Childbirth, ‘Madness’, and Bodies in History

by Philippa Carter

Anyone who writes about the history of early modern ‘madness’ travels in the wake of Michael MacDonald’s *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England* (1981). The book’s subject was the practice of the Bedfordshire astrologer-physician Richard Napier, who treated thousands of psychologically troubled clients between 1597 and his death in 1634.¹ Seeking to account for the predominance of women among them (58.2% by his calculation), MacDonald noted that

Childbirth without anaesthesia or asepsis was excruciating and dangerous: Difficult and botched deliveries often left women mangled, sterile, or lame – if they survived the infections that appear commonly to have followed dangerous labours. These afflictions were quite familiar in Napier’s practice, and they can easily be seen to have contributed to the surplus of mentally disturbed women, for one out of five of them complained to the doctor of a gynaecological or obstetrical problem in addition to her psychological distress.²

MacDonald did not develop this observation further, despite its startling implications for historians of ‘madness’, gender, and the body.³ Focusing on Napier’s encounters with his childbearing clients, this article seeks to explore these implications in greater depth. Over the course of his career, the astrologer-physician described encounters with many new mothers suffering from ‘madness’, ‘distraction’, ‘idle-headedness’, ‘insanity’, ‘frenzy’, or ‘lunacy’.⁴ This article examines his records of consultation with these clients, and argues that he saw causal connections between their childbearing and their subsequent ‘madness’.⁵

The conjunction of childbirth and ‘madness’ in Napier’s casebooks offers a new angle on a question with which historians of the body have long grappled: how to conceive of the relationship between material bodies, culture, and the subjective experience of embodiment. In *Gender Trouble* (1990) and *Bodies that Matter* (1993), the critical theorist Judith Butler famously argued that it was impossible to see, know, or inhabit bodies without reference to the meanings already made of them.⁶ The ‘facts’ of biological sex were thus always already gendered. For many feminist historians writing in...
the 1990s, the recognition that there was no seam where ‘nature’ ended and ‘culture’ began was liberating. Revealing the discursive and social construction of even the most seemingly ahistorical bodily ‘facts’ allowed them to reject essentialist appeals premised on that ahistoricity. Thus, in her classic study of touch, gender, and power in early modern England, Laura Gowing argued that ‘the most apparently natural of bodily events and processes – like desire, labour, or motherhood – are the product of culture’.

Some historians, while acknowledging the immense productivity of this approach, voiced doubts about its limits. In her ground-breaking introduction to Oedipus and the Devil (1994), Lyndal Roper wrote that

Bodies have materiality, and this too must have its place in history. The capacity of the body to suffer pain, illness, the process of giving birth... all these are bodily experiences which belong to the history of the body and are more than discourse.

An overemphasis on construction, she argued, had produced peculiarly disembodied histories of the body. It was vital to find ways of writing histories which embraced ‘corporeal facts’: histories which acknowledged that ‘people in the past endured greater pain, that births often lasted longer, that women carried injuries resulting from repeated childbearing more often in the past than they do now’. Nor could such an analysis afford to exclude the mind, for psychic and embodied subjectivity were, in her view, inseparable.

In Madness in Seventeenth-Century Autobiography (2007), Katharine Hodgkin offered a similarly subtle response to the same historiographical problem. Roper's starting point had been the suffering body; hers was the psyche. According to Hodgkin:

Madness always exists in culture, and is culturally articulated and defined. But this is not to say that madness exists only as a purely social or conceptual construct.... Those who describe the experience of mental disorder register a vivid sense of dislocation and disturbance, of being caught in an inexplicable and distressing net of contradictory and inaccessible meanings, and finding themselves at odds with a dangerous and bewildering world, both inwardly and outwardly. To discount the force of such experiences in the name of cultural relativity seems a failure of understanding.

Both childbirth and ‘madness’, then, are culturally constructed, and yet culture alone does not seem to offer an adequate account of them. This article uses the relationship between the two to ask again about the limits of construction as a mode of historical understanding.

Relatedly, it reflects on the continuing usefulness of the sex/gender distinction for historians of the body. Laura Gowing has written that ‘the gendered body of the sixteenth and seventeenth centuries is almost unrecognisable to modern eyes’, and the same could be said of the illnesses to which it was vulnerable. This article argues that the childbirth-related illnesses
described by Napier were profoundly gendered, and gendered in ways that seem very unfamiliar today.\textsuperscript{16} And yet, while today’s prevailing medical framework bears little resemblance to that of early modernity, it describes childbirth-related risks – including risks to maternal mental health – in terms which Napier would not have found wholly unrecognizable.

If there are parallels to be found between our conceptions of postpartum mental illness and those of a seventeenth-century physician, how are we to understand this impression of continuity? Is it the product of a centuries-old ‘genealogy of knowledge’?\textsuperscript{17} Or does it suggest some perennial patterns in the wiring of human bodies and minds, and in the ways in which that wiring can short-circuit? As Roper, Gowing, Hodgkin, and several other historians have suggested, the answer is probably ‘yes’, to both.\textsuperscript{18} In a 2008 article in \textit{Gender \& History}, Dror Wahrman reached the same conclusion. Both ‘unreflective constructivism’ and ‘unreflective essentialism’ had, in his view, produced distorted visions of ‘the human condition’.\textsuperscript{19} What was needed, he argued, was a ‘corporeal critique’: an approach which ‘would push the historian to explore where the culturally constructed ends and the ahistorical and extra-cultural begins; and thus, most importantly, how they relate to each other’.\textsuperscript{20} This article is an attempt to write just such a ‘corporeal’ history, although I am less optimistic that what Wahrman calls ‘the un-predicted boundary between the two’ can be traced with much precision.\textsuperscript{21} Its location is far from clear among the living; it is bound to be obscure among the dead.

