiritual health derives from the disjunct presented by the very notion of a pathologized prophetic body, and the paradox inherent in Trapnel’s claim that the body “crumbles” under divine inspiration, and that one can ever be fully healthy in spirit while suffering from physical disease.

V. Conclusion: The impossibility of holy sickness

What, then, of these women whose sick bodies are so clearly a source or site of prophetic speech? Renderings of the visionary women who wrote and spoke throughout the seventeenth century typically understand prophecy in its broadest definition, as divine inspiration filtered through a worthy vessel—a formulation that presumes physical and spiritual health as predicates to that worth. Even though many female prophets were persecuted, some even prosecuted, for the trouble their utterances represented to political, religious, and social order, that original premise of health remained: in order to be a direct conduit for the Word, one must be virtuous, and virtue typically derives from and manifests in wellness in body and soul. And yet the pathologized female prophet claims divine inspiration even as her body sickens and sometimes even dies from symptoms that would have been readily understood as part of the complex disorder often called the Suffocation of the Mother.

The various representations of these pathologized prophets in texts of the period, though disparate in many ways, are united by two things: the apparent connection of uterine disorder to the women's prophecies, and the inability of both audiences and the prophets themselves (as well as the scholars who eventually study them) to clearly and consistently reconcile the problems inherent in that connection. This inability derives from the paradox of claiming to be at once holy and sick, and signals the additional problem that this group of prophets pose to the foundations of medical and theological conceptions of sickness and health. Throughout these accounts, sickness retains its ties to sinful human nature while also conforming to the models of comprehensible, curable—and therefore natural—disease. Sarah Wight attempts to downplay the severity of her physical sickness so that it is not contradictory to her claims of prophetic vessel-hood; Anna Trapnel tries to claim that the “crumbling” of the body she experiences is not really sickness at all, but elsewhere explicitly

links her symptoms to sin and temptation. These women manifest symptoms of a typically curable disease rooted in the natural complications of female physiology, which in turn was seen to have its original roots in Eve's disobedience and womankind's specialized punishment for that disobedience. And as they fall sick, they speak.

The texts that deal with this group of pathologized prophets repeatedly demonstrate wombs disrupted and prophecies proclaimed, but cannot clearly or certainly allow both sickness and prophecy to coexist in the same vessel; to do so would be to overtly challenge both the medical claim to natural causes for uterine disorder and the theological claim to sickness deriving from sin. The proposed alternatives are myriad: resorting to claims of deliberate sedition or decrying the women as debauched or sinful frauds eliminates the claim to utterance as valid prophecy, casting the women instead as willful troublemakers, negating the need to deal with the legitimacy and implications of their sickness. Even allowing for sickness to strike a “good” woman, as the letter writer B.T. does for Trapnel, does not resolve the problem. Faithful Christians sometimes fell ill (just ask John Donne); they might still have access to God's Grace, which would aid in their recovery should they follow the instructions of their medical and spiritual physicians. But Grace does not equal divine inspiration, and good and faithful does not equal holy. As such, even the sympathetic B.T. is unwilling to grant Trapnel the status of prophet, choosing instead an interpretation that corresponds to his visual confirmation of a sickness described in terms of uterine disorder.

In the seventeenth-century examples discussed throughout this chapter, there is a persistent effort by the authors or the prophets themselves to tag the visionary woman as *either* sick or holy—or, in some cases, to deny her claims to both—often in spite of significant textual evidence suggesting that she might be both at once. If these texts indeed represent prophetic speech (and in most cases, at least part of the audience and the prophetesses themselves would say that they do),

then the simultaneous representation of bodily affliction in the form of uterine disorder represents a paradox that is irreconcilable with contemporary notions of physical and spiritual sickness. The texts thus posit sick female bodies as potential, if not necessarily actual, vessels for divine prophecy, a move that threatens the foundations of the prevailing discourses of health. Despite the efforts of the authors, audiences, and visionaries to mitigate the threat posed by this paradox, the pathologized female prophet represents a unique and potentially unresolvable problem in the landscape of early modern prophecy—like Anna Trapnel, weak in outward man, and afflicted by the Mother, her voice resonates with the Word and renders illegible the body and its claims to certainty.

