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‘She sleeps well and eats an egg’: convalescent care in early modern England

Hannah Newton

Early modern diaries and letters are replete with complaints about the state of the body after illness. ‘A long sicknes … has much drained mee … and indeed … my feeble hands … can scarce write’, remarked Rev. Thomas Lowgh from Cumbria in 1654.[1] A few years later, the London gentlewoman Ann Fanshawe recorded in her memoirs, ‘a very ill kind of fever … brought me so low that I was like an anatomy’.[2] In 1697, Elizabeth Freke from Norfolk lamented, ‘God raised me up againe a miserable spectt[ac]le … hardly able to goe or stand’.[3] Serious physical illness thus left the body weak and lean, full of the ‘footsteps of disease’, to use the early modern term. It was not until full strength and flesh had returned that the patient was pronounced back to health. This chapter asks how doctors and laypeople measured the patient’s growing strength after illness, and analyses the physiological processes through which this restitution was thought to occur. It shows that both the measures and the mechanisms for the restoration of strength were intimately connected to the ‘six Non-Natural things’: excretion, sleep, food, passions, air and exercise. Patients’ sleeping patterns, appetites for foods, and emotions, along with other inclinations and behaviours that related to the Non-Naturals, were used to track their progression on ‘the road to health’. Medical practitioners and the patient’s family sought to regulate each Non-Natural in order to promote the body’s restoration, and

guard against possible relapse. I argue that this regulation, together with the assiduous monitoring of the patient's growing strength, constitute a concept of convalescent care.

The subject of convalescence has rarely been addressed in the historiography of early modern medicine. This is probably because scholars have assumed that the concept was a later, Victorian invention. Indeed, the word 'convalescence' conjures up images of Victorian gentlefolk at the seaside or in the mountains, an impression enhanced by the proliferation of convalescent homes and paintings of recuperating patients from the 1840s.[4] While convalescence may have attained unprecedented cultural resonance in the nineteenth century, it was *not* a new concept. The word was used throughout the early modern period: for example, a dictionary from 1657 by the London barrister Thomas Blount defines 'convalesce', as 'to wax strong, to recover health'.[5] Convalescence thus denoted the gradual restoration of strength after illness; it was understood to be the second part of recovery – the first part was the removal of disease.[6] Nonetheless, the word convalescence had yet to acquire a monopoly over this health state, since it was used interchangeably with such terms as 'the recoverer', 'the patient after illness' and 'the weak party'. By demonstrating that convalescence did exist conceptually in the early modern period, the chapter seeks to expand our knowledge of the scope of therapeutics at this time, and the role of the Non-Naturals within it.[7] It shows that the treatment of the convalescent was distinctive, differing from both the care of the sick and the healthy. A unique advantage of this subject is its potential to shed light on the vital medical concepts of disease and health: this is possible because convalescence was conceived as a liminal state, 'floating betwixt' these other two bodily conditions. As such, an analysis of the signs that were used to measure the patient's transition from illness to health yields insights into the defining characteristics of these other conditions. The discussions also reveal the little explored role of the body's life force and internal agent, 'Nature', in physiological processes. While there is a rich historiography on the wider concept of the natural world – also known by this term – the bodily agent of Nature has not received much attention.[8]

One exception to the lack of work on convalescence is a chapter by the food historian Ken Albala. Focusing on the single Non-Natural of diet, Albala avers that convalescent cookery was based on 'common sense intuition rather than theory'. From an analysis of European

cookbooks and medical texts, he asserts that 'Despite major theoretical shifts in early modern nutritional theory … the form and structure of convalescent cookery remained remarkably constant throughout the era and to a large extent even down to the present.'[9] Whilst agreeing that there was little change over time in the fundamentals of convalescent care, I argue that the treatment of recovering patients was based not on 'common sense', but on historically specific ideas about how the body regained strength. Through examining the roles of all six Non-Naturals, including diet, my chapter hopes to provide a more holistic view of convalescent care.

This study draws on a range of sources. To access medical opinions, vernacular medical texts of various genres have been used, including regimens of health, collections of remedies, and general medical treatises on all diseases 'from the head to the foot'. Most of the authors claimed to be physicians from early modern Britain or Europe, but it is not always possible to date the information contained within the texts, nor to attribute it to particular individuals. This is due to the tendency of writers to plagiarise earlier and contemporary texts, or to distort original wording in translations, new editions and posthumous publications. In view of these issues, the ideas conveyed in medical literature must be regarded as representative not so much of individual authors, but of a patchwork of viewpoints from before and beyond the lifespans of those physicians named on the title pages. The intended audiences of these texts were wide, encompassing laypeople as well as doctors. *Praxis medicinae, or, the physicians practice* (1632), by the German physician Walter Bruele, was 'published for the good, not onely of Physicians, Chirurgions, and Apothecaries, but very meete and profitable for all such which are solicitious of their health.'[10] Nevertheless, we cannot know for sure whether lay readers agreed with, or acted upon, the advice of the medical authors. Thus, in order to explore lay beliefs, it is necessary to use sources penned by laypeople themselves, such as letters between family and friends, spiritual diaries and autobiographies, and a selection of culinary and medicinal recipe books. Since convalescent care took place mainly at home, it makes sense to use sources which provide insights into domestic affairs.

While the above sources – medical and lay – are diverse in their purposes and characteristics, they exhibit certain commonalities, which makes their juxtaposition in this study appropriate. Namely, the authors embrace a humoral model of the human body, and come from the same

echelons of society – the middling and upper classes. In the case of clergymen diarists and physician authors, there was degree of occupational sympathy: the care of the body and soul were connected, and ministers were often well versed in medical theory.[11] Alexandra Walsham and Alec Ryrie have shown that the religious outlook of puritan clergymen differed from those of other individuals in 'temperature' (that is, fervency) rather than substance, and therefore to use spiritual and medical sources in conjunction is reasonable.[12]

An important factor to bear in mind when analysing the above sources, highlighted by Olivia Weisser, is that the 'conventions and intentions of texts determined the kinds of stories recorded'.[13] In the case of domestic correspondence, for instance, one of its functions was to congratulate the recipient on recovery from illness, and provide kindly advice about how to promote the full restoration of strength. This is evident from letter-writing manuals, such as *The Enimie of Idlness*, by the merchant tailor William Fulwood (d. 1593). Fulwood instructs readers 'How to write Letters for our frends' upon their 'safe returne' to health, and even includes appropriate phrases for how to 'declare the joy that we have had of his mending'.[14] While these conventions do not necessarily undermine the sincerity of authors' words, they do remind us that sources should not be viewed as 'transparent window[s] onto lived experience'.[15] Another methodological challenge to consider is the over-representation of the wealthy in society: most of the authors were landowners, engaged in legal, clerical, medical or parliamentary careers. It is probable that the length of time allowed for convalescence, as well as any special foods, rest and medicines prescribed to patients were heavily dependent on finances. Nonetheless, a reasonable number of the authors came from more modest backgrounds, such as the Yorkshire diarist Joseph Lister (1627–1709), who worked as a clothier and servant.[16]

The first section of the chapter asks why the body was weak after illness; the next part categorises the convalescent within early modern schemes of bodily states; the rest of the chapter is structured around the milestones or signs of increasing strength, each of which is associated with a particular Non-Natural.

