

PART XI

MEDICINE

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The line between patient and practitioner in early modern Europe was traversed back and forth constantly. Two intersecting features of the health care system fostered patient autonomy: medical knowledge was widespread, and healing was an extremely porous occupation, open to anyone. The two overarching intellectual structures that governed most healing practices – humoral theory and sympathetic magic – were open-ended, could be employed in simple or complex ways, and were the basis of most people’s understanding of the natural world.

The vast majority of health care was domestic. Both men and women collected recipes for remedies, and those with ready access to pen and paper recorded them in books, many of which survive today. Domestic healers were often bad-mouthed by physicians who wished that their potential patients would more clearly see the distinctions between old women who made remedies at home and humanist physicians with years of classical learning. A range of sources, however, offer counternarratives more like that of Helena in *All’s Well That Ends Well*, of female domestic healers who succeeded where learned medicine had failed. The vehemence with which physicians protested suggests that many patients saw no great gulf between the medicine offered by a domestic healer and that rather more costly version provided by a physician.

TOPICS COVERED IN THIS CHAPTER INCLUDE

- Midwives
- Apothecaries, barber-surgeons, and physicians
- The College of Physicians
- The medical marketplace
- The plague
- Knowledge and practices
- Humoral medicine
- Hippocratic medicine
- Sympathy, astrology, and wise women
- Mental illnesses
- Sexual difference
- Racial differences
- The shock of the new
- The “pox”
- Paracelsus
- Remedies
- Lessons from the body
- Vesalius
- Dissection
- Executions, public dissection, and the semiotics of punishment

99. HEALING AND HEALERS

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During Shakespeare’s lifetime, there certainly were developments in medical knowledge, particularly in anatomy, but generally people’s conceptions of health and healing remained consistent with those of their medieval forebears. More profound changes came in the later seventeenth century, following discoveries that fundamentally challenged the Galenic system, such as William Harvey’s description of the circulation of blood. But from the mid-sixteenth through the early seventeenth century, the landscape of medical care stayed remarkably the same: the household was the primary site of treat-

ment, most often under the supervision of women. Outside the domestic sphere, a patient might have consulted a variety of sources in the medical marketplace. Not only were individuals concerned with their well-being, but the state also was apprehensive about communal health.

TOPICS COVERED IN THIS CHAPTER INCLUDE

- Household medicine
- “Simples” in medical treatment
- Compound medicinal recipes
- Materia medica
- The apothecary
- The medical marketplace
- Nurses and midwives
- Female “empirics”
- Barber-surgeons
- Male physicians
- Healing mental illness
- Public health
- The plague
- The king’s touch

100. HOW THE BODY WORKED

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The overriding image of the human body in Shakespeare’s time was of a small world, a microcosm, created in parallel to the world itself, the macrocosm. The microcosmic body was dominated by four humors (blood; phlegm; choler, or yellow bile; and black bile) that determined human temperaments and, when properly balanced, produced good health. When the balance of these vital fluids in an individual body was disturbed, however, illness often resulted. The medical system of the day was prepared to treat this humoral body, to keep it stable and in balance, by a wide variety of dietary and regulatory means. The humoral model accommodated disparate theories about the body’s interior and served for both men and women.

TOPICS COVERED IN THIS CHAPTER INCLUDE

- The humoral body
- The unbalanced body and illness
- Treatments
- The tripartite division of the body
- The relationship between body and soul
- The gendered body

101. THE SHOCK OF THE NEW

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Many innovations presented themselves to Europeans during Shakespeare’s lifetime, often thanks to the West’s expanding global horizons. England was also absorbing new ideas, arts, and trades from a surge of continental immigrants, many fleeing post-Reformation conflicts. At the same time, great strides were being taken in the physical and mathematical sciences. Radical new ideas about religion and religions, history, statecraft, ethics, and the very aims or methods of human thought challenged long-accepted ways of thinking. In responding to these novelties, Shakespeare moved away from analogical thinking and reliance on ancient authorities, toward probing observation and skepticism about received ideas.

TOPICS COVERED IN THIS CHAPTER INCLUDE

- What was “new” from the New World?
- Renaissance natural history and epidemiology
- A model biological discovery and Shakespeare’s access to it
- Poetic pearl imagery

- Pearl and eyes in *The Tempest*
- Shakespeare, art, and new knowledge

102. EXPLAINING RACIAL AND SEXUAL DIFFERENCES

Mary Floyd-Wilson, University of North Carolina Chapel Hill, United States

The theory of the four humors – the widely held belief that blood, yellow bile, black bile, and phlegm explain the workings of the human body – had consequences for early modern understandings of racial and sexual differences. Before the construction of “race” as a concept, physiological and cultural differences were often attributed to variations in the environment. With respect to sex, women’s bodies were regarded as colder and moister than men’s. Humoral imbalances could turn men into women and women into men, not only in their behavior but, according to some accounts, in their physical bodies.

