How did people in the sixteenth and seventeenth centuries account for sleep loss? This article answers this question through an in-depth analysis of the life-writings of six early modern women and men that suffered from periodic or persistent episodes of sleep loss. It focuses on the ways in which these health crises were understood to impede the ordinary functions of body and mind, while also revealing how gendered discourses of illness shaped female and male explanations of sleep loss in different ways. The article is the first to identify early modern sleep loss as an acknowledged cause of poor mental health. It also sheds important light on how the distinctive medical culture of the period 1500–1700 encouraged ordinary householders to protect the quality of their sleep by moderating their bed-times, diets, emotions, and by preparing soporific remedies for the home. This evidence shows that restorative sleep was treasured as an unparalleled guardian and barometer of physical, mental and spiritual health.

1. Introduction

Sleep, rest of things, O pleasing Deity,
Peace of the soul, which cares dost crucify,
Weary bodies refresh and mollify. [1, p. 99]

In his famous work of 1621, The Anatomy of Melancholy, English clergyman Robert Burton (1577–1640) drew on the words of the Roman poet Ovid, to express this commonplace view of sleep. This treasured state of nocturnal repose was widely credited with the power to refresh tired bodies, to keep Christian souls in good order, and to soothe the mind’s troubles. Burton’s influential text enjoyed five further English editions in the space of just 17 years. The text’s popularity was due in part to the compendium of classical and Renaissance expertise that it contained about the deep-rooted relationship between sleep and the health of the mind, and to its practical directions for keeping mind, body and soul in good order. The quality of an individual’s sleep was central to Burton’s conception of health, just as it was for his readers, and for early modern men and women in general. The Anatomy clearly articulated the principle that sleep loss could be both cause and symptom of a mind that was in some way disordered, whether due to disease or to socio-environmental triggers. Peaceful sleep was, by consequence, the chief balm of physical and psychological distress—and particularly of the various branches of ‘melancholy’ that Burton sought to classify, prevent and treat.

The Anatomy of Melancholy is perhaps the strongest piece of textual evidence from early modern England to show that men and women, just like their medieval forebears, understood a consistent link between sleep quality and the health of body and mind. This link appears to be transhistorical and it finds expression in almost every century and culture across the world (see, for example, [2,3]). Nonetheless, the precise vocabularies used to explain the relationship between sleep quality and human health has varied widely across time and space, as have the medical discourses within which this relationship was understood. The principal causes of sleep loss, though comparable in some respects, are historically specific, as are the preventative and curative measures deployed to treat
it. These interventions were, and continue to be, powerfully shaped by fluctuating perceptions of the consequences of sleep loss and by shifting perceptions of sleep’s perceived value to the health of individuals and to the wider social organisation. Early modern communities perceived the consequences of sleep loss to be especially acute, damaging the long-term health of body, mind and soul, as well as reflecting negatively on an individual’s personal reputation.

This article reveals how a handful of women and men in sixteenth and seventeenth-century England explained and experienced sleep loss. I begin by identifying the most common terminology used to describe the effects of sleep loss, before considering the broader medical, cultural and Christian frameworks that shaped it. The principal triggers of sleep loss are then analysed to show how they were influenced by gendered expectations, by age, occupation, bodily ‘complexion’ and by lifestyle choice. The final section reveals the measures that people took to prevent and treat sleep loss in the hope of alleviating their distress. Women are here identified as the chief agents of sleep’s day-to-day management. Their work was characteristic of a society that took a proactive approach to sleep’s careful regulation, and that deployed its deep-seated knowledge of the botanical world to good therapeutic effect.

This article magnifies a small selection of life-writings—a decision that is deliberate and pragmatic. Having access to an individual’s life circumstances, and how those circumstances were believed to affect sleep quality, is essential for this analysis. The richness of these individual case-histories is nonetheless connected to a set of shared understandings about the ‘typical’ causes of sleep loss that were recognized in many parts of the early modern world and that had their roots in a holistic, preventative culture of healthcare. The conclusions offered here, however insightful, can only highlight the experiences of a set of people who were privileged in some way, whether in financial terms, or because of their educational and social worlds. Their life circumstances allowed them the time, means and opportunity to attend to their health. These individuals offer just a snapshot of a more complex set of beliefs and practices, but it is a snapshot that reveals much about the distinctive nature of early modern sleep culture.

2. Life-writings

The individuals whose life-writings feature here are Lady Margaret Hoby (née Dakins, ca 1571–1633; Elizabeth Isham (1609–1654); Elizabeth Freke (1642–1714); Anne Dormer (née Cottrell, ca 1648–1695); Samuel Jeake (1652–1699); and Ralph Thoresby (1658–1725). They all shared strong religious motivations for keeping notes of their lives, but their experiences also differed in important ways, not least because of their gender, marital status, financial circumstances and occupations. Their life-writings also differ in rhythm, being composed in different temporal modes and at different points in the life cycle.

Margaret Hoby’s diary is the earliest extant diary by an Englishwoman. She was a well-educated gentleman’s daughter that enjoyed the patronage of Henry Hastings, third earl of Huntingdon, who brokered three marriages for her. Hoby’s third and final marriage took place in 1596 to Sir Thomas Hoby (1566–1644), with whom she shared a fervent belief in the newly forged Protestant faith. The couple also shared a large manor house and estate in Hackness, Yorkshire, from where Margaret composed her diary from 1599 to 1605, when she was in her late twenties and early thirties. The chief impulses for keeping a record of her domestic schedule were to document Hoby’s piety, to track the health of her soul, and to fashion herself as a dutiful wife and Christian. Hoby’s spiritual convictions also led her to develop considerable botanical knowledge and medical expertise during her lifetime. This expertise instilled her with the conviction that sleep was the ideal remedy for psychological distress.

