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Published Version

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Newton, H. (2011) “Very sore nights and days”: the child’s experience of illness in early modern England, c. 1580-1720. *Medical History*, 55 (2). pp. 153-182. ISSN 2048-8343 doi: <https://doi.org/10.1017/S0025727300005743> Available at <http://centaur.reading.ac.uk/45114/>

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To link to this article DOI: <http://dx.doi.org/10.1017/S0025727300005743>

Publisher: Cambridge University Press

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‘Very Sore Nights and Days’: The Child’s Experience of Illness in Early Modern England, c.1580–1720

HANNAH NEWTON*

Abstract: Sick children were ubiquitous in early modern England, and yet they have received very little attention from historians. Taking the elusive perspective of the child, this article explores the physical, emotional, and spiritual experience of illness in England between approximately 1580 and 1720. What was it like being ill and suffering pain? How did the young respond emotionally to the anticipation of death? It is argued that children’s experiences were characterised by profound ambivalence: illness could be terrifying and distressing, but also a source of emotional and spiritual fulfilment and joy. This interpretation challenges the common assumption amongst medical historians that the experiences of early modern patients were utterly miserable. It also sheds light on children’s emotional feelings for their parents, a subject often overlooked in the historiography of childhood. The primary sources used in this article include diaries, autobiographies, letters, the biographies of pious children, printed possession cases, doctors’ casebooks, and theological treatises concerning the afterlife.

Keywords: Child; Patient; Parents; Sickness; Pain; Death; Emotion; Providence; Puritanism; Heaven; Hell; Doctor; Paediatrics; Love; Siblings; Gender; Diaries; Letters; Casebooks; Possession

Introduction

‘The Sick Child’, painted by Gabriel Metsu in 1660, inspired the subject of this article.¹ The ailing child gazes listlessly out of the painting, her fragile, pale form contrasting against the solid, bright presence of her nurse or mother.² Although the painting is Dutch, it sparks a host of questions relevant to children’s experiences of illness in early modern Europe as a whole. What is this child thinking? Is she in pain, and if so, what emotions

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¹The painting is housed at the Rijksmuseum in Amsterdam, Holland. Metsu lived between 1629 and 1667. He was the son of the Flemish painter Jacques Metsu (c.1588–1629).

²My thanks to the art historian Catriona Murray for confirming that the child is supposed to be female.



Figure 1: *The Sick Child* by Gabriel Metsu, c. 1660 (Collection Rijksmuseum, Amsterdam).

has this suffering provoked? Is the child aware that she might die, and what does she think will become of her after death? How did these thoughts affect her emotionally?

This article attempts to reconstruct the experience of illness from the child's point of view. It explores the physical, emotional, and spiritual dimensions of sickness, pain, and death in early modern England, and argues that children's experiences were characterised by profound ambivalence. On the one hand, sickness was often painful, frightening, and a source of spiritual guilt and grief, but on the other hand, it could be a time of spiritual and emotional fulfilment, and even occasionally, joy. This more positive side stemmed from Christian beliefs about the spiritual value of pain and sickness, and the doctrines of providence and salvation: affliction, as a benevolent gift from the Lord, cleansed the soul of its impurities and helped to convince the Christian of his or her salvation. However, these religious beliefs had paradoxical psychological effects, for as well as having a cathartic impact, they could provoke unpleasant emotions such as guilt and fear, whilst also making the physical pain of illness less bearable. This interpretation challenges the common historiographical view that sickness was a purely negative event in the early modern period.³ It also enriches our understanding of the psychological culture of Protestantism, and contradicts the views of John Stachniewski and others, who have claimed that Protestant doctrines were wholly pernicious.⁴ It is difficult to

³This interpretation is encapsulated by L.M. Beier in *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (London: Routledge, 1987).

⁴John Stachniewski, *The Persecutory Imagination: English Puritanism and the Literature of Religious Despair* (Oxford: Clarendon Press, 1991).

determine how far children's experiences of illness differed from those of adults: few studies have been published concerning the experiences of patients of any age. Further work needs to be conducted into the feelings and sensations of youths, adults, and the elderly before any definitive comparisons can be drawn.⁵ Nevertheless, it will be possible to make some tentative suggestions about how children's experiences may have been distinctive. An underlying theme throughout the article is the depth of love between parents and their offspring, and in particular, children's emotional attachment to their parents. While historians have provided convincing evidence of parental love, they have tended to make few remarks about children's feelings for their parents.

The historiography of patienthood has focused largely on adult patients rather than children. This is strange when one considers that sick children were ubiquitous in the early modern period: a quarter of children died before reaching the age of ten, and a third of the population was aged under fourteen.⁶ Those scholars who have discussed child patients, such as Adriana Benzaquén and Iris Ritzmann, have tended to take the perspective of parents, doctors, or institutions, rather than the children themselves.⁷ Furthermore, historians have been concerned largely with patients' actions during their illnesses, rather than with their feelings or experiences. For example, Lucinda McCray Beier's book, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England*, asks 'what did people of that time do when they became ill'.⁸ Nevertheless, certain historians have explored selected aspects of the experience of illness. Charles Ronald Sawyer included a chapter in his PhD thesis on the experience of pain.⁹ More ambitiously still, Mary Ann Lund used the autobiographical work of John Donne to illuminate the physical and emotional sensations of pain by exploring the types of imagery he used to describe his suffering. Likewise, Lisa Wynne Smith's article, 'An Account of an

⁵This is a subject that I would like to explore in the future: I will examine the experiences of the 'four ages of man', children, youths, adults, and the elderly.

⁶Edward Anthony Wrigley and Roger Schofield, *The Population History of England, 1541–1871: A Reconstruction* (Cambridge: Cambridge University Press, 1981), 249; Edward Anthony Wrigley and Roger Schofield, 'Infant and Child Mortality in the Late Tudor and Early Stuart Period', in Charles Webster (ed.), *Health, Medicine and Mortality in the Sixteenth Century* (Cambridge: Cambridge University Press, 1979), 61–95.

⁷Adriana Benzaquén, 'The Doctor and the Child: Medical Preservation and Management of Children in the Eighteenth Century', in Anja Müller (ed.), *Fashioning Childhood in the Eighteenth Century: Age and Identity* (Aldershot: Ashgate, 2006), 13–24; Iris Ritzmann, 'Children as Patients in German-Speaking Regions in the Eighteenth Century', in Müller, *idem*, 25–32; Iris Ritzmann and Urs Boschung, "'Dedi Clysterem Purgantem': Haller et la Médecine de L'Enfance (1731–1736)", *Canadian Bulletin of Medical History*, 22 (2005), 175–82. Others who have mentioned sick children include Andrew James, 'A Georgian Gentleman: Childcare and the Case of Harry Tremayne, 1814–23', *Journal of Family and*

Community History, 9 (2006), 79–90; Lucinda McCray Beier, 'In Sickness and in Health: A Seventeenth Century Family's Experience', in Roy Porter (ed.), *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge: Cambridge University Press, 1985), 101–28; Margaret Pelling, 'Child Health as a Social Value in Early Modern England', *Social History of Medicine*, 1 (1988), 135–64; Andrew Williams, 'Eighteenth-Century Child Health Care in a Northampton Infirmary: A Provincial English Hospital', *Family and Community History*, 10 (2007), 153–66; Helena M. Wall, "'My Constant Attention on my Sick Child": The Fragility of Family Life in the World of Elizabeth Drinker', in James Alan Marten (ed.), *Children in Colonial America* (New York: New York University Press, 2007), 155–67; James C. Riley, 'The Sickness Experience of the Josselins' Children', *Journal of Family History*, 14 (1989), 347–63.

⁸Beier, *op. cit.* (note 3), 4.

⁹Charles Ronald Sawyer, 'Patients, Healers, and Disease in the Southeast Midlands, 1597–1634' (unpublished PhD thesis: University of Wisconsin, 1986), 476–80.

Unaccountable Distemper', has attempted to unearth the bodily and mental experience of patients in eighteenth-century England and France.¹⁰ Other historians, including Andrew Wear, David Harley, Jenny Mayhew, and Jan Frans van Dijkhuizen, have focused on the spiritual side of illness, asking how Puritans and 'the godly' interpreted and experienced illness and pain.¹¹ Finally, some work has been conducted on patients' emotional responses to death, although this approach has usually been taken by historians of death, gender, or religion, rather than by historians of medicine and patients.¹² But the above studies have tended to concentrate on very specific aspects of sickness at the expense of a more holistic approach. This article attempts to take a more comprehensive view that combines the spiritual, physical, and emotional dimensions of illness. It is not concerned, however, with children's experiences of the practical aspects of sickness, such as the medicine, sick visiting, and other forms of patient care. Nor does it attempt to explore medical perceptions and treatments of sick children.¹³ Rather, it focuses on the experience of the actual sickness itself. Three key aspects of this experience have been identified, around which the discussions are structured: the physical pain of illness; the notion that sickness was providential; and the anticipation of death.

The timeframe of approximately 1580 to 1720 has been chosen because I wished to explore the experiences of second-generation Protestants. A key concern is how the religious doctrine of providence affected a person's experience of illness; therefore it made sense to choose a period when this doctrine was particularly dominant. The time period is also interesting from a medical viewpoint. Historians of medicine have often depicted the seventeenth century as a time of dramatic change, marked by a rise in the employment of doctors, and a decline in the use of spiritual physic and prayer.¹⁴ This article will show that in practice the religious experience of illness remained remarkably constant across the early modern period: there appears to be very little evidence of a secularisation process.

¹⁰Mary Ann Lund, 'Experiencing Pain in John Donne's "Devotions Upon Emergent Occasions" (1624)', in Jan Frans van Dijkhuizen and Karl A.E. Enenkel (eds), *The Sense of Suffering: Constructions of Physical Pain in Early Modern Culture* (Leiden: Brill, 2009), 323–45; Lisa Wynne Smith, "'An Account of an Unaccountable Distemper': The Experience of Pain in Early Eighteenth-Century England and France", *Eighteenth Century Studies*, 41, (2008), 459–80.

¹¹Andrew Wear, 'Historical and Cultural Aspects of Pain: Perceptions of Pain in Seventeenth-Century England', *Society for the Social History of Medicine Bulletin*, 36 (1985), 7–21; Andrew Wear, 'Puritan Perceptions of Illness in Seventeenth Century England', in Porter, *op. cit.* (note 7), 55–99; Andrew Wear, 'Religious Belief and Medicine in Early Modern England', in Hilary Marland and Margaret Pelling (eds), *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands, 1450–1800* (Rotterdam: Erasmus, 1996), 145–69; David Harley, 'The Theology of Affliction and the Experience of Sickness in the Godly Family, 1650–1714: The Henrys and the Newcomes', in Ole Peter Grell and Andrew Cunningham (eds), *Religio*

Medici: Medicine and Religion in Seventeenth-Century England (Aldershot: Scolar, 1996), 273–92; Jan Frans van Dijkhuizen, 'Partakers of Pain: Religious Meanings of Pain in Early Modern England', in Van Dijkhuizen and Enenkel (eds), *op. cit.* (note 10), 189–220; Jenny Mayhew, 'Godly Beds of Pain: Pain in English Protestant Manuals (ca.1550–1650)', in Van Dijkhuizen and Enenkel (eds), *idem*, 299–322.

¹²For example, Lucinda M. Becker's *Death and the Early Modern Englishwoman* (Aldershot: Ashgate, 2006); and Ralph Houlbrooke, *Death, Religion and the Family in England, 1480–1750* (Oxford: Oxford University Press, 1998).

¹³Please see Hannah Newton, 'Children's Physic: Medical Perceptions and Treatment of Sick Children in Early Modern England, c.1580–1720', *Social History of Medicine*, 23 (2010), 456–74, *idem*, 'The Sick Child in Early Modern England, c.1580–1720' (unpublished PhD thesis: University of Exeter, 2009), for an extended discussion of these topics.

¹⁴Ian Mortimer, *The Dying and the Doctors: The Medical Revolution in Seventeenth-Century England* (Woodbridge: Royal Historical Society Publications, 2009).

Primary Sources

The primary sources used in this article include printed and manuscript diaries, autobiographies and personal correspondence, the biographies of pious children, printed possession cases, and a selection of doctors' casebooks and theological texts concerning the afterlife. These forms of writing became increasingly common from the late sixteenth century onwards. Perhaps the most pressing problem presented by all the sources is the fact that they were written by adults, and therefore the extent to which the child's own experiences can be accessed, is questionable.¹⁵ As Peter Stearns has recently stated, the 'granddaddy issue' faced by historians of childhood is the 'virtually unprecedented' problem of 'getting information from children themselves, as opposed to adult perspectives'.¹⁶ Even when children did leave written records, their writings may have been edited and corrected by adults. This was the case for eleven-year-old James Bassett in the mid-sixteenth century: he wrote to his mother to tell her that he had a sore eye, but that otherwise he was perfectly happy at school. A few days later, he sent another letter, informing her that his previous one had been dictated 'sore against [his] will' by his schoolmaster. The boy had been very miserable, and complained that in the event of his being 'ill-handled' or seriously ill, he would not have been permitted to tell anyone, as was the case with many of his schoolfellows, who had been 'ill a month' and yet were forced to write home saying they were 'merry and in good health'.¹⁷ Thus, even children's own records cannot be taken as reliable evidence of their experiences.

