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Masculine Old Women or Feminine Old Men? Rethinking Gender and the Ageing Body in Early Modern English Medicine

Amie Bolissian

ABSTRACT

This article challenges the almost universal historiographical claim that women's bodies were thought to become increasingly masculine as they aged in early modern English medicine, especially after menopause. It is not surprising that this 'masculinisation hypothesis' has endured with very little critical appraisal, as there have been few in-depth studies into medical conceptions of ageing womanhood. Drawing on c.140 English vernacular medical and popular health texts published between 1570 and 1730, this article interrogates and refutes key claims for the corporeal 'manliness' of old women. Instead, it argues that while medicine undoubtedly depicted old women and men as growing closer in bodily constitution as they aged, this generic ageing constitution had more 'feminine' corporeal attributes than 'masculine'. Exploring references to 'effeminated' old men within medical books, it then questions the impact of these medical gender associations within wider cultural contexts.

Once women were too old to conceive children, medical works published in early modern England generally lost interest in them. Before the late seventeenth century, specific references to old women were relegated to what Daniel Schäfer has called the 'marginalia' of surviving texts on senescence.¹ Even after a publishing boom in women's health and midwifery from the mid-1600s, only a handful of books addressed possible health concerns during or following the age-related cessation of a woman's monthly 'courses', what modern medicine might call menopausal symptoms. Rather than referring to old women as patients, medical writers were far more likely to mention the 'illiterate crew' of ageing female healers.² Perhaps, as a consequence of this dearth of contemporary comment, there has been very little in-depth research into published medical conceptions of ageing women's bodies, and one ubiquitous assertion has endured with very little critical appraisal. Histories of medicine, old age and gender have almost universally interpreted the rare passages on this subject to mean that women grew more 'masculine' as they became old.³ This assertion stems from three main sources: the conflation of specific non-menstruating women – who were described as 'manly' in the texts – and post-menopausal women; the link between manliness, gout and old women; and gendered readings of ageing bodily characteristics such as 'dryness'.⁴ Drawing on English vernacular medical and popular health

texts published between c.1570 and 1730, this article challenges these interpretations. Not only has my survey of over 140 of these works revealed no overt references to the ‘manliness’ of old women, but I argue that passages that have been cited as implying this notion need re-examination. By carefully distinguishing between the categories of non-menstruating and ‘old’ women and re-assessing the influence of gendered diseases and constitutional qualities, this article seeks to demonstrate that the ‘masculine old women’ hypothesis is incompatible with a strict reading of early modern vernacular humouralism. Instead, it suggests that while medical culture undoubtedly depicted old men and women’s bodies as growing more alike as they aged, this generic ageing constitution was not necessarily more ‘male’ – especially as it embodied crucial ‘female’ characteristics such as coldness and weakness. A final analysis of text focussing on ‘old men’ reveals overt associations with becoming ‘effeminated’ due to this perceived increase in the ‘womanly’ qualities of coldness and frailty, as well as tearfulness and the embodied ‘passion’ of fear.

Dismantling early modern medical notions of the masculinisation of ageing women has significant and wide-reaching implications across a variety of historical fields. It complicates and enriches humoural understandings of the human body within early modern histories of medicine, gender and bodies – allowing for a re-evaluation of the intersection of age and sex as categories. By challenging the notion that the male body was always the default paradigm, for instance, this article can inspire reappraisals of assumptions built on this premise, such as that of old women being marginalised in health texts because they were considered to age *just like men*. Moreover, there are important ramifications for other historical periods and regions. Theories of post-menopausal beneficial masculinity are evident in both nineteenth-century England and France, which raises the questions of when they emerged and why.⁵

Likewise, this study’s finding on the theoretical associations between ageing men and intrinsic constitutional ‘femininity’ calls into question how widely certain humoural ideas of sexed bodies spread within early modern society. Despite the pervasive infantilisation of decrepit old men in print, and links between childhood and womanhood, notions of the ‘womanish’ ageing male body appear to have had a limited reception, highlighting an important disparity between learned medical theory and broader cultural representations.⁶ A marked discrepancy such as this can help us interrogate why some intellectual ideas gained less traction within early modern societies than others. It will also hopefully encourage further investigation into which gender signifiers, beyond humoural constitutions, had a greater impact upon early modern perceptions of the differences between older men and older women.⁷

Historical investigation into how pre-modern Western cultures understood bodily sex difference has gained momentum since the publication of Thomas Laqueur’s influential book *Making Sex: Body and Gender from the Greeks to Freud* in 1992.⁸ Laqueur proposed that definitions of ‘sex’ categories are not ahistorical biological constants and have – like gender – been culturally constructed throughout history. He asserted that prior to the late eighteenth century, human bodies were considered by European natural philosophy to be of ‘one-sex’ on a graded continuum of health. Women were merely colder, wetter, less healthy versions of men, with inverted male genitalia, and therefore they were thought to be capable of becoming more ‘manly’ if their constitutions were heated and dried.⁹ A person’s bodily sex was mutable

according to these theories, and a secondary consideration to the 'primary' culturally determined category of gender in defining identity.¹⁰ While many scholars have welcomed Laqueur's call to historicise concepts of human sex differentiation, his one-sex theory has been heavily criticised.¹¹ Medical historians have instead argued that fundamental anatomical and constitutional differences between male and female bodies were established by at least the mid-1500s, if not long before, when, as Michael Stolberg has shown, 'notions of sexual dimorphism ... prevailed widely and even diseases were seen to be markedly "sexed"'.¹² Nevertheless, very few of these revisionist studies have considered age when discussing sex differentiation, and when they have, they have tended to fall back on Laqueur's fluid gender hypothesis, suggesting that women became 'masculinised' with the physiological changes of age.¹³ Wendy Churchill, for example, persuasively argues that the 'one-sex theory' is a 'woefully insufficient explanation of the intricacies of women's health care in early modern Britain', but goes on to claim that, due to ageing desiccation, 'post-menopausal women were portrayed as more akin to men'.¹⁴ Ageing men, on the other hand, have been described as potentially losing their access to 'normative manhood' as their bodies cooled and weakened, but rarely has this been linked to associations with femininity.¹⁵

In order to access early modern medical understandings of the body, this study analyses a wide range of published English vernacular medical and health books. The term 'medical' is defined broadly here so as to include as many printed works that engaged with the health and bodies of the 'aged' as possible. Boundaries between medical theory, popular health advice, natural philosophy and religious didactics were blurred in this period owing to the expansive nature of humanist education, as well as the intensely religious culture within which authors were writing. Many 'medical' works wove Christian theological doctrine throughout, just as pious tracts drew on humoural concepts and imagery in their moralising instruction. The format and focus of the books are various, including thematic explorations of medical philosophy, practical guides for midwives, anatomical and surgical manuals and collections of remedies. Title pages and prefaces identify a range of authors, from qualified physicians, anatomists and scholars, to popular doctors, surgeons, midwives and divines. Apart from a handful of midwifery and health manuals, most authors were educated men of middling or elite status. Nevertheless, some passages were copied verbatim into women's manuscript recipe books of the period, which indicates that they probably held some resonance with female readers.¹⁶ Other texts employed in this study are English translations of books by renowned European authors, particularly those quoted frequently in medical works by English writers. A typical example is French royal physician André du Laurens (Laurentius), who is referenced in works such as Helkiah Crooke's comprehensive exploration of anatomy and Robert Burton's renowned treatise on melancholy.¹⁷ Translators sometimes peppered these texts with their own exegesis or opinions, which can make it problematic attributing ideas and beliefs to particular individuals. Authorship is further complicated by a writing culture rife with loose quotation and exuberant plagiarism. Apparent medical monographs were sometimes a patchwork of various ancient sources, more recent works by other authors, biblical quotation and the writer's own empirical observations.¹⁸

The reason for drawing on vernacular medical and theological works rather than Latin texts is that I wish to uncover the assumptions that reached as broad an

audience as possible. Mary Fissell has shown that ‘vernacular’ medical books ‘circulated widely’ during this period and have been discovered in the libraries of ‘shoemakers and gardeners’.¹⁹ In 1980, an influential study by David Cressy estimated literacy rates in seventeenth-century England to be as low as a third of men and a fifth of all women, which means that most readers were the educated rich and middling sort.²⁰ More recently, however, scholars such as Margaret Spufford and James Daybell have challenged these figures on the basis that Cressy had employed the ‘signature method’ when determining levels of literacy, a measure which excluded those individuals, especially women, who could read but not write.²¹