Northamptonshire-born diarist, Elizabeth Isham also used her life-writings to record her spiritual development, though she was more fulsome than Hoby in confessing lapses of faith. Isham composed her writings in two ways. She wrote a short almanac-style diary that includes brief comments about the events that marked each year of her life, and that were written retrospectively. The second, longer text composed in 1638, is what Isham called her Book of Remembrance and in which she recorded valuable details of her life. Isham’s record of sleep loss went hand-in-hand with her accounts of periods of bodily, psychological and spiritual distress, which she (like many of her peers) understood as discrete yet interlinked categories of experience. Unlike Margaret Hoby, Elizabeth Isham never married.

Elizabeth Freke was another gentlewoman who recorded her memoirs in two separate manuscripts. She wrote them retrospectively and they each record her ‘misfortunes’ after her secret marriage to her Irish cousin, Percy Freke, in 1672. Elizabeth Freke was born into a wealthy Wiltshire family but her married life was marred by financial crisis, thanks to her husband’s mismanagement of their estate, and by prolonged periods of separation from her spouse. Freke also had to endure a series of miscarriages during her marriage, alongside lengthy periods of ill health, and of sleep loss, on which she reflected in detail. Freke wrote of her experiences retrospectively, and often after an interval of many years, although the level of detail in her remembrances suggests that she may well have kept meticulous notes that were more contemporaneous with the events described. The way that Freke wrote about her sleep loss reflect the retrospective nature of her writing. Her manuscripts do not reveal a ‘real-time’ record of short or fleeting periods of sleep loss, but focus instead on prolonged periods of waking that took a heavy toll on her body and mind, and that left a powerful mark on her memory.

Anne Dormer is the last female life examined here. She was a wealthy woman, but she also appears to have experienced more extreme periods of sleep loss than any of the other individuals in this study. Dormer wrote of the physical, mental and emotional torments caused by her sleep loss in letters to her younger sister Elizabeth, from 1685 to 1691, which were linked in no small way to her unhappy marriage to Robert Dormer. The union lasted from 1668 until Robert’s death in 1689, and it produced 11 children. The pained descriptions within Dormer’s letters likely reflect the regular rhythm of her correspondence, and the freshness of her sufferings in her mind.

The two men featured in this article are merchant and astrologer Samuel Jeake from Rye in Sussex, and the Yorkshire antiquary, topographer and cloth merchant Ralph Thoresby. Jeake was well educated by his father, who was a lawyer and nonconformist preacher with strong ‘puritan'
leanings. His record of his life was strongly shaped by the religious principles that he shared with his father and also by his astrological interests. Both offered him an explanatory framework within which to plot his fortunes and hardships, whether commercial or personal. Though well educated, Jeake's financial situation was often precarious, with his activities in trade interrupted by parliamentary embargoes and war with France. The troubles of his life also included persecution for nonconformity, which led him to flee Rye for London in 1681. Jeake produced a number of manuscripts, but the evidence in this article is drawn from his ‘Diary’, which he used to track the quality of his health, including his sleep patterns. The diary reached its final written form in 1694 but it was based on memoranda that Samuel had kept regularly since 1666, which helped retain a sense of imminence within his reflections.

Like Hoby and Isham, Thoresby composed his diary as a methodical way of regulating the use of his time, habits, and his soul’s health. Thoresby himself declared that the diary was ‘chiefly designed for my private direction and reproof’ [4, p. 94]. His father raised him as a nonconformist but he conformed to the Church of England in 1683 following his prosecution under the terms of the Conventicle Act, which placed strict limits on the assembly of nonconformist groups. Thoresby was also beset by financial difficulties at particular times in his life, and was briefly imprisoned for debt in 1698. His diary, like Freke’s, was composed from detailed notes that he kept over many years and that were later written up into a single volume. This method of composition reveals important differences in the way Thoresby described and explained short-lived periods of sleep loss, in comparison to more prolonged and troublesome episodes.

The histories of these six women and men offer rich insights into the nature of early modern sleep culture, and the different ways that individuals experienced and explained sleep loss. Their reflections are contextualized with reference to a range of sixteenth and seventeenth-century advice books, printed and manuscript medical texts, and artefacts.

### 3. Defining early modern ‘stress’

This theme issue seeks to uncover the entangled relationship between ‘sleep’ and ‘stress’ in comparative historical (and cross-disciplinary) context. As a noun, ‘stress’ has a long and complex linguistic history, but its use to denote a state of sustained mental and emotional distress—a state in which sufferers struggle to cope with daily life and in which they might experience extremes of mood or temper—is most characteristic of the nineteenth, twentieth and twenty-first centuries. Early modern people certainly described similar states of torment and they routinely linked them to the quality of their sleep. A distinctive vocabulary nonetheless gave voice to their sufferings and it was one in which the effects of sleep loss on mind and body, which were understood to be inextricably intertwined in pre-Cartesian medical philosophies, featured strongly. The most typical descriptions of sleep loss made reference to the attributes of a person’s ‘spirits’. A person’s ‘spirits’, which medical practitioners further classified as ‘natural’, ‘vital’ or ‘animal’, were vital to the body’s functions. These spirits were characterized as ‘subtle and Arey’ [airy] vapours that were raised from the blood and travelled around the body to nourish it [5, p. 470]. In 1573, Spanish physician Juan Huarte de San Juan, confirmed the vital relationship between the operation of the spirits and the operations of the mind in his magnum opus Examen de ingenios para las ciencias (The Examination of Men’s Wits). Clear contemplation was only possible, he argued, if a man’s spirits were untroubled by ‘obscureness’ and ‘darkenesse’ and he was able to achieve the requisite ‘quiet’ and ‘rest’ that Huarte deemed necessary [6, p. 53].