The cause of weakness

To understand why the body was weak after illness, it is necessary to go back a step, and see how contemporaries explained the removal of

disease. As I have shown elsewhere, three agents were thought to be involved, and they formed a clear hierarchy: God, Nature, and the physician.[17] God's instrument for removing disease was Nature, the 'intrinsic agent' and life force of the body.[18] The word 'nature' held many meanings in this period, but in the context of galenic physiology it denoted a divinely endowed power in the body.[19] Since the body was conceived as a microcosm of the world, the Nature in the body was seen as a miniature version of the wider Nature that maintained the order of the universe.[20] Personified as a benevolent housewife, Nature was responsible for all basic physiological functions, including growth, nutrition, and most importantly here, the removal of disease.[21] Nature's vehicles for performing her functions were the 'natural spirits', highly rarefied, 'subtile and Arey' vapours, 'raised from the purer blood', and carried around the body in the veins.[22] So strong was the connection between the spirits and Nature, the two were often regarded as synonymous.[23] At the bottom of the hierarchy of healers was the physician: he was described as 'an assistant and helper of nature in time of neede'.[24] As an inferior agent, he was expected to defer to Nature when treating the sick by imitating her methods. This tripartite model was espoused by practitioners across the early modern period.[25]

Upon God's command, Nature removed disease by rectifying the bad humours that had caused it. She did this through processes known as concoction and expulsion. Concoction was a form of internal cooking, through which means the malignant quality of the humours was erased; it was similar to the complex process of digestion, which was also known as 'concoction'.[26] Expulsion was the removal of superfluous humours through the 'crisis of the disease', the sudden, spontaneous evacuation of body fluids at the height of illness, in the form of sweating, vomiting, diarrhoea or other emissions. When Nature was struggling to produce these evacuations, the physician stepped in, and administered evacuative treatments, such as emetics and purges.

Once these processes were complete, the disease was gone, but the patient was not yet pronounced back to health: the body was weak and lean. Weakness was defined as the 'slowness' or 'imbecility' of the faculties of the body, caused by the 'dissipation' or 'decay' of the natural, animal, and vital spirits.[27] As stated above, the natural spirits were Nature's vehicles for carrying out the body's basic functions. The other

two types – the animal and vital spirits – drove the higher faculties of the body and mind: muscular movement, the senses and rational powers (animal faculties); and breathing, the pulse and the emotions (vital faculties).[28] In turn, all three types of spirit were responsible for distributing what were known as 'radical moisture' (an oily substance) and 'innate heat' (a glowing warmth) around the body: these were the elements in which 'life consisteth', which gradually depleted with age.[29] Crucially, the processes of removing disease consumed these several substances: the heat of concoction dried out the radical moisture, and the critical evacuations removed all three types of spirits along with the bad humours.[30] The result was multiple forms of weakness, each connected to the particular spirits that had been evacuated: the dissipation of the animal spirits caused 'feebleness of motion', memory loss and dim eyesight; the consumption of the natural spirits caused poor digestion, leanness, pale complexion and vulnerability to relapse; and the loss of vital spirits resulted in faintness and anxiety.[31] In what follows, we will see that the restoration of strength was achieved chiefly by the replenishment of the spirits, innate heat and radical moisture.

Categorising the convalescent

Where did convalescence fit in early modern categories of health states, and were the aims of convalescent care distinctive? Medical writers usually envisaged three main bodily states: healthful, neutral and unhealthful (or sick).[32] Healthful was defined as the balance of the 'primary qualities' (heat, cold, dry and wet), together with the strong functioning of the faculties (animal, natural and vital). Unhealthy was the opposite: individuals suffered the 'perceptible impairment' of the faculties, and the imbalance of the four qualities – it included diseases and wounds.[33] Suspended between these two categories was the 'neutral body', otherwise known as the 'crazie' or 'valetudinarie body'.[34] Defined by Galen as 'an exquisite medium between healthful and unhealthful Bodies', it was a melting pot for all those individuals deemed 'neither perfectly whole, nor thoroughly sicke', such as those who were falling ill but not yet sick, the 'decrepit elderly', lying-in mothers, and most crucially, convalescents.[35] The neutral body has attracted only limited attention from historians, perhaps because it is no longer recognised in modern medicine.[36]

Each category of bodily state was subject to a different therapeutic aim: the care of the healthy sought to preserve the current state; the treatment of the sick aimed at the removal of the disease or wound; and the care of the neutral centred on restoration.[37] Within the neutral category, further distinctions were drawn between subgroups of patients. The Polish physician Johannes Johnstonus (1603–75), who had trained at Cambridge and Leiden, stated that whereas those who were falling sick required measures that would prevent the illness from taking hold, 'persons … recovering' require 'two things': '1) That they fal not back again into their sicknesses. / 2) That they may soon recover their perfect health.'[38] Thus, the aims of convalescent care were the prevention of relapse, and the restoration of strength. The term used to denote this special branch of physic was 'analeptics', which meant 'to cherish and renew the strength'.[39] In the rest of this chapter, we will see how these aims were fulfilled.

The final purge

The first component of convalescent care relates to the Non-Natural excretion. Throughout the early modern period, physicians worried that after illness the body might contain residues of malignant humours that had been 'left over' from the crisis of the disease.[40] The concern was that these remaining humours would lead to relapse; practitioners therefore sought to prevent this eventuality by giving a 'final gentle purge' to 'carry off' the remnant humour. The Scottish physician John Macollo (1576–1622) warned in his posthumously published medical canons, 'if the Cris[is]e have been imperfect, it is the duty of the Physitian to purge [the] rest of the vicious humours, fearing lest by process of time, putrifying within the body, they renew the sickness'.[41] Colourful metaphors were used to explain the need for this treatment: the remaining humour was like a dead dog in a house, or a 'brood of bees', which, if not 'quickly throw[n] out', would 'soon make you weary of your Habitation'.[42] This tendency to depict the humours and other body parts as animals is a recurring theme in early modern medical writings.[43]

Laypeople as well as medical authors were aware of the necessity of the final purge after illness, as is evident in recipe collections, which provide instructions for making a 'very good purge for a weak constitution after feavour' or some other disease.[44] In hindsight, patients and

their relatives attributed relapse or further illnesses to the failure to purge the body. The Lancashire-born Presbyterian clergyman Adam Martindale (1623–86) reminisced in his autobiography that after suffering smallpox as a child in the early 1630s, he 'should have been soundly purged, but was not; which as I verily believe, caused a vehement fermentation in my bodie, which, after two or three yeares' space, [came] out in an ugly dry scurfe'.[45] As well as revealing that the bad humours were imagined to remain in the body for years, this extract indicates that the final purge was sometimes neglected. Besides the cost, this may have been because patients were tired of taking physic, and wanted to give it up at the earliest opportunity.[46]

In theory, the convalescent's final purge differed from the purges administered to the sick and healthy. Those who were still ill required stronger, and more frequent, evacuations, because their bodies contained larger quantities of bad humours. Conversely, 'those persons that be perfectlie in health ought not to take a[ny] *Purgation* since they doe not abound with corrupt humours', wrote the anonymous author of a late sixteenth-century medical manual for the poor.[47] The reason doctors were reluctant to purge the healthy was that they believed the purging medicines, finding 'no excrements' in the body, would set upon 'solid and sound parts', and 'make a colliquation of good flesh'.[48] Of course, in practice many healthy people *did* take purges, because it was believed that those bodies which were 'inclined to fall' into sickness might also contain some noxious matter.[49] Nonetheless, the term 'final gentle purge' was reserved for convalescents, which indicates that it was distinctive to this group of patients in its timing and mildness.