**RICHARD NAPIER’S CASEBOOKS**

Richard Napier was ordained rector of Great Linford in Bedfordshire in 1590, but soon found that his gifts lay in healing rather than preaching.\textsuperscript{22} By 1600, he was practising astrological medicine more or less full-time. Napier recorded over 64,000 consultations over the four decades in which he practised. Faced with the sheer quantity of these case notes, MacDonald was obliged to sample as widely as he could. This article benefits from the \textit{Casebooks digital edition}, led by Lauren Kassell and launched in 2019, which allows readers to navigate and analyse the full corpus in new ways.\textsuperscript{23} According to this edition’s metadata, Napier was consulted in at least 205 cases where the party in question had been ‘brought a bed’ (entered labour and brought to childbed). Of these, 159 questions involved medical problems (77.6\%) and twenty-five ‘diseases of the mind’ (12.2\%).\textsuperscript{24} In total, I have identified forty-eight sufferers from postpartum ‘madness’ in Napier’s casebooks. The actual number is likely to be still higher.\textsuperscript{25}

Somewhere between an inventory, an account-book, a diary, and a clinical record, medical ‘casebooks’ did not belong to an established genre at the time of their composition.\textsuperscript{26} Napier’s ‘judgements’ could mingle astrological readings, conversations with angels, uroscopy, the reported speech of his clients, and his own observations.\textsuperscript{27} Some physicians kept case notes with an eye to publication; Napier’s are scribbled, disjointed, and often cryptic.
Three or four consultations crowd higgledy-piggledy onto one page, each encroaching on the next (Fig. 1). This makes them awkward, difficult texts to work with, but also uniquely illuminating ones. He seems to have been writing only for his own reference, and this absence of audience and lack of editing removes two filters which complicate most other early modern texts. His casebooks offer a raw but fragmentary record of one practitioner’s encounters with his patients. It remains important to bear in mind that his understandings of postpartum illness were those of a literate male cleric. He read very widely; he almost certainly never helped to deliver a child. Any sense of his patients’ experiences can be gained only indirectly. Many do seem to have described their bodies in humoral terms, but this orally transmitted knowledge probably had only so much in common with that contained in Napier’s books.

Napier’s casebooks have been supplemented with the writings of his mentor Simon Forman, Elizabethan England’s self-declared authority on astrological medicine. Forman was a magpie-like reader and compiler; he produced a series of manuals which continued to swell with unattributed quotations, paraphrases, and first-hand observations over the course of his life. None of his manuscript guides were ever published, but Napier studied them faithfully. In the fullest, ‘The Astrologicall Judgmentes of phisick’, Forman set out a key for judging ‘Whether the disease be in the body or mind or in both’. He provided a series of planetary configurations, each locating the sufferer’s disease at different points on a fluid mind/body continuum. Forman thought that it was perfectly possible for a disease to be exclusively ‘in the mind’ or ‘in the body’, but more typically it involved differing degrees of both. Reading Napier’s accounts of postpartum ‘madness’, it is important to remember that he could have been locating the illness at a number of points along this mind/body spectrum. The argument made here moves along this spectrum, beginning with some of the bodily signs of madness recorded by Napier – heat, sweats, aches, corruption, and humoral imbalance – and ending with its observed effects on the ‘mind’: the ‘wits’, ‘senses’, ‘passions’, ‘imagination’, and ‘fantasy’.

HOT BODIES

In the summer of 1600 Napier was consulted by the husband of Agnes Olny of Tebworth in the parish of Chalgrave. His wife had recently given birth, and now complained of being ‘hot in her body’ and ‘full of aches’. Mr Olny blamed the ‘bad midwife’, who had ‘used in great haste a very iron hooke to deliver her child & so hath harmed her’. Agnes was now passing urine involuntarily, and with burning pain. She had bathed ‘her bodye with French mallowes, formell, shepes suet & running water’, but was still ‘not the better’ for it. Two years later, Agnes had not still recovered, but had grown ‘worse and worse’. She was now described as ‘a frentick woman’, ‘furious’, ‘insane’, ‘senseless’, and with ‘no use of her wits’. Napier recounted, again, how she had been
Fig. 1. Horary consultation concerning Mrs Elizabeth Berkeley, née Conyears, 16 January 1624: MS Ashmole 413, f.61v, upper right part of page, Bodleian Libraries, Oxford.
delivered of a child which by means of an unskilfull midwife perished & rent the woman [so] that shee ever after continued lame & could never since hold her water [urine]. Uppon this day [a week ago] about 12 of the clock shee began to wax mad.34

Several of Napier’s cases parallel Agnes Olny’s. Sybil Fisher, twenty-three years old, had given birth in July 1603, and had ‘bene very ill ever since. very hott & burning. sweates much. cannot sleepe. light-headed [delirious]. rages, talkes idly’.35 Lady Jane Harrington of Mylton had been brought to bed at 1 a.m. on 18 March 1619. Nine days later, her husband told the physician that she had ‘been unsensible some what above a week’.36 She was ‘burning & sweating’, laughed, sang, and ‘wept much & often’. Napier later went back to add a note: ‘distracted and so dyed’.37

Usually, Napier offered no further comment on the ‘burning’ heat of his clients’ bodies. In some cases, however, he stated explicitly that the new mother had fallen prey to an ‘ague’, or ‘fever’. On 6 October 1604, he reported of a local parson’s daughter Joan Spark that she had been ‘brought a bed 9 days sinc & was well & now is ill & raveth & rageth & speaketh fondly and can take no sleep. did take a cold & fell into an ague’.38 The new mother Mercy Fish of Bigglesworth was likewise described as ‘Frantick, aguish’. A month after her delivery, Napier recorded that she ‘rageth sorely & talketh more idly then before & waxeth worse & worse & will hardly be kept in her bed. Sick as life will hold... hot & sweateth’.39 Goody Prior of Sondon was reported to be ‘very unruly’ and prone to ‘sing and hallow’; her notes read ‘a burning feaver. sick since thursday. brought a bed on Mon’.40 Six days after giving birth, Mary Boddington was ‘frantick’ and ‘saying that the devill tempteth her to kill herself’; she had ‘a hoarse cough hot & dry’.41 Another new mother showing similar symptoms had, Napier thought, a ‘malignant feaver’; another the ‘new ague’.42

Sometimes, the fever subsided but the ‘madness’ did not. Anne Syred had fallen ‘frantick & mad’ in July 1619, and was reported to be ‘Very hot inward in her chest & soarli distracted in her brayne’.43 Her family told Napier that they had ‘had mutch a doe to kepe her: & [she] called them devils & rated [insulted] all & was wonderful ill for two hours. cryeth out of her sins. desires to lie on the ground. hed very light’.44 ‘Three years later, Napier saw Anne again. She was now described by him as ‘a strange mad filthy creature’, that ‘Ever uppon childbearing falleth into her mad fit tearing & breaking & burning all things... [she] will runne a dosen myles. tear rente burne any thinge, [will go] into the rivers & wash hir & [will] defile her self. Will byte & scratch.’45

That Napier recorded the hot bodies of his recently delivered clients when assessing their ‘madness’ suggests that he understood these events in relation to one another. A hot body was an intelligible sign to early modern diagnosticians; read in combination with others, it oriented them within their own system of disease classification. The author of this system was the
second-century physician Galen, whose writings had been gradually codified into a coherent system of medical knowledge by his late antique and medieval readers. According to early modern Galenists, the genus ‘madness’ was divided into three main species: melancholy, mania, and frenzy. Melancholy arose without fever; its chief symptoms were fear, sadness, and delusional thinking. Mania, like melancholy, was a chronic form of madness presenting without fever; unlike melancholy, fear and sadness were minimal or absent. The third species, frenzy (in Latin phrenesis), manifested almost identical symptoms to those commonly seen in mania, except in this case accompanied by an acute fever.