The life-writings examined in this article clearly signal that sleep loss was judged to disrupt the body’s spirits, which in turn triggered distressed states of body and mind. The words that people chose to describe their suffering varied in tone and severity, which likely reflected the degrees of pain they experienced. Common descriptions of the body’s spirits following an episode of sleep loss included ‘sank’, ‘wasted’, ‘clogged’, ‘discomposed’, ‘grieved’, or in an ‘ill state’. For the men and women of seventeenth-century England, the term ‘sank’ evoked feelings of heaviness, being often used to describe leaden objects and heavy stones. The bodily sensation of sinking also had biblical connotations and featured as a premonition of death on several occasions. ‘Discomposed’ spirits were unsettled or disordered spirits that had the potential to destroy ‘the Health and Harmony’ of the body’s parts [7, p. 169]. Describing the spirits as ‘clogged’ was often attributed to an excess of food by medical practitioners and to a blockage in the body’s humoral flows, that could render it ‘dull and somnolent’ [8, p. 59]. Feeling sluggish, laden or clogged appear mild in comparison to animated accounts of the body and spirits as ‘violent’ or ‘shattered’. Such terms signified physical and mental states that were so fragmented as to appear irreparable. The word ‘shattered’ was often used to describe the utter destruction of one’s military enemies in battle, or to portray the devastating effects of a lightning storm, flood, fire or earthquake. In bodily terms, the word was used to describe a disordered mind or memory that had been subject to extreme stress [9, p. 428]. It is perhaps no surprise that this word was used sparingly to describe only the most prolonged and painful experiences of sleep loss.

While the vocabulary of spirits loomed largest in these descriptions, periods of sleep loss were also closely associated with an ‘afflicted mind’. It was a colloquial phrase in some parts of England to say that you were ‘troubled in your sleep’ because of concern for another’s welfare. Elizabeth Isham used this phrase when she recorded the visit of one Mr Hales to her ailing sister Judith. Mr Hales was, in Isham’s estimation, ‘a man very skilful in the art of bonsetting’ (bone-setting) who had been called to attend to Judith’s broken thigh. Isham explained that Mr Hales was so solicitous of his patient that he ‘stayed not long from her (because as he confessed he was troubled in his sleepe of her)’ [10, fol. 6r]. She used the same phrase to convey the anxiety of her uncle, Sir Justinian Lewin, when he heard that his sister (Isham’s mother) was seriously ill [10, fol. 13v]. The phrase retained currency in 1711 when Elizabeth Freke noted that her sister, Frances Norton, ‘came into my chamber and told me that she had nott slept that night for feare of mee’. Frances’s fears for her sister’s welfare had been sparked by the discovery that two of her servants had stolen from her and were plotting to murder her [11, p. 272]. Confessing to sleep loss as part of the vocabulary of care had clear resonance for early modern women and
4. Physiologies of sleep

Imperfect sleep, or sleep loss, was an important diagnostic tool within early modern medical culture. Unnatural periods of waking were judged symptomatic of a range of diseases, such as melancholy, that required intervention. Equally, peaceful sleep was a key constituent of the process whereby patients recovered from illness. When health was restored, so were the patient’s ordinary habits of sleeping and waking [12, pp. 10–11]. Samuel Jeake was clearly familiar with this principle in the way that he tracked the course of his agues and fevers by observing the quality of his sleep. On 8 October 1681, he noted in his diary that he was ‘aguissh’ and ‘not sleepy’. By 14 October, as his body restored itself with the aid of some ‘Venice Treacle’ and ‘Rosemary beer’, he noted that ‘I missed my feaver & slept well; & from this time began to recover’ [13, p. 157]. An individual’s sleep quality was thus widely understood as a barometer of their general state of health.

Sleep’s diagnostic function, while important, has served to obscure the ways in which sleep loss was also recognized as an independent bodily disorder that could cause physical and mental illness, as well as signal the presence of other malignant conditions. In common with most diseases of mind and body, men and women acknowledged two principal causes of sleep loss. The first was firmly directed by the principles of humoral medicine that predominated in most parts of Europe until at least the eighteenth century. This system of medical knowledge centred on the principle that human bodies were porous microcosms of the physical and cosmic environments that they inhabited. The body’s four essential fluids, known as ‘humours’, shared a common elemental make-up with those wider environments, being composed of air, fire, earth and water in different degrees. The humours played an essential role in maintaining the body’s primary qualities of heat, cold, moisture and dryness, and in preserving health. The porous nature of early modern bodies meant, however, that the balance of the humours was inherently unstable. Any disruption to an individual’s delicate humoral balance could engender disease. The humours could be disturbed by changes to the body’s natural ‘complexio’ that altered over time, by environmental factors, by social stimuli, and (some believed) by the movements of the planets [14, pp. 104–106; 15, pp. 136–160]. Maintaining the humours in a healthy balance, and in harmony with nature, thus required constant vigilance and careful regulation of lifestyle. The second acknowledged cause of sleep loss was God, who was the author of sickness and recovery, and of the natural world. These twin foundations of healthcare knowledge meant that an individual was unlikely to be the accidental victim of sleep loss. A person’s habitual lifestyle, routines, environment, piety, and all-round behaviour were believed to be much more likely determinants of sleep quality.