Nonetheless, the primary sources do make it possible to at least glimpse some of the likely feelings of sick children. Although written by adults, the authors often recorded the child's own words and actions in considerable detail. The diarist John Evelyn described the illness of his five-year-old son Richard in 1658, and included an account of the boy's behaviour, responses to pain, and thoughts about death.¹⁸ Of course, these accounts cannot be taken as clear windows into children's experiences: as Hugh Cunningham has warned, 'our view of the child is mediated through the perceptions of the adult', and consequently, these sources often tell us 'more about the desires and expectations of adult[s] than about the experience of being a child'.¹⁹ Nevertheless, since children usually 'rely on and respond to and incorporate their parents' perceptions and actions' into their own experiences, this issue may not be as problematic as it first appears.²⁰

Autobiographies provide particularly valuable insights into children's experiences because their authors often included accounts of their own childhood illnesses. The astrologer Samuel Jeake described at least twelve bouts of sickness that had occurred to him before he reached the age of fifteen, and a number of these memories were

¹⁵Kimberley Reynolds and Gillian Avery, for example, have complained that 'there is little evidence of what young people themselves thought or felt in the face of death': *Representations of Childhood Death* (Basingstoke: Macmillan, 2000), 3.

¹⁶Peter Stearns, 'Challenges in the History of Childhood', *Journal of the History of Childhood and Youth*, 1 (2009), 35–42: 35.

¹⁷Muriel St Clare Byrne (ed.), *The Lisle Letters*, 6 vols (Chicago: Chicago University Press, 1981), Vol. 4, 496–7.

¹⁸John Evelyn, *John Evelyn's Diary: A Selection*, Philip Francis (ed.), (London: Folio Society, 1963), 385–8.

¹⁹Hugh Cunningham, *Children and Childhood in Western Society Since 1500* (London: Pearson Longman, 1995), 2.

²⁰Wall, *op. cit.* (note 7), 157.

extremely vivid.²¹ However, autobiographers sometimes admitted that their earliest memories were incomplete, implying that they had forgotten the details of their childhood experiences. The dictionary writer Samuel Johnson, for example, recalled that he had been prescribed an 'issue' (a medical treatment which involved making an incision in the skin) for his eye ailment, but 'How long this issue was continued I do not remember'.²² One could argue that even the apparently strong memories conveyed in autobiographies are of limited use because it is possible that they became distorted over the course of time. Autobiographers may have heard their parents reminisce about their childhood illnesses, and gradually come to adopt these recollections as their own.

Another significant drawback of many of the primary sources is that they tend to over-represent the highly religious in society, and in particular, the Puritans. 'Puritans' were conspicuously pious Protestants who believed ardently in providence and predestination, and tended to be especially hostile to the Catholic Church.²³ In the case of diaries and autobiographies, the religious motivation for writing these documents explains their authors' religious perspectives: these documents were used for the confession of sins, the tracking of God's providences, and the recording of the writer's efforts at self-improvement. The illnesses of children were thought to be providential, hence their frequent appearance in these sources. Ralph Josselin's diary, for instance, contains 136 incidents of child illness.²⁴

The biographies of pious children share this problem of religious representation. These documents, which were written by parents, friends, or clergymen after the death of a child, are lengthy accounts of the puritan child's admirable life, sickness, and death. The authors sought to commemorate the child's godly life and death, whilst also convincing the family that he or she had gone to Heaven.²⁵ I have used the term 'pious' to describe these children because many of the authors of the biographies seemed to prefer this word to 'puritan', which may have carried negative connotations.²⁶ Since the child's religiosity was attributed to the work of God, the texts thanked and praised God for using the child as a mouthpiece for his Holy Spirit. William Bidbanck, the author of a collection of biographies entitled *A Present for Children*, stated that his intention was to 'magnify his [God's] Work which they behold, giving God the Glory'.²⁷ In addition, it was hoped that the child's exemplary life would encourage other Christians, and particularly, children, to live and die in an equally godly manner. The biographies thus functioned as conduct books, teaching Christians the appropriate behaviour during sickness.²⁸ The titles of some of these texts confirm this notion: Sarah Howley's biography, for instance, is

²¹Samuel Jeake, *An Astrological Diary of the Seventeenth Century: Samuel Jeake of Rye*, Michael Hunter (ed.), (Oxford: Clarendon Press, 1988). The instances of childhood illness are found on 85, 86, 88, 89–90, 91, 92, 206.

²²Samuel Johnson, *An Account of the Life of Dr Samuel Johnson, From his Birth to his Eleventh Year, Written by Himself. To Which are Added, Original Letters to Dr Samuel Johnson, by Miss Hill Boothby* (London: Richard Phillips, 1805), 11.

²³For a definition of 'puritanism' see John Spurr, *English Puritanism 1603–1689* (Basingstoke: MacMillan Press, 1998), introduction.

²⁴Ralph Josselin, *The Diary of Ralph Josselin 1616–1683*, Alan Macfarlane (ed.), (Oxford: Oxford University Press, 1991). This statistic was provided by Riley, *op. cit.* (note 7), 347.

²⁵Becker, *op. cit.* (note 12), 20, 105.

²⁶The term 'puritan' was an insult according to Spurr, *op. cit.* (note 23), 17–27.

²⁷William Bidbanck, *A Present for Children: Being a Brief, but Faithful Account of Many Remarkable and Excellent Things Utter'd by Three Young Children* (London: John Darby, 1685), 31.

²⁸Becker, *op. cit.* (note 12), 105.

entitled, *An Account of the Admirable Conversion of One Sarah Howley... Her Wonderful Ejaculations and Sayings, Very Good for the Use of Children, to Read and Imitate*.²⁹

Owing to the didactic and commemorative functions of the biographies, it is possible that the children's piety may have been exaggerated. This can be inferred from the way that the authors often emphasised the authenticity of their accounts, thereby implying that they anticipated their readers to react with incredulity. James Fisher, the author of Martha Hatfield's biography (1653), reassured his readers that 'The truth of the Particulars related in the preceding *Narrative* will be avouched by many persons of worth, both for Honesty and Piety whereof, in any doubt, they may enquire at *Leighton* in Yorkshire, or in several other Townes neer adjoining, and be fully satisfied in all particulars'.³⁰ Another potential problem with the biographies is that the children may have been unusually religious. James Janeway, who wrote the largest collection of children's biographies, *A Token for Children*, stated that these instances of extreme piety during illness were 'stupendious Acts' and 'Wonders' of the Lord.³¹ Hence, these sources may lead to a rather distorted picture of children's experiences of sickness, in which the positive spiritual elements are overemphasised, and the negative aspects, minimised or eliminated altogether.

However, few other sources provide such rich accounts of children's illnesses, and I would argue that they offer an unrivalled glimpse into the lives and deaths of children. While the texts may exaggerate the child's piety, they do not appear to have been entirely fabricated: they contain many highly realistic and convincing details which strongly suggest that they are based on fact.³² Ralph Houlbrooke agrees that these sources should be used, suggesting that while the children were unusually pious, they were not abnormal.³³ Religion was pervasive in early modern society, and therefore it is likely that these children were at the extreme end on a scale of acceptable or conventional piety.³⁴ This is supported by the fact that the other genres of primary sources, such as letters and doctors' casebooks, also contain snippets of evidence suggesting that it was possible for children to experience illness in spiritualised ways. Although it might be difficult for us to imagine how children could have shown such strong faith and apparently precocious spiritual understanding, in the early modern period children were thought to be especially capable of religiosity.³⁵ This belief may have stemmed from the Biblical passage, Matthew 18, verses 2–5:

²⁹Anon., *An Account of the Admirable Conversion of One Sarah Howley, a Child of Eight or Nine Years Old, Her Wonderful Ejaculations and Sayings, Very Good for the Use of Children, to Read and Imitate* (Edinburgh: John Reid, 1704).

³⁰James Fisher, *The Wise Virgin, or, a Wonderful Narration of the Hand of God... in Afflicting a Childe of Eleven Years of Age* (London: John Rothwell, 1653), 174.

³¹James Janeway, *A Token for Children being an Exact Account of the Conversion, Holy and Exemplary Lives and Joyful Deaths of Several Young Children* (London: John Wilkins, 1671), preface.

³²Gillian Avery, 'Intimations of Mortality: The Puritan and Evangelical Message to Children', in Avery and Reynolds (eds), *op. cit.* (note 15), 87–110, at 104; Ralph Houlbrooke, 'Death in Childhood: The

Practice of the "Good Death" in James Janeway's "A Token for Children"', in Anthony Fletcher and Stephen Hussey (eds), *Childhood in Question: Children, Parents and the State* (Manchester: Manchester University Press, 1999), 47–51: 51.

³³Houlbrooke, *ibid.*, 47–51.

³⁴Eamon Duffy, *The Stripping of the Altars: Traditional Religion in England, c.1400–c.1580* (London: Yale University Press, 1992), 2. Similar statements have been made by Alexandra Walsham, *Providence in Early Modern England* (Oxford: Oxford University Press, 1999), 20, 331.

³⁵Alexandra Walsham, "'Out of the Mouths of Babes and Sucklings": Prophecy, Puritanism, and Childhood in Elizabethan Suffolk', in Diana Wood (ed.), *The Church and Childhood*, Studies in Church

And Jesus called a little child unto him, and set him in the midst of them, and said, Verily I say unto you, Except ye be converted, and become as little children, ye shall not enter into the kingdom of heaven. Whosoever therefore shall humble himself as this little child, the same is greatest in the kingdom of heaven. And whoso shall receive one such little child in my name receiveth me.³⁶

The spiritual potential of children was also indicated by the fact that God had decided to send His son into the world as a little child.³⁷ Since parents' expectations strongly influence their offspring's behaviour, it can be conjectured that children brought up in environments that nurtured spirituality would have sometimes been able to meet, and even surpass, these expectations.³⁸ This claim has been supported by Alison Shell, who has criticised historians for assuming that tales of children's exemplary behaviour are 'always suspect', while 'naughty children... are... more true to life'.³⁹ It is thus quite conceivable that many early modern children would have been able to experience sickness in a spiritualised manner.

The possession cases also over-represent the intensely religious. These documents are printed accounts of children's illnesses thought to be caused by the Devil or by witches. James Sharpe has summarised their content:

[A] child gets ill, doctors can't make sense of it or cure it; the child sees visions of a woman reputed to be a witch during the fits; other people visit and suspect witchcraft; parents are reluctant to accept this explanation, but gradually realise it is the only viable one... [the family] organises prayer and fasting... finally the witch is gaoled or executed and the child usually recovers.⁴⁰

Possession cases provide detailed descriptions of children's illnesses and treatments. Diabolical possession was a form of illness: in early modern perceptions, it differed from 'normal' illness only in its directly supernatural causation.⁴¹ Whilst the children in these cases did tend to come from the highly religious groups of society, their behaviour during illness was often rather different from that of the children represented in the pious biographies. Possessed children usually behaved in most ungodly ways during sickness, refusing to pray, shouting at their parents, and generally misbehaving. Such behaviour was an important symptom of possession and a sign of the Devil's presence.⁴² These sources therefore act as a useful antidote to the idealistic pictures created by the biographies of pious children.

History, Vol. 31, (Oxford: Ecclesiastical History Society, 1994), 285–300: 286, 295.

³⁶King James Version [hereafter KJV], Matthew 18, 3–5.

³⁷According to William MacLehose, this act served to 'validate... dignify, and even to sanctify' childhood: *A Tender Age: Cultural Anxieties Over the Child in the Twelfth and Thirteenth Centuries* (New York: Columbia University Press, 2006), ch. 2, para. 54.

³⁸Wall, *op. cit.* (note 7), 157.

³⁹Alison Shell, "'Furor juvenilis': Post-Reformation English Catholicism and Exemplary Youthful Behaviour", in Ethan H. Shagan (ed.), *Catholics and the "Protestant Nation": Religious Politics and Identity in Early Modern England*

(Manchester: Manchester University Press, 2005), 185–206: 188–9.

⁴⁰James Sharpe, 'Disruption in the Well-Ordered Household: Age, Authority and Possessed Young People', in Paul Griffiths, Adam Fox and Steve Hindle (eds), *The Experience of Authority in Early Modern England* (Basingstoke: Macmillan, 1996), 187–212: 195.

⁴¹Of course, God was the primary cause of all illness, so in a sense all illnesses were supernatural, but in the case of possession, there was usually no intermediary natural (or 'secondary') cause.