Napier had no formal medical training or qualifications; nor, for that matter, did his teacher Simon Forman. Nevertheless, both were voracious readers, and their notes mingled tenets of Galenism with those of other less orthodox philosophies. Despite his studious self-instruction, Napier seems to have struggled to apply the classical categories of madness in his practice. He wrote a letter to Forman asking for clarification, and received a characteristically peremptory reply: ‘The question is whether they be frendsey. in disperation. or mad of a melancholy madness. for these 3 com not of one cause’. Forman ought to have known that the absence or presence of fever was crucial to providing an answer; he had copied out the textbook definitions of each sub-type of madness into several of his manuscripts. Forman’s commitment to pedagogy was uneven, however, and Napier may never have had a satisfactory explanation. Yet he evidently had some familiarity with the tripartite distinction. Whether or not a recently delivered client was ‘hot in her body’ had a bearing on how he interpreted her mental condition.

CORRUPTION

If Napier took note of the concurrence of childbed injuries, heat, sweating, and madness, it is less clear how he accounted for it. Yet physical explanations were available to him. Galenic medicine had a complex etiological model for conceptualizing the effect of ‘corruption’ (also called ‘putrefaction’ or ‘infection’) arising in the other organs of the body on the brain. Frenzy was typically understood to come in two kinds: true phrenesis, and paraphrenesis (also called frenzy ‘by consent’). In phrenesis proper, the bodily fluids known as the ‘humours’ collected and corrupted in the brain. In paraphrenesis, a humoral corruption located elsewhere in the body (often the womb, lungs, or stomach) emitted noxious fumes which then travelled to the brain.

Early modern physicians agreed that new mothers were particularly vulnerable to this second kind of frenzy, for if the placenta and lochia were not delivered from the womb soon after childbirth, they would corrupt. On 27 June 1630 the conventionally trained Stratford physician John Hall treated a newly delivered gentlewoman named Cecily Hopper. Assessing her
condition, he copied out a section from the famous obstetric textbook *On the conception and generation of man* (1554):58

the products of conception are retained and corrupted after birth, so that small foul-smelling pieces are expelled. A foul smell rises thence to the stomach, heart, liver, diaphragm and in consequence to the brain, so that headache, many collapses and cold sweats soon ensue, with resulting danger of death.59

A month earlier, Hall had encountered a similar case, that of twenty-four year-old Anne Jackson. He recorded that after childbirth,

as she was not well purged, she fell suddenly into a severe frenzy with no other illness appearing. She was enraged, chiefly with those whom previously she had most loved, though she spoke much about religion. This happened at intervals. An acute fever appeared, from which I judged this to be a true phrenitis.60

Early modern discussions on the life-threatening danger of a retained afterbirth return us to the gauntlet thrown down by Roper. Today, the danger is explained in terms of ‘sepsis’, but fever, ‘change in cognition’ and ‘changes from usual behaviour’ are still listed among its warning signs.61 Are we to understand these as ‘corporeal facts’?

The problem is an ontological one, but there are some immediate ramifications for historical method. To assume that we already know what was being described risks a loss of attentiveness to how it was described.62 In the case of frenzy, it is important to recognize that discussion of sweating, vacillating body temperature, and potential fatality did not necessarily recategorize a condition (as, say, ‘systemic’ rather than ‘psychological’) in the way that it might for us. The disequilibrium of the humours was at the root of all disease, and it manifested in violent changes to the body’s moisture and temperature. Diseases of the mind were no exception to this rule. Frenzy was accompanied by burning fever; it could kill within hours. Neither fact made it any less a type of ‘madness’. If the three types of madness were grouped together – and distinguished from other diseases – by their marked effects on the mind, they were no less bodily for that fact.

**BLOOD AND CHOLER**

It was the two ‘hot’ humours – blood and choler – which were held to blame in cases of frenzy. If they were retained in the body too long, their ‘burning’ was understood to produce ‘hot’ diseases, of which frenzy was one. Whether in health or disease, the four ‘qualities’ of the humours – hot, cold, dry, and wet – also gendered bodies. Hotness and dryness were male qualities; coldness and wetness female ones.63 Napier’s understandings of his recently delivered clients’ frenzy belonged within this framework. He was especially
attentive to how regularly their bodies purged themselves of blood. Elizabeth Berkeley (née Conyears) had been married in 1612, at the age of fifteen. Eleven years later she was back living with her mother, who wrote to Napier on her behalf. Elizabeth, he noted, had grown ‘frentick & mad’. She had

had 2 child boath dead six yeres since. hir last child dyed. neaver well since... Sick six yeres at the hard labour of her child where she was brought a bed of it & hath continued ill ever since... Worse in her childbirth.64

The elder Mrs Conyears continued to report on her daughter’s condition for the next seven years. One April, she noted that her daughter had had her monthly bleed, yet afterwards was ‘growen more furious, cursing swearing fighting & talking more then before’.65 Absent menses were more worrying still. Regarding Mercy Fish of Bigglesworth, Napier noted that she had ‘neaver had them since she was brought a bed but once or twice, yet was let blood’.66 He noted twice that Goody Prior of Sondon, a week after childbirth, had had ‘her natural courses stayd’ and ‘stopped’.