The timeframe of this study coincides with the burgeoning of English vernacular medical publications in the sixteenth century, but ends before the spread of hospitals and hospital medicine impacted significantly upon theories of ageing and ageing health. The key texts referenced in this article mostly adhere to an iteration of the dominant Hippocratic-Galenic humouralist ideology.²² There were certainly major developments in understandings of human anatomy and its workings during this period, including William Harvey’s theory of blood circulation and late seventeenth-century discoveries around ovarian reproduction. Nevertheless, these ideas and other burgeoning chemical and mechanical theories of the body rarely seemed to impact significantly upon gendered theories of ageing, which remained relatively constant throughout the period.²³ Reprints, delays in translation and a thriving second-hand trade, meant that some books were originally published decades earlier but were available to English language readers during the timeframe, and the continuity of core humouralist medical doctrine in this period meant they do not appear to stand out as outmoded thinking.²⁴

This article comprises three sections: the first examines how medical theory differentiated between the bodies of women and men in their prime, and then explores general theories of ageing. The second section examines and challenges the three most commonly cited arguments supporting the masculinisation of older women’s bodies, and the final part examines whether ageing men might have been perceived as gaining feminine attributes. By critiquing the notion of a ‘masculinised’ ageing female body, this article does not mean to imply that older women were never accused of transgressing cultural gender norms provoking mockery, scorn and punishment in the process, quite the contrary. As Margaret Pelling has pointed out, ‘[as] an historical actor, the older woman is perhaps more subject to stereotyping than any other’ and Lynn Botelho has observed that, in early modern culture, old women ‘became a potential fountain of disorder, delinquents outside of male authority, and creatures of malevolence’.²⁵ It is precisely because ageing women were particularly vulnerable to societal anxieties about their acceptable place and behaviours, that the idea of a male-dominated, medical authorship granting healthy ‘manliness’ to women in weak old age is ripe for interrogation.

Medicine and the body

To better understand early modern medical constructions of older women’s bodies, it is useful to examine perceptions of the adult woman in her prime, and then progress to the changes that ageing wrought. Early modern humouralist theories of the body were based on Ancient Greek and Roman traditions, Islamic golden age teachings and contemporary anatomical and therapeutic developments. A healthy body was, in

basic terms, perceived as one that maintained a balance of temperature and moisture, and avoided putrefaction, contagion and blockages to the bodily flows.²⁶ The label humoralism reflects the importance within the theory of managing the four main 'humours', or bodily liquids, to harmonise the temperature, consistency and functions of the body. These humours were, in ascending order of plenitude: blood (which was thought to have hot and wet qualities), phlegm (cold and wet), choler/yellow bile (hot and dry) and melancholy/black bile (cold and dry). A perfectly healthy balance was considered very difficult to achieve and required careful dietary and lifestyle moderation. Individuals were understood by many authors to naturally tend towards one particular humour and were thereby considered to be of a sanguine, phlegmatic, choleric or melancholic temperament, with attendant bodily and personality traits. As an example, a phlegmatic person might be paler, fleshier, 'mild of nature' and prone to colder, wetter ailments such as pneumonia or catarrhs.²⁷

Cold, wet women

As well as these individual variations in humoral constitution, bodies were thought to fundamentally differ according to their sex, and beyond skeletal and genital variation. The idea that a woman had both an individual physiological temperament (e.g., sanguine), as well as conforming to a general 'female' bodily constitution contains elements of contradiction, or 'conceptual faultlines', as Gail Kern Paster refers to them, but so did many elements of early modern Humouralism.²⁸ The system was a fluid and flexible collection of theories that could be interpreted in diverse ways, allowing for adaptations and incongruities. The aim of this article is to establish the prevailing tide of opinion within the sources, and where the emphases generally lay in discussions of sexed bodies. Women's bodies were generally believed to be weaker than men's due to, as seventeenth-century physician Thomas Cogan put it, their naturally 'waterish and cold' constitutions.²⁹ The flesh of women was described as softer, with more white fat and less muscle; the spongier, paler elements of the body were viewed as colder and wetter.³⁰ Bodily heat was associated with strength and action and the healthy evacuation of sweat. Women, who were assumed to be more passive, and engage in less strenuous physical labour than men, were logically considered colder and weaker because they lacked the vital heat necessary for promoting salubrious perspiration, which in turn meant their bodies remained moister.³¹ The monthly purging of blood during menstruation, known variously as the 'flowers', 'termes', 'courses', 'menses' and so on, was seen as additional proof of the female body's extraneous moisture.³²

There were competing theories about why and how menstruation occurred. The two dominant concepts have been described by Stolberg as the 'catharsis' and 'plethora' models.³³ The theory of catharsis was related to tenacious concepts from ancient medicine and folklore that women accumulated poisonous matter within.³⁴ This was unrelated to conceiving a child and was caused by women's inherent coldness compromising the efficiency of the body's internal 'concoction', which was the natural, heat-fuelled, process of digesting food and drink into the various humours and substances required in the body. Thus, ill-concocted waste matter required monthly evacuation. In contrast, the rival plethora theory, which was the more prevalent in published literature during this period, held that women over-produced excess normal, healthy blood every month, so as to feed a possible foetus or convert into breast milk.

When women failed to conceive, this was no longer needed and purged. Crucially, medical texts analysed in this study make it clear that the blood purged by women every month was not hot, but cold.³⁵ Crooke's anatomical tome, which went through several editions, asserted plainly that 'the blood of women is colder and rawer then the blood of men'.³⁶ In short, women of reproductive age were usually characterised in English vernacular medical literature by their coldness, moisture and weakness, attributes often interpreted as appropriate for their reproductive role.³⁷ But how was this thought to change as a woman aged?

Ageing

Due to the scarcity of specific references to ageing women in the health literature, a woman's bodily senescence is far harder to reconstruct. The rarity of the term 'old women' and its synonyms in medical texts has contributed to historiographical assumptions that ageing women's bodies were, as Schäfer suggests, 'completely absorbed in the male principle of ageing'.³⁸ In Schäfer's extensive examination of elite, mostly Latin, European medical texts on ageing, he claims that 'There is a clear tendency in the early modern period ... to see menopause as the end of a woman's female life and "the beginning of a strangely neutralized or masculine existence"'.³⁹ Texts do often employ the masculine generic term 'old men' – as well as 'old folks' and 'old people' – when describing the ageing process. This can give the impression that gender distinction was eroded by age in favour of a dominant 'male' paradigm, but the androcentric bias of printed English language in this period meant widespread use of masculine generic nouns and pronouns, such as 'mankind', 'man' and 'he'. As Helen Yallop's research has shown, the use of the term 'old man' in the literature was 'not heavily gendered'.⁴⁰ Furthermore, generic male or gender-neutral terminology does not always equate to a male conceptual framework; for example, in discussions of periodic or menstrual evacuations of blood from 'male' bodies.⁴¹ These discussions support scholarship from Churchill, Gianna Pomata and Lisa Smith, challenging the notion that the male body was always regarded as the definitive.⁴²

Turning to passages in medical works describing how 'Man' aged, I found surprisingly coherent shared theories, given the erratic collage of early modern medical epistemologies. Almost all works cited old age as beginning around 45–50 years old, subdividing it into two or three stages.⁴³ After the first vigorous or 'green' phase of old age, would come a period of 'declining' and then the final 'decrepit' stage. Humouralist medical doctrine explained this inevitable decline and 'decay' of the human body as a gradual cooling, drying and clogging up with putrid humours. References to these cold excremental humours of old age were very prominent in the English vernacular medical texts but have often been overlooked by the historiography of the life cycle, which has tended to focus on the cold dryness.⁴⁴

Usually employing the metaphor of an oil lamp, medical authors described how all humans were born with a natural 'innate heate', or flame of life, which was fed by a store of oily 'radical moisture'.⁴⁵ This life-giving moisture could be replaced with perfectly concocted healthy food and drink, but flawed human diets were never efficient enough to replenish it sufficiently. This meant that humans suffered a gradual diminishing of heat and slow desiccation of the body. The skin wrinkled, the organs withered and eventually death left them a cold, dry corpse. The coldness of the ageing

body also affected old people's aforementioned concoction or digestion. It lacked the heat needed to convert the food or expel the waste as sweat through ageing skin with dried and shrunken pores. Thus, badly digested, or concocted matter in the form of corrupted humours proliferated in older bodies, as evinced, claimed the authors, by the sight of old folk who 'doe nothing but cough and spet'.⁴⁶ The cold humours of phlegm and melancholy, and their corrupted forms, were the most likely to accumulate, rather than the two hot humours of choler, or blood; which was often considered reduced in older bodies. Prominent French physician Lazare Rivière, clarified that it was 'the solid parts', the skin, bones and organs, that suffered 'dry intemperatenesse', but the ageing body simultaneously 'abounded' in harmful humours.⁴⁷ It is the 'drying' aspect of senescence that has been seized upon by historians as the most gendered factor of the ageing process, along with very particular references to 'manliness' within the texts.