EPILOGUE

“Seminal Ideas”: Pursuing Imperfect Practice

This project grew out of an interest in intersections between early modern discourses that remain largely untapped or under-examined: connections between spiritual and physical health, commonalities between regimens for the living and those for the dying, conversations between literary authors and the medical discourses from which they draw metaphors and build characters. It became, gradually, an investigation of how some of those connections make meaning, how in the movement between and across discourses tensions form and questions arise. Not all of those questions are necessarily answered here, but the texts I examine are clear in raising them: can health last? Can patients or practitioners ever promise to follow every guideline to the letter? Can those guidelines, those definitions, those diagnoses be trusted to be stable, consistent, and congruent? Practical health texts, of the type offered up by “how-to” (or “self-help”) style regimens, receipt books, and manuals, rely upon positive claims in answer to those questions, requiring an optimism—or hubris—to help establish the authority necessary to encourage readers to attempt treatments, to work toward patient piety, and to buy the books in the first place. Faith in the method, after all, eases the path. Literature requires no such faith; as a result, it can and often does challenge the optimism and surefooted authority of the discourses of health and the surety of human knowledge.

The effects of such challenges are, perhaps, not immediately felt; there are no sudden solutions for healing a nation in the wake of the Lancastrian Tetralogy, Donne's *Devotions* does not mark a change in defining the “good death,” and the problem of the female body—its capacities, its moral position, its rights—persists still. But the literary and imaginative engagement with debates about and models of practice and knowledge makes accessible some of the ways that early moderns

struggled to work with the knowledge they had, and the discoveries they were making, about health and sickness in both body and soul. This sharpens our knowledge of the period, its people, and its culture, and, as interest in the relationship between literature and medicine grows (as it has been doing in recent years), so does the space to explore more of the nuances in that relationship. As the examples in this dissertation show, the question of literature's engagement with the discourses of health and sickness thus warrants more mining.

One direction this research might take would be to turn attention to Sir Thomas Browne, Norwich physician (and father to Edward Browne, who would become president of the Royal College of Physicians) and famed literary author. In some ways, Browne represents a departure from the authors examined in this dissertation—he is, after all, part of the medical establishment rather than a patient or an outsider—but he is closely connected to many of the matters raised here. We know that he was a man of faith as well of of science, as his *Religio medici* attests and the rest of his work shows; his personal library contained both “learned” disquisitions and several vernacular works of the type discussed here; and he was interested in questions of authority and uncertainty, an interest that courses throughout his written work. He was aware of and invested in debates about knowledge in general, and health in particular. He was especially involved in debates about generation and embryology, debates that were being reinvigorated by the work of such figures as William Harvey and Nathaniel Highmore, both of whom studied in detail the generation and development of embryos via hen's eggs, and with both of whom Browne was familiar.²⁴²

Browne was deeply interested in embryos, in *seeds*, and his work thus draws on the debates

242 Harvey's *Exercitationes de generatione animalium* was published in 1651, more than two decades after his groundbreaking work on the circulation of the blood. Highmore published two volumes that year, as well: the *Corporis humani disquisitio anatomica* (which also took up the topic of circulation) and *The History of Generation*. The Browne library contained both Harvey's *de generatione* and Highmore's *disquisitio* when it was catalogued for sale in January 1710/11. See *A Catalogue of the Libraries of Sir Thomas Browne and Dr Edward Browne, his son: A Facsimile Reproduction*, ed. Jeremiah S. Finch (1986). For a detailed overview of Harvey and Highmore's theories, see Karin J. Eckholm, “Harvey's and Highmore's Accounts of Chick Generation” (2008), and for a reading of Browne's own positions in relation to their theories, see E.S. Merton, “Sir Thomas Browne's embryological theory” (1950).