For adult women, monthly bleeding was a salutary and necessary purgation. It was akin to the proper expulsion of the placenta and the lochial matter; indeed, for new mothers, it seems to have been placed on a continuum with it. Napier doesn’t seem to have differentiated too finely between postpartum and monthly bleeding. Missing menses may not have been quite so immediately dangerous as a retained placenta, but they still boded ill for the mother. The risks to her health seem to have been twofold. The first has already been mentioned. Forman explained that in women, frenzy often arose ‘in those who haue not their Courses well. but stopt on them and then their matrix [womb] is ful of melancoly and burnte blod the fumosity wherof ascendeth to the braine’.67 Retained menstrual blood, like the afterbirth, would corrupt and pollute the brain with its fumes.68

The second risk related to the humour’s ‘qualities’. Hot, moist, and red, blood’s qualities belonged to several overlapping semiotic spheres. It spoke of springtime, warm, wet weather, new birth, joy, and the age of childhood. Concocted and rarefied, it became human seed, the stuff of generation itself. Choler, meanwhile, was hot, dry, and flammable: it spoke of anger, belligerence, virility, and the ‘dog days’ of high summer. Their commixture united Venus, the kind, moist planet and the goddess of fertility, with Mars, the hot, irascible planet and the god of war. As Napier’s tutor explained in his ‘Astrologicallle Judgmentes of phisick’,

the blod when one is let blod and all things that doe heat extremly and ar bitter & Red belong to [Mars], he causeth... burninge fevers Nauseam Iracundiam [anger] Jelosie suspition/ prodigallity dronkenes &
unshamfastnes thefte fighting quarlinge. And causeth moch unnaturalle collor [choler].

During the week in which Mercy Fish first fell into a ‘frensy’, Napier drew up two astrological charts. Each time, he found Mars to be lord of the ascendant: this was the cusp of the eastern horizon, a position in which a planet exercised a strong pull over the terrestrial sphere. At this time, Mercy was passing a ‘very red aguish hot water’. Every day she suffered

strong hot & violent fits that distract her wits... [she] had severall fits 4 in the morning extreme hot & burning & sweating & with great violence, making her to talk she knoweth not what: that in some of her fits she doth so strugle that 3 or 4 can scarce rule her... In her fits she bit her tongue very hard & pricked it & bended it & neaver felt it. her belly heaveth & panteth.

Napier rendered Mercy’s behaviour intelligible by aligning it within a gendered grid of humours and planets. This was a sign system with which most inhabitants of early modern England were familiar; a reading like this one helped friends and relatives to make sense of the sufferer’s condition, too. On 3 April 1624, as the moon approached the red planet at a ninety-degree angle, Napier wrote that Elizabeth Conyears was ‘cursing swearing fighting & talking’, and had ‘cast away her first water being told that she should have it to be brought to me’. The moon was a feminine planet, and ruled over the brain and the other cold, moist tissues; a right-angled aspect placed her in direct conflict with Mars. At the same conjunction in 1621, Napier wrote of the new mother Sarah Pollard that ‘[she] is distracted with strong fits 4 or 5 day & night. is watched day & night. 7 [are] not able to kepe her downe’.

Forman’s comments that Mars ‘causeth much unnaturalle choler’ and ‘a flux of nature’ are telling here. What counted as ‘unnaturalle choler’ or ‘a flux of nature’ depended upon sex-differentiated ‘natural’ complexions. Men, naturally more choleric, were aggressive, libidinous, and physically violent. The ‘natural’ female complexion, conversely, was phlegmatic: cold and moist. Choler was therefore doubly dangerous for women. If their menstrual or postpartum bleeding was absent or insufficient, choler was liable to ‘burn’ the unpurged blood. The result was rising heat, fever, and ultimately frenzy. Forman noted of one of his patients that an unfavourable celestial configuration had caused ‘moch collor [choler] to abound and overcom the blod and she had a burninge fever and died frantike’. Yet, even before this complication arose, an excess of blood or choler was apt to make women act ‘unnaturally’. They laughed loudly, shouted, sang, fought, cursed, flirted, insulted people, and broke furniture. They enacted, in other words, lines rightly belonging to the early modern script for ‘manhood’.
blood, and all. For Napier and Forman, of course, the effects were nothing less than ‘corporeal facts’.

WITS, SENSES

As we have seen, Napier read the ‘madness’ of his recently delivered clients in the light of tangible bodily signs: heat, sweating, injury, absent blood, bad blood. Sometimes, however, he reported no such signs at all. Taken as a whole, his casebooks suggest a thoroughly holistic understanding of illness, in which physical and mental states were two sides of the same coin. Yet this handful of cases shows that he was also capable of sundering the two conceptually, and naming one or the other as cause or effect. In June 1609, he commented of the new mother Jane Aborne that she was ‘well in body but not in mind’. Of Anne Prat, brought to childbed sixteen weeks beforehand, he wrote that she was ‘not sick’, but her ‘mynd troubled & wit & sences gone’. This final section explores how Napier understood the derangement of ‘mind’ suffered by his recently delivered clients.

On the whole, Napier’s descriptions of the cognitive changes experienced by his clients were loose and open-ended; he rarely used what specialist medical vocabulary he did possess. After meeting the twenty-year-old Anne Savage in March 1632, for instance, he wrote that she had been brought a bed 6 weekes sinc senceles & witles no sences no memory at all speaketh she knoweth not what sencles. perverse & froward sencles. she was present but senceles with out wit & memory.

Napier seems to have struggled to convey Anne’s lack of responsiveness; the word ‘senceles’ is repeated four times in this short passage. She was present, but absent, speaking, but knowing ‘not what’. If it was from these signs that he gauged that she had ‘no memory at all’, he did not explain how.

In other cases, he was more explicit. At the end of April 1619, between four and five a.m., the nineteen-year-old Alice Godfrey was ‘brought a bed of a sonne’. She was, Napier recorded, ‘very well delivered’, but a week afterwards she ‘tooke suddenly lying in her child bed by looking & beholding her beauty in a glas’. Ever since she had been acting ‘as one possessed’. She whooped, hollered, talked ‘senselessly’, and cried out ‘of Satan’. The condition, Napier thought, had been brought on by the planet Mercury. In his guide to astrological physic, Forman had written that Mercury had dominion over ‘the memory’, ‘the understandinge’, the ‘wits’, and the ‘senses’. Physicians like John Hall, less enamoured of astrology, would have recognized these items simply as the ‘faculties’ of the mind. Also known as the ‘internal senses’ or ‘inward wits’, they were traditionally situated in three separate cells within the brain, positioned horizontally from the forehead to the back of the cranium. The front cell housed the ‘common sense’ (responsible for receiving and synthesizing sense data) the ‘imagination’ (which displayed mental images based on that data), and the ‘fantasy’ (which could
reassemble those images to create fictive ones). The middle cell was the seat of ratiocination (ratio), and the hindermost of the memory. Early modern medical theorists attributed each disease of mind to disruption in its corresponding brain area. The standard Galenic account attributed mania to damage to the first cell (impeding the imagination), and melancholy to the middle (impeding the reason). Frenzy initially arose in the ‘skins’ encompassing the brain, but could ultimately penetrate its substance and settle in all three cells, causing derangement to all the faculties.