⁴²Philip C. Almond, *Demonic Possession and Exorcism in Early Modern England: Contemporary Texts and their Cultural Contexts* (Cambridge: Cambridge University Press, 2004), 5–6.

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Besides the problems associated with religion, the primary sources fail to convey the experiences of poorer children. The majority of the diarists, autobiographers, and letter-writers were landowners from the middling and upper classes, engaged in legal, clerical, or parliamentary careers. The cost of paper and ink obviously limited these activities to the 'well-to-do'. However, since some aspects of sickness were universal – such as the symptoms of particular diseases and the accompanying pain – perhaps the issue of socio-economic representation is not so very important. Furthermore, the élite writers were not always wealthy: many of the authors complained about their financial troubles.⁴³ The biographies of pious children also cover a greater range of socio-economic groups than might be expected: Ralph Houlbrooke has analysed the backgrounds of the children appearing in Janeway's collection of biographies, and has found that they were 'born into a variety of social groups, ranging from the higher clergy to the very poor'.⁴⁴ Likewise, the doctors' casebooks sometimes include cases of poor children who were treated out of charity. The Dutch doctor, Ysbrand van Diemerbroeck, for example, saw 'A little Boy, about a year and a half old', whose 'Parents... were very poor'.⁴⁵ Medical casebooks are also useful for giving a less explicitly religious view of children's experiences. Through an examination of all the aforementioned sources it should be possible to build up a picture of children's experiences of pain, providence, and death in early modern England.

Pain and Suffering

To gain an insight into the child's experience of pain, I will analyse the types of metaphors, imagery, and vocabulary used in the descriptions of physical suffering.⁴⁶ This analysis will also shed light on the cultural meanings of pain, since the language used in the accounts carries distinctive connotations.⁴⁷ The underlying premise to this discussion is that 'cognition and sensation are so tightly interrelated that the manipulation of thoughts can affect what a person physically feels'.⁴⁸ In other words, the language used to describe pain may affect the physical sensation of suffering, and therefore, by analysing this language we come closer to glimpsing the experience of pain. Some scholars would question this methodology, arguing that 'Physical pain does not simply resist language but actively destroys it', and therefore no amount of describing could ever make communicable what is essentially 'an interior and unsharable experience'.⁴⁹ However, I take a

⁴³This was the case in John Dee's diary, according to the editor James Orchard Halliwell: *The Private Diary of Dr John Dee*, Camden Society, Vol. 19 (London: 1842). Likewise, the editor of Alice Thornton's autobiography has noted that although Thornton was of 'good birth and fortune' she spent at least fifty years struggling with poverty: *The Autobiography of Mrs Alice Thornton*, Charles Jackson (ed.), Surtees Society, Vol. 62 (London: 1875), xii.

⁴⁴Houlbrooke, *op. cit.* (note 32), 39.

⁴⁵Ysbrand van Diemerbroeck, *The Anatomy of Human Bodies... to Which is Added a Particular*

Treatise of the Small Pox (London: W. Whitwood, 1689), 208–9.

⁴⁶A similar method has been used by Lund, *op. cit.* (note 10).

⁴⁷Barbara Duden, *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany*, Thomas Dunlap (trans.), (Cambridge, MA: Harvard University Press, 1991), 89.

⁴⁸Mayhew, *op. cit.* (note 11), 299.

⁴⁹Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (Oxford: Oxford University Press, 1985), 16.

more optimistic stance, agreeing with Ariel Glucklich that ‘pain... is not only subject to verbal communication but also figures in our ability to empathise and share’.⁵⁰

Frequently, the primary sources fail to give much detail on the subject of children’s pain. Diarists and letter-writers often stated that their child was ‘sore’ or ‘in pain’, offering no further information. Joan Thynne, for example, wrote to her husband John in 1602 to tell him that their daughter Doll ‘is now troubled with an ague [which is] very sore for the child’.⁵¹ This paucity may reflect parents’ reluctance to dwell on their children’s suffering, since it was undoubtedly a source of emotional distress.⁵² Parents may have also assumed that pain was too self-evident to require description, or else, they may have simply found it too difficult to describe pain, owing to its elusive, intangible nature.⁵³ In addition, parents may have sought to emphasise their children’s stoicism and patience during sickness by omitting details about suffering, since this carriage was considered most desirable in Christian thinking. Doctors were also frustratingly laconic in their accounts of children’s pain, usually offering no more detail than stating which bodily region was hurting. The doctor William Brownrigg, for instance, reported in his casebook that ‘Master Hutchinson, plasterer’s child, a boy of 4½’, was ‘seized one evening by... severe pains in his head’.⁵⁴ However, these shortcomings will not preclude an exploration of children’s pain, since even the briefest descriptions provide oblique insights into the experience of pain.

Metaphor is by far the most common linguistic technique in the descriptions of children’s sufferings. This would come as no surprise to Elaine Scarry, who has stated that ‘Because the existing vocabulary contains only a small handful of adjectives, one passes through direct descriptions very quickly and... almost immediately encounters an “as if” structure’ in accounts of pain.⁵⁵ The reason metaphors are needed, according to Ariel Glucklich, is that ‘It is difficult for us to communicate, perhaps even imagine, the nature of pain – even our own – without resorting to metaphors of agency or instrumentality’.⁵⁶ Various types of metaphor appear in the sources: firstly, those associated with torture.⁵⁷ In 1653, the biographer of eleven-year-old Martha Hatfield bemoaned that her convulsion fits held her ‘on the rack for many weeks, nay moneths, in which she endured grievous torturings’.⁵⁸ Half a century later, Charles Trelawny

⁵⁰Ariel Glucklich, *Sacred Pain: Hurting the Body for the Sake of the Soul* (Oxford: Oxford University Press, 2001), 44; Lucinda Bending agrees that Scarry is wrong: *The Representation of Pain in Late Nineteenth-Century English Culture* (Oxford: Clarendon Press, 2000), 115.

⁵¹Alison D. Wall (ed.), *Two Elizabethan Women: Correspondence of Joan and Maria Thynne, 1575–1611* (Devizes: Wiltshire Record Society, 1983), 24.

⁵²Please see Chapter Four of my PhD thesis for a full discussion of parents’ emotional distress during the illnesses of their children.

⁵³Scarry, *op. cit.* (note 49), 3–5; Esther Cohen, ‘Towards a History of European Physical Sensibility: Pain in the Later Middle Ages’, *Science in Context*, 8 (1995), 47–74: 48; Duden, *op. cit.* (note 47), 89.

⁵⁴William Brownrigg, *The Medical Casebook of William Brownrigg, MD, FRS (1712–1800) of the Town of Whitehaven in Cumberland*, Jean Ward and Joan Yell (eds), *Medical History Supplement*, Vol. 13 (London: The Wellcome Institute for the History of Medicine, 1993), 8.

⁵⁵Scarry, *op. cit.* (note 49), 15; others who have made similar statements include Esther Cohen, ‘The Animated Pain of the Body’, *The American Historical Review*, 105 (2000), 36–68: 48; Roy Porter and Dorothy Porter, *In Sickness and in Health: The British Experience, 1650–1850* (London: Fourth Estate, 1988), 103.

⁵⁶Glucklich, *op. cit.* (note 50), 44.

⁵⁷Wynne Smith has also found that ‘imagery of torture’ was used ‘frequently’ in patients’ accounts of their pains, *op. cit.* (note 10), 467.

⁵⁸Fisher, *op. cit.* (note 30), 135 (dated c.1652).

lamented that his child 'is at this minute upon the Rack with convulsion fitts, which makes the mother almost mad'.⁵⁹ The implication is that these children's pains were comparable to those of a victim of the rack, a torture instrument consisting of a frame on which the subject was stretched by turning two rollers fastened at each end to the wrists and ankles.⁶⁰ Convulsion fits, which involved the violent contracting of the body's muscles, may have appeared similar to the experience of this form of torture.

According to Sharon Howard, seventeenth-century lay-people probably learned of torture not from the judicial system, but from the literature of Christian martyrdom.⁶¹ The most famous descriptions of tortured martyrs were those contained within John Foxe's *Acts and Monuments*, which went through nine editions between 1563 and 1684, and was widely diffused in early modern culture. Images of torture also recur across the genres of poetry, drama, and prose throughout the early modern period.⁶² Consequently, it is not surprising that children and their families employed this metaphor in their descriptions of pain – it was part of their cultural repertoire. It is possible that the use of the torture metaphor made children's experiences of pain more tolerable, since its implicit connection with the ordeals of martyrs may have served to elevate and ennoble their pains. Esther Cohen has made this point, stating that 'the theological validation of suffering. . . made the pain of sickness more bearable'.⁶³ This may have been the case for twelve-year-old Charles Bridgman in 1632: when considering his pains, he 'called to mind that Martyr *Thomas Bilney*', who had burned his own finger in a candle to give himself a taste of what it would be like to burn at the stake.⁶⁴ Girls as well as boys mentioned martyrs in this way. Fourteen-year-old Mary Glover compared herself to her grandfather, who died a martyr, by repeating his dying words, 'The comforter is come. O Lord, you have delivered me'. Mary's father declared, with the triumph of a 'conquering army', that her words were those of 'her Grandfather going to be burned' as a martyr.⁶⁵ From her father's obvious amazement and pride, it can be inferred that Mary may have derived satisfaction from this comparison. The sufferings of martyrs carried positive connotations because they were thought to represent the pain of Christ on the Cross, which in turn was held to be the key to the redemption of the whole of mankind from eternal death.⁶⁶ However, the positive impact of the metaphor should not be exaggerated, for it is probable that many children were unaware that it was being used to describe their pains. Moreover, the language of torture also carried a set of rather different, far more negative connotations: those of the pains suffered by the damned in Hell. These connotations will be discussed below.

⁵⁹British Library [hereafter BL], Add. MS 28052, fol. 100r (Domestic correspondence of the Godolphin family, 1663–1782; a letter from Charles Trelawny to Colonel Godolphin, dated 7 November 1700).

⁶⁰This definition is provided by Oxford English Dictionary Online [hereafter OEDO].

⁶¹Sharon Howard, 'Imagining the Pain and Peril of Seventeenth-Century Childbirth: Travail and Deliverance in the Making of an Early Modern World', *Social History of Medicine*, 16 (2003), 367–82: 374–5.

⁶²*Ibid.*, 374.

⁶³Cohen, *op. cit.* (note 53), 69.

⁶⁴Janeway, *op. cit.* (note 31), 46–7. The story of Thomas Bilney is given in John Foxe, *Acts and Monuments: Foxe's Book of Martyrs Variorum Edition Online*, version 1.1, Summer 2006 (1576 edn, Book 8), 985.

⁶⁵John Swan, "'A True and Briefe Report, of Mary Glovers Vexation'", London, 1603', in Almond (ed.), *op. cit.* (note 42), 318.

⁶⁶Cohen, *op. cit.* (note 55), 45–7, and Lisa Silverman, *Tortured Subjects: Pain, Truth, and the Body in Early Modern France* (Chicago: University of Chicago Press, 2001), 8–9.

A second type of metaphor invoked in the descriptions of children's pains referred to the sensation of temperature. In the 1620s, thirteen-year-old Elizabeth Isham from Northamptonshire complained of stomach pain that felt like 'faintnes or coldness'.⁶⁷ About forty years later, a boy of the same age, James Barrow, was taken ill of 'a violent burning, so great' that his parents feared 'that... it would cost him his life'.⁶⁸ Lisa Wynne Smith has argued that the origin of these temperature metaphors lies in the Galenic tradition of the four humours, wherein each humour was characterised by its temperature.⁶⁹ This derivation seems plausible, since the language of pain and temperature sometimes included explicit references to the humours. The Bedfordshire doctor John Sycmotts noted in his casebook that 'Mr Woodman's daughter' fell into 'a great distemper... with great burning' and 'a sharp red, fiery humour' which was 'exceedingly painful'.⁷⁰ Owing to this link with the humours, it is possible that references to temperature in the descriptions of pain were intended to be literal rather than metaphorical: it was believed that the humours could actually rise or drop in temperature, and boil, burn, and freeze within the human body.⁷¹

An equally convincing derivation of the temperature metaphor, however, was the Christian notion of Hell and its horrible punishments of burning and freezing. Contemporary sermons and religious treatises taught that Hell was 'a treasure of... fire kept under the Earth to punish' or a 'loathsome lake' that 'burns with fire and brimstone for ever'.⁷² Cold as well as heat was associated with Hell, for the damned were tortured with 'cold intolerable' as well as 'fire unquenchable'.⁷³ The vocabulary used in the descriptions of children's pain is remarkably similar to the language used in accounts of Hell. Thirteen-year-old Thomas Darling from Staffordshire cried out 'Flames of fire, flames of fire' during his illness in 1596, while four-year-old Mary Stubbs was said to have endured 'very sore nights & days' in 'the Furnace'.⁷⁴ By using the vocabulary of Hell, it is possible that the children and their families were subconsciously or consciously linking their pains to the sufferings of the damned. Since Puritan children were 'weaned' on a diet of 'prophetic preaching' and 'sermon repetition exercises', it is unsurprising that they employed the same kind of language as their religious teachers when describing their pains.⁷⁵

⁶⁷Elizabeth Isham, "My Booke of Remembrance": [sic] *The Autobiography of Elizabeth Isham*, Isaac Stephens (ed.), previously online <http://history.ucr.edu/people/grad_students/stephens/TheAutobiography.pdf>, 37, accessed 10 June 2009.