TOPICS COVERED IN THIS CHAPTER INCLUDE

- Theories of male and female seeds in human procreation
- Disease and the sexed body
- Greensickness
- Geohumoralism
- Constitution of the British people in geohumoralism
- Shakespeare’s views on northern and southern traits
- Regional influence and English traits
- Transmission of traits
- The curse of Ham
- Blackness as “natural infection”
- “Dominant seed” theory versus geohumoral theory
- Galenic nonnaturals
- Diet and constitution
- Religion and humors
- Racialism

103. LESSONS FROM THE BODY: MORALIZING DISABILITY

Michael Schoenfeldt, University of Michigan, United States

Shakespeare repeatedly shows characters trying to make sense of their own and others’ suffering and disability. In Shakespeare’s time, most believed that disease, disability, and deformity resulted from the judgment of an all-knowing god, who was punishing his creature for some moral failure. Because early modern England possessed no concept of bacterial infection, most disease was explained physiologically as an imbalance of the humors, and this imbalance was itself the result of intemperate behavior. Illness, disability, and suffering were thus invariably moralized in a way that blamed the victim. Religious prejudice conspired with medical ignorance to impose the added burden of moral judgment on the unfortunate victims of physiological accidents.

TOPICS COVERED IN THIS CHAPTER INCLUDE

- Richard III, Shakespeare’s disability theories
- Richard’s relationship between deformity and power
- Medical underpinnings to moral interpretations
- Psychic disorders and the humors
- Disease and insult
- Shakespeare and epilepsy
- Old age as a disabling element
- Disability in *King Lear*
- True and fake madness
- ^a Narratives of disability and disease in Shakespeare

104. LESSONS FROM THE BODY: DISSECTION AND ANATOMY

Richard Sugg, University of Durham, United Kingdom

For most of our lives, we live at once inside and outside of our bodies: inside, because we are never anywhere else from cradle to grave, yet outside, because their inner wonders remain hidden from us in the ordinary experience of everyday life. At certain points in history, the inner body breaks this cozy bargain. Such was the case in Shakespeare's lifetime. British physicians may have been slow to catch up with the revolution going on in anatomy theaters on the Continent, but sharp-witted writers exploited the rhetorical and intellectual possibilities that sprang from public dissections and anatomy textbooks. In the years up to 1650, there appeared in English at least 120 *literary* anatomies – dissections in words.

TOPICS COVERED IN THIS CHAPTER INCLUDE

- “Analysis” and “anatomy”
- Anatomical specimens, dead and living
- Shakespeare's hybrid images
- Epitomes and mapping
- Anatomizing others
- Lear and Romeo

105. MEDICAL PRACTICES

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Medical practices in Shakespeare's time were firmly rooted in the classical traditions established by Galen, Hippocrates, and other ancient authorities. This tradition stressed balance above all else. To be ill was to be out of balance, a disproportion that might be caused, for example, by an immoderate diet. Because disease was caused by imbalance, to be cured was to be returned to a more balanced state. In the sixteenth and seventeenth centuries, this theoretical basis was itself being subjected to revision, question, and contradiction. Similarly, protocols of treatment were more complex and less systematic than the traditional hierarchy of physicians, surgeons, and apothecaries would have liked.

TOPICS COVERED IN THIS CHAPTER INCLUDE

- Simples and compounds
- Vomits and purges
- Diet and lifestyle
- Treatments by irregular practitioners
- Surgical procedures
- Bloodletting
- Syphilis and other emergencies
- Treatments of melancholy and madness
- Magical and alternative healing
- Witchcraft
- Paracelsian remedies

106. MENTAL ILLNESS

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The concept of “mental illness” in the sense of a disorder affecting only the mind dates from the late eighteenth century. Before then, disorders of the mind were thought to originate in the body or far outside it, but there was no mental disorder that was not accompanied by physical malaise. Bodily “passions” were regarded as the cause of altered mental states. Shakespeare shows a thorough knowledge of the learned medicine of his era, and it can be seen to inform his depictions of melancholy and mad characters. In his plays, he also acknowledges the possibility of supernatural causes of mental disorders, but naturalistic explanations are given at least equal prominence, and supernatural explanations are often shown to be hollow.

TOPICS COVERED IN THIS CHAPTER INCLUDE

- Passion: the cause of madness
- Melancholy
- Staged madness before Shakespeare
- Shakespeare's innovations
- *Hysterica passio*
- Causes natural and supernatural

107. VIOLENCE AND POSSESSION

Philip Almond, University of Queensland, Australia

In cases of possession by the devil, the line between simulated and nonsimulated behavior was not clear in Shakespeare's England. Persons could at one time be both actively associated with and dissociated from their actions, and the boundary between "authentic" and simulated behavior shifted at various points in a demoniac's career. Possession was "scripted" behavior. Onstage and off, the roles of demoniac, exorcist, and spectator were played out, improvised, developed, embellished, and refined in a series of ongoing negotiations and interactions between all the participants, within the format of a loosely constructed cultural script known to all, players and audience alike. The fictive and the real overlapped indistinguishably in a "real-life drama."

TOPICS COVERED IN THIS CHAPTER INCLUDE

- Possession and mental illness
- Devils in the possessed body
- The persona of the possessed
- Natural and supernatural signs of possession
- Violence and the possessed
- The theater of possession and exorcism