Refuting the masculine old woman hypothesis

In my analysis of over 140 English vernacular, medical texts I have been unable to find any instances where old women's bodies were overtly described as 'masculine' or 'manly'. Nevertheless, the few specific references that engage with ageing women's health have been interpreted by historians to imply that, as they grew older, women lost physiological femininity and gained masculinity. The foundations for the 'masculinity' thesis, appear to be threefold: the first can be found in early modern references to the existence of man-like, non-menstruating women called viragos from ancient sources and the ability of women to become masculine with a change in temperament. The second explanation is rooted in the Hippocratic belief that old women's bodies dried out like that of a man. This has been reinforced by citing classical scholarship, such as Lesley-Ann Dean-Jones' assertion that the Hippocratics believed 'menopause signalled the reassimilation of the female body to the male'.⁴⁸ The third common evidence cited for women's increased masculinity in old age refers to beliefs that older women were more susceptible to traditionally manly diseases, such as gout, while female issues regarding reproduction and fertility were no longer a concern.⁴⁹ I will address each of these points in order.

Viragos

In their invaluable study into *Women in Early Modern England*, Patricia Crawford and Sara Mendelson cite a passage by renowned sixteenth-century French anatomist Ambroise Paré to support their assertion that 'Older women who ceased to menstruate became more masculine'.⁵⁰ This passage in the 1634 English translation of Paré's complete works refers to the causes of amenorrhea or 'suppression of the courses or menstrual fluxe'.⁵¹ Paré wrote that 'many women, when their flowers or tearmes be stopped, degenerate after a manner into a certaine manly nature, whence they are called Viragines'.⁵²

Viragines or viragos were women mentioned in the Hippocratic corpus, who gained masculine attributes such as a deep voice and a beard after suffering from an absence of menstruation.⁵³ Jane Sharp, in her midwifery manual, likewise, referred to women who laboured in the fields, such as country women and 'Indians', becoming

‘hot and dry like Men’ and suffering a loss of menses and barrenness, but ‘Viragos’ were the more common example of this sex transformation.⁵⁴ In Paré’s passage, it does appear that he might be including post-menopausal women in this theory. Crucially, however, directly before this reference, the anatomist explains that he is not referring to the cessation of menstruation that comes with age ‘I speake nothing of age, greatnesse with child, & nursing of children, because these causes are not besides nature, neither doe they require the helpe of the Physitian’.⁵⁵

Viragos, and other masculinised women in classical medicine, were perceived as examples of extreme or morbid temperaments, as shown by historian Helen King. King notes that ‘Sixteenth-century translators appreciated’ that these cases were of women who were not menopausal but ‘had stopped menstruating *before* their natural time’.⁵⁶ Classically educated medical scholars of the period may have been keen to embrace ancient traditions and narratives on this subject, but such cases are usually presented as aberrations and anomalies. Swiss physician and author Felix Platter, for instance, declared outright that ‘Viragoes’, who never menstruate and are like men, are ‘rare’ and ‘but few’.⁵⁷ Even if viragos were more than just a speculative classical reference, they were not comparable to post-menopausal women, as the ceasing of menstruation in women between the ages of forty-five and fifty-five was repeatedly stated as being ‘naturally stopped’, ‘by reason of their age’ and ‘must not be recalled’.⁵⁸ However, a virago’s amenorrhea, in a medical context, was unnatural and treatable.

Dryness

The second piece of evidence cited for the *masculinisation of ageing women* thesis stems from associations made between the dryness of old age and the dryness of men in their prime. This article argues that ageing desiccation was manifestly different to the dryness of virile men’s bodies, and it was the coldness of the ageing body that was the more definitively gendered quality.

As the changes of menopause have been seen to be pivotal, the proposed mechanisms for this process are important. In the few passages dedicated to this subject in the sources, there seems to have been no fixed understanding of what modern Western cultures call menopause. Indeed, the word ‘menopause’ was not in use until the nineteenth century, and there was no specific term in the vernacular literature to describe the age-related ceasing of menstruation.⁵⁹ Nor was there a consensus of opinion in medical writings as to why the monthly bleeding ended, although it was, as previously indicated, customarily described as being normal or ‘natural’. Two theories are encountered most frequently. The most commonly cited maintained that women’s bodies could no longer expel the menstrual matter, which was still being generated, due to weakness and the ‘vessels’ being shrunken and dried.⁶⁰ This meant that menopausal women were often perceived as accumulating the unpurged substances within their bodies. As mentioned above, very few texts engaged with what modern medicine would consider menopausal symptoms, but when they did, this unpurged matter was to blame: it was trapped in the body and characterised as corrupted and harmful. ‘Women after their Purgations have left them’, explained Dutch physician Ysbrand van Diemberbroeck, ‘have fallen into several Diseases, because the noxious Humors that were evacuated with the menstruous Blood, were then retain’d in the Body’.⁶¹ These humours

were not only depicted as 'noxious' but also cold, as evinced by Paré's description of how younger women's humours were 'more fluxible', whereas 'the humors of old women, because they wax stiff as it were with cold ... are not so apt to a flux'.⁶²

The second theory for the natural cessation of menses held that older women's bodies stopped producing excess blood. The *depletion* theory was rarely explained in any depth, but 'coldness' and/or 'dryness' were usually blamed. Nevertheless, at the root of both these cited causes was the same failed operation in the body: that of poor concoction. The coldness of ageing bodies meant less-efficient concoction of blood. The blood produced for use in the body was diminished, and of poor quality. 'The courses cease', explained Croke, 'because the heate being nowe become more weake is not able to engender any notable portion of laudable blood'.⁶³ Thus, in the published writing on the subject, post-menopausal women were, like old men, overwhelmingly pictured as cold, drying in the solid parts, and abounding in excess unwanted cold humours, whether by retained menstrual matter, or other poorly concocted superfluities.

Crucially, the bodily dryness of old age, in women *and* men, was significantly different in nature and scale to the 'dryness' of men in their prime, and could not imply that women were gaining masculinity as they aged. The 'flourishing manly age, or prime Viril age' (between twenty-five and *c.* forty-five to forty-nine) was customarily described as 'hot and dry', but the dryness of healthy men was essentially comparative.⁶⁴ It was relative to the constitutions of childhood and womanhood, which were both perceived as abundantly moist, sometimes precariously so. As with most conceptual ideals in this period, balance and moderation were key. A healthy man's dryness was perfectly located on the continuum between too wet and too dry. With youth described as 'hot and moist' and old age 'cold and dry', then, as the author Henry Cuff, explained, '[it] may be inferred; that the space between the two extremes, is most temperate'.⁶⁵ Manhood, in its prime, embodied a median, healthy, temperate dryness. This was usually depicted as a consequence of greater internal heat, fuelling potent concoction, which wrought the highest quality humours, flesh and parts of the body. The perceived active nature of men meant that any surplus materials were efficiently expelled through healthy perspiration, so that 'by his hard labour, trouble and sweats, [a man] can more readily discharge these superfluous excrements'.⁶⁶ Theoretically, the humours and matters that remained in a healthy male body were rendered exquisitely to perform their tasks, keeping the organism oiled and lubricated, with the perfect balance of temperature and moisture for living.