about formation and generation, and also engages in the vexed contemporary understanding of female human anatomy and reproduction—the changes observed in oviparous embryological development were understood to mirror those of other living things, and the development of seeds was analogized to fetal development.²⁴³ One issue in these debates was how the embryo developed: whether parts were produced sequentially and gradually (epigenesis), appeared simultaneously during the growth process (metamorphosis), or were always already formed and merely grew larger after conception (preformation); Eve Keller has shown how these various theories contribute to the discussion of human identity in the period, of when and how an embryo becomes a “child,” and gains personhood.²⁴⁴ Browne, like many of the authors Keller examines, assumes the personhood and identity-status of the fetus, imagining, at one point in *Hydriotaphia*, “A dialogue between two infants in the womb” (303). His interest, I would like to suggest, also extends beyond identity, into the relationship between generative principles—of seed, womb, and embryo—and human knowledge.

Knowledge, authority, and certainty are well-established themes in Browne's work, but his use of images of generation and nativity in exploring those issues has yet to be thoroughly examined. Rather than challenging an existing model of knowledge and practice, Browne builds a generative epistemology centered in his chosen reproductive theory, which as Merton has shown hews most closely to the theory of epigenesis (416). Epigenesis is progressive and sequential, and the developing entity begins from an undifferentiated seed (or egg, or spore). Importantly for Browne, the seed contains the potential for knowledge: he declares that “legions of seminall ideas lye” in the

243 Examining the development of religious metaphors and analogies of generation in Germany, metaphors which closely parallel those used in English texts, Kathleen Crowther-Heyck provides several useful examples of agricultural/seed-based metaphors for human reproduction, all centered in the womb (“the field of human generation,” according to one of her sources [919]).

244 Another concern raised by investigations into embryological development was that of parental agency: Keller notes anxieties about the opacity of the womb—the successful development of the pregnancy could not be proven before a healthy birth, for instance, and much about pregnancy itself depended on the word of the mother—and about the specific role of the father (and his seed) had in reproduction and the development of identity.

ungerminated seed (*Hydriotaphia, Together with the Garden of Cyrus* 181), a notion he confirms in his short tract “Observations upon several Plants Mention'd in Scripture.”²⁴⁵ There, he identifies Scripture as the genesis of human knowledge, asserting that students of all the arts and sciences have their foundation in holy Writ, and assigns special status to the botanist as student of Scripture.²⁴⁶ Not only is there an immense amount of information about plants in these texts, Browne says, but seeds themselves offer an essential key to the secrets of the Word. Among the many interpretive and informational notes he offers, Browne signals the potential for seeds to contain calendrical data: though Scripture itself doesn't say so, the debate over the time and duration of the plagues of Egypt may be solved by a consideration of plant generation: “on account of these grains,” he says, referring to wheat and rye, which “were not smitten, for they were not grown up,” seeding and harvest schedules “make the plague of Hail to have probably hapned in February” (54-55). Seeds know when to germinate, and how, and can also retain that information—and their fertility—for decades, even a century.²⁴⁷ As calendar, memory, and key, seed contains the potential for life and for ideas, and Browne extends this principle beyond the seeds of plants in Scripture to the embryonic seed of human life.

Browne's meditations on life, death, and knowing identify the potential for knowledge as connected to the potential for life, but the epigenetic seed does not emerge fully formed—it merely carries “the *Idea* of every part” (*Pseudodoxia* I.iii, 11). It must develop, and the process of coming to knowledge is figured in much the same manner as that of coming into life. The womb exists in

245 Editions of Browne's works have historically been incomplete and even inaccurate; The Thomas Browne Project at Queen Mary University of London is currently developing a new and comprehensive edition of Browne's complete works, edited by leading Browne scholars including Claire Preston, Reid Barbour, Brooke Conti, and Kevin Killeen, the volumes of which are forthcoming from Oxford UP.

246 He names, in somewhat nonsensical order: astrologers, surgeons, rhetoricians and orators, mineralists, “gemmary naturalists,” navigators, “oneirocritical diviners,” physiognomists, “geometrical and architectonical artists,” and “botanical artists” (*Certain Miscellany Tracts* 2-6).