PASSIONS

This sounds like a thoroughly physicalist model of ‘madness’, and in many ways it is. Yet the brain was only the material instrument of the soul, and this was a soul which almost all early modern Christians believed to be immaterial, imperishable, and immune to disease or injury. When Napier spoke of his clients’ wits as having been ‘lost’, ‘distracted’, or ‘alienated’, the phrasing is significant. It suggested that those wits had been unseated, not destroyed. It also allowed room for the idea that intangible blows could have thrown them from their seats. Medical theory, after its own fashion, made room for the same idea. In Galenic terms, the ‘passions’ belonged to the six ‘non-naturals’, alongside sleep, sexual activity, exercise, environment, and diet. These were the aspects of life over which the individual was encouraged to exercise control, in order to preserve health and prevent illness. Numbered among the non-naturals, the passions were not of the body, in the way that the humours were, but their impact on that body and its health was understood to be profound and immediate.

Napier did not underestimate the force of that impact. Seven weeks after she had given birth, Napier was asked to visit Anne Clark of Shillington. Unlike many of the new mothers discussed above, Anne seemed well in body: her ‘stomach was very good’, her ‘water good’, and she had been ‘well laid 2 or 3 days [after] that she was brought a bed’. Despite these positive signs, she ‘grewe after distracted & idle headed’. At first, she was very talkative, afterwards sparing of speech. & [we] did read 3 psalms together. now mopish & her sences taken from her & no memory now. & knoweth neyther mother nor friend... if she see any passe by her she will say ‘there goeth such a one’ & no more calling them by ther names but not speaking to them except for meat and drinke.

Accounting for Anne’s condition, Napier named several causes. She was ‘naturally sad & melancholy’; her humoral complexion and saturnine disposition placed her at risk. Then, in the period after the birth, her husband had been ‘somewhat hasty & gave her hard word. [She] hath taken greef & now will gaze on every body’. To Napier, it was self-evident that injured feelings could cause as much harm to the mind as injured flesh. He seems to have viewed the situation as a perfect storm, in which constitutional
susceptibility, hard words, postnatal vulnerability, and inauspicious planetary jostling had combined to bereave Anne of her ‘senses’.

Other cases bore similarities to Anne’s. On 3 August 1614, forty-five-year-old Sara Pendred of Dunstable was brought a bed ‘of a boy who doth well’. Her husband came to Napier nine days later, reporting that she ‘did talk idly by fits some 3 or 4 days agoe but came into a fit of extremity about 2 in the morning. & ever since her wits have fayled her & lyeth as one distracted of her wittes’. His wife complained, he reported, that her older daughter had been apprenticed to a woman in London, ‘who was a cursed mistress to her as she told her mother that she thought would put her out of her wits if she so continued’. The pairing of these two statements suggests a sense – whether on the part of Mr Pendred or of Napier – that Sara’s fears about her daughter’s threatened loss of wits had contributed to her own. Sometimes, the body was not held to blame. Extreme passions were acknowledged as both a cause and an effect of ‘madness’, and Napier seems to have recognized that childbirth and new parenthood often brought them in their wake.

In other cases, it was the mother’s lack of affect towards her child which worried observers. Mr Clark of the parish of Ayot came to Napier in midNovember 1625 seeking help ‘for his frantick wife’. About ten days earlier she had given birth to a son, but was now ‘careles of her child’. Four months after her delivery, Joan Dean was described as ‘full of melancholy & hath mynd for nothing nor husband nor child’. Sometimes the mother’s feelings were not absent, but hostile. Still suckling her six-month-old baby, one young mother confessed that she was ‘tempted to kill one of her own children’. Sara Musgrave of Bletsoe was ‘troubled sorely in mynd with tempt[ation] to hurt her selfe or her child’. Her urges to ‘hang or to kill her children’ were so strong that she was tying herself to her bed at night. When Napier spoke of ‘temptation’ he usually meant suicidality. The consistency of his phrasing in these cases suggests that he saw the temptation to suicide and infanticide as closely linked. He associated both with melancholy: Mr Clark’s wife was in a state of ‘depe despair’ and ‘fearfull melancholy’, while Sara Musgrave could ‘take no delight in any thinge’.

Concerns about the temptation to infanticide were not always unfounded. ‘The Satturday after her delivery’, one of Napier’s assistants wrote, Alice Goodcheape

became lightheaded & on the Sunday following shee put her fingers into the childes mouth & tore it but the childe dyed not & on the next Day at night beeing Munday shee smothered it with her hand.

Napier never aired his views on the connection between a client’s mental health and her relationship with her baby. The fact that Mr Clark saw his wife’s carelessness towards her baby as a red flag tells us, of course, about early modern expectations of proper maternal affect and mother-infant
interaction. But here too, I would suggest, an analysis of historical gender norms takes us only so far.

IMAGINATION, FANTASY

If Napier usually described postpartum ‘madness’ in terms of disordered passions, lost wits, and failing memories, direct references to the senses of perception were few. These included the five ‘external senses’ (sight, hearing, and so on) and their recipients in the brain: the ‘common sense’, the ‘imagination’, and the ‘fantasy’. When any one of these malfunctioned, the sufferer’s perceptions began to peel off from the common consensus on reality. Napier only occasionally specified which sense had erred. The Dunstable innkeeper’s wife Jane Plot had given birth to a healthy girl in May 1629, but had since become consumed with guilt about the death of another child a year beforehand. “[Her] imagination [is] so depraved that no counsayle will serve’, Napier commented. A fortnight after giving birth in September 1632, Anne Rumble was suffering from a ‘mynd troubled with fantasies for want of sleepe’. For Napier, ‘fantasies’ were strange visions or conceits, the products of an overactive ‘fantasy’. In a sick mind, they grew so vivid that they became indistinguishable from the accurate sense images displayed in the ‘imagination’.