Sleeping through the night

The next milestone relates to the Non-Natural sleep, a function defined as 'the rest of the whole body, and the cessation of the Animal faculty'.[50] Sleep occurred when the stomach sent a 'certain vaporous, sweet, and delightsome humidity' to the brain, which blocked the nerves, the routes through which the animal spirits travelled; the result was the temporary suspension of the powers of the animal faculty – movement, sensation and understanding.[51] During serious illness, the special vapour evaporated or became 'infected' by the bad humours; the result was 'unquiet' or interrupted sleep. Upon recovery, however, sleep came

more easily: the abatement of pain 'allured' the animal spirits to 'quiet rest', and the rectification of the humours restored the sleep-inducing vapour to its proper quality.[52] Throughout the period, uninterrupted sleep was interpreted as a 'good signe' of recovery. George Davenport from Leicestershire, aged 31, told his former Cambridge tutor in 1662, 'I am like to do well … if I may ghess … by … [my] most profound sleep. I never waked in the night.'[53] The fact that continuous sleep was taken as a sign of growing health has important implications for the historian Roger Ekirch's notion of 'segmented sleep'. Ekirch argued that 'Western Europeans on most evenings experienced two major intervals of sleep bridged by up to an hour or more of quiet wakefulness'.[54] If unbroken sleep was a token of growing health – the norm to which most people aspired – it could be an indication that segmentation was in fact less widespread than has been acknowledged.

As well as signifying that the patient was on the mend, sleep played a crucial restorative role. The sixteenth-century Dutch physician Levinus Lemnius stated in his posthumously translated treatise, *The secret miracles of nature*, that he who 'hath already discussed the disease … yet … is weak, feeble, [and] exhausted … may be restored by sleep'.[55] Imagery of plant irrigation was used to describe the mechanism through which strength was restored – the body was 'besprinkled' with a '*mild and pleasant vapour*' during sleep, whereby the 'whole man' was furnished with new radical moisture.[56] The spirits also benefitted from sleep – exhausted from the disease, they were 'refreshed' and 'recruited' by 'soft Slumbers'.[57] Such descriptions suggest that the spirits were inseparable from the patient's own feelings. Sleep also performed a nutritional function: digestion was at its best during sleep, since Nature was undistracted by other tasks, and could concentrate solely on building up the body.[58] Sasha Handley's contribution to this volume has found that the physical and spiritual benefits of sound sleep received unprecedented emphasis after 1660, in response to rising medical interest in the brain and nerves, together with the intensification of household religious practices. Although the restorative virtues of sleep for convalescents were well known before the mid-seventeenth century, there does seem to have been an upturn in the level of detail devoted to this subject in the later medical texts.

Medical authors prescribed different sleep routines for each bodily state. The puritan Northampton physician James Hart (d. 1639) wrote

in his regimen, *Diet for the diseased*, that the sick should be 'suffer[ed] to sleep when[ever] they can', including the daytime, because it was 'often out [of] our power to accommodate it … to the right and proper time'.[59] By contrast, for the healthy 'the night should bee more convenient for sleepe than the day' because the sunlight of daytime would draw the body's innate heat in the wrong direction – outwards.[60] Convalescents fell in-between: ideally, they should remain awake in the morning, but they were permitted to nap in the afternoon.[61] Over the course of recovery, however, convalescents were instructed to let daytime sleep be 'lost by litle and litle', until at last they had acquired the 'accustomed order' of the healthy.[62]

Feeling hungry

Sleep was rarely mentioned without reference to appetite, and together the two served as a litmus test for the state of the body. The first sign of approaching sickness was 'tast[e] … insipid; … the appetite … dull'; once illness arrived in full, it was commonly observed that 'sick men loathe nothing so much as meate'.[63] The reason for these changes was that Nature, the agent of appetite and nutrition, was not proficient at multitasking: during illness she was wholly occupied with the concoction and expulsion of the bad humours, and could not be easily 'diverted from her office and work' by the task of digestion.[64] Once the bad humours had been rectified, however, this agent had time once more to carry out the digestion of food. The result was the return of appetite, a universal sign of growing strength. 'I praise God I am now in the way of recovery: I am able to … eate my meat with reasonable stomacke', wrote the Essex gentleman Henry Cromwell to his sister in 1630.[65]

Although everybody required sustenance to stay alive, dietary priorities differed in sickness, health and convalescence. In sickness, the main purpose of eating was to help Nature remove the disease by correcting the humours. To this end, the patient was supposed to be given an 'allopathic diet', which meant consuming foods and drinks of the opposite qualities to the malignant humours.[66] The healthy, by contrast, were entreated to preserve their humoral constitution by following a 'sympathetic' diet.[67] However, in convalescence, the majority of the humours had already been rectified, and therefore the aim of eating was less explicitly related to the humours, and more to do with the

restoration of lost strength and flesh. How were these goals achieved? There were many guidelines and precautions to bear in mind. The first was timing: Macollo warned, 'When the body is not clear, the more it is nourish'd the more it is hurt.'[68] It was believed that if nourishing foods were eaten before the final purge, they would be greedily 'licked up' by the residual humours, resulting in relapse. There was also concern about the form of the food. The Sussex physician Thomas Twyne (1543–1613) wrote in his regimen that for the first two or three days of convalescence the 'Recoverer [should] … retain the same diet' that he had taken during illness, consuming only liquid foods. The reason was that 'it is not good to chaunge suddenly from that wherto a man is accustomed … because of custome'.[69] Twyne was referring to the Hippocratic proverb 'custom is a second Nature', which dictated that habit was almost as vital to bodily functioning as Nature herself. Liquid foods were advantageous because they were more quickly distributed around the body than solid foods; the best forms were jellies, possets, broths and soups.[70]

Another important consideration was the patient's personal food preferences. At the beginning of convalescence, it was vital to indulge the patient's dietary predilections. The Manchester physician Thomas Cogan provided the justification in his regimen for students: '[L]iking causeth good concoction [i.e., digestion]. For what the stomacke liketh, it greedily desireth: and having received it, closely incloseth it about untill it bee duly concocted … wherein wee have great delight … it doth us more good.'[71] Personified as a fussy creature, the weak stomach of the convalescent could more effectively digest foods which it desired. It was Nature who produced these cravings – she 'calls for that which is good for it self': the practitioner's role was simply to supply her with what she wanted.[72]

The next priority was nourishment: it was essential to build up the lean body by giving highly nourishing foods. The most nutritious foods were thought to be substances which resembled the human body; this was because nutrition was understood to be a process of assimilation, whereby the ingested matter was transformed into the substance of the body.[73] Consequently, meat was thought to be more nutritious than vegetables, because its 'fat and gluttonous substance has neerest affinity with mans radicall moisture'.[74] Likewise, flesh was considered to be superior to fish, since humans bore a closer resemblance to the former.[75]

Amongst non-aquatic creatures, further distinctions were drawn: animals that could fly would 'afford the body a … subtill nourishment' because 'the wings of such fowles … are in perpetuall motion', wrote Hart.[76] By contrast, 'four-footed beasts' that lived on the ground provided less wholesome nourishment. The favouring of flying creatures probably stems from natural philosophical notions of the 'Chain of Being', the hierarchy of living things. Allen Grieco has shown that fowl and birds were thought to be 'nobler' than quadrupeds and fish, because they were associated with the superior element of the air, whereas land- or ocean-bound creatures were analogous of the lower elements of earth and water.[77] The sky was closer to the heavens and to God, while the earth held connotations of death and damnation.[78] Given this cultural backdrop, it is unsurprising that the most nutritious creatures were judged to be those which could fly.