In contrast, the dryness of old age was excessive, weakening, unhealthy and severely afflicted the parts that needed the 'Balsam' of life the most, like the organs, nerves, skin, sinews and bones. The balanced dryness of the virile male was one engendered of life-giving heat. The excessive dryness of old age resulted from cold, weakened concoction, which was unable to digest food efficiently and failed to produce any more radical moisture to feed the solid parts of the body. The dryness of old age was not a masculine dryness; it was linked to coldness, weakness and morbidity. If anything, it was a feminine dryness. Moisture was certainly an important characteristic of the flesh of reproductive age women, but coldness and weakness were of far greater significance when defining the entirety of a woman's physiological life cycle. Understanding old women's bodies in these terms aligns with Paster's conception of 'the caloric economy': the valorisation of genders and behaviours according to hot and cold temperaments evident in cultural works from this period.⁶⁷ In medical

texts, there was an undeniable link between gender and temperature. Heat stood for maleness, perfection, summer, fire, youth, life and action. Coldness carried connotations of femininity, imperfection, winter, old age, death and flaccid stupor. To depict old women as becoming naturally masculine, stronger and stable as they aged, would be contrary to dominant early modern English patriarchal orthodoxies discernible in medical writings. As Crawford and Mendelson explain, 'The female body was one of the most significant sites where contemporary medical theorists wrote the text of woman's otherness, weakness, inferiority and passivity'.⁶⁸ If masculinity embodied heat, power and efficiency, then twice frigid, decaying old women were the farthest from that paradigm that a body could be. A depiction of 'manliness' in old age would have been an extraordinary compliment for old women in this period.

Gendered diseases

The third piece of evidence which has been used to further the masculinisation thesis concerns gendered diseases. Certain ailments were believed to be associated strongly with one particular gender. This section challenges assumptions that because post-menopausal women were no longer subject to women's reproductive health problems, and yet were sometimes associated with a masculine disease, such as gout, this implied their bodies had become more akin to that of a man.⁶⁹

By the early modern period, gout had been understood for centuries to be a man's disease. Hippocratic aphorism 29 (Section 6) stated, 'A woman is not troubled with the gout, unless her monthly termes doe faile her'.⁷⁰ Galenic elaborations on this theme took this statement to mean, as London physician John Pechey claimed, that 'Women are very seldom troubled with the Gout, and if they are, not till they are old, or unless they are of a masculine habit of Body'.⁷¹ Tom Benedek has suggested that painful and debilitating gout in women was perceived in early modern England as evidence of 'unacceptably masculine behavior and/or appearance'. Cases of gout in women were pilloried and maligned in various cultural publications because 'it was a metaphor for male apprehensiveness of female competition, in sexual as well as in other relationships'.⁷² This is illustrated by the following passage from the popular English translation of Seneca, which explained why there were 'so many' bald and gouty women. 'By excesse have they lost the benefit of their sex, and because they have shaken off the habit of women, they are condemned to endure the sicknesses of men'.⁷³

These warnings, however, were generally directed towards younger or middle-aged women. It is entirely possible that some older women, particularly 'bawds', who transgressed societal norms and exhibited threateningly hot-headed, lusty masculine behaviours were perceived as increasing their chances of succumbing to gout. Nevertheless, contemporary medical writings usually attributed gout in old age to heredity, the cold humours of phlegm and melancholy, or acrid gouty matter accumulating in their cold, weak bodies and not because of an increase of heat.⁷⁴ A woman with a masculine habit of body, who might be prone to gout, was described in the texts as one who was 'of a manly heat and drynesse'.⁷⁵ This would seem to emphatically exclude the cold, older woman.

While old women did not automatically gain masculinity with their proneness to the masculine disease of gout, could they instead have been seen to lose femininity,

Table 1: Table of gendered ailments from medical works

Old women	Old men
Difficult births	Baldness
Barrenness	Barrenness
Immoderate (menstrual) flux	Impotence
The Whites	Flaccid/itching/sagging testicles
Breasts sagging	
Dry/itching neck of womb (vagina)	
Hardening of the neck of the womb	
Hysteria/the mother	
Nipples black	
Falling out of the womb	
Breast cancers	
Feverish heat	
Milk in breasts/little or none	
Moles in the womb	
Schirrus in the womb	
Spots/marks on face	

as they lost susceptibility to health concerns around menstruation and female reproduction, as Churchill and others have suggested?⁷⁶ If we take ‘old women’ to mean all those described as ‘old’, ‘aged’, ‘ancient’ or ‘elderly’ in the literature, then this point is redundant because the group would include those who were described as prone to difficult first childbirths, increased risk of being barren, heavy menstrual fluxes and depletion of breast milk (see Table 1 below). The ‘aged’ female patient group encompassed women from forty to forty-five years-of-age, and sources also referred to the occasional ‘old woman’ experiencing ‘menstruis’ until the age of sixty.⁷⁷ If, instead, we consider only post-menopausal/post-reproductive women, writers described a range of common ‘old women’s diseases’ that required diagnosis and treatment.⁷⁸ These included the whites, sagging breasts, the mother or hysteria, black nipples, breast cancers, falling out of the womb and scars and hardening of the womb.

Taking breast cancers as an example, these were not only strongly linked to the female body in the early modern medical imagination, but to the ageing female body. Alanna Skuse’s analysis of medical and cultural publications, doctors’ casebooks and life-writings has found that cancer was predominantly a “female” disease’ during this period, and that the cool, moist, mysterious and secretive ‘feminine body’ was the ‘paradigmatic site of cancerous growth’.⁷⁹ The retention and stagnation of humours, especially from the womb, were key causal factors for cancers of various kinds, including breast cancer. Post-menopausal women’s lack of healthy menstrual evacuations, increasingly cool humours and propensity for bodily oppilations were thought to especially engender a corporeal environment that encouraged the growth of tumours.⁸⁰ These cancers were directly linked to medicine’s understandings of the anatomy and constitution of an ageing woman’s body. Skuse maintains that the cancers of women ‘sprang from, and in turn re-inscribed, a model of sexual dimorphism’; this endured into old age.⁸¹

As well as breast cancers, and diseases of the womb, 'the whites' was an acutely gendered and distressing disease. An ill-defined vaginal discharge, the whites were thought particularly perilous to older women, causing 'Itchings, Burning, Exulcerations of the Genitals, Gangreens and at length Death'.⁸² It was believed to be caused once again by coldness, and superfluous, harmful humours that needed to be evacuated; meaning that colder, clogged up, ageing women were inevitably considered more prone to them. The disease was a common complaint, and thought to be exacerbated by the changes in constitution to the 'female' body as it aged and stopped menstruating.

Unquestionably, reproduction, and any aspect of it, was crucial to a woman's identity in early modern England.⁸³ It seems likely that medical theory perceived the post-menopausal woman's body as having lost some of its key gendered physiological functions. Nonetheless, just as Churchill has proven with younger female patients, doctors versed in the above literature would have understood that the fact that their ageing patient was a woman was an essential part of diagnosing and treating certain diseases.⁸⁴

'Effeminated' old men

This article has so far suggested that early modern English medical literature did not associate post-menopausal women with 'manly' viragos, and that ageing women's constitutional 'drying out' was of a different form to the healthy dry/moist balance of virile masculinity. It has also shown that 'old' women were still perceived to be vulnerable to diseases linked to physiological 'femaleness'. But, if old people were so often treated as a homogenous group in models of ageing, and women were not approaching a more 'masculine' paradigm, what did that mean for old men? Passages discussing ageing men's bodies suggests that they were, in fact, theoretically considered vulnerable to potential feminisation in old age, especially in the latter stages of old age.