If Napier suspected that a client’s perceptions of the external world were straying into strange territory, he usually just wrote down her ‘idle’ speech without engaging with its content. This ‘idle’ speech centred on two themes: witchcraft and the devil. Of the new mother Sybil Fisher, Napier wrote that she was

- light-headed, laughs, but at first took it with a weeping. lookes ghastly. a fleering [scornful] looke. settes her teeth. one night did nothing but swear and curse... she knowes not of her husbands coming for her, knowes nobody. they binde her handes and feete, when she is loose she is so strong that they cannot Deale with her. Singes idle songes. Desires to daunce. She had 2 midwives the first unskilfull the 2nd froward & would not meddle with her because she was not first sent, her suspected to be a witch, the woman well laid but a weeke after fell into these fittes & at first speaking of her 2nd midwife said, what doest thou there with thy black hen & such like speeches.

Napier chose to group Sybil’s ‘speeches’ and sightings of her midwife’s ‘black hen’ together with other symptoms of her mental affliction. Likewise, of Mary Boddington, delivered of a boy on 29 November 1617, he wrote:

- she speaketh she knoweth not what. sayeth of her selfe that she is a witch & sayeth the devil tempted her to kill her selfe & that she is damned. she sayeth that the devil entred into her mouth. Greenes wife suspected [of bewitchment].
There is no indication that Napier ever looked further into this double accusation of witchcraft, nor any other. He commented only that Mary was ‘frentick’ and ‘light-headed’. His frequent repetitions of ‘she sayeth’, ‘she thinketh’ suggest a concern to confine these experiences to his clients’ troubled minds. This does not suggest that he ever doubted the malevolent power of witches. Yet he evidently thought that ‘seeing’ them was often a symptom of natural disease. He usually read it as such in postpartum mothers.

The astrologer-physician was a cleric by training, and he took the reality of Satan’s activity in the world with due seriousness. Yet he seems to have dismissed his newly delivered clients’ reports of visits from the devil almost as readily as those of witches. Joan Spark of Blundham spoke ‘idley of the devill altogether & sayth fondly that she has given her selfe to the divell & would make her selfe away’. Agnes Kent was of a ‘melancholy disposition’, but had rapidly deteriorated ‘since she was delivered’. She had been, Napier wrote

a quarter of a year ill ever since she lay in with child bed. Despayreth of gods mercy. Chardgeth her selfe with many crimes, as that she did lye with her sisters brothers son. Sayeth that the divell will have hir. Denyeth god & blasphemeth. Thinketh that she is bewitched by her brothers son.

Despairing of God’s mercy, she offered praise to the devil. By the beginning of February, she had unsuccessfully attempted suicide, stabbing herself and cutting her throat ‘an inch in’ with her husband’s dagger. The previous day, the physician wrote, she had come ‘to my house craving my help agaynst the divel’s tenta[j]ion’. Many of Napier’s clients reported similar experiences, and Napier did not usually call such reports ‘idle’. Diabolic temptation was a daily struggle for many – if not most – early modern Christians. Yet Agnes’s case record offers no indication that the physician believed in the veracity of her ‘many crimes’. There were no calls for her to repent of her sexual depravity or devil worship. Instead, he prescribed her the usual course of therapy: medication and blood-letting. Whatever was at work on her ‘imagination’, Napier hoped that it would be tractable to physic.

In early November 1614, a week after giving birth, Dugleys Miles of Letchborough began to ‘laugh mutch & then rage’, and to speak ‘idle talke of the divelle’. The devil may have attended many a lying-in, but Napier felt it unlikely that he had announced himself so often. She was also ‘subject to the crampe’, he noted, and ‘had but a weak memorie [of] her children’. His second and final consultation with her, three days later, stated simply, ‘Dugles Miles of Lichborough. 19 years [old]. Thursday November 10th 2.49 p.m. Lunatick in her child bed’. Napier had seen this pattern of
bodily and behavioural signs before. Birth and ‘lunacy’ were not, for him, strange bedfellows.

CONCLUSION

‘Madness’ was an expansive category in early modern England. It was understood that it could develop from an unkind word, a fever, a retained afterbirth, or a childbed injury. Were this not complicated enough, a host of unearthly beings were pulling strings behind the scenes. The exact causal relationship between being ‘brought a bed’ and ‘waxing mad’ was located at varying points within this matrix. Physicians’ models of causation differed; each of their patients differed too. Napier never seems to have been very certain what the link was between his clients’ childbearing and their subsequent ‘madness’. Yet he did repeatedly connect the two events. Present-day medical theory does too; it locates them, of course, in a radically different epistemological schema. Yet when it comes to locating the causes of postpartum ‘psychosis’ or ‘depression’, its conclusions are – as yet – not more certain than were Napier’s.

Napier’s casebooks confirm the conclusions of many historians of medicine: early modern diseases were profoundly gendered, and in turn reproduced gender. The planets and the humours were coded male and female, and they imprinted this difference onto human bodies and their diseases. Every physical substance was determined first and foremost by its ‘qualities’, that is, by its innate levels of heat and moisture. Flesh was no exception. Bodies that were cooler and wetter than other bodies were female, and if female bodies were not cool and wet, they were at risk of disease. Most historians of gender in medieval and early modern Europe make reference to the humoral complexions of Galenic theory, and they are right to, for it was the primary hermeneutic which made physical ‘sex’ intelligible.

Nor, as gender theorists have long suggested, can we understand this construction as an overlay or filter, easily peeled off to reveal the enduring truths of the sexed body. Karen Harvey has recently argued that every historical culture gives rise not only to a different conception of the body, but also to a different subjective experience of embodiment. In so doing, she builds on the central claim of Barbara Duden’s The Woman Beneath the Skin (1991). For Duden, the emergence of biomedicine in the nineteenth century reconfigured bodily experience beyond recognition. Only the historian’s suppressing of her own perceptual wiring, and fostering an imaginative openness to past patterns of sensation (in Duden’s case, those described by the female patients of the eighteenth-century physician Johann Storch), could yield a sense of the historicity of embodiment. Following Duden and Harvey’s reasoning, it seems unlikely that a person who knew that her body’s sex difference inhered in the ‘natural’ coldness and wetness of her complexion felt that body in exactly the same way that we do.