As well as being nutritious, the convalescent's food had to be 'easie of digestion'.[79] Easily digested foods were aliments that did not require much alteration from their present state, such as eggs and milk. Speaking of eggs, the Wiltshire MP and physician Thomas Moffet (1553–1604) wrote, 'They nourish quickly, because they are nothing but liquid flesh.'[80] The clue was the colour: white foods, like chicken and partridges, were the easiest to digest as a pale tone signified that the texture was light, and therefore could be broken down with minimum effort. Conversely, dark-coloured animals, such as beef and venison, 'may not be allowed' because they were too heavy and dense.[81] These colour preferences may have been informed by religious ideas: Christianity celebrated light, and equated darkness with evil.[82] One way to make foods more digestible was to cook them; the preferred method throughout the period was boiling, because it was most similar to Nature's own form of digestion in the stomach.[83] The easy digestibility of the food is one quality which overlaps with the diet of the diseased, since sick people's stomachs were thought to be even weaker than those of convalescents. However, healthy individuals required the opposite, as revealed in the text *Regimen Sanitatis Salerni*, allegedly written by the twelfth-century Italian physician Johannes de Mediolano:

> For they that be strong and lusty, and exercise great labour must be dyeted with grosser meat because in them the way of digestion is strong, and so they ought not to use slender meats, as Chickens, Capons … or Kid, For those fleshes in them will burn, or be digested oversoon.[84]

The stomach of the healthy person was depicted as a fiery furnace, which would burn up slender food in a moment. These individuals therefore required much tougher meats, which would provide more sustained, slow-burning nourishment.

Turning from the quality of food to the quantity, throughout the early modern period convalescents were advised to 'be temperate in eating and drinking … tak[ing] a little and often'.[85] Although moderation was important in all states of health, it was thought to be critical in convalescence, due to the residual weakness of the digestive faculty.[86] This advice sounds simple enough, but judging by doctors' reports, it was notoriously difficult to follow: medical texts and casebooks are full of cautionary tales of patients who overindulged, with devastating consequences.[87] Physicians warned that the appetite is 'sharp' after acute illness, which makes self-restraint a great challenge, whilst the social celebrations that were commonly arranged to mark the person's recovery added to the danger, since they provided opportunities for overeating, along with other excesses. Hence Lemnius complained,

> [W]hen men recover of their disease many witty merry companions come to see them, and they invite them to rejoyce, and make merry … Hence they eat, and drink healths … and commonly … they sing bawdy songs … To this I add the delicate and voluptuous meats, which the humours being augmented by, do stimulate and prick the obscene parts … and cause erection … [thus they] return to … gluttony, and profuse lusts.[88]

In this context, medical and religious concerns coalesce: gluttony for food and other sensual appetites would lead to the double relapse of body and soul, since God used the natural consequences of immoderate eating to renew disease and punish the sinner.[89] Lemnius later became a priest, so it is possible that his emphasis on the spiritual implications of the convalescent's behaviour was especially pronounced.[90] Besides, we should be wary about how we interpret doctors' reports of patients' excesses – the authors may have been highlighting these instances as a way to divert the blame for relapse from themselves onto their patients. After all, one of the purposes of medical texts was to promote the doctor's professional reputation.

Growing cheerful

The next Non-Natural to consider is 'the passions of the soul', or to use modern terminology, the emotions, a subject of rising historical interest in recent years.[91] Medical historians have paid considerable attention to the perceived impact of the passions on the body, but much less has been said about the influence of the body on the passions.[92] The following paragraphs illuminate both sides of the relationship, thereby providing a more complete picture of the body–soul connection in early modern perceptions.

The passions provided clues into a person's state of health. The 'Messenger or forerunner' of illness was a creeping feeling of anxiety, whilst at the height of illness, 'a horror … invades the sick' wrote the popular medical writer and astrologer Nicholas Culpeper (1616–54). This claim is supported by patients' frequent expressions of fear and grief during illness.[93] Upon recovery, however, they began to grow cheerful, as testified by the Suffolk conformist clergyman Isaac Archer (1641–1700), who stated in 1679, 'My mind is more cheerly, and I get strength.'[94] Laughter and cheerfulness were taken as clear signs of growing health. Medical texts drew on Aristotelian philosophy to explain these emotional responses. Hart stated that '[A]lthough the substance of the soule and body differ much, God hath … tyed and united them so fast …, that there is no small … sympathy betwixt them: insomuch that either of them being affected, the other suffereth also.'[95] Thus, the body and soul were so bonded that they shared one another's sorrows and joys. As Erin Sullivan has recently commented, this reciprocal influence seems to have been understood 'less as cause and effect and more as simultaneous happening'.[96]

Cheerfulness was cherished during convalescence, not just because it was pleasant in itself, but because it was thought to be a means for restoring strength to the body. *The sickmans rare jewel* (1674), by B.A., states that it 'recreates and quickens all the Faculties, … helps concoction, makes the Body to be better in liking, and fattens it'.[97] Sandra Cavallo and Tessa Storey have observed that *allegrezza* (cheerfulness) was understood to be a 'calm, tranquil happiness' which gently lifts and expands the spirits, 'thereby increasing the overall body heat and vitality'.[98] Since the strength of the body was synonymous with the quantity

and liveliness of the spirits, the augmentation of these substances automatically invigorated all the faculties of the body. Cheerfulness also helped the body to put on weight, since the newly enlivened natural spirits propelled the digested aliment from the interior organs to the rest of the body, thereby facilitating the process of nutrition.[99] These ideas were expressed throughout the period.[100]

Unfortunately, the cheery feelings of convalescents were not universal – some patients suffered from 'low spirits' or 'faint-heartedness'.[101] Common causes included the traumatic memory of pain, and the fear of relapse.[102] What made these emotions all the more distressing for patients and their loved ones was the belief that they could precipitate the return of disease.[103] The Essex puritan clergyman Ralph Josselin attributed the renewed illness of his 8-year-old daughter Jane in 1653 to her 'feare and griefe [at] see[ing] her mother … tormented … with a felon [boil] on her finger'.[104] Physicians explained these effects by reference to the spirits: anxiety made these special vapours shrink and dissipate, and recoil to the heart.[105] Since the spirits were the chief instruments through which Nature concocted and expelled bad humours, their sudden reduction in volume impeded this agent's defence against returning disease. Anxiety also hindered nutrition: the centripetal direction of the spirits from the surface of the body to the heart starved the outer parts of nourishment – the result was the continuation of bodily wasting.[106]

In view of the divergent effects of positive and negative emotions, convalescent care sought to promote the former and guard against the latter. Expressions of love and kindness, together with 'merry company', were regarded as the 'best cordials'.[107] Families strived to protect recovering relatives from sorrow by concealing bad news. The Somerset gentlewoman Ursula Venner warned her brother in 1675 that, although 'the danger is over', their father 'is soe extreamly we[e]ping at all kind of buisnesse that I would desire you to send him as little of ill news as possible'.[108] Of course, these forms of emotional support were unlikely to have been universal: it was not always possible to conceal bad news, nor did all convalescents enjoy such loving family relationships. Furthermore, domestic correspondence may provide a skewed picture of the lengths to which relatives went to promote the convalescent's happiness, since a function of this genre was to bestow consolation and advice.[109]

Unlike some of the other components of convalescent care, cheerfulness was beneficial in all bodily states. Doctors agreed that 'nothing is more necessary for the Preservation of Health, than to live merrily'.[110] In sickness, cheerfulness was thought to 'rouse up and unite' the body's spirits, so that they were able to more 'effectively co-operate with Nature, and strengthen her in the performance of the … expulsion of the noxious humours', wrote the medical writer and minister John Harris.[111] Nonetheless, in practice it was difficult to provoke cheerfulness during sickness: the pain of illness, together with the 'true sorrow for sinne' sparked by thoughts of death, conspired against their intentions.[112] Likewise, it was impractical to always promote cheerfulness in the healthy, since sorrow was an inevitable companion of life.[113] As such, the emotion of cheerfulness assumed a special status during convalescence – it was both a sign and a catalyst of growing strength.