The importance of lifestyle choice in maintaining healthy humours is best exemplified in the influential healthcare system known as the sex res non naturales, or the ‘six non-natural things’, which served as a practical corollary to the core principles of humoral medicine. This compendium of healthcare advice was popularized through a burgeoning genre of manuscript and printed health regimens, and it was based on the classical medical wisdom of Greek physicians, and especially the works of Hippocrates (ca 460–ca 370 BC) and Galen of Pergamon (AD 129–ca 200). The six non-naturals comprised a set of bodily disciplines that were characteristic of the preventative nature of early modern healthcare. Regular habits of ‘Sleeping and Waking’ formed one of these six critical categories, alongside air, food and drink, motion and rest, excretion and retention, and the passions of the mind (emotions). An individual’s studied interaction with all six elements was judged key to humoral balance and to a healthy and long life. This included the moderate intake of suitable foods and drinks; appropriate forms of exercise taken at the right times of day, and adjusted to account for seasonal change; breathing clean and refreshing air at regular intervals; excreting noxious substances from the body through vigorous rubbing, or purging; avoiding extremes of temper; and, crucially, maintaining a healthy sleep regimen [16, pp. 105–115; 17, pp. 13–47].

The sleep advice of health regimens based on the six non-naturals recommended regular and ‘seasonable’ hours of rising and retiring to maintain body and mind in fine fettle [18, p. 32–37]. Physician Timothy Bright (1550–1615) in his Treatise of Melancholie (1586) clearly set out the role that moderate sleeping hours played in preserving health. He advised his readers that ‘the order of rest, and sleepe is to be added as a great meane, taken in due time, and in convenient moderation, to preserve health, or to cause sickness, if otherwise it be taken immoderately, too scant, or disorderly’ [19, p. 243]. Bright was a fervent Protestant, as well as a physician, and he placed his advice within a powerful framework of Christian ethics that commanded dutiful believers to take care of their health, which was, after all, a precious gift of God. Those people that had a special care of children and young adults were similarly advised to recommend temperance in sleep as akin to godliness, since such habits helped to instil the values of self-discipline and moderation from a young age. In his 1531 treatise on the governance of a successful commonwealth, the humanist scholar, diplomat, and senior cleric of King Henry VIII’s council, Sir Thomas Elyot (ca 1490–1546) specifically credited moderate sleeping hours with the power to regulate the mind’s powers. ‘Alwaye I shal exhorte tutours and governours of noble chyldefren, that they suffre them not, to use ingourytations [over-filling of the stomach] of meate or drinke, ne to sleepe moche, that is to say, above .viii. hours at the most. For undoubtedly, both repletion and superfluous slepe be capacitall enemies to studye, as they be semblably to helth of body & soule’. Children that
‘slepe over muche’, Elyot believed, ‘be made therwith dul to lerne’ [20, p. 40]. Thomas Cogan, physician and chief master of Manchester Grammar School from 1575, similarly urged the young students in his care to regulate the quantity, timing, location and postural aspects of their sleep to retain the liveliness of their mental faculties. Cogan was convinced that sound sleep ‘reviveth the minde, it pacifieth anger, it driveth away sorrowe and finally, if it be moderate, it bringeth the whole man to good state and temperature’ [21, pp. 237–238]. Elizabeth Isham and her mother Judith were clearly familiar with this kind of advice since Elizabeth noted that ‘my mother would often chide me for my late rising as also for my dulnes’ [10, fol. 17v]. The perils of daytime sleep, which was judged damaging to body, mind and soul by medical practitioners and Christian divines alike was set out in many health regimens and devotional guides. These concerns also underpinned a range of insults, such as ‘slug-a-bed’ and ‘ sluggard’ that were levelled against those who did not conform to sleep’s dominant temporal ethics [22, pp. 10–11; 23].

Sleeping too little was just as pernicious to the mind’s health as sleeping too much, since this upset humoral balance and dried and overheated the brain. Thomas Elyot explained in his popular health regimen, The Castel of Helth (1539) that the right amount of sleep each night provided essential moisture for the body’s organs. By contrast ‘immoderate watch drieth to moch the body’ [24, p. 48]. For Elyot and his fellow medical practitioners, the physiological link between sleep and digestion was key to their recommendation of moderate and regular sleeping hours. The commoditie of moderate slepe’, Elyot explained, ‘appereth by this, that naturall heathe, which is occupied about the matter, wherof procedeth nourishment, is comforted in the places of dygestion, and so digestion is made better, or more perfit by slepe, the body fatter, the myrne more quiete and clere. the humours temperate: and by moche watche all thynges happen contrarye’ [20, p. 47]. It was during sleep that food consumed during waking hours was believed to be broken down and heated in the stomach. The stomach was often likened to a cooking pot, with the heat from the liver beneath providing its flames [21, p. 241]. This heat sparked a digestive process known as ‘concoction’ that allowed the food to disperse and nourish the body, while the hot vapours that were simultaneously generated rose upwards to the brain where they were cooled and then descended through the body, moistening and reviving the organs along the way. When concoction was complete, the purified substance that remained in the stomach was believed to aid the reproduction of blood in the liver. This regeneration was judged to occur on a nightly basis before William Harvey’s discoveries altered medical understandings of blood circulation [25, p. 605].

Sleep thus performed essential bodily functions in supporting digestion and blood reproduction, and as part of a holistic system of preventative healthcare that was intended to preserve humoral balance and that commanded a powerful influence over people’s lifestyle habits. Sleep’s temperate practice was judged crucial for the preservation of bodily vigour, for sustaining the mind’s faculties, and for tempering its passions. The following section examines how these healthcare precepts shaped people’s approach to sleep management, and their explanations of sleep loss, in the course of daily life.