And yet, for those who conceive and bear children, birth can still arrive unbidden. Waters can still break. The ‘afterbirth’ can still be retained. This
complication can still kill. These are ‘corporeal facts’. It may be that we cannot grasp them outside of language, but thinking human subjects are not the only agents at work in the shaping of history. How pus is perceived – whether as corrupted choler, or as dead white blood cells and bacteria – does not alter the course of infection. It might change the quality of the pain, but it will not change the fact of pain accompanying infection. Likewise, whether acute mental confusion is understood as a symptom (‘delirium’) or ‘madness’ may change the experience for the sufferer or for observers, but not the fact of its arising with fever. What the ancient Greeks called bios (life system) can do without logos (discourse), even if we cannot.

Harvey stresses that her eighteenth-century authors often observed their own bodily experiences with ‘a feeling of resignation to external forces – very often little understood or unidentifiable’. Imagining past embodiment as lived through an ‘epoch-specific gestalt’ leaves little room for feelings of this sort. If we neglect ‘corporeal facts’, we risk obscuring the aspects of embodiment which felt – and feel – imposed, uninvited, incomprehensible, inexorable, and frightening. Nor should embodiment, here, be taken to exclude the ‘mind’. This returns us to Hodgkin’s observation that those who described their ‘experience of mental disorder’

register a vivid sense of dislocation and disturbance, of being caught in an inexplicable and distressing net of contradictory and inaccessible meanings. To discount the force of such experiences in the name of cultural relativity seems a failure of understanding.

Hodgkin does not argue that the part of ‘madness’ lying beyond discourse can be isolated and studied, only that we must acknowledge its presence. I would argue that we must take the same approach when writing about bodies in history. The crux of our analysis must rest on what we have access to. But a margin of epistemic room must be left for what Roper called ‘corporeal facts’, even if we cannot disembed them from culture or trace their outlines. Gesturing at something ‘beyond’ is not the most satisfying of solutions. Yet, without this margin, I do not think I have done justice to the lives and deaths of Napier’s clients in their childbeds.

If we are stuck with an opaque amalgam of culture and the ‘extra-cultural’, it is important to remember a point intimated by Macdonald, Roper, and Wahrman: the composition of that amalgam is subject to change. It always needs historicizing. The malleability of a person’s circumstances varies greatly depending on the environment in which they live: on its technologies, its values, its economy, its prohibitions and opportunities. Technology and pharmacology – and the ideas and norms creating and permitting them – have made it possible to alter the physical conditions of fertility, parturition, and postpartum recovery in ways that make the lived reality of having a fertile body in a post-industrial society almost
incommensurable with that of the past. For those of us with ready access to reliable birth control, antiseptics, and antibiotics, it takes effort to imagine conditions in which childbearing was longer, more painful, more dangerous, less predictable, and much more frequent. It takes effort to imagine a world in which childbirth-related mental health problems were also more frequent.

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NOTES AND REFERENCES

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1 Michael MacDonald, Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England, Cambridge, 1981. MacDonald adopted ‘madness’ as a term ‘used by ordinary people in the seventeenth century’ (Mystical Bedlam, p. xiii); I have chosen to do likewise. This is to risk perpetuating the stigmas which accrue to well-worn words, although ‘madness’ has been reclaimed by some mental health service users in the last two decades. Referring instead to ‘psychological’ or ‘mental’ illness brings its own problems: among them, presentism, unreflective pathologizing, and a tendency to envision the mind/body relationship in binary terms. Napier did however describe some patients as ‘ill in mynd’. For brevity’s sake, this article occasionally refers to ‘mental illness’ and ‘mental health’.

2 MacDonald, Mystical Bedlam, p. 38. MacDonald counted ‘1,267 cases of mental disorder in women over 14’ in his sample, with 22.4% suffering ‘gynaecological or obstetrical illnesses’ (p. 259, n. 87). Whether he was counting patients or single consultations as ‘cases’ is unclear. The Casebooks digital edition totals 2,673 consultations with women over fourteen whose complaints included ‘diseases of the mind’. Given Napier’s haphazard approach to record-keeping, none of these figures should be taken as hard data.

3 Lapierre’s association of childbed conflict and postpartum mental disturbance was also observed by Laura Gowing in Common Bodies: Women, Touch, and Power in Seventeenth-Century England, New Haven and London, 2003, pp. 155–6.

4 All of these terms were used as rough synonyms for ‘madness’. For a nuanced exploration of this lexicon, see Carol T. Neely, Distracted Subjects: Madness and Gender in Shakespeare and Early Modern Culture, Ithaca, NY, 2004, pp. 2–4.

5 Although maternal mental health has not been well studied, the history of childbirth in early modern England is exceptionally rich. For just a few key works, see Women’s Worlds in Seventeenth-Century England: a Sourcebook, ed. Patricia M. Crawford and Laura Gowing, London, 1999, Part 1; Gowing, Common Bodies, chaps 4–5; Adrian Wilson, Ritual and Conflict: the Social Relations of Childbirth in Early Modern England, Farnham, 2013; Leah Astbury, ‘Being Well, Looking Ill: Childbirth and the Return to Health in Seventeenth-Century England’, Social History of Medicine 30: 3, summer 2017, pp. 500–19; Sarah Fox, ‘The Woman was a Stranger: Childbirth and Community in Eighteenth-Century England’, Women’s History Review 28: 3, summer 2019, pp. 421–36.