Ageing corporeality, with its cold, weak, dryness and excremental moisture, was palpably more akin to the humouralist female bodily picture than the healthy male. The physician Tobias Venner was explicit in warning that men who studied too much could hasten 'old age', and make 'the humours corrupted, the excrements retained, the whole body dulled and effeminated'.⁸⁵ Logical extrapolations, stemming from the physical symptoms of ageing decay, such as weakness and tearfulness also support this theory. Medical works often mentioned the tearfulness of old men. Andre Du Laurens, for instance, stated that '[we] shal see the eyes of these old men alwaies distilling teares'.⁸⁶ Older bodies were understood to be more susceptible due to extraneous humours and shrunken tear ducts.⁸⁷ Descriptions abound of old men as naturally more tearful and frightened, reversing the contemporary masculine ideals of strength, courage and emotional control.⁸⁸ Levinus Lemnius suggested that coldness and dryness 'make men also fearefull, timorous and fainthearted, in repulsinge and suffering mishappes and aduersitie, which is a thing peculiar to womenkinde'.⁸⁹ While attitudes to male weeping and emotional expression were complex, as Bernard Capp has revealed, it is undeniable that it carried connotations of femininity, with a more 'rigid self-discipline' celebrated as a male trait.⁹⁰ The types of humours that plagued old age also eroded manliness. It was widely understood ageing bodies were vulnerable to excessive melancholy as well as phlegm, and 'whensoeuer therefore

Melancholie groweth into much coldnes, it taketh away from a man his sharpenes of witte and vnderstandinge, his assured hope and confidence, and all his manlye strength and courage'.⁹¹ Once again, medical constructions of the body accentuated heat and strength as the prime somatic signifiers of early modern manliness.

Beyond these medical theories of the body, however, the cultural idea that the physiological changes of old age threatened a man's masculinity is only partially supported by work on the history of patriarchy and manhood, and rarely have scholars found any evidence that the deteriorations of age automatically 'feminised' men.⁹² Alexandra Shepard and others have shown that ideas of 'manhood' and access to patriarchal power were certainly influenced by age, and that 'Apart from gender, age was the most directly acknowledged difference to inform constructions of normative manhood'.⁹³ In old age, a loss of financial independence, coupled with a decline in health, could have the power to erode certain cultural signifiers of manhood, such as 'strength and bravado', and diminish a man's 'access to the patriarchal dividend'.⁹⁴ Nevertheless, wide-reaching cultural sources such as popular ballads that customarily lampooned decrepit old men during this period rarely directly referred to any sort of increased womanliness.⁹⁵

An illustrative example can be found in the seventeenth-century ballad 'The Young Womans Complaint', which Sarah Toulalan has cited as evidence of the cultural connection between old age and impotence.⁹⁶ The ballad contains an unforgiving depiction of the wealthy, seventy-two-year-old husband of a teenage bride. He is described as 'almost quite blinde, and heard of his hearing', stooping, lame, shaking, farting and unable to satisfy her in bed.⁹⁷ His impotent, misshapen body, and the fact that she makes him a 'cuckold' with various young men, are at the crux of the damning depiction, and threats to his 'manhood', but this vivid and lengthy attack on his masculinity does not allude to any increased womanliness. Scholars of manhood have tended to forefront other bodily signs in men as more strongly culturally associated with femininity, such as beardlessness, long hair and flamboyant dress.⁹⁸ The harsh mockery of old men's infirmities seems to have been generally related to their non-adherence to society's behavioural expectations for their life stage, and attempts to deny or mask their ageing decay.⁹⁹ It was the incongruity between a man's bodily weakness and his pursuit of vital, youthful gratifications, such as marrying a much younger woman, that provoked most vilification. Nonetheless, even though decrepit, old men may have been one of the weaker, less powerful 'others' that, by comparison, helped constitute prime manhood, this did not necessarily equate to their feminisation. In the same way that poor, landless men may have been excluded from idealised manhood in published discourse but were still men. This normative, 'hegemonic', or 'full manhood', as defined by Shepard and Jennifer Jordan, was centred on the prime of age (as well as marital and home-owning status), and thereby theoretically excluded boys and old men, but it has been suggested that those 'who did not achieve normative or full manhood could exert their manliness in other ways'.¹⁰⁰ Scholars of early modern ageing, such as Nina Taunton and Yallop, have highlighted available iterations of ageing manliness that could encompass the infirmities of a weak, 'decaying' body. Old men could mitigate the threat to their masculinity caused by loss of strength, mobility and vitality by adopting the cultural ageing ideal of pious, studious, wise and sober ageing 'decorum' and passive 'cheerfulness', as advocated by the writings of Cicero and

contemporary religious authors.¹⁰¹ Historians have long acknowledged the conflicting depictions of old people in early modern England as either targets of ridicule for their bodily decays, or wise and respected figures of authority.¹⁰² Those who had the means to maintain a lifestyle of devout and intellectual contemplation and study might have access to a venerated ageing masculinity, and could 'sublimate the weakening of the physical self by strengthening the mind and spirit'.¹⁰³ A quote from the diaries of Midlands minister John Ward illustrates just how embodied the age-related shift in the prescriptions of manliness was perceived. He wrote of the philosopher Thomas Hobbes's theory that a man

first thrives in his legs ... [the] reason why children runne about so; then in his virile parts, whence hee is addicted to generation; then in his stomach and back, whence itt is that men in age have good stomachs and backs for labour; after it ascends higher, even to the head, whence they are fit for council.¹⁰⁴

How accessible this head-centred form of masculinity was to lower status, infirm old men who could neither read nor write, or were not particularly devout, is a valid question, but parishes and courts did turn to some of the poor, 'ancient sort' in legal disputes, as authorities on local history and custom.¹⁰⁵ Even men who were likely excluded from the cerebral employments of ageing manliness, such as those with severe age-related cognitive impairment, seem to have been generally compared to infants, rather than women.¹⁰⁶ Yallop has suggested that this infantilisation was perceived by some medical authors as a return to the 'genderless status occupied by children', but this notion is not as straightforward as it may seem, as I will now explore.¹⁰⁷

Comparisons between the final stages of old age and childhood were common, and exemplified by the prolific use, in medical and religious literature, of the Latin Platonic dictum *bis pueri senes*: 'old men are twice children'.¹⁰⁸ The Scottish surgeon Peter Lowe explained how, in decrepit old age, 'all the actions, both of bodie, and spirit, are weakened, the feeling groweth remisse, the memorie decayeth, the judgement fayleth, and so returneth into infancie'.¹⁰⁹ By being compared with children, old men were strictly speaking entering a medical phase of life with far more attributes of weak femininity than strong masculinity. Medical literature habitually linked children and women, as they were constitutionally similar in terms of weakness and moistness.¹¹⁰ As an example, late sixteenth-century scholar Cuff blamed cold moisture for the perceived tendency for 'children and women' to be 'for the most part most foolish', and less governed by reason than men.¹¹¹ Nevertheless, as the virago example showed, some shared attributes do not always indicated a correlation, and we cannot be sure that the readers, or the authors for that matter, interpreted these similarities to mean that old men were thus akin to women. It is possible that old men and old women were both thought to eventually revert to the vulnerability and dependency of a genderless child, for medical works did rarely make gender distinctions when discussing infants and young children.¹¹² However, considering recent scholarship has explored the cultural importance of a child's gender in everyday life, it is also possible that, when referring to the infantilisation of the 'aged', early modern people imagined an old woman as reverting to girlhood, and an old man reverting to his boyhood.¹¹³

There are undeniable associations between old men, children and the womanly qualities of coldness, weakness, tears, fears and melancholy in vernacular medical

writings, and this certainly suggests that, in these contexts, old men's bodies were considered vulnerable to feminisation; but a wider cultural perspective suggests caution. In everyday understandings and experience, normative 'manhood' may have been rescinded by the weakness and dependency of old age, but it was not necessarily interpreted as increased femininity, and a contingent, age-appropriate masculinity was available in its place.

Conclusion

It is crucial that variables such as age are considered when interrogating past 'medical' concepts of the sexed body. As well as historians such as Laqueur, leading feminist theorist Judith Butler has stressed that sex differentiation has always been culturally constructed.¹¹⁴ To understand gendered lived experience, we need to learn how people were defined by sex in all cultural contexts, and at all stages of life. Despite the popularity of the premise that women's bodies were thought to become more masculine as they aged in early modern England, my investigation into vernacular medical writings has found no references to, nor any theoretical mechanism for this concept. It is difficult to prove a negative, but it appears entirely possible that old women, in a medical context, were seen as no less feminine than their younger counterparts, but merely embodied femininity at the intersection of old age. Rather than a more stable, masculine constitution, most texts depicted older women as even weaker, even colder, and even more prone to disease than in their youth. If anything, according to the most pejorative gendered physiological definitions, old women were constitutionally even more female.