5. Managing sleep

In 1616, when Elizabeth Isham was just 7 years old, she recalled that ‘for these y[ear]s following my mother used to liye [lie] to/sleep in the after noones but it is more agreeable to health to for bare all sleepe after meat at noone according to the commonly receved opinion of physionys’ [10]. Elizabeth was clearly aware, even at this tender age, of the essential role that sleep played in supporting digestion. She was also aware that the night was considered the most apposite time for sleep to be taken [21, pp. 238–239]. The value that early modern people placed on their physical and mental health can be traced, in part, by the ways in which they tried to regulate their dietary habits to optimize sleep. Robert Burton identified an ‘offence’ to the dietary rules of the six non-natural things as one possible cause of the sleep loss that could cause, or accompany, melancholy. Drawing on the rich dietetic advice of the classical medical canon, Burton condemned a variety of foodstuffs that ‘breed gross melancholy blood’, such as beef, root vegetables, and raw herbs. Particular condemnation was reserved for cabbage, which he believed ‘causeth troublesome dreams’, sent up ‘black vapours to the brain’, and brought ‘heaviness to the soul’. By contrast, perfect sleep that was unfettered by any dietary offence ‘expels cares, pacifies the mind’. To achieve such a pleasant state, Burton echoed a widely held view that the ‘fittest’ time for sleep was ‘two or three hours after suppper’, which allowed sufficient time for the day’s food to descend and settle at the stomach’s base, ready for concoction [1, I: pp. 217, 220–1; II: pp. 99–100]. If certain food-stuffs had the power to prevent sleep, others might speed its arrival. Burton claimed to have ‘seen the good effect’ of ‘a posset of hemp-seed’ that was a common bedtime drink amongst ‘Country folk’. Posset was a warm, milky drink that was customized to suit a wide variety of medicinal needs, to be consumed at the close of wedding feasts, but also commonly at bedtime. Ceramic posset pots, specially designed for drinking this liquid, were commonly listed in household inventories and many have survived from this period in museum collections within and beyond the British Isles. The posset cup, or pot, depicted in figure 1 was made ca 1670–1690, and it may well be typical of the household vessels that were used to consume posset.

Recipes for making posset are staple features of manuscript collections of household cookery and medical recipes from the sixteenth and seventeenth centuries (for an indicative example see [26]). This evidence, taken together, suggests the widespread use of this hot bedtime drink to promote healthy sleep. An important motivation for drinking posset at bedtime was closely linked to the presumed affinity between sleep and digestion. A plug of hot posset was one of a range of dairy products that were judged by some medical practitioners to place a helpful ‘seal’ on the stomach that intensified its heat during concoction, prevented fumes rising up to the head, and supported the first stage of digestion [27, pp. 59–60]. This seal had the added benefit of preventing food being regurgitated during the night, and by consequence, preventing sleep disturbances. Aligning sleep habits with the optimal circumstances for healthy digestion was a principle that also shaped commonplace advice about the correct posture to adopt in bed. Healthcare advice books routinely advised people to sleep with their heads ‘well bolstered uppe’ to create a gentle slope between
the head and the stomach [21, p. 242]. Spending the first part of the night on the body’s hotter right side was thought to ensure the speedy fragmentation of food in the stomach [21, p. 241; 28, pp. 27–28]. Regulating the intake of different foods and drinks, taking them at the right times of day and night, and adopting the right sleep posture to aid digestion were thus familiar healthcare strategies that were used to regulate digestion and to ensure a peaceful night’s sleep.

The mundane nature of dietary habits and postural practices mean that they only appear occasionally in life-writings. More visible are people’s struggles to temper the extremes of their ‘passions’, or emotions, which unbalanced their humours and played havoc with their sleep quality. The influential healthcare principles of the six non-naturals can once again be seen in the way that people identified the state of their passions as a potential cause of illness. One practice that was widely recognized as an impediment to sleep was excessive study or intellectual stimulation. Timothy Bright drew a direct link between disorderly sleep and ‘over vehement studies’. This scholarly habit ‘wasted’ the spirits by raising the brain’s temperature to dangerous levels, drying the body, and thickening the blood, all of which invited an excess of the melancholic humour [19, pp. 31, 282]. Robert Burton similarly acknowledged the well-established medical link between scholarly pursuits, melancholy, and sleep loss. He explained that ‘Waking, by reason of their continual cares, fears, sorrows, dry brains, is a symptom that much crucifies melancholy men’. The moistening and pacifying faculties of healthy sleep, Burton recognized, made it ‘a sufficient remedy of itself without any other physic’ [1, II: p. 251].

Anne Dormer certainly pined for ‘Perfect health and sound sleepe’ as she struggled to shake off the sleep loss that continually depleted her spirits [29, fol. 171]. Dormer was a long-term victim of sleep loss, which she declared in a letter to her sister of 1685, when Dormer was in her late thirties. Here, she reassured her sister that she was ‘as I used to be, well all but want of sleepe’ [29, fol. 156]. Dormer’s correspondence over a series of years was peppered by reference to her ‘ill nights’ and to the manifold remedies that she tried to ease her distress. She turned to medicinal spa bathing, patent medicines, hot chocolate, and when her ‘soul’ was ‘sad to death’ she prayed so intently that she claimed to have ‘almost read her eyes out’ [29, fol. 163]. Dormer appeared to find only temporary relief by these means and she continued to write to her sister, describing how she suffered from ‘great want of sleepe’ when her natural temper inclined to ‘dejection’. In the same year she described how she applied herself ‘to tend my crazy health, and keep up my weak shattred carcasse broken with restless nights and unquiet days’ [29, fol. 163]. As noted previously, such pained descriptions of the effects of sleep loss were reserved for the most extreme circumstance. Dormer’s inability to sleep was so severe that she believed she might die from lack of it.