6 Judith Butler, Gender Trouble: Feminism and the Subversion of Identity, New York, 1990; Judith Butler, Bodies that Matter: On the Discursive Limits of Sex, New York, 1993.
7 Lyndal Roper, *Oedipus and the Devil: Witchcraft, Religion and Sexuality in Early Modern Europe*, London and New York, 1994, p. 13.
8 Roper, *Oedipus and the Devil*, pp. 13–16.
9 Gowing, *Common Bodies*, pp. 204–5.
10 Roper, *Oedipus and the Devil*, p. 21.
11 Lyndal Roper, ‘Beyond Discourse Theory’, *Women’s History Review* 19: 2, spring 2010, pp. 316–7.
12 Roper, *Oedipus and the Devil*, pp. 21–2; Roper, ‘Beyond Discourse Theory’, pp. 312–17.
13 Katharine Hodgkin, *Madness in Seventeenth-Century Autobiography*, New York and Basingstoke, 2007, p. 4.
14 Gender theorists have long pointed out the shortcomings of the traditional sex/gender distinction, and their problematization and historicization of both categories have been vital to the argument made here. For just a few examples, see Butler, *Bodies that Matter*; Riki Lane, ‘Trans as Bodily Becoming: Rethinking the Biological as Diversity, Not Dichotomy’, *Hypatia* 24: 3, summer 2009, pp. 136–57; Anne Fausto-Sterling, *Sex/Gender: Biology in a Social World*, New York, 2012.
15 See Olivia Weisser’s subtle explorations of the gendering of sickness in early modern England: Weisser, *Ill-Composed: Sickness, Gender and Belief in Early Modern England*, New Haven, 2015; Weisser, ‘Grieved and Disordered: Gender and Emotion in Early Modern Patient Narratives’, *Journal of Medieval and Early Modern Studies* 43: 2, spring 2013, pp. 247–73.
16 Neely’s work foregrounds the gendering of early modern ‘madness’: Carol T. Neely, ‘Recent Work in Renaissance Studies: Psychology. Did Madness Have a Renaissance?’, *Renaissance Quarterly* 44: 4, winter 1991, pp. 778, 784–8; Neely, *Distracted Subjects*, esp. chaps 2–4. Unlike the ‘women’s melancholy’ analysed by Neely, frenzy and mania were not usually explicitly gender-differentiated. Frenzy was understood not as a disease linked to childbirth (among other causes).
17 Michel Foucault, ‘Nietzsche, Genealogy, History’, in *Language, Counter-Memory, Practice: Selected Essays and Interviews*, ed. D. F. Bouchard, Ithaca NY, 1977, pp. 139–64.
18 Roper, *Oedipus and the Devil*, pp. 21–2; *Women’s Worlds in Seventeenth-Century England*, ed. Crawford and Gowing, p. 13; Gowing, *Common Bodies*, pp. 166–76, 204–9; Margaret Pelling, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England*, London, 1998, p. 7.
19 Dror Wahrman, ‘Change and the Corporeal in Seventeenth- and Eighteenth-Century Gender History: Or, Can Cultural History be Rigorous?’, *Gender & History* 20: 3, winter 2008, p. 599.
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21 Wahrman, ‘Change and the Corporeal’, p. 599.
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24 ‘Diseases of the mind’ is a facet created by the editors of the *Casebooks digital edition.*
25 MacDonald counted eighty and then elsewhere eighty-two sufferers of postpartum ‘insanity’: MacDonald, *Mystical Bedlam*, pp. 108, 184.
26 Lauren Kassell, ‘How to Read Simon Forman’s Casebooks: Medicine, Astrology and Gender in Elizabethan London’, *Social History of Medicine* 12: 1, 1999, pp. 3–18; Lauren Kassell, ‘Casebooks in Early Modern England: Medicine, Astrology, and Written Records’, *Bulletin of the History of Medicine* 88: 4, winter 2014, pp. 600–12. Opinions differ on the generic
characteristics of early casebooks. For other interpretations, see Medical Practice, 1600–1900: Physicians and Their Patients, ed. Martin Dinges, Kay Peter Jankrift, Sabine Schlegelmilch and Michael Stolberg, Leiden, 2015.

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87 *Emotions and Health 1200–1700*, ed. Elena Carrera, Leiden and Boston, 2013.

88 MS Ashmole 199, f.119r. ‘CASE41343’.

89 Oxford, Bodleian Library, MS Ashmole 200, f.70r. ‘CASE37930’.

90 Melancholy – variously denoting a humour, a temperament, and a disease – has not been explored in detail here. Excellent recent studies include Angus Gowland, *The Worlds of Renaissance Melancholy: Robert Burton in Context*, Cambridge, 2006; Erin Sullivan, *Beyond Melancholy: Sadness and Selfhood in Renaissance England*, Oxford, 2016.

91 MS Ashmole 200, f.70r. ‘CASE37930’.

92 MS Ashmole 237, f.68v. ‘CASE23797’.

93 MS Ashmole 224, f. 48v. ‘CASE61321’.

94 Here ‘child.’ could be an abbreviation of ‘children’. MS Ashmole 224, f. 43r. ‘CASE61926’.

95 MS Ashmole 211, p. 14. ‘CASE76882’.

96 MS Ashmole 194, p. 152. ‘CASE70199’.

97 MS Ashmole 220, f. 57r. ‘CASE45419’.

98 MS Ashmole 220, f. 47r. ‘CASE45362’.

99 MS Ashmole 224, f, 43r. ‘CASE61296’; MS Ashmole 220, f. 47r. ‘CASE 45362’.

100 MS Ashmole 232, p. 107. ‘CASE71341’.

101 MS Ashmole 406, f.67r. ‘CASE68796’.

102 MS Ashmole 214, p.54. ‘CASE75627’.

103 MS Ashmole 207, f.113v. ‘CASE1541’.

104 MS Ashmole 220, f.136v. ‘CASE45836’.

105 MS Ashmole 415, f.162v. ‘CASE21595’.

106 MS Ashmole 230, f.153r. ‘CASE48142’.

107 MS Ashmole 230, f.149r. ‘CASE48121’.

108 MS Ashmole 230, f.160r. ‘CASE48184’.

109 MS Ashmole 237, f.117v. ‘CASE24077’.

110 MS Ashmole 237, f.119v. ‘CASE24090’.

111 See, for recent examples, Wendy D. Churchill, *Female Patients in Early Modern Britain: Gender, Diagnosis and Treatment*, Ashgate, 2012; Weisser, *Ill Composed*; Helen King and Gabriella Zuccolin, ‘Rethinking Nosebleeds: Gendering Spontaneous Bleedings in medieval and early modern medicine’, in *Blood Matters: Studies in European Literature and Thought, 1400–1700*, ed. Bonnie Lander Johnson and Eleanor DeCamp, Philadelphia, 2018, pp. 79–91.

112 See Cadden, *Meanings of Sex Difference*, pp. 169–88.

113 Karen Harvey, ‘Epochs of Embodiment: Men, Women, and the Material Body’, *Journal for Eighteenth-Century Studies* 42: 4, winter 2019, pp. 455–69.

114 Harvey, ‘Epochs of Embodiment’, p. 455; Duden, *Woman Beneath the Skin*.

115 Barbara Duden, ‘A Historian’s “Biology”: On the Traces of the Body in a Technogenic World’, *Historein* 3, 2001, pp. 89–102.

116 Pelling, *The Common Lot*, pp. 6–7.

117 Harvey, ‘Epochs of Embodiment’, p. 464.

118 This is how Duden describes her own methodology: Duden, *Woman Beneath the Skin*, p.179.

119 Hodgkin, *Madness in Seventeenth-Century Autobiography*, p. 4.