⁶⁸John Barrow, *The Lord's Arm Stretched Out in an Answer of Prayer, or, a True Relation of the Wonderful Deliverance of James Barrow, the Son of John Barrow* (London: John Barrow, 1664), 5–7.

⁶⁹Wynne Smith, *op. cit.* (note 10), 462, 465.

⁷⁰John Sycmotts, *A Seventeenth Century Doctor and his Patients: John Sycmotts, 1592?–1662*, F.N.L. Poynter and W.J. Bishop (eds), (Streatley: Bedfordshire Historical Record Society, 1951, Vol. 31), 72.

⁷¹Gail Kern Paster has written extensively on the subject of metaphor in early modern conceptions of

the body and the emotions, arguing that what might seem like metaphor to us was actually literal to early modern people: *Humoring the Body: Emotions and the Shakespearean Stage* (Chicago: University of Chicago Press, 2004), 20–6.

⁷²Henry Greenwood, *Tormenting Tophet; Or a Terrible Description of Hell* (London: George Purslowe, 1650), 241; William Gearing, *A Prospect of Heaven: Or, a Treatise of the Happiness of the Saints in Glory* (London: Tho. Passenger and Benj. Hurlock, 1673), 226.

⁷³Greenwood, *ibid.* 240.

⁷⁴I.D., *The Most Wonderfull and True Storie, of a Certain Witch... as Also a True Report of the Strange Torments of Thomas Darling, a Boy of Thirteene Yeres of Age* (London: John Oxenbridge, 1597), 7; Bidbanck, *op. cit.* (note 27), 52.

⁷⁵Walsham, *op. cit.* (note 35), 291–2.

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These hellish metaphors may have exacerbated children’s pains, since, according to Esther Cohen, damnation inevitably sparked feelings of sinfulness and guilt.⁷⁶ Unlike the pains of martyrs, the sufferings of the reprobate were ‘deserving [of] condemnation rather than sympathy’.⁷⁷ However, it is likely that the metaphors also had a more cathartic effect: the idea of Hell may have helped some children to put their own sufferings into perspective. This was because earthly pains, however excruciating, were but ‘flea-bittings’ compared to the everlasting sufferings of the damned.⁷⁸ As explained by the religious writer Christopher Love, ‘Upon earth, you have diseases haply; but though some parts are afflicted, other parts are free. . . there is no disease that puts the whole body in pain at once: but in hell it is not so, in hell all the parts of your bodies, and powers of your souls shall be tormented.’⁷⁹ Sick children were sometimes able to draw a degree of consolation from this notion, viewing their own pains as comparatively mild. In 1661, ten-year-old Mary Warren considered that, ‘My pains are nothing to the pains of Hell, where they will never. . .end.’⁸⁰

A third type of metaphor involved attacks from animals or weapons. Thomas Darling suffered ‘many sore fits’ which he said felt like ‘the pricking with daggers or stinging of Bees’. He was heard to cry out, ‘A beare, a beare. . . he teareth me, he teareth me’ and ‘Daggers, Daggers’.⁸¹ A century later, a similar combination of metaphors was used by eleven-year-old Christian Shaw, who was believed to be possessed: she made ‘hideous Outcryes, telling those about her that Cats, Ravens, Owles and Horses were destroying and pressing her down in the Bed,’ and ‘[she] uttered horrid Schreeks’ that she had been ‘pierced thorow with Swords’.⁸² A possible reason why children referred to animals in their descriptions of pain, especially in the context of possession, was the belief in ‘familiar spirits’. Familiar spirits were animal-shaped evil spirits used by witches to harm or possess their victims. According to Keith Thomas, children were especially likely to have known about these creatures, owing to the tradition of storytelling.⁸³

The descriptions of physical suffering often used the language of emotion. In the 1650s, the Yorkshire minister Oliver Heywood recorded in his diary that his seven-year-old son Eliezer was ‘grievously pained and moaned sadly several days’ during his fever.⁸⁴ Over half a century later, Dr James Clegg recorded in his diary that his twelve-year-old daughter Margaret was ‘seized with a violent pain in her stomach and Bowells’ that was most ‘grievous’.⁸⁵ As well as mentioning grief, the descriptions of

⁷⁶Cohen, *op. cit.* (note 55), 54–5, 68. Cohen distinguishes between ‘positive and negative’ pain, with positive pain being associated with saints and martyrs, and negative pain linked to the pains suffered by the damned in Hell.

⁷⁷*Ibid.*, 55.

⁷⁸Christopher Love, *Hells Terror: Or, a Treatise of the Torments of the Damned* (London: John Rothwell, 1653), 44. This aspect of Hell has been examined by Philip Almond in his book, *Heaven and Hell in Enlightenment England* (Cambridge: Cambridge University Press, 1994), 89.

⁷⁹Love, *ibid.*, 43.

⁸⁰H.P., *A Looking-Glass for Children being a Narrative of God’s Gracious Dealings with Some*

Little Children. . . Recollected by Henry Jessey in his Life Time (London: H.P., 1673), 16.

⁸¹*I.D.*, *op. cit.* (note 74), 6, 8, 21.

⁸²Francis Grant Cullen, *A True Narrative of the Sufferings and Relief of a Yong Girle; Strangely Molested, by Evil Spirits* (Edinburgh: James Watson, 1698), xxx, xix.

⁸³Keith Thomas, *Religion and the Decline of Magic* [1971] (repr. London: Penguin, 1991), 566.

⁸⁴Oliver Heywood, *The Rev. Oliver Heywood, BA: His Autobiography, Diaries, Anecdote and Event Books*, H. Turner (ed.), 4 vols (London: Brighouse, 1883), Vol. 1, 203.

⁸⁵James Clegg, *The Diary of James Clegg of Chapel-en-Frith, 1708–1755: Part 1*, Vanessa S. Doe

pain regularly referred to sadness and anguish. In the 1640s, eleven-year-old Margaret Muschamp was afflicted with ‘sad and grievous torments’.⁸⁶ The language of emotions was used in this way because there was a very ‘close relationship between physical and emotional suffering’, with physical pain tending to lead to emotional pain.⁸⁷ Indeed, Michael Schoenfeldt has suggested that there was ‘no hard and fast distinction between physical and emotional pain’, and therefore, what we might consider to be the language of emotions was regarded, in the early modern period, as equally applicable to physical sensations.⁸⁸ Consequently, it may be anachronistic to class adjectives such as ‘grievous’ as words denoting emotion because contemporaries probably intended this language to refer literally to all pains, physical and emotional.

In short, physical pain was often experienced as intense and severe, resembling the violent stabbing of a knife, or the torture of the rack. Thus, rather than pushing ‘the nature of pain. . . into deeper obscurity’,⁸⁹ this metaphorical language has actually facilitated empathy. To use the words of Mary Ann Lund, metaphors ‘draw. . . the reader into the experience [they] depict, into the sickbed, almost’, and enable us to imagine what it may have been like to suffer pain.⁹⁰ The analysis of the language of suffering has also elucidated contemporary meanings of pain: it seems to have had strikingly ambivalent connotations, being associated both with the positive sufferings of Christian martyrs, and with the negative torments of the damned in Hell.

It is necessary to ask how children responded emotionally to pain not only because the emotional side of sickness was a major part of the illness experience, but because this question sheds light on early modern ideas about the relationship between the body and the soul, and more specifically, the impact of physical pain on the passions.⁹¹ While many historians have explored beliefs about the effects of the mind on the body, very few have asked how the body was thought to influence the mind and emotions.⁹² Some historians, however, might argue that the task of uncovering children’s emotional responses is impossible because ‘emotions are elusive phenomena’.⁹³ As Fay Bound Alberti has recently proposed, while it may be possible to ‘chart and analyse

(ed.), (Matlock: Derbyshire Record Society, Vol. 5, 1978), 20.

⁸⁶This was, in fact, the title of the possession case: Mary Moore, “‘Wonderful News from the North; Or, a True Relation of the Sad and Grievous Torments, Inflicted on the Bodies of Three Children of Mr George Muschamp, Late of the County of Northumberland, by Witch-Craft”, London, 1650’, in Almond, *op. cit.* (note 42), 363.

⁸⁷Wynne Smith, *op. cit.* (note 10), 464–5.

⁸⁸Michael Schoenfeldt, ‘Aesthetic and Anesthetics: The Art of Pain Management in Early Modern England’, in Van Dijkhuizen and Enenkel (eds), *op. cit.* (note 10), 19–38: 29.

⁸⁹Scarry, *op. cit.* (note 49), 18.

⁹⁰Lund, *op. cit.* (note 10), 343.

⁹¹Historians who have explored the impact of physical pain on the emotions include Wynne Smith, *op. cit.* (note 10) and Howard, *op. cit.* (note 61).

⁹²Scholars who have investigated the perceived effect of the mind on the body include Michael

MacDonald, *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England* (Cambridge: Cambridge University Press, 1981), 72–3; Andrew Wear, ‘Fear, Anxiety and the Plague in Early Modern England: Religious and Medical Responses’, in John Hinnells and Roy Porter (eds), *Religion, Health and Suffering* (London: Kegan Paul, 1999), 339–63; Fay Bound Alberti (ed.), *Medicine, Emotion and Disease, 1700–1950* (Basingstoke: Palgrave Macmillan, 2006), xvii, 2–15; Penelope Gouk and Helen Hills (eds), *Representing Emotions: New Connections in the Histories of Art, Music and Medicine* (Aldershot: Ashgate, 2005), 21; David Gentilcore, ‘The Fear of Disease and the Disease of Fear’, in William Naphy and Penny Roberts (eds), *Fear in Early Modern Society* (Manchester: Manchester University Press, 1997).

⁹³Fay Bound Alberti, ‘Emotion in Early Modern England, 1660–1760: Performativity and Practice at the Church Courts of York’ (unpublished PhD thesis: University of York, 2000), 4.

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the language used to describe [the] somatic experience’ of emotions, ‘we cannot access experience itself’, owing to the fact that ‘All we have’ in the way of primary evidence ‘are a series of representations *about* emotion that survive in textual form’.⁹⁴ Nevertheless, other scholars have taken more confident standpoints, arguing that ‘any person articulating an emotion had to do so in a way that could be understood by both writer and recipient’, and therefore, ‘the representation of an emotion... expressed a reality’, even though it was ‘embedded in social and cultural constructs’.⁹⁵ While emotions can thus never be accessed in an unmediated form, it is nevertheless occasionally possible to gain an insight into the feelings of people from the past, including children.

Children’s emotional responses to pain depended upon its duration and intensity. During prolonged or severe pain, children often experienced melancholy or sadness. In 1647, Ralph Verney informed Dr Busby that his young son was ‘sad and melancholy’ by reason of his ‘troublesome ague’, which ‘hath been his constant companion for 9 or 10 weekes together’.⁹⁶ The words ‘melancholy’ and ‘sadness’ were often used interchangeably, which suggests that they were regarded as almost synonymous. Dr van Diemerbroeck, for instance, noted that one of his child patients, a boy of six, grew ‘Melancholy’ at the time of his illness, while another child, a boy of eight, ‘became sad’ during his illness from epilepsy.⁹⁷ Other words that were employed to describe children’s unhappy feelings were ‘joyless’, ‘mournful’, ‘doleful’ and ‘heavy’. In 1602, Joan Thynne lamented that her daughter Doll ‘takes’ the smallpox ‘very heavily and mourns very much by reason of the soreness and store of them’.⁹⁸ These words could refer to physical as well as emotional states: ‘doleful’, as well as meaning ‘full of... dole or grief; sorrowful’, could be defined as the condition of being ‘full of pain’.⁹⁹ This duality of meaning is indicative of the inseparability of mind and body in early modern understanding and confirms Lisa Wynne Smith’s assertion that suffering had a ‘flexible vocabulary, concurrently describing physical and emotional pains’.¹⁰⁰ The reason pain elicited these sorrowful feelings, according to early modern philosophers, was because the soul and mind were intimately linked realms which sympathised with one another’s sufferings. ‘The Soul is unhappy in the miseries of her body’ owing to ‘the love which she beareth to her Body, [which] obligeth her to resent with sorrow the pains which it endureth,’ wrote Jean-François Senault.¹⁰¹ Put another way, ‘if the body be overmuch tormented with the grievousnesse of sicknesse, the soule cannot but feele, (through a mutuall love, which is between the soule and the body) a kinde of grieffe and sorrow’.¹⁰² Children’s unhappy responses to pain may thus have been regarded as natural and understandable.