Dormer attributed her affliction to ‘vapours and the spleene’, which were in turn irritated by a deeply unhappy marriage and ‘no company’ rather than by excessive scholarly study. She often referred to her disturbed passions, which were thrown into tumult by a fractious husband with whom

Figure 1. Posset cup or pot ca 1670–1690, no. 1923.327, © Manchester City Galleries.
she frequently quarrelled, but also by an excess of heat within the marital bedchamber that she sought to flee. When she had finally forced her husband to accept that she would sleep in a cooler downstairs chamber, separate from him, she reflected on the time that she had spent in their marital bedchamber.

'I have continued to ly in that roome next the dining room and I hope shall never remove into that hatefull roome any more which is so like an oven that I could never sleepe in it, as soon as the spring began to grow warm, and yet had every yeare at the least a months vacation before I could get out of it, and satt every night in a chaire after having been three or four hours in bed the heat was so extreame, there I lost my sleepe, and health and those somers I have layn there this last seven yeare I lived in a manner without sleepe; to stay in it was wors then Death, and to get him out of it every somer was the torment of my life' [29, fol. 192]. Dormer’s frank disclosure of her marital difficulties to her sister is perhaps unusual, but her remarks echoed the reflections of other early modern women who blamed emotional crises and relationship breakdowns for sleep loss. These explanations of sleep loss were powerfully shaped by gendered expectations of emotional expression, which anticipated a more immediate and intense physical response to emotional distress amongst women. Contemporary medical frameworks also upheld the principle that women’s humoral make-up meant that their passions were more easily disturbed than those of men [30, pp. 247–273, 260–261].

Women routinely recorded the ill effects of emotional suffering on their own bodies. They also conformed to gendered cultural scripts by showing acute sensitivity to, and empathy for, the distress of others. Elizabeth Isham’s mother died when she was just 17, and in the aftermath of her death, Isham described how her sister Judith’s sleep was disturbed by the ‘conflicts of mind’ from which she suffered while grieving. Concern for her sister’s health meant that she too, failed to get sufficient rest, as she lay with her sister to offer her comfort. Reflecting on this difficult time, Isham wrote that ‘I learned how to esteeme of waching and what little sleepe would suffice nature health and strength of body to bare it’ [10, fol. 22r]. Isham here articulated the painful toll that grief had on her own body, while also adhering to gendered cultural scripts that normalized female displays of compassionate feeling for the sufferings of others. The sleep loss that Isham described was a direct consequence of her ‘fellow-feeling’. Elizabeth Freke’s reflections on sleep loss were shaped in similar ways. Freke made frequent reference to her frayed emotions when the lives of her children and husband were at risk. In May 1697, she received news from Ireland that her son Ralph, was likely to die from a ‘malignantt feaver’. This news, she wrote, ‘soe terryfied and frightned me that I had noe rest in me’ [11, p. 68]. Her husband’s health fortunes took a serious downturn in 1705–1706, which seriously impacted the volume and quality of Freke’s sleep. Her distress was partly the cause of her sleep loss at this time, but so was her attentiveness to the needs of her spouse. She tended to his ailing frame and sat up through the night ‘to watch with him, holding his head behind his chair in a fine hancher or napkin for feare of his being choked’ [11, pp. 84, 249]. Expectations of an early modern woman’s spousal and parental duties thus shaped her opportunities for sleep, as well as its quality.

Contemporaries also signalled the vulnerability of unmarried women to sleep loss due to the presumed psychological effects of their unique physiologies and socio-economic circumstances. Robert Burton followed the lead of Spanish, Portuguese and German physicians, and drew on the classical wisdom of Hippocrates when he defined ‘Maid’s’, ‘Nuns’, and ‘Widows’ Melancholy as ‘a particular species of melancholy’ [1, I: p. 414]. One cause of this illness, he surmised, was the ‘vicious vapours’ that arose from the corrupted seed and menstrual blood of ‘ancient maids, widows and women’, which rose up through their bodies to trouble their minds. This ‘trouble’ was characterized by outward expressions of ‘care’, ‘sorrow’, ‘anxiety’, ‘obfuscation of spirits’, ‘agony’ and ‘desperation’. Widows’ minds, and their sleep, were also disturbed by a sudden change in circumstances following the death of a husband. Burton also noted that ‘much solitariness’ and ‘weeping’ were common triggers of ‘troublesome sleep’ and ‘terrible dreams’ for all of these ‘types’ of women [1, I: pp. 414–415]. Complex understandings of how a range of female bodies worked thus shaped gendered ideas about the causes and intensity of women’s sleep loss. Equally important were the social expectations that contemporaries had of women as primary carers and empathetic beings whose passions were easily stirred and corrupted.

Men were not immune from losing sleep due to a troubled mind—a state that could easily be triggered by relationship troubles or by the loss of loved ones. When Samuel Jeake entered difficult financial negotiations with his future mother-in-law, Barbara Hartshorne, in 1680 to secure her daughter’s hand, he described how ‘my Melancholy in this Month & the next’ was ‘perhaps the most violent I ever were afflicted with: & which made me pass some whole nights without sleep’ [13, pp. 152–153]. Jeake’s lost sleep could be interpreted as a measure of his emotional distress at the potential loss of his future bride, Elizabeth Hartshorne. His wakefulness was also framed, however, within the more familiar context of financial trouble that characterized men’s explanations of sleep loss. As Olivia Weisser notes, men’s accounts of their illnesses acknowledged social and emotional triggers, but they often made more explicit mention of the intervening bodily processes that led to them. Instead of foregrounding the language of emotional suffering, men more often framed their experiences of sleep loss in relation to anxieties about financial, business and occupational difficulties, which reflected contemporary masculine ideals of ‘strength, independence and self-governance’ [30, p. 264].