Refuting the 'masculine old women' hypothesis has the potential to be transformative to historical scholarship in many areas. If this ubiquitous notion about ageing women's bodies is eliminated, then researchers can construct more complex and nuanced understandings of older adult femaleness. It might be argued, for example, that older women's bodies were not ignored by published medicine because they were subsumed into ageing maleness, but because 'ignorability' was a culturally normative ideal of 'elderly' corporeal femininity.¹¹⁵ Moreover, instances where older women in society and literature were accused of transgressing gender norms, and acting in masculine ways or embodying masculinity, can be examined without recourse to the notion that medicine automatically conferred manliness upon them post-menopause.

A divergence between medical theory and cultural practice is equally relevant to my findings on ageing men. Medical accounts of older men's bodies have shown them to be vulnerable to 'feminine' qualities, such as coldness, weakness, tearfulness and fearfulness, but the real and practical consequences of these ideas are debatable. Scholarship on early modern ageing masculinities, which has rarely identified references to the 'natural' effeminacy of old men in sources outside of medicine and humoral theory, suggests a limited impact. In medical practice, physiological attributes that were theoretically regarded as feminine may not have been considered as such when encountered in ageing bodies that otherwise presented as male in anatomy, dress and comportment; especially, ageing male bodies with considerable wealth, power and/or reputation within their communities. Perhaps the gendered comparisons between female constitutions and old age were merely used as diagnostic and therapeutic guides, suggesting a need for continued vigilance in tracing disparities

between theory and practice in the histories of published medicine, the body and wider cultural beliefs. This research will hopefully provoke further investigations into the life-writings of older women and men from this period to gain insights into whether they felt that their gender identities were being eroded or transformed by the perceived bodily and mental changes of old age.

In the sources surveyed in this study, old men and old women were undoubtedly depicted as drawing closer in constitution as they aged. The colder, drier, frailer and more excrementally moist that they became, the more similarities they were perceived to share. This article merely contends that, in contemporary humoralist conceptual frameworks, these frigid, weak and morbid senescent similarities were manifestly more pathologically feminine in nature. At its harshest, medical literature described ageing males as '*decrepit, hoarie, harsh, writhen, burstenbellied and crooked, tooth-lesse, bald, bleare-eyed, impotent, rotten old men*', and an old woman was 'a crone, a beldame, she can neither see, nor heare, goe nor stand, a meere carcasse, a witch'.¹¹⁶ Old masculinity was deconstructed and eroded by non-gendered adjectives, but old women were branded with gender-specific nouns, reinforcing the classification of the ugly, witch-like, loathsome, very female 'other'.

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Notes

1. Daniel Schäfer, 'Die alternde Frau in der frühneuzeitlichen Medizin — eine "vergessene" Gruppe alter Menschen', *Sudhoffs Archiv* 87 (2003), pp. 90–108, here p. 91. [Own translation]
2. Nathaniel Hodges, *Vindiciae Medicinae & Medicorum* (London, 1666), p. 25. See Margaret Pelling, 'Thoroughly Resented? Older Women and the Medical Role in Early Modern London', in L. Hunter and S. Hutton (eds), *Women, Science and Medicine 1500–1700* (Stroud: Sutton, 1997). [Quotations in this article retain original spellings, except in the following instances: contractions, u for v and vice versa, and j for i. I use contemporary terminology from the sources, such as 'elderly' and 'female', and pre-modern gender binaries, while acknowledging their inadequacy for current understandings of human experience.]
3. Lynn Botelho, 'Images of Old Age in Early Modern Cheap Print: Women, Witches, and the Poisonous Female Body', in S. Ottaway, L. Botelho, and K. Kittredge (eds), *Power and Poverty: Old Age in the Pre-Industrial Past* (Westport: Greenwood Press, 2002), p. 236; Wendy D. Churchill, *Female Patients in Early Modern Britain: Gender, Diagnosis, and Treatment* (London: Routledge 2016), p. 115; Laura Gowing, *Common Bodies: Women, Touch and Power in Seventeenth-century England* (New Haven and London: Yale University Press, 2003), p. 78, p. 80; Sara Mendelson and Patricia Crawford, *Women in Early Modern England: 1550–1720* (Oxford: Oxford University of Press, 1998), p. 23; Margaret Pelling and Richard M. Smith (eds), *Life, Death and the Elderly: Historical Perspectives* (London, 1991), p. 189; Sara Read, *Menstruation and the Female Body in Early Modern England*, (Basingtoke and New York: Palgrave Macmillan, 2013), p. 172; Daniel Schäfer, *Old Age and Disease in Early Modern Medicine*,

- (London and New York: Routledge, 2015), p. 164, p. 172. Exceptions include: Sarah Toulalan, 'Bodies, Sex, and the Life-cycle 1500–1750', in S. Toulalan and K. Fisher (eds), *The Routledge History of Sex and the Body: 1500 to the Present* (London and New York: Routledge, 2013); Sarah Toulalan, "'Elderly years cause a Total dispaire of Conception": Old Age, Sex and Infertility in Early Modern England', *Social History of Medicine* 29 (2016), pp. 333–59; Alanna Skuse, *Constructions of Cancer in Early Modern England* (Basingstoke and New York: Palgrave Macmillan, 2015), pp. 40–60.
4. See Notes 3, 39, 49, 50 for historiography.
 5. Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England, 1800–1929* (Cambridge: Cambridge University Press, 1993), p. 103; Stolberg, 'A Woman's Hell? Medical Perceptions of Menopause in Preindustrial Europe', *Bulletin of the History of Medicine* 73, p. 417; Alison M. Moore, 'Conceptual Layers in the Invention of Menopause in Nineteenth-Century France', *French History* 32 (2018), pp. 226–48.
 6. On the infantilisation of old men, see below.
 7. Studies have examined these ideas for younger men and boys, but 'old men' have received far less attention. For examples, see note 98.
 8. Kathleen Canning, 'The Body as Method? Reflections on the Place of the Body in Gender History', *Gender & History* 11 (1999), pp. 499–513; Willemijn Ruberg, *History of the Body* (London: Macmillan Education UK, 2019). For the somatic turn in history of medicine: Roy Porter, 'History of the Body', in Peter Burke (ed.), *New Perspectives on Historical Writings* (Cambridge: Cambridge University Press, 1991), pp. 206–208; Lauren Kassell, 'Medical Understandings of the Body, c.1500–1750', in S. Toulalan and K. Fisher (eds), *The Routledge History of Sex and the Body: 1500 to the Present* (London and New York: Routledge, 2013), pp. 57–74.
 9. Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge: Harvard University Press, 1992), p. 7, p. 107.
 10. Laqueur, *Making Sex*, p. 8.
 11. Helen King, *The One-Sex Body on Trial: The Classical and Early Modern Evidence* (London and New York: Ashgate, 2016); Katharine Park and Robert A. Nye, 'Destiny is Anatomy', *The New Republic* 204/7 (1991), p. 53. See also: Karen Harvey, 'The Substance of Sexual Difference: Change and Persistence in Representations of the Body in Eighteenth-Century England', *Gender & History* 14 (2002), pp. 202–23.
 12. Michael Stolberg, 'A Woman Down to her Bones: The Anatomy of Sexual Difference in the Sixteenth and Sixteenth Centuries', *Isis* 94 (2003), pp. 274–99, here p. 289.
 13. See note 3.
 14. Churchill, *Female Patients*, p. 115.
 15. Alexandra Shepard, *Meanings of Manhood in Early Modern England* (Oxford: Oxford University Press, 2003), p. 40.
 16. Elaine Leong, *Recipes and Everyday Knowledge: Medicine, Science, and the Household in Early Modern England* (Chicago: University of Chicago Press, 2018).
 17. Andre Du Laurens, *A Discourse of the Preservation of the Sight: of Melancholike Diseases; of Rheumes, and of Old Age*. (London, 1599); Helkiah Crooke, *Mikrokosmographia a Description of the Body of Man* (London, 1615), p. 25; Robert Burton, *The Anatomy of Melancholy* (London, 1621), p. 11.
 18. Irma Taavitsainen and Päivi Pahta (eds), *Medical Writing in Early Modern English* (Cambridge: Cambridge University Press, 2011), p. 9–25; Mary Fissell, 'The Marketplace of Print', in Mark S. R. Jenner and Patrick Wallis (eds), *Medicine and the Market in England and its Colonies, c.1450–c.1850* (Basingstoke: Palgrave MacMillan, 2007).
 19. Mary Fissell, 'The Marketplace', p. 112.
 20. David Cressy, *Literacy and the Social Order: Reading and Writing in Tudor and Stuart England* (Cambridge: Cambridge University Press, 2006 originally printed: 1980), p. 59.
 21. The signature method quantified the number and gender of a community that signed their names in Parish records or made their mark instead. Margaret Spufford, *Small Books and Pleasant Histories: Popular Fiction and Its Readership in Seventeenth-Century England* (Cambridge: Cambridge University Press, 1985); James Daybell, *Women Letter-Writers in Tudor England* (Oxford: Oxford University Press, 2006), pp. 11–26.
 22. Nancy G. Siraisi, *Medieval & Early Renaissance Medicine* (Chicago: University of Chicago Press, 1990), pp. 1–16; Owsei Temkin, *Galenism: Rise and Decline of a Medical Philosopher* (Ithaca: Cornell University Press, 1973).
 23. Toulalan, 'Bodies', p. 282.
 24. Andrew Wear, *Knowledge and Practice in English Medicine 1550–1680* (Cambridge: Cambridge University Press, 2000), pp. 434–73.