Other common emotional responses to prolonged or intense pain were helplessness, panic, and fear. When six-year-old Frances Archer from East Anglia contracted an

⁹⁴Alberti (ed.), *op. cit.* (note 92), xvi–xvii. A similar approach has been taken by Linda Pollock in ‘Anger and the Negotiation of Relationships in Early Modern England’, *The Historical Journal*, 47 (2004), 567–90.

⁹⁵Wynne Smith, *op. cit.* (note 10), 461.

⁹⁶BL, M.636/8: this manuscript is un-foliated (a letter from Ralph Verney to Dr Busby, 22/12 December 1647).

⁹⁷Van Diemerbroeck, *op. cit.* (note 45), 137–8, 190.

⁹⁸Wall (ed.), *op. cit.* (note 51), 22–3.

⁹⁹OEDO.

¹⁰⁰Wynne Smith, *op. cit.* (note 10), 463.

¹⁰¹Jean-François Senault, *The Use of Passions Written in French by J.F. Senault; and Put into English by Henry, Earl of Monmouth* (London: W. Godbid, 1671), 480–2.

¹⁰²John Norden, *A Pathway to Patience in All Manner of Crosses, Trials, Troubles, and Afflictions* (London: E. Allde, 1626), 78.

ague in 1679, she ‘could not forbear shrieking most of the night’, saying she ‘had the crampe, and alas a day I know not what to doe’.¹⁰³ Boys as well as girls responded in this way: twelve-year-old Caleb Vernon, who was suffering from ‘grievous’ consumption in 1665, cried out ‘*What shall I do?*’ in helplessness, for the pain was so great.¹⁰⁴ Sometimes, explicit expressions of fear were made: in 1625, Lady Katherine Paston told her son that his younger brother Tom had ‘bine this 3 weeks pitifully terrified with an ague’.¹⁰⁵

Pain also provoked feelings of irritation and anger. In 1656, Ralph Josselin lamented that his two-year-old daughter Ann had been ‘very froward’ during her ‘sad trouble’.¹⁰⁶ A few years later, Alice Thornton’s infant son William was ‘very angry and froward’ due to the pain brought by the smallpox.¹⁰⁷ The term ‘froward’ can be defined as a mood or disposition characterised by a tendency ‘to go counter to what is demanded. . . difficult to deal with, hard to please’.¹⁰⁸ Once again, contemporaries believed that pain sparked these emotions owing to the sympathetic link between the mind and the body. But in addition, pain may have acted as an indirect cause, disrupting children’s sleep and causing them to become irritable through tiredness. This was the case for one-year-old Jack Hervey in 1697: his mother complained that he cried ‘night and day’ because of his sore teeth ‘and [he] sleeps very little’.¹⁰⁹ The detrimental effects of sleep deprivation may have been associated especially with child patients, since doctors believed that ‘Children for some time after they come into the World sleep not moderately, as having had a long Repose in the Womb, and therefore is naturally in its Infancy desirous of Rest.’¹¹⁰ Young children remembered sleeping in the womb and therefore required much sleep to stay healthy and happy; a lack of sleep resulted in irritableness and even illness.¹¹¹ While ‘forwardness’ was mentioned frequently in parents’ accounts, references to extreme anger are rare, perhaps because it was an emotion of dubious moral repute, being associated with the sin of wrath.¹¹² In the context of illness, anger may have attracted particular censure because it could be regarded as a sign of the sick person’s rebellion against the will of God. Consequently, parents may have omitted mention of this emotion in order to emphasise their child’s godliness during illness, and likely salvation in the event of death.

Finally, children occasionally responded to pain with a degree of resignation and patience. Thirteen-year-old John Clap ‘endured the Hand of God’ with ‘great Patience’

¹⁰³Isaac Archer, *Two East Anglian Diaries, 1641–1729*, Matthew J. Storey (ed.), (Woodbridge: Suffolk Records Society, Vol. 36, 1994), 160–1.

¹⁰⁴John Vernon, *The Compleat Scholler; Or, a Relation of the Life, and Latter-End Especially, of Caleb Vernon* (London: J.W. and W.S., 1666), 25–6.

¹⁰⁵Katherine Paston, *The Correspondence of Lady Katherine Paston, 1603–1627*, Ruth Hughey (ed.), (London: Norfolk Record Society, Vol. 14, 1941), 80.

¹⁰⁶Josselin, *op. cit.* (note 24), 369.

¹⁰⁷Jackson (ed.), *op. cit.* (note 43), 124–5.

¹⁰⁸OEDO.

¹⁰⁹John Hervey, *Letter-Books of John Hervey, First Earl of Bristol, Vol. 1, 1651–1715*, S.H.A. Hervey (ed.), 3 vols (Wells: Jackson, 1894), 117.

¹¹⁰W.S., *A Family Jewel, or the Womans Councillor: Containing, I. An Exact Method of Preventing or Curing All Diseases, and Grievances Incident to Children* (London: A. Baldwin, 1704), 50.

¹¹¹For more about children’s need for sleep and the illnesses attributed to sleep deprivation, see Newton, ‘The Sick Child in Early Modern England’, *op. cit.* (note 13), ch. 1.

¹¹²Nevertheless, Pollock has argued that the expression of anger was considered morally acceptable in certain circumstances, and at times, even honourable: *op. cit.* (note 94).

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in the late seventeenth century, expressing ‘a profound Submission to the Will of God’ during his painful illness, wrote the author of his pious biography.¹¹³ The word ‘patience’ referred to ‘the calm... endurance of affliction, pain, [or] inconvenience’, while ‘resignation’ was defined as the acceptance of, or ‘submission to’ the will of God.¹¹⁴ Whether or not these responses were perceived as emotions is unclear, but what is more evident is that they were regarded as highly desirable among the godly. Thomas Becon’s advice book for the sick beseeched patients to ‘behave them selves patiently and thankfully in the tyme of sycknesse’, and to avoid ‘murmur and grudge against God’.¹¹⁵ Children’s expressions of patience thus elicited praise from their parents and friends. In 1665, twelve-year-old John Sudlow from Middlesex was applauded for his ‘admirable patience under the hand of God’ during his sickness from the plague.¹¹⁶ The reason patience was so commendable was that it demonstrated a person’s trust and faith in the Lord, and as such, could be taken as evidence of possible election. Patience may have been seen as especially praiseworthy in sick children because contemporaries assumed it was particularly difficult for the young to achieve this state: literature concerning the ‘ages of man’ associated children with impatience. Isaac Watts, for instance, stated that ‘There is Impatience under Pain or Sicknes’ in children, pronouncing impatience one of the ‘*Sins and follies of childhood*’.¹¹⁷ Given this emphasis on patience, it can be conjectured that the very word used to denote the sick person (‘patient’) was linked with the Christian insistence of patience during affliction: patients were those who suffered patiently. In the primary sources, ‘patient’ did not just refer to someone undergoing a medical treatment, but in fact, referred to any sick person.

When children’s pains lessened, any negative feelings were quickly usurped by more cheerful emotions. In 1681, Lady Dorothy Browne’s young grandson Thomas contracted an illness characterised by vomiting, coughing, and fever. She informed the boy’s father that, ‘Poor Tommy has bin very hott and his Coffe very troublesom,’ but fortunately, ‘his stomach is now better and less hott and the coffe Batter’ so that ‘he is now cherfall, I bless God.’¹¹⁸ The tendency for physical relief to lead to emotional relief was thought to be a natural consequence of the ‘sympathy’ between the body and the soul. Dr Symcotts recorded in 1636 that his fourteen-year-old patient, Elizabeth Burgoyne, ‘vomited no more, nor complained of the pain of her stomach as before’, and ‘slept well that night’, so that by the following morning she was ‘very cheerful, without all pains’ and ‘grew better and better still’.¹¹⁹ Clearly, this practitioner believed that the chief cause of his patient’s emotional transformation was her undisturbed sleep, which in turn was occasioned by the mitigation of pain.

¹¹³Cotton Mather, *A Token, for the Children of New-England: Or, Some Examples of Children, in Whom the Fear of God was Remarkably Budding, Before they Dyed* (Boston: Timothy Green, 1700), 7–9.

¹¹⁴OEDO.

¹¹⁵Thomas Becon, *The Sycke Mans Salve Wherin the Faithfull Christians May Learne... How to Behave Them Selves Patiently and Thankfully* (London: John Day, 1561); this treatise went through multiple editions in the seventeenth century.

¹¹⁶James Janeway, *A Token for Children: The Second Part* (London: D. Newman, 1673), 12.

¹¹⁷Isaac Watts, *Preservative From the Sins and Follies of Childhood and Youth* (London: E. Matthews, 1734), 32.

¹¹⁸Sir Thomas Browne, *The Letters of Sir Thomas Browne*, Geoffrey Keynes (ed.), (London: Faber & Gwyer, 1931), 222–3.

¹¹⁹Symcotts, *op. cit.* (note 70), 61.

Children's emotional responses to pain seem to have varied according to its severity and longevity: fear, helplessness, sadness, and anger were more likely during extremely painful bouts of illness, while happier emotions, such as cheerfulness, were more evident when the symptoms of disease began to ease. Thus, a strong link existed between the body and mind in early modern culture, with physical pain causing emotional pain. However, as will become apparent below, this connection was sometimes disrupted by certain religious beliefs about the afterlife and the value of pain, which together helped children to feel more positive emotions even whilst suffering from the most grievous pain. In these situations, the relationship between the mind and body seems to have been reversed, with the happy emotions taking control over the body, and serving to lessen the child's perception of physical pain.

The Providential Origin of Sickness

'Providence' was the Christian doctrine of causation which held that God was behind all happenings on Earth, from the 'eruption of a volcano' to the 'falling of a sparrow'.¹²⁰ Although the purposes of the Almighty were always benevolent, His providences could be both negative and positive, encompassing such things as famine and disease, but also prosperity and recovery from illness.¹²¹ The doctrine was most conspicuously embraced by the 'hotter sort of Protestants', the Puritans, but as Alexandra Walsham has shown, its most basic tenets were probably shared much more broadly by the Protestant laity.¹²² It is likely that the majority of the children in the primary sources were Puritan, and therefore it is reasonable to ask how this belief may have affected their experience of sickness. Until recently, historians have usually taken pessimistic views of the emotional impact of providentialism and other related Christian doctrines, arguing that they tended to evoke feelings of anxiety, guilt, and 'inner loneliness' in Christians.¹²³ John Stachniewski asserted that many aspects of Protestantism were 'repellent' and 'punishing', creating 'incalculable... volume[s] of despair' in its followers.¹²⁴ In the last two decades, however, scholars have offered more balanced views, demonstrating that while providence 'was capable of precipitating self-loathing, melancholy, and debilitating despair', it also enabled its believers to exhibit 'stoical courage and patience in the face of chronic illness, financial misfortune, and military defeat', helping people 'from all sections of the social spectrum' to 'bear up during difficult times'.¹²⁵ In relation to the experience of sickness, I will argue that the doctrine of providence carried intrinsically polarised emotional and spiritual implications, which meant that the patient could experience illness in both positive and negative ways, sometimes simultaneously.

¹²⁰For the most comprehensive, extended discussion of this doctrine, see Walsham, *op. cit.* (note 34).

¹²¹John Calvin, *The Institutes of Christian Religion* (London: 1559), 173.

¹²²Walsham, *op. cit.* (note 34), 331.

¹²³Max Weber, *The Protestant Ethic and the Spirit of Capitalism* [1930], T. Parsons (trans.), (repr. Guilford: Allen & Unwin, 1976), 95–139; S.E. Sprott,

The English Debate on Suicide (La Salle: Open Court, 1961); David Stannard, *The Puritan Way of Death: A Study in Religion, Culture, and Social Change* (Oxford: Oxford University Press, 1997); Stachniewski, *op. cit.* (note 4).

¹²⁴Stachniewski, *ibid.* 2, 5–6.

¹²⁵Walsham, *op. cit.* (note 34), 20; Harley, *op. cit.* (note 11), 283; Thomas, *op. cit.* (note 83), 94–5.