Sitting up to going abroad

The final Non-Naturals to consider are exercise and air. Convalescence was basically a process of increasing physical exertion and exposure to the air. In acute sickness, the patient was usually confined to a bedchamber, breathing in warm air.[114] Once the illness was gone, however, the patient could begin to return to normal life, a trajectory that was measured by a number of key spatial movements. In 1666, 14-year-old Samuel Jeake from Rye in Sussex described his recovery from smallpox as follows:

> 21st July: I lay upon the bed all day.
> 22nd: Something better; but kept my bed till 27th then I rose.
> 28th: I went into my Study.
> 29th Downstairs.
> 30th into the garden.[115]

Each action signified a certain level of strength, and therefore they were useful for tracking a person's progress towards health. The final action – going outside or 'abroad' – was shorthand for complete recovery.[116] Some of the actions were gender or age specific: when men 'went abroad', it was usually to their former employment, whereas a recovered woman would be described as being 'able to doe [her] business in the

house'.[117] Children were accorded their own special milestone, play.[118] The significance of the patient's location as a measure of health has not been sufficiently recognised in the historiography.[119]

The exercise and exposure to air that accompanied the above actions was thought to contribute to the restoration of strength after illness. Hart stated, 'exercise … increase[s] the natural heat, [causes] a more speedy … distribution of the spirits … and addition of strength to all the members therof'.[120] Pure, temperate air 'engenders both Vital and Animal Spirits', and 'opens the pores' of the skin, thereby enabling any remnant humours to escape, and preventing relapse.[121] Since the spirits shared the 'arey' consistence of the air, breathing was the most direct way to replenish these substances. Laypeople concurred about the strengthening effects of exercise and air, although they were less likely to describe the precise physiological processes involved.[122] The best air for the convalescent was mountain or country air, a preference which endured throughout the early modern period.[123]

Nonetheless, these Non-Naturals were not without danger: namely, the patient's premature activity or exposure to the outdoor air could lead to relapse. Upon recovery from fever in 1657, the Bradford servant Joseph Lister confessed that he had 'longed to go into the garden … and did so for a few minutes, but soon repented my folly, for next morning I was confined to my bed, and much worse than before.'[124] Even apparently minor actions, such as sitting up, could have severe consequences.[125] This was because it was believed that immediately after illness, when the body lacked strength and flesh, Nature's priority was nourishment; to force the body to exercise would therefore 'stop the Work of Nature so luckily begun' and delay the restoration of strength.[126] Exposure to cold air caused relapse by shutting the pores of the skin, thereby blocking the exits for the body's remnant humours.[127]

The intentions behind convalescent care were to prevent these potential dangers by carefully 'ordering' the patient's progression through the actions. Friends and family sent letters to recovering patients advising them to refrain from going abroad until they were quite ready 'to bear those journeys'.[128] Convalescents were also told to 'try their strength', and attempt everything gradually. The dean of the Faculty of Medicine in Reims, Nicholas Abraham de La Framboisière (1560–1636), advised, 'such [as] are newly recover'd from Sickness …

must by degrees … accustom themselves to a more free and plentiful Air'.[129] The reason for these incremental changes was once the notion that 'Nature abhors all sudden change', an aphorism which linked to the idea expressed earlier that custom was 'a second nature'. Temperature was also important: the convalescent was instructed to 'only stir abroad on warm days, and with very warm clothes to keep out the cold'.[130] Such measures would ensure that the pores of the skin remained open, thus providing a convenient exit for remnant humours. Finally, when possible patients and their families put in place special arrangements that would help limit the dangers posed by exercise and air, such as travelling by carriage rather than on horseback, and delegating strenuous work to friends or colleagues.[131] These arrangements were dependent on the good will of others, as well as the financial position of the individual.

Once again, the convalescent was subject to a different regime to those in sickness and health. Hart stated that in acute illness, patients should not 'use any exercise at all': such diseases were 'so violent and fierce' that Nature could not afford to divert her spirits from the vital tasks of concocting and expelling the humours.[132] Likewise, exposure to outdoor air was to be avoided in acute illness, on the grounds that it would hinder the critical evacuation of the noxious humours, instead sending them inwards towards the 'noble organs'.[133] The advice for the healthy was rather different: fresh air and 'vehement exercise' were 'so necessarie to the preservation of health' that without them 'no man may be long without sicknes', wrote the humanist and lawyer Thomas Elyot (*c*.1490–1546) in his widely published regimen.[134] These Non-Naturals maintained the strength of the healthy body by stirring up the spirits and promoting the perspiration of superfluous humours. The convalescent's regimen was a transition between these two extremes.

Conclusion

The Non-Naturals played two vital functions during convalescence in early modern England. The first was prognostic: the manifestation of each Non-Natural acted as a measure of the patient's growing strength. Miss Kemey 'sleeps well and eats an egg and sits up for two or three hours', wrote the Bishop of Bath and Wells, Thomas Ken, in 1686, which

he took as a sign she was 'past danger'.[135] Cheerful passions, an appetite for food and the ability to 'walk abroad' signified that the patient was 'on the mending hand'. The second role was therapeutic: the manipulation of the Non-Naturals was the chief means through which strength and flesh were restored. Pleasant, nutritious food, pure and temperate air, and cheerful emotions served to refresh and expand the spirits, thereby enlivening and fattening the 'whole man'. Personified to a high degree, the spirits seem to have been synonymous with the patient's own strength and well-being. Ultimately, it was the body's internal agent, Nature, under the command of God, who was in charge of these processes: it was she who made the patient feel sleepy after illness, and hungry for certain foods. The practitioner was supposed to act 'in subserviency to her designs', simply promoting what Nature was already doing. Through emphasising the agency of Nature, this chapter has sought to deepen our understandings of the perceived role of this agent in bodily processes, a topic which has received little attention. These discussions have also shed fresh light on the meanings of health and disease, states traditionally defined as balance and imbalance: other crucial components were function and location – sickness was being in bed, unable to do anything; health was being able to sleep, eat, walk and go abroad. Little evidence has been found to show change over time in the care or perception of the convalescent, as the footsteps of disease – weakness, emaciation and vulnerability to relapse – were reported consistently across the period. Likewise, the methods that were used to restore strength, such as nutritious and easily digestible food, and plenty of sleep, went uncontested into the eighteenth century. Such continuity does not mean that convalescent care was based on 'common sense', or was somehow divorced from medical theory. Rather, it reflects the endurance of the belief in the role of the spirits in the restoration of strength.[136]

Whilst much work has been conducted on the gendering of bodies, far less has been written about bodily categorisations based on states of health.[137] We have seen that the convalescent was placed into the 'neutral' category of bodies, alongside other individuals who were deemed 'neither sick nor sound'. By resurrecting this forgotten category, this chapter has sought to widen our knowledge of early modern bodily classifications, and encourage comparative studies of groups within the neutral category. My prediction is that there was considerable

semblance between the therapeutic priorities directed at the various neutral groups: those on the cusp of illness, the elderly, and newly delivered mothers all required strengthening.[138] The interpretive value of the neutral category is substantial, as it brings us to a closer understanding of how early modern people judged ambiguous states of health. This is nicely illustrated by an observation made by the physician Levinus Lemnius, who was of the opinion that daily experience teaches that most people 'ought not to be placed amongst the sick or sound; but partaking in both … [:] the neutrall condition'. His evidence was that if we ask 'our friends … what health he is in', he will almost certainly reply, 'So so, indifferent … doubtfully, inclining, flo[a]ting between both, instable … not as we could wish.'[139] Thus, the neutral category was indispensable because it captured the everyday reality of imperfect health.

An underlying question in the discussions has been to what extent the care of the convalescent differed from the treatment of the other categories of body. It has been shown that the therapeutic intentions clearly differed: whereas practitioners sought to remove disease from the sick, and preserve health in the sound, convalescent care or 'analeptics' was devoted to the restoration of strength and the prevention of relapse. However, we have seen that there was some overlap between the three schemes, since convalescence was a liminal state: over the course of recovery, the patient's regimen became increasingly similar to that of the healthy person.