25. Margaret Pelling, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London: Longman, 1998), p. 155; Botelho, 'Images', p. 238.
26. Michael Stolberg, 'Keeping the Body Open: Impurity, Excretions and Healthy Living in the Early Modern Period', in J. Kennaway and R. Knoeff (eds), *Lifestyle and Medicine in the Enlightenment: The Six Non-Naturals in the Long Eighteenth Century* (Abingdon and New York: Routledge, 2020), pp. 205–22; Olivia Weisser, *Ill Composed: Sickness, Gender, and Belief in Early Modern England* (New Haven and London: Yale University Press, 2015), p. 20.
27. Thomas Walkington, *The Optick Glasse of Humors* (London, 1621), p. 64.
28. Gail Kern Paster, 'Unbearable Coldness of Female Being: Women's Imperfection and the Humoral Economy', *English Literary Renaissance* 28 (1998), pp. 416–40, here p. 422.
29. Thomas Cogan, *The Haven of Health* (London, 1636), p. 44. One exception: Tobias Whitaker, *The Tree of Humane Life* (1638), p. 53. On medical understandings of women's bodies, see Churchill, *Female Patients*, pp. 151–55; Read, *Menstruation*, p. 14. Paster, 'Unbearable Coldness', p. 42.
30. Laurens, *Discourse*, p. 177; John Browne, *Adenochoiradelogia* (1684), p. 18.
31. John Browne, *Adenochoiradelogia*, p. 18; Lazare Rivière, *The Universal Body of Physick* (1657), p. 16. See section on viragos for variant descriptions of labouring women.
32. Monica H. Green, 'Flowers, Poisons, and Men: Menstruation in Medieval Western Europe', in A. Shail and G. Howie (eds), *Menstruation: A Cultural History* (Basingstoke: Palgrave Macmillan, 2005), pp. 52–53;
33. Michael Stolberg, 'Menstruation and Sexual Difference in Early Modern Medicine', in Andrew Shail and Gillian Howie (eds), *Menstruation: A Cultural History* (Basingstoke: Palgrave Macmillan, 2005), pp. 90–101, here p. 91. See also Read, *Menstruation*, pp. 17–19. Stolberg also identifies a fermentation model, but it was rarer within this study's sources.
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35. Wirsung, *General Practise*, p. 476.
36. Crooke, *Mikrokosmographia*, p. 276.
37. Stolberg, 'Woman Down to Her Bones', p. 294.
38. Schäfer, *Old Age*, p. 164, p. 172; Lynn Botelho and Pat Thane (eds), *Women and Ageing in British Society Since 1500* (London and New York: Routledge, 2001), p. 52; Also, see note 3.
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41. Lisa Wynne Smith, 'The Body Embarrassed? Rethinking the Leaky Male Body in Eighteenth-Century England and France', *Gender & History* 23 (2011), pp. 26–46.
42. Churchill, *Female Patients*, p. 159; Gianna Pomata, 'Menstruating Men: Similarities and Differences of the Sexes in Early Modern Medicine', in V. Finucci et al. (eds), *Generation and Degeneration: Tropes of Reproduction in Literature and History from Antiquity through Early Modern Europe* (Durham and London: Duke University Press, 2001), pp. 109–52; Smith, 'Body Embarrassed?'.
43. Steven Blankaart, *A Physical Dictionary* (1684), p. 7; James Hart, *Klinike* (London, 1633), p. 13; Tobias Whitaker, *The Tree of Humane Life* (London, 1638), p. 44.
44. The only detailed studies: Schäfer, *Old Age*, pp. 27–8; Stolberg, 'Keeping the Body Open', pp. 212–15.
45. Daniel Sennert, *Nine Books of Physick and Chirurgery* (London, 1658), p. 11. Regarding the lamp metaphor, see Peter H. Niebyl, 'Old Age, Fever, and the Lamp Metaphor', *Journal of the History of Medicine and Allied Sciences* 26 (1971), pp. 351–68.
46. Laurens, *Discourse*, p. 174.
47. Rivière, *Universal Body*, p. 75.
48. Lesley-Ann Dean-Jones, *Women's Bodies in Classical Greek Science* (Oxford: Clarendon Press, 1994), p. 107. There is no specific Hippocratic quotation cited, but 'dryness' and loss of procreative capacity seem key, both of which I address below. Work citing 'dryness': Botelho, 'Old Age and Menopause', p. 52; Botelho, 'Images', p. 236; Churchill, *Female Patients*, p. 11; Read, *Menstruation*, p. 172.
49. Botelho, 'Images', p. 236; Churchill, *Female Patients*, p. 115; Pelling and Smith (eds), *Life, Death and the Elderly*, p. 11.
50. Mendelson and Crawford, *Women in Early Modern England*, p. 23.
51. Ambroise Paré, *The Workes of That Famous Chirurgion Ambrose Parey* (London, 1634), p. 947.