Ralph Thoresby tempered the expression of his pain at the death of his friend and business partner Samuel Ibbetson, by referencing his potential monetary losses. The dissolution of Thoresby’s business partnership with Ibbetson meant that he was now liable to settle his dead partner’s heavy debts, as well as supporting his own family, and that of his sister. Whether personal grief, or financial anxiety, motivated Thoresby’s lapse in health—sleep loss was central to his description of how it manifested itself. He wrote that his troubles ‘so shatered my constitution, that my spirits were sank within me, and sleep departed from my eyes; so that mostly the nights from 12 to five were spent in fruitless tossings, many faint qualms and cold clammy sweats’ [4, I: p. 316]. Unlike Anne Dormer, who understood her sleep loss as an independent disease entity, Ralph Thoresby explained his unnatural waking as an allied symptom of his agitated spirits. Thoresby was less guarded in confessing his emotional turmoil when his father died in 1680. He nonetheless remained keen to filter his sorrow through the bodily process of melancholy. Thoresby’s diary entry read ‘At Wakefield, returned early, but in a sad,
melancholy troubled humour, the remembrance of my inexpressible loss seizing deeply on my spirits; went to bed with wet cheeks and a sad heart, dreamed troublesome and somewhat remarkably about following my dear father to his long home’ [4, I: p. 35]. Samuel Jeake and Ralph Thoresby each experienced sleeplessness and disturbed dreams in the aftermath of emotional turmoil yet they chose to interpret these experiences as symptoms of depressed spirits or of melancholy, which was consistent with medical opinion of the age. Robert Burton stated that it was ‘a received opinion, that a melancholy man cannot sleep overmuch’, and the consequences of too little sleep were perilous, causing ‘dryness of the brain’, ‘frenzy’ and an inflamed mind that was incapable of functioning properly. Melancholy could cause such ill effects, though this disorder could in turn be triggered by an excess of ‘discontents, cares, miseries’ in daily life [1, I: pp. 249–250, 271]. The vocabulary of melancholy nonetheless offered a way of distancing men’s sleeping problems from their emotions, which allowed them to conform to contemporary expectations of gender and modes of emotional expression.

Explanations of sleep loss in life-writings thus drew strongly on the principles of humoral medicine and on the behavioural rules of the six non-natural things. Men and women shared a common conception of the physiology of sleep loss, but they expressed their experiences of it in different ways, which were refracted by the severity of their suffering, by gender and emotional norms, and by the distinctive motivations that underpinned their life-writings. In spite of these differences, they were all familiar with the painful and potentially debilitating effects of disorderly sleep.

6. Treating sleep loss

Given the damaging consequences that sleep loss conferred on sufferers, it is hardly surprising that early modern women and men were as adept at preventing and treating sleep loss, as they were at diagnosing its causes. The centrality of healthy sleep to dominant models of human physiology in these years may well have made people more attentive to sleep’s daily management. The preventative culture of healthcare that predominated in these years provided a critical rationale for retrenching sleep time and getting an alarm clock to the clock, and that set at my bed’s head, to arise every morning by five, and first to dedicate the morning (as in duty obliged) to the service of God’ [4, I: p. 171].

The evidence of recipe books reveals the botanical, culinary and medical expertise that existed within many households. These family collections of culinary and medical recipes were assembled by many hands and often over multiple generations. The books were as much designed to be practical healthcare manuals as they were documentary reflections of a family’s social networks and knowledge: recipes were carefully gathered from a range of trusted sources that included friends, neighbours, local medical practitioners, and individuals that were reputed experts in botanical experimentation and distillation [31]. Recipe books have survived in large numbers partly because of the emotional attachments that families forged with them over time, and partly because they were manuals of care. In her will dated 1705, for example, the Yorkshire gentlewoman Alice Thornton (1626–1707) bequeathed ‘all my Phisicall books and Receipts, together with my stock of salves and oyntments’ to her daughter Alice Comber. After her death, she likely wished to ensure that her treasured collection of medical remedies could help to keep her family in good health for many years to come [32, p. 333].

Women took a leading role in compiling, testing, administering recipes to treat some of the most common forms of household ailment, alongside treatments for more serious illnesses. Recipes for treating sleep loss and sleep disorders featured prominently in these collections, which strongly suggests that the household was the chief hub of sleep’s day-to-day management. These collections also indicate that preventing sleep loss was a priority for many householders, with the culinary recipes included in these books being widely credited with soporific qualities and recommended for consumption at bedtime [33, pp. 185–209].

Elizabeth Freke had a remarkable stock of hundreds of medical recipes, preventative and cures of which she compiled a detailed inventory. She amassed this collection from friends, relatives and neighbours, from published medical advice books, and she used them to treat herself, her family and her servants. Freke’s collection included ‘2 quart of tincture of lavender’ whose key ingredient was judged to cleanse the blood, strengthen the humours, and provoke sleep [34, pp. 42–43]. Freke’s collection also included quarts of poppy water—another familiar soporific—and the following recipe to ease sleep’s onset: ‘Of Garden Poppys: They cause sleep, the heads boiled in water and good against rhumes that destill to the lunges, & easeth the cough...and causeth sleep’ [35, I: p. 275].