Notes

1 [Fleming], *The Flemings in Oxford*, ed. J.R. Magrath, Oxford Historical Society, vol. 44 (Oxford, 1904), vol. 1, p. 69.
2 A. Fanshawe, *Memoirs of Lady Fanshawe*, ed. R. Fanshawe (London: Henry Colburn, 1829), p. 125.
3 E. Freke, *The Remembrances of Elizabeth Freke*, ed. R. Anselment, Camden Fifth Series, vol. 18 (Cambridge: Cambridge University Press, 2001), p. 235.
4 See the blog by the Johns Hopkins PhD student, E. Anders: http://remedianetwork.net/2014/11/07/locating-convalescence-in-victorian-england/ (accessed 20 February 2015).
5 T. Blount, *Glossographia, or, a Dictionary* (London: Thomas Newcomb, 1656), image 82.

6 On the removal of disease, see my article, ' "Nature concocts & expels": the agents and processes of recovery from disease in Early Modern England', *Social History of Medicine*, 28:3 (2015), pp. 445–64.
7 This draws on research from my book, *Misery to Mirth: Recovery from Illness in Early Modern England* (Oxford: Oxford University Press, forthcoming); I would like to thank the Wellcome Trust for generously funding this research; award reference: 095760/Z/11/Z.
8 The literature on the wider concept of nature is extensive. Here are just a few examples: R.G. Collingwood, *The Idea of Nature* (Oxford: Oxford University Press, 1945); C. Merchant, *The Death of Nature: Women, Ecology, and the Scientific Revolution* (London: Harper & Row, 1980); J. Torrance (ed.), *The Concept of Nature* (Oxford: Clarendon Press, 1992); L. Daston and K. Park, *Wonders of the Order of Nature, 1150–1750* (New York: Zone Books, 2001); L. Daston and G. Pomata (eds), *The Faces of Nature in Enlightenment Europe* (Berlin: BWV-Berliner Wissenschafts-Verlag, 2003); L. Daston and M. Stolleis (eds), *Natural Law and Laws of Nature in Early Modern Europe: Jurisprudence, Theology, Moral, and Natural Philosophy* (Aldershot: Ashgate, 2008). Much less has been written on nature in the body – see my article, 'Nature concocts & expels', for a discussion of the historiographical exceptions, most notably, M. Neuburger, *The Doctrine of the Healing Power of Nature throughout the Course of Time* (New York: privately printed, 1932; originally published in German in 1926). See also the literature on learned medicine and its relationship to natural philosophy, such as I. Maclean, *Logic, Signs, and Nature in the Renaissance: The Case of Learned Medicine* (Cambridge: Cambridge University Press, 2002); P.J. Van der Eijk, *Medicine and Philosophy in Classical Antiquity: Doctors and Philosophers on Nature, Soul, Health, and Disease* (Cambridge: Cambridge University Press, 2005); J. Bono, *Word of God and the Languages of Man: Interpreting Nature in Early Modern Science and Medicine* (Wisconsin: University of Wisconsin Press, 1995).
9 K. Albala, 'Food for healing: convalescent cookery in the Early Modern Era', *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences*, 43:2 (2012), pp. 323–28, at p. 325.
10 G. Bruele, *Praxis Medicinae, or, the Physicians Practice* (London: John Norton, 1632).
11 D. Harley, 'The theology of affliction and the experience of sickness in the godly family, 1650–1714: the Henrys and the Newcomes', in O.P. Grell and A. Cunningham (eds), *Religio Medici: Medicine and Religion in Seventeenth-Century England* (Aldershot: Scholar Press, 1996), pp.

273–92; A. Wear, 'Puritan perceptions of illness in seventeenth century England', in R. Porter (ed.), *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge: Cambridge University Press, 2002, first publ. 1985), pp. 55–99.

12 A. Walsham, *Providence in Early Modern England* (Oxford: Oxford University Press, 2003, first publ. 1999); A. Ryrie, *Being Protestant in Reformation Britain* (Oxford: Oxford University Press, 2013).

13 O. Weisser, *Ill Composed: Sickness, Gender, and Belief in Early Modern England* (New Haven: Yale University Press, 2015), p. 4.

14 W. Fulwood, *The Enimie of Idlenesse Teaching the Maner and Stile how to Endite, Compose and Write all sorts of Epistles and Letters* (London: H. Bynneman, 1568), p. 52. On epistolary etiquette, see J. Daybell, *The Material Letter in Early Modern England: Manuscript Letters and the Culture and Practices of Letter-Writing, 1512–1635* (Basingstoke: Palgrave, 2012).

15 Weisser, *Ill Composed*, p. 5.

16 J. Lister, *The Autobiography of Joseph Lister of Bradford, 1627–1709*, ed. T. Wright (Bradford: J.R. Smith, 1842).

17 For a full discussion of the role of Nature in recovery, and the relationship between this agent, God and the physician, see my 'Nature concocts & expels'.

18 For more definitions of Nature, see M. Neuburger, *The Doctrine of the Healing Power of Nature*.

19 The *OED* online lists fourteen categories of definitions, and a total of thirty-four meanings.

20 The introduction to L. Daston and F. Vidal's edited book, *The Moral Authority of Nature* (Chicago: University of Chicago Press, 2004), pp. 1–20, esp. 4–7, 11–12, draws attention to the diverse meanings of 'nature', and the idea that it could both refer to the body's internal agent and to the wider physical world.

21 On the female personification of nature, see K. Park, 'Nature in person: medieval and Renaissance allegories and emblems', in Daston and Vidal (eds), *The Moral Authority of Nature*, pp. 50–73.

22 A. Paré, *The Workes of that Famous Chirurgion Ambrose Parey* (London: T. Cotes, 1634), p. 25. On the spirits, see Carrera (ed.), *Emotions and Health, 1200–1700* (Leiden: Brill, 2013); and S. Cavallo and T. Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013).