52. Paré, *The Workes*, p. 947.
53. On viragos, see Churchill, *Female Patients*, p. 105; Jennifer Evans, *Aphrodisiacs, Fertility and Medicine in Early Modern England* (Suffolk and New York: Boydell Press, 2014), p. 53.
54. Mrs Jane Sharp, *The Midwives Book* (London, 1671), p. 290.
55. Paré, *Workes*, p. 947.
56. King, *One-Sex*, p. 79. [King's emphasis].
57. Felix Platter, *Platerus Golden Practice of Physick* (London, 1664), p. 160.
58. Philip Barrough, *The Methode of Phisicke* (London, 1583), p. 145; Thomas Willis, *Practice of Physick* (London, 1684), p. 384; Platter, *Platerus*, p. 162. Helen King, 'Sex and Gender: the Hippocratic Case of Phaethousa and Her Beard', *EuGeStA: Journal on Gender Studies in Antiquity* 3 (2013), pp. 124–42, here p. 134.
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60. Michael Stolberg, 'A Woman's Hell? Medical Perceptions of Menopause in Preindustrial Europe', *Bulletin of the History of Medicine* 73 (1999), pp. 404–28, here p. 409; Read, *Menstruation*, pp. 171–80.
61. Ysbrand Van Diemerbroeck, *The Anatomy of Human Bodies* (London, 1694, first publ. 1689), p. 56. See also Anon., *An Account of the Cases of Some Particular Rebellious Distempers* (London, 1670), p. 51, p. 592; Physician, *The Ladies Physical Directory* (London, 1727), pp. 22–23.
62. Paré, *Workes*, p. 632.
63. Crooke, *Mikrokosmographia*, p. 261.
64. Sennert, *Nine Books*, p. 10. Also Thomas Brugis, *The Marrow of Physicke* (1648), p. 10; William Bullein, *Government of Health* (London, 1595), p. 11; Edward Edwards, *The Analysis of Chyrurgery* (London, 1636), p. 15; John Macollo, *XCIX Canons, or Rules Learnedly Describing an Excellent Method for Practitioners in Physick* (London, 1659), p. 27; Paré, *Workes*, p. 9.
65. Henry Cuff, *The Differences of the Ages of Mans Life* (London, 1607), p. 177.
66. Browne, *Adenochoiradelogia*, p. 17.
67. Paster, 'Unbearable Coldness', p. 420.
68. Mendelson and Crawford, *Women*, p. 18.
69. See note 47.
70. Hippocrates, *The Whole Aphorismes* (London, 1610), p. 117.
71. John Pechey, *The Store-House of Physical Practice* (London, 1695), p. 453.
72. T. G. Benedek, 'Gout in Women: A Historical Perspective', *Bulletin of the History of Medicine* 71 (1997), p. 1–22, here p. 21.
73. Seneca, *The Workes of Lucius Annaeus Seneca* (London, 1614), p. 404.
74. Paré, *Workes*, pp. 699–700. Barrough, *Methode of Phisicke*, p. 165; John Pechey, *A General Treatise of the Diseases of Maids, Bigbellied Women, Child-bed-women, and Widows* (London, 1696), p. 24; Wirsung, *General Practise*, p. 528; Peter Shaw, *A New Practice of Physic* (London, 1726), p. 382.
75. Paré, *Workes*, p. 947.
76. Churchill, *Female Patients*, p. 115; Botelho, 'Images', p. 236; Pelling and Smith (eds), *Life, Death and the Elderly*, p. 11.
77. Hart, *Klinike*, p. 13; Lauren Kassell, Michael Hawkins, Robert Ralley, John Young, Joanne Edge, Janet Yvonne Martin-Portugues, and Natalie Kaoukji (eds), 'CASE24657', *The Casebooks of Simon Forman and Richard Napier, 1596–1634: A Digital Edition*, <<https://casebooks.lib.cam.ac.uk/cases/CASE24657>>, accessed 6 April 2021; Barrough, *Methode of Phisicke*, p. 145.
78. John Floyer, *Medicina Gerocomico: or, The Galenic Art of Preserving Old Men's Healths* (London, 1724), p. xvi.
79. Skuse, *Constructions of Cancer*, p. 42, p. 40. See also Marjo Kaartinen, 'Making Sense of Illness: Gendering Early Modern Medicine', in Jörg Rogge (ed.), *Making Sense as a Cultural Practice* (Beilefeld; Verlag, 2013), p. 194.
80. Especially the 'female breast', Skuse, *Constructions of Cancer*, p. 49.
81. Skuse, *Constructions of Cancer*, p. 40.
82. Anon., *Account*, p. 592. See Churchill, *Female Patients*, p. 149.
83. Mendelson and Crawford, *Women in Early Modern England*, p. 12.
84. Churchill, *Female Patients*, p. 178, p. 228.
85. Tobias Venner, *Viae rectae ad vitam longam* (London, 1623), p. 18.
86. Laurens, *Discourse*, p. 174.
87. Laurens, *Discourse*, p. 174; Diemerbroeck, *Anatomy*, p. 453.
88. Levinus Lemnius, *The Touchstone of Complexions* (London, 1576), fol. 16v.

89. Lemnius, *Touchstone*, fol. 16v.
90. Bernard Capp, "'Jesus Wept'" But Did the Englishman? Masculinity and Emotion in Early Modern England', *Past & Present* 224 (2014), pp. 75–108, here p. 107. See also Thomas Dixon, *Weeping Britannia: Portrait of a Nation in Tears* (Oxford: Oxford University Press, 2015), pp. 27–63; Alec Ryrie, *Being Protestant in Reformation Britain* (Oxford: Oxford University Press, 2013), p. 192.
91. Lemnius, *Touchstone*, p. 148
92. A rare exception is Nina Taunton's reference to the 'effeminising implications of white hair' when discussing old male characters in drama, citing humoural theory from T. Hill, *A Pleasant History: Declaring the Whole Art of Phisogmony* (London, 1613). See Nina Taunton, *Fictions of Old Age in Early Modern Literature and Culture* (New York and London: Routledge, 2007), p. 86.
93. Shepard, *Meanings*, p. 40.
94. Shepard, *Meanings*, p. 221.
95. Alice Tobriner, 'Old Age in Tudor-Stuart Broadside Ballads', *Folklore (London)* 102 (1991), pp. 149–74.
96. Toulalan, 'Elderly years', p. 17.
97. 'The Young-Womans COMPLAINT:/OR,/A Caveat to all Maids to Have a Care How They Be/Married to Old Men', 1667–1665, University of Glasgow Library – Euing, via *English Broadside Ballad Archive* [website], EBBA 32045, <<http://ebba.english.ucsb.edu/ballad/32045/xml>> (accessed 9 September 2021).
98. Will Fisher, 'The Renaissance Beard: Masculinity in Early Modern England', *Renaissance Quarterly* 54 (2001), pp. 155–87; Jennifer Jordan, 'That Ere with Age, His Strength is Utterly Decay'd': Understanding the Male Body in Early Modern Manhood', in K. Fisher and S. Toulalan (eds), *Bodies, Sex and Desire from the Renaissance to the Present* (Basingstoke and New York: Palgrave Macmillan, 2011), pp. 27–48, here p. 36, pp. 33–5. Literary scholar Thomas A. King suggests a complex interpretation of early modern 'effeminacy', encompassing, among other things, spatial dimensions, court hierarchies, and sexual desires, describing it as 'a man's or woman's display of pederastic subjection and desire for the patron's favor'. See King, *Gendering of Men*, pp. 64–88.
99. Taunton, *Fictions*, pp. 65–126.
100. Jennifer Jordan, 'To Make a Man Without Reason': Examining Manhood and Manliness in Early Modern England', in John Arnold and Sean Brady (eds), *What is Masculinity? Historical Dynamics from Antiquity to the Contemporary World* (London: Palgrave Macmillan UK, 2011), pp. 245–62, here p. 245.
101. Taunton, *Fictions*, pp. 65–66, pp. 74–77; Yallop, *Age and Identity*, p. 111. See also: Shepard, *Meanings*, p. 221. For an argument that resistance to this ageing model was also crucial, see Christopher Martin, *Constituting Old Age in Early Modern English Literature, from Queen Elizabeth to King Lear* (Amherst & Boston: University of Massachusetts Press, 2012).
102. Keith Thomas, *Age and Authority in Early Modern England*, Raleigh Lecture on History (London: British Academy, 1976), pp. 247–48.
103. Taunton, *Fictions*, p. 1.
104. John Ward, *Diary of the Rev. John Ward*, Charles Severn (ed.) (London: Henry Colburn, 1839), p. 191.
105. Shepard, *Meanings*, pp. 222–30.
106. Shepard, *Meanings*, p. 57; Yallop, *Age and Identity*, p. 116.
107. Yallop, *Age and Identity*, p. 116.
108. See Burton, *Melancholy*, p. 19; Thomas Cogan, *The Haven of Health* (London, 1636), p. 210; John Smith, *King Solomon's Portraiture of Old Age* (London, 1666), p. 28. See Daniel Schäfer, 'No Old Man Ever Forgot Where He Buried His Treasure: Concepts of Cognitive Impairment in Old Age Circa 1700', *Journal of the American Geriatrics Society* 53 (2005), pp. 2023–27, here p. 2025.
109. Peter Lowe, *The Whole Course of Chirurgie* (London, 1597), unpaginated.
110. Cuff, *Differences*, p. 95.
111. Cuff, *Differences*, p. 95.
112. Hannah Newton, *The Sick Child in Early Modern England, 1580–1720* (Oxford: Oxford University Press, 2012), p. 62.
113. Jordan, 'To Make a Man', p. 247.
114. Judith Butler, *Undoing Gender* (London and New York: Routledge, 2004), pp. 9–14.
115. Schäfer, *Old Age*, p. 164, p. 172.
116. Burton, *Melancholy*, p. 541. [Burton's emphases].

Amie Bolissian is an R.H.S. prize-winning doctoral researcher and Associate Lecturer, at the University of Reading (UK), working on her Wellcome Trust-funded project 'The Aged Patient in Early Modern England, c.1570–1730'. Drawing on medical texts, casebooks and life-writings, she investigates understandings of ageing and the lived experience of older sufferers and their caregivers.