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Throughout the early modern period, one response to the providential origin of sickness was guilt. 'Oh my sin is the cause of it', cried eleven-year-old Martha Hatfield in 1652 following the onset of her distemper of the spleen. 'Lord reveale unto me what is the cause of this affliction, what sin it is that lies unrepented of,' she prayed.¹²⁶ The reason for these guilty feelings was simple: God had brought illness as a punishment for sin, and therefore the sick had only themselves to blame for their afflictions.¹²⁷ It was necessary to dwell on these sins during illness as part of the curative process, since God would only remove the affliction once the patient had repented.¹²⁸ Boys as well as girls expressed these unhappy feelings: twelve-year-old Caleb Vernon told his parents that 'one sin of his' that 'had often lain heavy upon his heart' during his illness was 'his disobedience to his Mother once, [in] not going to bed when she had commanded it.'¹²⁹ Other sins that children listed included lying, over-sleeping, gluttony, playing on the Sabbath, and neglecting to pray.¹³⁰ It was not just the subjects of the pious biographies who suffered feelings of guilt; children in other genres of primary source, such as letters, also expressed guilt for provoking God's wrath. The uncle of schoolboy James Clavering, for example, informed the boy's father that his son attributed his languishing disease to his 'irregular life' at school, and 'many of the pranks he committed there', thereby suggesting that the child himself felt remorse for his improper behaviour.¹³¹

Occasionally, children's guilty feelings were so intense that they became almost unbearable. The adolescent Elizabeth Walker would often 'sit and Weep most bitterly' during her illness in 1674 because she was 'much troubled with a wicked thing'. She confided to her mother, 'my dear Mother, you cannot conceive what passes through my poor head, nor what your poor child endures.'¹³² These emotions could be so disturbing that they kept children up at night with worry, or caused nightmares: six-year-old Joseph Scholding, when asked by his mother 'Why dost thou not lie still', replied that 'he dreamed such desperate things as did affright him', including the fear that he might commit the sin of swearing.¹³³ For these children it is likely that the emotional distress occasioned by the doctrine of providence far outweighed the physical pain of illness, serving to exacerbate greatly the overall misery of sickness. This was the case for a nine-year-old poor boy from the parish of Newington-Butts: he declared that 'though his pains were great, and the distemper very tedious, yet the sense of his sin, and the thoughts of the miserable condition that he feared his soul was still in, made his trouble ten times greater.'¹³⁴

Guilt may not always have been so unpleasant, however, for it is possible that some children derived satisfaction from observing the reactions of onlookers to their expressions

¹²⁶Fisher, *op. cit.* (note 30), 11.

¹²⁷Wear, *op. cit.* (note 11), 'Puritan Perceptions', 71.

¹²⁸David Harley, 'Spiritual Physic, Providence and English Medicine, 1560–1640', in Ole Peter Grell and Andrew Cunningham (eds), *Medicine and the Reformation* (London: Routledge, 1993), 101–17: 106.

¹²⁹Vernon, *op. cit.* (note 104), 27.

¹³⁰Isham, *op. cit.* (note 67), 5–9; A. Deans, *An Account of the Last Words of Christian Karr, Who*

Dyed at Edinburgh. . . 1702, in the Eleventh Year of Her Age (Edinburgh: Andrew Anderson's successors, 1702), 7.

¹³¹James Clavering, *The Correspondence of Sir James Clavering*, Harry Thomas Dickinson (ed.), (Gateshead: Surtees Society, Vol. 178, 1967), 157–8

¹³²Elizabeth Walker, *The Vertuous Wife: Or, the Holy Life of Mrs. Elizabeth Walker*, Anthony Walker (ed.), (London: N.R., 1694), 108–10.

¹³³Bidbanck, *op. cit.* (note 27), 77.

¹³⁴Janeway, *op. cit.* (note 31), 61.

of repentance. When the aforementioned nine-year-old from Newington-Butts declared himself ‘the vilest creature he knew’, his family and friends were ‘filled. . . with astonishment and joy’, praising him for his ‘knowledge, experiences, patience, humility, and self-aborrancy’.¹³⁵ This positive reaction sprang from the belief that an awareness of sin was a crucial component of ideal Christian sick behaviour, necessary for eliciting God’s forgiveness, and for proving that one was not complacent about one’s spiritual health. This preoccupation with sin and guilt may have also served to distract the sick from their worries about the actual illness, ‘a form of conversion hysteria in reverse’.¹³⁶

Children did not always feel guilty during illness, however. Often, their illnesses were attributed to the sins of their parents rather than to their own transgressions. When Frances Archer fell ill in 1678, her father Isaac mused, ‘Upon this occasion I considered that children are not capable of improving [provoking] afflictions; that they were chastnings sent by God for the good of parents.’¹³⁷ Children who overheard their parents talking in this way may have felt absolved from responsibility. This was the case for fifteen-year-old Susanna Whitrow from London: having heard her mother repeatedly warn her father that ‘*The Lord would visit him with sore and grievous Judgment if he did not Repent*’, when she became sick in 1677, she instantly deduced that ‘the Lord is broke in upon us’ to punish her father, and duly beseeched the Lord to ‘Remember not his Offences. . . that thou mayst have Mercy on him’.¹³⁸ It is possible that the practice of parents acting as scapegoats for their children’s sins was one way in which children’s experiences of sickness were distinguished from those of adults: there were probably fewer opportunities for ill adults to shift the blame for their providential afflictions. This was because childhood was ‘the most innocent Part of our Lives’ during which time parents shouldered the chief responsibility for the child’s spiritual and physical wellbeing.¹³⁹ The notion that God used the illnesses of children to punish parents stemmed from the Biblical passage 2 Samuel 12, verses 8–23: ‘the Lord struck’ David’s child so that ‘it was very sick’ to punish David for committing adultery with a woman called Bathsheba and then having her husband killed.¹⁴⁰

The providential origin of sickness, while capable of provoking distressing feelings of guilt, could also be a source of tremendous emotional and spiritual comfort to children. This was because it was believed that God’s providences, however unpleasant, were always benevolent, and therefore children could patiently accept their illnesses in the knowledge that something good would emerge from their sufferings.¹⁴¹ As Sarah Toulalan has recently stated, ‘The experience of pain could be transformed by the hope or belief that something good would follow it and hence it could be suffered joyfully, or at least with resignation.’¹⁴² To give an example of this more positive side to providentialism, one morning in 1669, six-year-old Mary Walker confessed to her maid that ‘she

¹³⁵*Ibid.*, 63–6.

¹³⁶Wear, *op. cit.* (note 11), ‘Puritan Perceptions’,

75.

¹³⁷Archer, *op. cit.* (note 103), 156.

¹³⁸Rebecca Travers, *The Work of God in a Dying Maid. . . Susanna Whitrow* (London: 1677), 16–17.

¹³⁹John Bunyan, *Meditations on the Several Ages of Man’s Life: Representing, the Vanity of It, From His Cradle to His Grave* (London: J. Blare, 1700), 14.

¹⁴⁰KJV.

¹⁴¹Harley, *op. cit.* (note 11).

¹⁴²Sarah Toulalan, *Imagining Sex: Pornography and Bodies in Seventeenth-Century England* (Oxford: Oxford University Press, 2007), 124. Other historians of pain agree that the experience of physical suffering is drastically affected by the meaning of pain, for example, Cohen, *op. cit.* (note 55), 49–50; Glücklich, *op. cit.* (note 50), 17, 21.

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was very sick; but God would doe her good by that sickness, and she would love him the better for it.’¹⁴³ Around the same time, eleven-year-old John Heywood, when ‘very sick’ of the smallpox, told his father that ‘tho[ugh] he be in pain, yet. . . his heavenly father takes care of him.’¹⁴⁴ To make sense of this seemingly paradoxical idea, children and their families often invoked certain metaphors. In 1652, while in ‘great extremity of pain’, eleven-year-old Martha Hatfield was heard to say:

As the Father calleth his childe when he hath done amiss. . . and gives him correction: so God he gives his children correction, but it is for their good and comfort. God scourgeth and whippeth his children, but he will not give them one whip, nor one lash more then is for their good. . . the Patient must taste of the bitter potion before his stomach be cleared.¹⁴⁵

Here, disease is likened to the corporal punishment inflicted by a loving father to correct his children’s transgressions, and also to a medicinal purge that, though noxious to the taste, is curative to the body.¹⁴⁶ Thus, like purges and correction, sickness was both unpleasant and therapeutic: it hurt the body, but benefited the soul. These metaphors, which were ubiquitous in contemporary sermons, were probably very effective in helping children to understand the difficult principle of positive affliction because they involved everyday situations with which the young were especially familiar.¹⁴⁷ The constant reiteration of these metaphors, according to Jenny Mayhew, may have induced a ‘psychotropic transformation’, making the physical pain seem more bearable, or even ‘delightful’: in being told ‘again and again’ that sickness was a spiritual purge or correction, the patient would be led ‘imaginatively and emotively’ to believe that ‘suffering is good’.¹⁴⁸ The origin of these metaphors was Biblical: ‘My Son, despise not the Chastening of the Lord: neither be weary of his Correction. For whom the Lord loveth he correcteth, even as a Father the Son, in whom he delighteth.’¹⁴⁹ Children sometimes quoted this verse during their illnesses, as did Anne Gwin in the 1690s.¹⁵⁰

But what exactly were the spiritual benefits or purposes of illness and pain, and how was God ‘taking care’ of these children by sending disease? Often, the sick did not articulate the precise advantages of illness, but instead wrote rather vaguely that affliction would ‘purify’ or ‘cleanse’ the soul. Occasionally, however, more specific benefits were alluded to. Firstly, affliction was thought to awaken Christians to their sins. As the theologian Richard Younge declared in 1660, ‘*repentance* seldom meets a man in *jollity*. . . And indeed seldome is any man *thoroughly awakened* from the sleep of sin, but by *affliction*.’¹⁵¹ It is obvious why repentance tended to follow from sickness: sin was the cause of man’s afflictions, and therefore the cure lay in its renunciation.¹⁵² It

¹⁴³Walker, *op. cit.* (note 132), 96–100.

¹⁴⁴Heywood, *op. cit.* (note 84), 235–6.

¹⁴⁵Fisher, *op. cit.* (note 30), 33–4, 69, 133.

¹⁴⁶Glücklich, *op. cit.* (note 50), 21, 23. The

medical metaphor has also been discussed at length by David Harley in, ‘Medical Metaphors in English Moral Theology, 1560–1660’, *Journal of the History of Medicine*, 48 (1993), 396–435.

¹⁴⁷To give an example of theological treatise which frequently mentions the medicine and punishment metaphors, Richard Younge, *A Christian*

Library, Or, a Pleasant and Plentiful Paradise of Practical Divinity in 37 Treatises of Sundry and Select Subjects (London: M.I., 1660), 9.

¹⁴⁸Mayhew, *op. cit.* (note 11), 312–14.

¹⁴⁹KJV, *Proverbs*, Article 3, Verses 11–12.

¹⁵⁰Thomas Gwin, *A Memorial of Our Dear Daughter Anne Gwin, a Prudent and Virtuous Maiden* (London: J. Sowle, 1715), 18.

¹⁵¹Younge, *op. cit.* (note 147), 9–11.

¹⁵²*Ibid.*, 12.

seems that ailing children appreciated this purpose of affliction, for they usually started repenting as soon as they fell ill. When five-year-old Mary Stubbs became ill in the 1680s, she ‘began to be very sensible of her Condition, and to cry and mourn’ for her sins; having thoroughly repented to God, her soul grew ‘vigorous and lively’ and she became happier about her spiritual future.¹⁵³

Another spiritual function of sickness was to remind Christians to empathise with the suffering of Christ on the Cross. In 1661, ten-year-old Mary Warren, who had been suffering from severe stomach pains, described the tortures endured by Christ: ‘he suffered a great deal more for me. . . he was bruised, buffeted, and spit on; and they platted a Crown of Thorns and put [it] upon his Head, and gave him Vinegar to drink. . . And they came out against Christ with Swords and Staves.’¹⁵⁴ By referring to the torments of Jesus, children were able to identify with Christ, and in the process, elevate their religious status and put their own sufferings into perspective. Although Protestant theologians did not believe that it was possible to share fully the burdens of Christ, the identification with His passion did enable the Christian to forge a ‘fellowship with Christ’.¹⁵⁵ This empathy was particularly important for Puritans because they often believed that Christ’s ‘redemptive work was for the elect only’: hence, to meditate upon ‘the depths of the suffering. . . that Christ had plumbed’ on their behalf was especially comforting.¹⁵⁶

Finally, it was often implied that sickness had a direct impact on the individual’s salvation. In 1665, Caleb Vernon was heard ‘blessing the Lord again for bringing this Sickness upon him, saying, *‘for these light affliction[s] which are but for a moment, work for me far more exceeding and eternal weight’*, thereby implying that somehow his earthly pains would have a positive effect on his eternal future.¹⁵⁷ Of course, in orthodox Protestantism, the salvation of souls was predestined, and therefore no amount of pain and sickness could influence the individual’s eternal life.¹⁵⁸ As noted by John Stachniewski, ‘Nothing could coerce, alter, aid, or hinder God’s purposes’ according to strict Calvinists.¹⁵⁹ Jan Frans van Dijkhuizen has traced early modern beliefs about the spiritual efficacy of pain, showing that Protestants (unlike Catholics) rejected the notion that physical pain could impact a person’s salvation, seeing such a notion as an ‘intolerable impingement on Christ’s unique role as Saviour’.¹⁶⁰ Calvinists believed that ‘it is only God who works through pain, not humans themselves. . . pain is not productive in itself, does not have any *inherent* efficacy, but serves as an opportunity to cultivate *mental* attitudes of temperance and acceptance.’¹⁶¹ In spite of this belief, however, Protestant patients, including adults as well as children, continued to make a link between earthly affliction and eternal bliss. They may have tried to reconcile this theological quandary by considering that God had preordained their illnesses for their soteriological benefit. Alexandra Walsham has commented on this tendency for lay-people to ‘subtly edit, alter, and ignore’ the elaborate tenets propounded by their university-educated pastors and preachers to meet their emotional needs.¹⁶²

¹⁵³Bidbanck, *op. cit.* (note 27), 43–68.