23 For example, J. Harris, *The Divine Physician* (London: H.B., 1676), pp. 163–4.

24 J. Hart, *Klinike, or the Diet of the Diseased* (London: J. Beale, 1633), p. 358.

25 See Newton, 'Nature concocts & expels' for examples.

26 On the concoction of food, see M. Schoenfeldt, *Bodies and Selves in Early Modern England: Physiology and Inwardness in Spenser, Shakespeare, Herbert, and Milton* (Cambridge: Cambridge University Press, 1999), pp. 25–33; K. Albala, *Eating Right in the Renaissance* (Berkeley: University of California Press, 2002), pp. 54–62.
27 L. Lemnius, *The Secret Miracles of Nature* (London: Jo Streater, 1658, first publ. 1559), p. 43; Hart, *Klinike*, p. 241; J. Macollo, *XCIX Canons, or Rules Learnedly Describing an Excellent Method for Practitioners in Physic* (London: J. Grismond, 1659), p. 44.
28 F. Platter, *Platerus Golden Practice of Physick* (London: Peter Cole, 1664), p. 148; Paré, *The Workes*, pp. 25–6.
29 *Ibid*., p. 26; Hart, *Klinike*, p. 299.
30 Bruele, *Praxis Medicinae*, p. 223. See also Platter, *Platerus Golden Practice*, p. 149.
31 On feebleness of motion, dim eyesight and hearing, and paleness, see Platter, *Platerus Golden Practice*, pp. 58, 84, 92. On memory loss and poor digestion, Bruele, *Praxis Medicinae*, pp. 79, 247, 514. On relapse, see the section on 'The final purge' in this chapter. These various weaknesses are mentioned frequently in laypeople's personal documents.
32 T. Joutsivuo states that this scheme is derived from Galen's *Ars Medica* – see an early modern vernacular edition, *Galens Art of Physic* (London: Peter Cole, 1652), pp. 5, 8–10. T. Joutsivuo, *Scholastic Tradition and Humanist Innovation. The Concept of Neutrum in Renaissance Medicine* (Helsinki: The Finnish Academy of Science and Medicine, 1999), p. 1. A more detailed discussion of the neutral body will be provided in my book *Misery to Mirth*, ch. 2.
33 *Galens Art of Physic*, pp. 13, 18, 105. This definition is cited in most medical texts across the period.
34 Hart, *Klinike*, p. 270.
35 *Galens Art of Physick*, p. 9. See also, G. Grataroli, *A Direction for the Health of Magistrates and Students* (London: William How, 1574, first publ. Latin 1555), preface; Lemnius, *The Secret Miracles*, 245.
36 Exceptions include: M. van der Lugt, 'Neither ill nor healthy: the intermediate state between health and disease in medieval medicine', *Quaderni Storici*, 136:1 (2011), pp. 13–46; Joutsivuo, *Scholastic Tradition*. These scholars discuss the philosophical controversies surrounding the neutral body, particularly between Aristotle and Galen.
37 F. Glisson, G. Bate and A. Regemorter, *A Treatise of the Rickets* (London: Peter Cole, 1651), pp. 277–8.
38 J. Johnstonus, *The Idea of Practical Physick* (London: Peter Cole, 1657), p. 26.

39 S. Blankaart, *A Physical Dictionary* (London: J.D., 1684). See also Joutsivuo, *Scholastic Tradition*, pp. 102, 191–2.
40 Examples from either ends of the timeframe are: P. Barrough, *The Methode of Phisicke* (London: Thomas Vautroullier, 1583, first publ. 1508), p. 19; F. Mauriceau, *The Diseases of Women with Child* (London: Andrew Bell, 1710), pp. 358–9.
41 Macollo, *XCIX Canons*, p. 111.
42 W. Walwyn, *Physick for Families* (London: J. Winter, 1669), pp. 53–4. Walwyn himself contested this practice: in keeping with his Helmontian sympathies, he regarded disease not as a humoral state, but as an idea or 'seminal principle'. On Helmontian ideas about recovery, see my article, 'Nature concocts & expels'.
43 On the use of animal imagery, see A. Skuse, 'Wombs, worms and wolves: constructing cancer in Early Modern England', *Social History of Medicine*, 27:4 (2014), pp. 632–48.
44 MS 1320, 96v ('A book of physick', made in 1710), Wellcome Library, London. See also Additional MS 45196, fols 44v, 70v (Brockman Papers, 'Ann Glyd Her Book 1656'), British Library.
45 A. Martindale, *The Life of Adam Martindale*, ed. Richard Parkinson, Chetham Society, vol. 4 (Manchester, 1845), p. 20.
46 This was the case for Brilliana Harley's son Ned in 1641: in B. Harley, *Letters of The Lady Brilliana Harley*, ed. Thomas Taylor Lewis, Camden Society (London, 1853), p. 128.
47 A.T., *A Rich Store-House or Treasury for the Diseased* (London: Thomas Purfoot, 1596), 'divers & sundrye Good instructions & Rules' (n.p.).
48 *The Aphorismes of Hippocrates* (London: Humphrey Moseley, 1655), pp. 35, 68; Hart, *Klinike*, p. 269.
49 *Ibid.*, p. 270.
50 Paré, *The Workes*, p. 24. On sleep, see K. Dannenfeldt, 'Sleep: theory and practice in the late Renaissance', *Journal of the History of Medicine and Allied Sciences*, 41:4 (1986), pp. 415–41.
51 Paré, *The Workes*. See B. Maclehose, 'Fear, fantasy and sleep in medieval medicine', in Carrera (ed.), *Emotions and Health*, pp. 67–94, at p. 83.
52 J. Kettlewell, *Death Made Comfortable* (London: R. Kettlewell, 1695), p. 212.
53 G. Davenport, *The Letters of George Davenport 1651–1677*, ed. Brenda M. Pask, Surtees Society, vol. 215 (Woodbridge, 2011), p. 89.
54 R. Ekirch, *At Day's Close: A History of Nighttime* (London: Phoenix, 2005), pp. 300–10.
55 Lemnius, *The Secret Miracles*, p. 244.
56 Hart, *Klinike*, p. 332.

57 Kettlewell, *Death Made Comfortable*, p. 212.
58 Hart, *Klinike*, p. 332. On the nutritional purposes of sleep, see Maclehose, 'Fear, fantasy and sleep', pp. 78–9.
59 *Ibid*., p. 333.
60 T. Cogan, *The Haven of Health* (London: Anne Griffin, 1636; first publ. 1588), p. 271. See also Cavallo and Storey's discussion of daytime sleep: *Healthy Living*, pp. 119–26.
61 Afternoon naps for the convalescent are mentioned in *ibid*., pp. 122–3, 125.
62 J. Banister, *A Needefull, New, and Necessarie Treatise of Chyrurgerie* (London: Thomas Marshe, 1575), p. 91.
63 J. Donne, *Devotions upon Emergent Occasions and Severall Steps in my Sicknes* (London: A.M, 1624), p. 26 (this text is an autobiographical meditation on Donne's illness); T. Wright, *The Passions of the Minde* (London: Miles Flesher, 1630; first published 1601), p. 13.
64 Barrough, *The Methode of Phisicke*, p. 184. See also Macollo, *XCIX Canons*, p. 94.
65 *Barrington Family Letters, 1628–1632*, ed. A. Searle (London: Royal Historical Society, 1983), p. 126.
66 Hart, *Klinike*, p. 168.
67 T. Cock, *Kitchin-physick: or, Advice for the Poor* (London: J.B., 1676), pp. 31–2.
68 Macollo, *XCIX Canons*, p. 96.
69 T. Twyne, *The Schoolmaster, or Teacher of Table Phylosophie* (London: Richard Johnes, 1583, first publ. 1576), sig. B2.
70 Lemnius, *The Secret Miracles*, p. 118; Albala, 'Food for Healing', p. 327.
71 Cogan, *Haven*, p. 201. See also Lemnius, *The Secret Miracles*, p. 17.
72 R. North, *Notes of Me: The Autobiography of Roger North*, ed. P. Millard (Toronto: University of Toronto Press, 2000), p. 80; N. Biggs, *Mataeotechnia Medicinae Praxeos, The Vanity of the Craft of Physick* (London: Edward Blackmore, 1651), p. 200.
73 See Albala, *Eating Right*, ch. 2.
74 Hart, *Klinike*, p. 173.
75 *Ibid*., p. 182.
76 *Ibid*., p. 174.
77 A. Grieco, 'Food and social classes in late medieval and Renaissance Italy', in J.L. Flandrin and M. Montanari (eds), *Food: A Culinary History* (New York: Columbia University Press, 1999), pp. 302–12.
78 Ryrie, *Being Protestant*, p. 162.
79 Hart, *Klinike*, p. 168.
80 T. Moffett, *Healths Improvement* (London: T. Newcomb, 1655), p. 135. See also Hart, *Klinike*, p. 79; Platter, *Platerus Golden Practice*, p. 151. Eggs

were also recommended by laypeople: typically, recipes for restorative broths contain between 12 and 30 egg yolks.

81 Moffett, *Healths Improvement*, pp. 32–3; Hart, *Klinike*, pp. 79, 77–8, 173–4; Bruele, *Praxis Medicinae*, p. 249. Albala has also pointed this out: 'Food for healing', pp. 324–6, 328.