Women’s in-depth botanical knowledge was powerfully demonstrated in the pages of their life-writings and family recipe books. Elizabeth Isham and her sister were clearly well versed in the art of gardening, since in 1633 Isham noted that ‘I read of the ve’r’tue of hearbs which I had read something of afor in a booke which my Sister borrowed of Gardening in the 18 or 23 or 24 yeare’. Isham also gathered therapeutic tips from her female relatives to add to those that she read about [10, fol. 27]. commonplace medical ingredients were carefully cultivated in private gardens by those who had the time, leisure and funds to indulge in this increasingly popular pursuit [36]. Lady Margaret Hoby often noted down in her diary when she was busie in my garden, sowing seeds, tending to herbs, and gathering them for her own use or gifting them to neighbours [37, pp. 117, 122, 167, 169, 181, 206, 208, 217]. Hoby had a reputation as a skilled medical practitioner and she brought relief to many of her relatives, neighbours, tenants and servants so it is almost certain that she cultivated her garden to create therapeutic treatments. In October 1603, she noted with great joy how the white, red and musk roses in her gardens were flowering for a second time that year. Roses—as early modern herbals make clear—were one of the most widely used soporific plants, credited with the power to cool the body and ease its passage into slumber. Rose petals could be boiled or distilled into cordial waters for internal consumption, or applied externally to the body. They were also dried and used to scent bed linens, or to stuff pillows and ‘beds’ (mattresses) [28, pp. 45–46]. Hoby made no direct reference to her own soporific preparations but a note in her diary from 1599 shows that such remedies...
formed part of her medical world. On 31 August of that year, she lamented the sudden death of one Doctor Brewer who had treated her during periods of illness. Brewer's demise was ‘Procured by a medeson he minestrse to him selfe to Cause him to sleep’ [37, p. 68].

The fatal ingredients that killed Doctor Brewer remain unknown, but alongside fairly mild plants and herbs that were used to provoke sleep such as roses, lavender, chamomile, lettuce leaves and rosemary, people also turned to more powerful ingredients, such as laudanum, when occasion demanded. Elizabeth Freke's papers contain a recipe 'To make lodynum' [laudanum] that was attributed to one Lady Powell, but passed on by Freke's sister Judith Austen. The recipe contained the key ingredients of opium and saffron, along with its method of preparation, but Austen also took care to include instructions on the correct dosage to be administered. She reassured her sister that she had personally benefited from this remedy and that 'itt composes my rest the better in the night'. Austen's daughter, too, had taken the remedy, and she noted that when she took it, 'itt has offten the benifitt of putting her into a sleep for six or eightt howers together'. Austen was eager to bring relief to her sister and her testimonials about the laudanum's successful use were designed to assure her that 'it is a safe thing' and that Freke ought 'nott be affraid of itt otherwise then to have itt carefully droptt' [11, pp. 329–330]. Alongside laudanum, other powerful soporifics in common circulation included discordium and deadly nightshade, which Samuel Jeake used to help him sleep [13, pp. 140, 157].

Aside from administering remedies of various kinds, the men and women whose sleep strategies have been explored in this article also used water-based therapies to provoke sleep, and behavioural responses such as eschewing 'cares' at bedtime by immersing themselves in spiritual meditations, and by sticking to a regular schedule of calming bedtime prayer that was geared to provide reassurance to those on the verge of sleep [28, fol. 157; 1, II: p. 101]. Robert Burton echoed a widely held view when he wrote 'He that will intend to take his rest must go to bed minimo secure, quieto et libero, with a secure and composed mind, in a quiet place'. There is widespread evidence to suggest that people found such composition through the performance of bedtime prayer, in reading scripture and spiritual works, in immersive embroidery projects whose designs routinely featured spiritual themes, and through ritual interactions with materials and objects that were endowed with protective qualities [28, pp. 97–107]. Burton also commended the benefits of lying in clean bed linens, listening to 'sweet' uplifting music, or to the sound of dripping water to 'benumb the senses' at bedtime. Therapeutic soundscapes were a prominent feature of early modern sleep culture, just as they had been in the classical world where the assumed correspondences between human bodies and the planetary spheres, endowed music with the power to bring harmony to body and soul [1, II: pp. 99–101; 21, p. 240; 38, pp. 126–129].

7. Conclusion

Early modern communities took sleep seriously. The small selection of people whose sleep experiences have been examined here, perceived an intrinsic link between their sleep quality and the health of their bodies and minds. Sleep loss was understood both as a cause and as a symptom of ill health that could be triggered by a wide range of social stimuli, but most commonly by emotional distress, poor lifestyle choices, and the habitual routines of daily life. All of these factors could disturb the body's delicate humoral balance and damage its essential qualities, leaving it vulnerable to disease. The preventative healthcare principles of the six non-naturals, which were closely attuned to humoral medicine, encouraged the careful regulation of sleeping and waking routines. This model of healthcare, when combined with sleep's acknowledged role in promoting healthy digestion and regenerating the blood, ensured that healthy sleep was highly prized as an essential support to life. The stakes were raised even higher by Christian imperatives to care for elements of God's creation and to adopt temperate habits. Given these distinctive features of early modern sleep culture, it is hardly surprising that regulating sleep's quantity and quality was a central component of household routines. Sleep did not always come naturally to people of the period but they recognized its importance to the long-term health of mind, body and soul, and they attended carefully to it.

The evidence amassed here is, of course, just a small tip of a large and complex iceberg, but the high value placed on healthy sleep by the subjects that figure here, presents an instructive contrast to the marginalization of sleep's value in more modern times. That sleep is always a biological and cultural phenomenon can be clearly discerned when we take a view of past cultures, societies and peoples whose motivations to sleep well were extremely powerful. The medical principles that shaped early modern sleep culture differ enormously from today, but there remains a surprising degree of commonality in the kinds of practices that were used to promote healthy sleep, and in the kinds of therapies that were (and are) used to treat sleep loss. What have not survived, however, are the distinctive cultural beliefs and motivations that shaped a lively sensibility of sleep 'care'.

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