¹⁵⁴H.P., *op. cit.* (note 80), 16.

¹⁵⁵Van Dijkhuizen, *op. cit.* (note 11), 231.

¹⁵⁶Dewey Wallace, Jr, *Puritans and Predestination: Grace in English Protestant Theology, 1525–1695* (Chapel Hill, NC: University of North Carolina Press, 1982), 48–9.

¹⁵⁷Vernon, *op. cit.* (note 104), 26.

¹⁵⁸For an extended discussion of the doctrine of predestination, see Wallace, *op. cit.* (note 156).

¹⁵⁹Stachniewski, *op. cit.* (note 4), 19.

¹⁶⁰Van Dijkhuizen, *op. cit.* (note 11), 212–13.

¹⁶¹*Ibid.*, 215.

¹⁶²Walsham, *op. cit.* (note 34), 331.

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Thus, children's responses to the providential origin of their distempers were mixed. As well as provoking unpleasant feelings of guilt, providence was a source of comfort to sick children, helping them to resign themselves patiently to their suffering in the knowledge that, although it was detrimental to the short-term health of their bodies, it was cathartic to the long-term health of their souls. Once again, therefore, patients were required to be patient.

The Anticipation of Death

In his book *The Hour of our Death* (1981), Philippe Ariès argued that during the Middle Ages, death was regarded as a 'familiar friend', eliciting no great sense of fear from the sick and dying, but that by the end of the early modern period, it came to be viewed as the 'king of terrors'.¹⁶³ The cause of this shift, he asserted, was the emergence of 'individualism', which made people increasingly concerned for their own fates. David Stannard offered a similar interpretation, but suggested that the heightened fear stemmed from the Reformation, and the resulting abolition of the doctrines of purgatory and intercessory prayer, and increased emphasis on the helplessness of man to influence his own salvation.¹⁶⁴ In the last few decades, however, historians have offered less teleological views of past attitudes to death, suggesting that throughout the early modern period the dying felt a confused, 'paradoxical' array of emotions, ranging from terror to triumph. Gillian Avery, for instance, has stated that while many children were afraid of death there were 'more positive reactions', while Ralph Houlbrooke has demonstrated that as well as feeling fear and anxiety, the dying experienced 'ecstasy or an overbrimming sense of inner peace and comfort'.¹⁶⁵ I argue that children responded in various ways to the prospect of death, sometimes feeling fear, and at other times, experiencing emotions that verged on joy. The cause of this ambivalent response was the doctrine of salvation, and its hauntingly divergent fates of eternal happiness and eternal torment.

Sick children were made aware of the likelihood of death. 'My Dear, Are you so ill that you think you shall die?', asked the mother of thirteen-year-old Margaret Andrews three hours before her death in 1680.¹⁶⁶ While this kind of honesty may seem cruel today, in this period it was considered quite the opposite because it was essential for the child's eternal happiness. A key aspect of patient care involved helping the patient to prepare spiritually for death. This process of preparation, which involved various acts of piety, was supposed to enable the patient to reach a state of confidence in his or her eternal future. Thus, parents and relatives were obliged to inform their children of their likely deaths, or at least alert them to the possibility. Children also learned of their potential mortality from witnessing the deaths of family members or neighbours.

¹⁶³Philippe Ariès, *The Hour of Our Death*, H. Weaver (trans.), (London: Allen Lane, 1981), and his article 'The Reversal of Death: Changes in Attitudes Toward Death in Western Societies', *American Quarterly*, 26 (1974), 536–60.

¹⁶⁴Stannard, *op. cit.* (note 123), and his article, 'Death and the Puritan Child', *American Quarterly*, 26 (1974), 456–75.

¹⁶⁵Avery, *op. cit.* (note 32), 103; Houlbrooke, *op. cit.* (note 32), 41–2; and Houlbrooke, *op. cit.* (note 12), 147, 195–6, 200–2, 207.

¹⁶⁶Anon., *The Life and Death of Mrs Margaret Andrews* (London: Nath. Ponder, 1680), 60.

In the 1650s, four-year-old John Sudlow's baby brother died: seeing the little body 'without breath, and not able to speak or stir, and then carried out of doors, and put into a pit-hole', made this boy 'greatly concerned', and caused him to ask his parents 'whether he must die too', to which they replied in the affirmative.¹⁶⁷ It is probable, however, that many children were too ill to be aware of their impending deaths, or else deteriorated so rapidly that they had no time to think of it.

Children sometimes responded to the anticipation of death with great fear and anxiety.¹⁶⁸ When seven-year-old Tabatha Alder became ill in 1644, she confessed that 'she was greatly afraid that she should go to hell' on the grounds that 'she did not love God'. When asked why she did not love God, she said she 'found it a hard thing to love one she did not see'.¹⁶⁹ About forty years later, four-year-old Mary Stubbs underwent a similar experience: her mother, trying to make her daughter aware of the necessity of repentance during illness, had warned her that 'all that died, did not go' to Heaven. Subsequently, the girl had begun to 'cry and mourn, fearing that she should go to Hell'.¹⁷⁰ Thus, children's fears centred on the idea of Hell and were sometimes sparked by their parents' words.¹⁷¹ These emotions could be so intense that they dwarfed the pain of illness by comparison. When the nine-year-old boy from Newington-Butts contracted the plague, he complained that 'Now the plague upon [my] body seemed nothing to that which was in [my] soul' because he feared he 'should go to hell'.¹⁷² It was not just the subjects of pious biographies who experienced these feelings: other genres, such as letters and autobiographies, also contain evidence of this sentiment, which indicates that it may have been a relatively widespread response. Sir Edward Harley, for example, wrote to his wife telling her that their son Robin 'waked in the night' with worries about sin, crying 'with tears' that 'he was afraid if he died he should go to hell'.¹⁷³

One has only to cast a glance at the contemporary eschatological literature to discover why Hell elicited such extraordinary fear. Henry Greenwood's treatise, for instance, described Hell as:

[A] most lamentable and wofull place of torment. . . where there shall be scretching and screaming, weeping, wayling, and gnashing of teeth for eternity. . . easelesse, endlesse, remedyless. . . scourges of Devils terrible and screeching and screaming continually: And this is Hell.¹⁷⁴

Other authors focused on the intensity of the pain suffered by the reprobate, comparing it to the comparatively mild suffering experienced on Earth:

You may fancy the most terrible things can be dreaded; of Fire and Brimstone, Wracks and Tempests. . . But all we can hereby reach to conceive, of the Pains of Hell, falls as much short

¹⁶⁷Janeway, *op. cit.* (note 116), 2–3.

¹⁶⁸For a discussion of fear of death from the point of view of early modern women, see Becker, *op. cit.* (note 12), 1–15, and for the same but in reference to children, see Stannard, 'Death and the Puritan Child', *op. cit.* (note 164), 50–63.

¹⁶⁹Janeway, *op. cit.* (note 116), 19–20.

¹⁷⁰Bidbanck, *op. cit.* (note 27), 44–5.

¹⁷¹For a discussion of the nature of Hell, see Houlbrooke, *op. cit.* (note 12), 30, 33, 35, 39–40; and

Peter Marshall, *Beliefs and the Dead in Reformation England* (Oxford: Oxford University Press, 2002), 9–10, 191–2, 195.

¹⁷²Janeway, *op. cit.* (note 31), 62.

¹⁷³Cited by A.W.M. Bryant (ed.), *Postman's Horn: An Anthology of the Family Letters of Later Seventeenth Century England* (London: Home and Van Thal, 1946), 5.

¹⁷⁴Greenwood, *op. cit.* (note 72), 239–40.

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of the Torments of the Damned. . . ’Tis impossible for the most awakened Conscience to conceive the Horror of it.¹⁷⁵

One might question whether these terrible descriptions of Hell would have been shared with children. Conduct literature written specifically with children in mind did detail the hellish horrors. Robert Russel’s *A Little Book for Children*, warned:

[If] thou wilt continue to be a naughty wicked Child. . . Then thou with all thy wicked Companions shall be tumbled into the Lake that burns with Fire and Brimstone; there thou shalt endure such unspeakable Pain and Torment, which cannot be conceived; there thou shalt continually lie burning and broiling. . . never have end, nor never have ease night nor day. . . there thou shalt always be crying and roaring under those great intollerable Flames. . . O my dear Child, Hell is a dreadful place, worse Ten thousand times than thy Parents beating thee.¹⁷⁶

James Janeway’s treatise contains a similar description, warning that ‘O Hell is a terrible place, that’s worse a thousand times than whipping; Gods anger is worse than your Fathers anger’.¹⁷⁷ These authors tailored their descriptions of Hell to their young audiences, making them especially relevant to children by mentioning corporal punishment and angry parents. Children’s literature also contains vivid pictures of the damned in Hell (see Figure 2).

It is unsurprising that children who read these treatises or viewed these images responded with trepidation. When fifteen-year-old Joseph Taylor read ‘a little Book’ which gave ‘a Pathetical Description of Hell’, he was ‘put into sore Amazement and very great Terror’. He sat ‘groaning in the dark’, crying. ‘O! How shall I bear. . . this heavy sentence?’¹⁷⁸ Even those children who did not come into direct contact with this literature would have probably had some knowledge of hellfire, because damnation was often the subject of church sermons, popular ballads, and chapbooks. However, it is possible that some adults preferred to conceal the more gruesome details of hell from their little ones. This can be inferred from the preface of Janeway’s treatise, wherein he felt it necessary to coax and cajole parents into teaching their children about the realities of Hell and death, thereby implying that there were significant numbers of parents who were reluctant to do so: he warned parents, ‘*Children. . . are not too little to dye, they are not too little to go to Hell.*’¹⁷⁹

It was not just the thought of Hell that provoked fears in sick children: death was frightening for many other reasons besides. Some children worried about the practical problems of death and salvation. Joseph Scholding, ‘one Morning as he lay in his Bed very ill’, said to his mother, ‘Mother. . . I am thinking how my Soul shall get to Heaven when I die; my Legs cannot carry it, the Worms shall eat them.’¹⁸⁰ Another concern provoked by the thought of death was the separation from family and friends that it would bring. In the 1720s, seven-year-old Betty Seymour experienced these fears: her mother

¹⁷⁵John Shower, *Heaven and Hell; Or the Unchangeable State of Happiness or Misery for All Mankind in Another World* (London: J. Heptinstall, 1700), 17–18.

¹⁷⁶Robert Russel, *A Little Book for Children, and Youth* (London: 1693–6), n.p.

¹⁷⁷Janeway, *op. cit.* (note 31), preface.

¹⁷⁸Joseph Taylor, *Grace, Grace: or, the Exceeding Riches of Grace* (London: 1702), 7–8.

¹⁷⁹Janeway, *op. cit.* (note 31), preface.

¹⁸⁰Bidbanck, *op. cit.* (note 27), 76.



Figure 2: Woodcut of hell from the anonymous *A voice from heaven to the youth of Great Britain*, London, printed by T Norris, 1720 (British Library).

wrote that while the little girl was suffering from ‘vapors’, she had ‘laid her head in my lap and fell into a passion of crying’, saying that if she died she ‘should not have so good a Mama, and that she would keep this Mama.’¹⁸¹ As well as elucidating the kinds of preoccupations experienced by dying children, this extract reveals something of the child’s love for her mother. Historians have usually concentrated on parents’ feelings about their children, rather than the other way round.

While the prospect of dying was undoubtedly frightening, the idea of Heaven helped to mitigate these unpleasant feelings, enabling children to respond to death with a degree of resignation. In 1632, twelve-year-old Charles Bridgman told his parents ‘I desire to dye, that I may go to my Saviour. . . Now I am well, my pain is almost gone, my joy is at hand.’¹⁸² About sixty years later, the adolescent Anne Gwin expressed a similar sentiment,

¹⁸¹Frances Seymour, *The Gentle Hertford: Her life and Letters*, Helen Hughes (ed.), (New York: The Macmillan Company, 1940), 77.

¹⁸²Janeway, *op. cit.* (note 31), 46–9.