82 John 8:12. Albala highlights the preference for white meats: 'Food for healing', p. 326.

83 Hart, *Klinike*, p. 178.

84 J. de Mediolano, *Regimen Sanitatis Salerni: or, the Schoole of Salernes Regiment of Health* (London: B. Alsop, 1650; first transl. from Latin 1541), p. 125. See also Moffett, *Healths Improvement*, p. 94

85 Platter, *Platerus Golden Practice*, 159.

86 Lemnius, *The Secret Miracles*, 244.

87 For example, I. Spon, *Observations on Fevers and Febriguges* (London: Mark Pardoe, 1682), pp. 91–2.

88 Lemnius, *The Secret Miracles*, p. 135.

89 On the natural and divine causes of relapse, see Harris, *The Divine Physician*; Lemnius, *The Secret Miracles*, pp. 135–6.

90 Spon, *Observations on Fevers*, pp. 91–2.

91 For a recent review, see E. Sullivan, 'Emotions in history: a review essay', Cultural History, 2:1 (2013), pp. 93–102.

92 For example, M. MacDonald, *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England* (Cambridge: Cambridge University Press, 1981), pp. 84, 72–3; A. Wear, 'Fear, anxiety and the plague in Early Modern England: religious and medical responses', in J.R. Hinnells and R. Porter (eds), *Religion, Health, and Suffering* (London: Kegan Paul International, 1999), pp. 339–63.

93 N. Culpeper, *Semeiotica Uranica: or, An Astrological Judgement of Diseases* (London: Nathaniel Brookes, 1651), pp. 28–9. For children's emotional responses to pain, see H. Newton, *The Sick Child in Early Modern England, 1580–1720* (Oxford: Oxford University Press, 2012), ch. 6.

94 I. Archer, *Two East Anglian Diaries 1641–1729*, ed. M.J. Storey, Suffolk Record Society, vol. 36 (Woodbridge, 1994), p. 162.

95 Hart, *Klinke*, p. 398. See also T. Walkington, *Optick Glasse of Humors* (London: John Dawson, 1639, first publ. 1607), p. 8.

96 E. Sullivan, 'A disease unto death: sadness in the time of Shakespeare', in Carrera (ed.), *Emotions and Health*, pp. 159–81, at p. 164.

97 B.A., *The Sick-Mans Rare Jewel* (London: T.R., 1674), p. 30.

98 Cavallo and Storey, *Healthy Living*, p. 184.

99 *Ibid.*, p. 185.

100 For examples at either end of the timeframe, see Barrough, *The Methode of Phisicke*, p. 6; J. Pechey, *A Plain Introduction to the Art of Physic* (London: Henry Bonwick, 1697), p. 94.
101 J. Clegg, *The Diary of James Clegg of Chapel-en-Frith 1708–1755*, ed. Vanessa S. Doe, 5 vols (Matlock: Derbyshire Record Society, 1978), vol. 1 (1708–36), p. 116.
102 T. Rogers, *Practical Discourses on Sickness & Recovery* (London: Thomas Parkhurst, 1691), p. 98.
103 Sullivan, 'A Disease unto death'.
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105 N. Coeffeteau, *A Table of Humane Passions* (London: Nicholas Okes, 1621), p. 332.
106 Hart, *Klinike*, p. 393. See Cavallo and Storey, *Healthy Living*, p. 183.
107 For example, Additional MS 36452, fol. 76r (Private letters of the Aston family, 1613–1703), British Library, London.
108 Cited by A. Stobart, 'The making of domestic medicine: gender, self-help and therapeutic determination in household healthcare in south-west England in the late seventeenth century', unpublished PhD thesis, Middlesex University, 2008, p. 72. Now published as a book.
109 On the functions of domestic correspondence, see J. Daybell, *Women Letter-Writers in Tudor England* (Oxford: Oxford University Press, 2006), ch. 6.
110 Pechey, *A Plain Introduction*, p. 95. On the pernicious effects of negative emotions see Sullivan, 'A Disease unto Death'; Cavallo and Storey, *Healthy Living*, p. 189.
111 Harris, *The Divine Physician*, p. 151. O. Weisser has found that sudden joy could bring instant healing: the sympathy between soul and body was so great that the happiness of the soul might automatically bring health to the body: 'Grieved and disordered: gender and emotion in Early Modern patient narratives', *Journal of Medieval and Early Modern Studies*, 43:2 (2013), pp. 247–73. Chapter 3 of her book, *Ill Composed*, discusses how emotions could also cause disease.
112 Hart, *Klinike*, p. 395.
113 Statements about the inevitability of affliction are ubiquitous in lay personal documents. This theme is elaborated in *Heraclitus Christianus, or the Man of Sorrow* (London: A.M., 1677).
114 Culpeper, *Semeiotica Uranica*, p. 28.
115 S. Jeake, *An Astrological Diary of the Seventeenth Century: Samuel Jeake of Rye*, ed. M. Hunter (Oxford: Clarendon, 1988), pp. 89–90.
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Hainsworth and C. Walker, Northampton Record Society, vol. 36 (1990), p. 271.

117 O. Heywood, *The Rev. Oliver Heywood, B.A: His Autobiography, Diaries, Anecdote and Event Books*, ed. Horsfall Turner, 4 vols (London: Brighouse for A.B. Baynes, 1883), vol. 4, p. 168.

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119 Notable exceptions include Stobart, 'The making of domestic medicine', pp. 80, 82; A. Withey, *Physick and the Family: Health, Medicine and Care in Wales, 1600–1750* (Manchester: Manchester University Press, 2011), p. 127.

120 Hart, *Klinike*, p. 211.

121 Galen, *Galens art of physic*, p. 91.

122 J. Buxton, *John Buxton, Norfolk Gentleman and Architect: Letters to his Son, 1719–1729*, ed. A. Mackley, Norfolk Record Society, vol. 69 (Norwich, 2005), pp. 99, 103.

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124 Lister, *The Autobiography*, pp. 43–4.

125 J. Hervey, *Letter-Books of John Hervey, First Earl of Bristol, vol. 1, 1651–1715* (Wells: Ernest Jackson, 1894), p. 145.

126 Y. van Diemerbroeck, *The Anatomy of Human Bodies* (London: W. Whitwood, 1694), p. 81.

127 J. Symcotts, *A Seventeenth Century Doctor and his Patients: John Symcotts, 1592?–1662*, ed. F.N.L. Poynter and W.J. Bishop, Bedfordshire Historical Record Society, vol. 31 (Streatley, 1951), p. 45.

128 Hervey, *Letter-Books*, p. 335.

129 N.A. de La Framboisière, *The art of physick made plain & easie* (London: Newman, 1684), p. 72.

130 Fitzwilliam, *The Correspondence*, p. 156.

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132 Hart, *Klinike*, p. 220.

133 Van Diemerbroek, *The anatomy of human bodies*, p. 26.

134 T. Elyot, *The Castel of Health* (London: Company of Stationers, 1610, first publ. 1534), p. 72.

135 A. Bryant (ed.), *Postman's Horn: An Anthology of the Letters of Latter Seventeenth Century England* (New York: privately printed, 1946), p. 191.
136 On the endurance of the belief in the spirits between 1200 and 1700, see Carrera, *Emotions and Health*, pp. 5, 99, 221, 224, 237–8.
137 See the introduction to W. Churchill, *Female Patients in Early Modern Britain: Gender, Diagnosis, and Treatment* (Farnham: Ashgate, 2012), for a summary of this literature.
138 Albala, 'Food for Healing', p. 324; Joutsivuo, *Scholastic Tradition*, pp. 104, 161, 191–3.
139 Lemnius, *The Secret Miracles*, p. 244.