247 His primary example is of corn, but he notes beans that germinated after 120 years of dormancy (43-45).

Browne's work as a site of unknowing, unpredictability and uncertainty, and he likens the limitations of human knowledge—especially about death and the divine—to the limitations of growing fetuses trying to understand the world outside. It is a “doubtfull state” (*Hydriotaphia* 58), and in this formulation, birth (or rebirth via death) becomes a site of knowledge, should we survive our own nativity. It is only in birth that we achieve the full potential contained in the seed, and our existence throughout the slow and gradual process that brings us from seed to birth is precarious and speculative.

The brief discussion of Browne provided here is by necessity only preliminary and exploratory, but while the approach of the medical doctor differs from that of the other authors discussed in this dissertation, the intellectual outcome of his literary work is much the same. Browne declares that we are but “embyron philosophers” (63), a contention that marks human knowledge and practice as incomplete, unformed, and most of all, uncertain. Exploring the ways that Browne leverages the contemporary (and hotly debated) discourses on generation in order to develop and articulate his epistemology may offer one productive avenue for extending the conversation begun in this project, and other authors of the period who work with the language of health and sickness warrant a reexamination in the light of the considerations I've raised here: how might they likewise embark on these more nuanced questions, challenges, and conversations? By continuing to press on these discursive moments between literary discourses and the discourses of medical practice, then, we will gain a more thorough understanding of the imbrication of different spheres of the early modern world, and the complications inherent to prescribing knowledge and practice.

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ABSTRACT

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Practice Imperfect: The Struggle for Health in Early Modern English Literature

Dissertation directed by Eve Keller, PhD.

This dissertation examines how early modern British writers use practical texts of spiritual and physical health in their works. During the sixteenth and seventeenth centuries in England, the problem of attaining and maintaining health was a fixation of many authors of practical works, producing a flood of texts purporting to offer a ready and easy way to physical and spiritual health through careful governance. While these discourses were immensely popular and influential, their broad and totalizing approaches often overlook the contingencies inherent in individual experience, as well as inadequacies in human nature and knowledge. I demonstrate that literature complicates claims, asserted by both theology and medicine, that there can be perfect methods of practice and fixed knowledge about health.

Early modern scholars tend to focus on how these discourses of physical and spiritual health resonate in literature, suggesting a one-way relationship in which literature merely reflects broader cultural concerns. My dissertation asks us to think about this relationship in a new, more dynamic way: reading under-examined practical texts alongside literary works by William Shakespeare, John Donne, and female prophets like Anna Trapnel, I show that British literature participates in debates about health in the sixteenth and seventeenth centuries, and that it both develops cultural knowledge and challenges it, revealing a growing awareness of the frailty and uncertainty inherent in human knowledge.

VITA

Alexis Marie Butzner, daughter of David and Melody Butzner, was born on January 18, 1984, in Olympia Washington. After graduating from high school in 2000, she began her college career at South Puget Sound Community College, graduating *summa cum laude* with an Associate of Arts degree in 2002. She then attended Eugene Lang College in the Philosophy concentration, and received her Bachelor of Arts degree *cum laude* in 2007. She began her graduate study in the English Department at Portland State University in 2007, where she was awarded a Graduate Assistantship, the Phillip Ford Graduate Award for writing, and a Graduate Commendation Award; she graduated in 2009. She worked in the Writing Center at Portland State University, and taught composition at Clark College and Portland State University from 2009-2010.

Alexis began her doctoral work at Fordham in 2010, working in the Rose Hill Writing Center and as a Teaching Associate. Under the mentorship of Dr. Eve Keller, she was awarded a Summer Fellowship, a Research Fellowship, two Graduate Essay Prizes, and admission and Grant-in-Aid to the Folger Shakespeare Library's Year-long dissertation seminar. In Fall 2016, she begins a tenure-track position in English at Chemeketa Community College, in Salem Oregon.