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telling her family that she ‘had no Cause to be afraid to die’ because she ‘knew she was going to a God gracious and merciful, whose Face she hoped to see with Comfort.’¹⁸³ Parents and friends played a large part in helping children reach this state of confidence.¹⁸⁴

Sometimes these feelings of resignation blurred into outright happiness and joy, as children positively looked forward to their heavenly futures.¹⁸⁵ When eleven-year-old Martha Hatfield lay ill of ‘spleen-wind’ in 1652, she ‘was enabled with great alacrity to express the joy of Heaven’, declaring that ‘I am now going to Heaven’, and seeming to be ‘exceedingly rapt up with joy. . . laughing, and spreading her arms’, and crying out ‘I have found my Christ, O, I have found my Christ, how sweet he is to me!’¹⁸⁶ Boys as well as girls experienced these emotions: when at last the poor boy from Newington-Butts overcame his fears of Hell and became convinced of his salvation, he was so happy that ‘he hath been ready almost to leap out of his bed for joy’.¹⁸⁷ These happy feelings often served to distract children from their physical pains, making the suffering more bearable. In 1661, young Mary Warren considered that although ‘I am very sore, from the crown of my head to the sole of my foot. . . I am so full of Comfort and joy that I do feel but little of my pain.’¹⁸⁸ Godly parents frequently reminded their children of their salvation with this intention in mind. When thirteen-year-old Caleb Vernon cried out that ‘His Bones were sore’, his father replied, ‘but your soul is not’, reminding him of his healthy spiritual state and heavenly future; hearing this, the boy ‘presently forgot his pains, and was refreshed’.¹⁸⁹ The reason thoughts of Heaven mitigated the patient’s sensation of pain, according to early modern philosophers, related to the relationship between the soul and the body: just as the body could influence the passions, the passions could influence the body, and therefore, happy emotions could bring physical comfort, reducing the body’s sense of pain. This notion was lucidly articulated by F.N. Coeffeteau in 1621: he stated that the ‘contemplation’ of Heaven or other good things ‘is so sweete and delightfull of it self, as it expels and disperseth all’ a person’s physical ‘cares and Griefe. . . . In regard whereof some Martyres have give a thousand testimonies of joy in the midst of their torments: And some marching barefooted upon burning coales, have protested constantly and truly, that they thought they trod upon Roses’.¹⁹⁰

These feelings of resignation and joy may seem implausible. One could argue that they have been exaggerated, or worse still, completely invented by the authors who wanted to convey a prescriptive message about ideal Christian responses to death, or wished to convince themselves of their child’s eternal happiness.¹⁹¹ Patience and joy on the deathbed demonstrated the person’s submission to God’s will, and as such, were often taken as signs of his or her faith and likely salvation, and therefore it is probable that there was a need to emphasise this behaviour.¹⁹² Parents also may have unintentionally put pressure on their children to voice more confidence than they were

¹⁸³Gwin, *op. cit.* (note 150), 9–10.

¹⁸⁴For example, Tabitha Alder’s family helped her to reach a state of confidence: Janeway, *op. cit.* (note 116), 20–1.

¹⁸⁵Houlbrooke, *op. cit.* (note 32), 195–6, 200.

¹⁸⁶Fisher, *op. cit.* (note 30), 6.

¹⁸⁷Janeway, *op. cit.* (note 31), 67.

¹⁸⁸H.P., *op. cit.* (note 80), 12–13.

¹⁸⁹Vernon, *op. cit.* (note 104), 66.

¹⁹⁰F.N. Coeffeteau, *A Table of Humane Passions, With their Causes and Effects*, Edward Grimeston (trans.), (London: Nicholas Okes, 1621), 352–3.

¹⁹¹Houlbrooke, *op. cit.* (note 12), 62.

¹⁹²See Becker, *op. cit.* (note 12) for a description of this ideal emotional response to death, esp. 15–22.

actually feeling because they desperately wanted to believe that their offspring would go to Heaven. This was probably the case for eleven-year-old John Harvy in the 1660s: his mother told him, 'if thou hadst but an assurance of Gods love I should not be so much troubled', to which he replied, 'I am assured, dear Mother, that my sins are forgiven, and that I shall go to Heaven.' The boy admitted that 'nothing... grieved him' more than 'the sorrow that he saw his Mother to be in for his death', from which it can be inferred that he may have been trying to comfort his mother with his words of confidence.¹⁹³ These extracts indicate that the child cared very much about his mother and loved her deeply.

While a degree of scepticism is healthy, to disregard entirely the evidence of children's joyful deaths would be wrong. A close examination of the words of dying children reveals that they had particularly vivid imaginations of Heaven, which may explain why they looked forward to going there. When ten-year-old Christian Karr fell seriously ill in 1702, she told her family, 'O I think I see Heaven, I think I see Heaven, That is a glorious sight indeed.' She explained that 'the Walls and the streets of that City are like burning Gold. And I think I see all the Saints, arrayed in Whyte there.'¹⁹⁴ Ralph Houlbrooke has implied that children may have believed more literally in the afterlife than adults, perhaps because they had a tendency to accept what they are taught at face value.¹⁹⁵ There were several convincing reasons why death and Heaven could be seen as desirable. Firstly, death would bring a termination to physical suffering, replacing it with permanent comfort and happiness. Having wasted away over the course of several weeks in 1665, young Caleb Vernon's bones had become 'so sharp as if they would pierce his skin, having no flesh to interpose in any part'; overcome with 'weariness and impatience' from pains, he cried that '*It is better for me now to dye than to live*' because he knew that in Heaven his agony would be at an end.¹⁹⁶ Theological literature confirmed the notion that Paradise would be a place of freedom from pain and suffering, where people are forever happy.¹⁹⁷ When one considers that there were few effective painkillers in this period, it seems reasonable that children would have sometimes wished to die to escape their suffering.

Ill children sometimes looked forward to death because they wished to meet Christ. In 1644, eight-year-old Tabitha Alder from Kent had 'a longing to be with' God, declaring to her family 'in a kind of extasie of joy' that she 'shall be with Jesus... and I shall live with him for ever'.¹⁹⁸ It is understandable that devout children longed to be in Christ's company because they had been taught so much about His loving and merciful character. Particularly enticing was the prospect of being embraced by Jesus and seeing His face for the first time. In his last hours, eleven-year-old John Harvy said to his mother, 'I shall presently have my head in my Fathers bosome'.¹⁹⁹ Parents sometimes reminded their dying children of Christ's affection, perhaps hoping that this would familiarise and demystify the potentially daunting occasion of meeting the Lord, whilst also reassuring children that life after death would not be devoid of the kind of love that they were accustomed to on earth. When Mary Warren clasped her arms around her mother's

¹⁹³Janeway, *op. cit.* (note 116), 84–5.

¹⁹⁴Deans, *op. cit.* (note 130), 7.

¹⁹⁵Houlbrooke, *op. cit.* (note 32), 49.

¹⁹⁶Vernon, *op. cit.* (note 104), 66.

¹⁹⁷Gearing, *op. cit.* (note 72), 114–15.

¹⁹⁸Janeway, *op. cit.* (note 116), 21–2.

¹⁹⁹*Ibid.*, 84–5.

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neck, her mother said, 'Thou embracest me, but I trust thou art going to the embracings of the Lord Jesus.'²⁰⁰ This idea of Christ's affection to children probably sprang from the Biblical passage, 'Suffer little children to come unto me, for of such is the kingdom of heaven, and he took them into his arms, and laid his hands on them and blessed them.' The image of Christ invoked in the above extracts – as a loving, affectionate father – seems far removed from the stern, angry God commonly associated with Puritanism in this period.²⁰¹

Arguably the most comforting aspect of Paradise was the possibility for family reunion after death. In 1620, ten-year-old Cecilia D'Ewes contracted smallpox. Her mother had died a short time previously, and therefore the girl appeared not to mind dying, but instead 'would speak of her religious mother', crying with relief, 'I will go to my mother, I will see her; I shall shortly be with her'.²⁰² While the occasional churchman questioned the notion that souls in Heaven would be able to recognise one another, the majority agreed with William Gearing that 'Parents, Children, Relations... shall meet all together', enjoying a 'sweet familiarity with one another' in Paradise.²⁰³ In addition to meeting deceased loved ones, children hoped eventually to be reunited with all their family members, living and dead. When the adolescent John Brockbank observed his mother's grief, he took her 'about the neck with his pocky arm; and kist her with his scabbed lips,' and told her 'I pray God send us merry meeting in the kingdom of Heaven where we shall be for Ever More.'²⁰⁴ Parents often reminded their dying children of this reunion, so as to comfort them during their last moments. A few hours before her death in 1679, Isaac Archer assured his six-year-old daughter Frances, 'she was going to heaven to her brothers and sisters, and that we should all meet againe.'²⁰⁵ The idyllic image of the reunited family conjured up in the above extracts also testifies to the profoundly loving nature of family relationships.

Conclusion

Sickness seems to have been a time of emotional and spiritual turmoil for children, as they veered through an array of feelings, ranging from fear and guilt to resignation and ecstasy. The fundamental causes of this divergent experience were the Christian notions of providence, the soul, salvation, and the value of suffering. Sickness, as a rod of correction, was good for the soul, helping to purge it of iniquity and sin, and ultimately leading to salvation. Whilst illness harmed the body, it perfected the soul, and therefore, pain and illness, no matter how excruciating, could be experienced positively.

²⁰⁰H.P., *op. cit.* (note 80), 9.

²⁰¹This image also undermines Ivy Pinchbeck's and Mary Hewitt's assertion that early modern children had a 'cruelly distorted image of God' owing to all the emphasis on death and its perils: *Children in English Society*, 2 vols (London: Routledge and Kegan Paul, 1969), Vol. 1, 265.

²⁰²Simonds D'Ewes, *The Autobiography and Correspondence of Sir Simonds D'Ewes, Bart.*, J.O. Halliwell (ed.), 2 vols, (London: Richard Bentley, 1845), Vol. 1, 157.

²⁰³Gearing, *op. cit.* (note 72), 239. Peter Marshall has provided a nuanced account of social relations in Heaven: 'The Company of Heaven: Identity and Sociability in the English Protestant Afterlife, c.1560–1630', *Historical Reflections*, 26 (2000), 311–33.

²⁰⁴Thomas Brockbank, *The Diary and Letter Book of the Rev. Thomas Brockbank, 1671–1709*, Richard Trappes-Lomax (ed.), New Series, Vol. 89 (Manchester: Chetham Society, 1930), 5–7.

²⁰⁵Archer, *op. cit.* (note 103), 160–61.

However, owing to the direct link between personal sin and misfortune, and the existence of Hell as well as Heaven, sickness could also be experienced far more negatively, as children became obsessed with their own wickedness, and occasionally feared '*the worst thing of all*' that was imaginable: damnation.²⁰⁶ I hope this interpretation acts as an antidote to the widespread assumption in the historiography that, owing to the inadequacy of early modern medicine, patienthood in this period was a wholly miserable experience. It is difficult to determine the extent to which children's experiences of illness were distinctive: more work needs to be conducted on the experiences of patients of different ages before any definite comparisons can be made. But it does seem that certain aspects of the experience may have been specific to children, including the tendency of parents to blame their offspring's diseases on their own sins rather than their children's, together with the child's especially vivid imagination of Heaven and Hell, which may have made death seem more desirable or terrifying depending on which eternal place they anticipated. There does not seem to have been very much change over time in children's experiences of illness: the same kind of language was used to describe pain across the period, and children seem to have thought about death in a similar manner throughout. This continuity is interesting because it shows that the changes in medicine happening during the early modern period, such as the rise in the use of 'professional' medicine at the time of serious illness, had little impact on the actual experience of sickness, at least at a spiritual and emotional level. Religion continued to be crucial, and did not seem to dwindle in significance over the course of the seventeenth century, as has been suggested by certain historians.²⁰⁷ Of course, the majority of the children cited in this article came from extremely devout Christian families, and therefore the extent to which their experiences of sickness were entwined with spiritual concerns may have been slightly unrepresentative. Nonetheless, historians have demonstrated that religious faith was widespread in early modern society, and therefore it can be conjectured that some sort of spiritual experience was within the reach of most children.

A recurring theme throughout this article has been the notion that the sick should be patient and resigned during their afflictions. Such a response was facilitated by the belief in the benevolence of God's providences, and the possibility of eternal bliss after death. In this context, it may be that the very word 'patient', used to denote the sick person, was associated with the idea that it was necessary to *be* patient during sickness, rather than from the more modern association with passivity and the receipt of medicine. Another important theme has been the close emotional bond between parents and their children. Historians of parent-child relationships have tended to take one-sided approaches, focusing almost exclusively on parents' feelings for their children. I have tried to redress this balance by exploring children's emotional relationships with their parents. Children's fears of separation from their families in death, together with their hopes of eventual reunion in Heaven, indicate that parental love was reciprocated. Finally, I hope that by viewing illness through the eyes of the child, this article has enriched our knowledge of early modern childhood, and demonstrated that it is possible to glimpse the thoughts and feelings of children, even though the evidence is often oblique and limited.

²⁰⁶Mather, *op. cit.* (note 113), 14.

²⁰⁷Mortimer, *op. cit.* (note 14).