'Out of bed, but not yet abroad': spatial experiences of recovery from illness in Early Modern England

EARLY MODERN LITERARY STUDIES

‘Out of Bed, But Not Yet Abroad’: Spatial Experiences of Recovery from Illness in Early Modern England

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In 1666, fourteen-year-old Samuel Jeake from 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.[1]

As these entries suggest, early modern patients tracked their transition from sickness to health according to where they were in domestic space. During severe illness, the sick were usually confined to bed, unable to stir; but as health returned, they gradually expanded their spatial horizons, until eventually they could leave the house – known as ‘going abroad’. Such ideas were so familiar that the terms ‘in bed’ and ‘abroad’ were regularly used as metonyms for illness and restored health.[2] Recovery was thus a state of spatial liminality – between the sickbed and the outdoors. The present study asks what it was like to make this transition, exploring the patient’s physical, emotional, sensory, and

[1] Samuel Jeake, *An Astrological Diary of the Seventeenth Century: Samuel Jeake of Rye,* ed. by Michael Hunter (Oxford: Clarendon Press, 1988), pp. 89-90.

[2] For example, William Fitzwilliam (1643–1719) wrote, ‘We are very glad to hear of Mrs Bull’s being abroad again’, implying she was better: *The Correspondence of Lord Fitzwilliam of Milton and Francis Guybon, His Steward 1697–1709,* ed. by D. R. Hainsworth and Cherry Walker, Northampton Record Society, vol. 36 (1990), p. 271.

spiritual experience of the return to normal spatial life.[3] The overarching argument is that at the heart of this experience was contrast: from confinement to liberty, darkness to light, and misery to mirth. Ultimately, patients felt they regained not just their bodily faculties, but all the other aspects of domestic life that they cherished, which sickness had rendered impossible, such as the enjoyment of company, home, and garden.

Through investigating experiences of getting better, this essay seeks to rebalance and brighten our overall picture of early modern health, which has hitherto focused mainly on disease and death.[4] In-so-doing, it will challenge the fairly common assumption that a 'total' recovery from illness was rare in this period.[5] By following the patient out of the sickchamber, it will also be possible to contribute to historiographical territories normally debarred to medical historians, such as house layout, space, and the outdoors. A recurring theme is gender: we will see that although the basic spatial trajectory of recovery was the same for men and women, there were some important differences in the ways in which they experienced these changes, a finding which complements Olivia Weisser's nuanced work on the subjects of sickness and gender.[6]

The ensuing discussion has implications for scholarly debates about whether or not patients took up 'the sick role' in early modern England. This term was coined by the American sociologist Talcott Parsons in the 1950s to denote the special exemptions from routines commonly afforded to patients in mid-twentieth-century Western societies, such as bedrest.[7] Using the Josselin family as a case-study, Lucinda Beier implied that 'tak[ing]

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[3] Thanks to Oxford University Press for allowing me to draw on material from chapter 6 of my book, *Misery to Mirth: Recovery from Illness in Early Modern England* (Oxford: Oxford University Press, 2018), pp. 193-230.

[4] There are too many texts to cite, but two pioneering books on early modern patients are Roy Porter and Dorothy Porter, *In Sickness and in Health: The British Experience 1650–1850* (London: Fourth Estate, 1988), and Lucinda Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (London: Routledge and Kegan Paul, 1987). For a summary of the relevant historiography, see Newton, pp. 1-2, 5-9.

[5] For example, Nancy Siraisi has stated that 'cure was not necessarily conceived of as a […] recognizable return to total health': people held 'a more vague and diffused concept of recovery'. See *Medieval and Early Renaissance Medicine: an Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990), pp. 136-7.

[6] Olivia Weisser, *Ill Composed: Sickness, Gender, and Belief in Early Modern England* (New Haven: Yale University Press, 2015). Weisser's chapter, 'Affective Responses to Illness and Death', in Amanda Capem (ed.), *The Routledge History of Women in Early Modern Europe* (London: Routledge, 2019), pp. 97-112 was published when my chapter was in press, so it has not been possible to refer to it here.

[7] Talcott Parsons, *The Social System* (London: Routledge and Kegan Paul, 1951), pp. 151-200. In recent years, this concept has come under much criticism, and is no longer seen as applicable to twenty-first

up a sick role' was often avoided in the early modern period, because it 'would have been financially and professionally disastrous'.[8] More recently, Alun Withey has argued that while 'withdrawal to the sickbed' was '*the* defining element of full-blown sickness' in early modern Wales, in practice many individuals were unable or unwilling to adopt such behaviour, due to a combination of economic, religious, and social pressures.[9] While not denying the reality of these pressures, this essay adds to the literature which suggests that we have perhaps underestimated the frequency with which patients *did* retire to bed.[10] This is evident in the plentiful accounts of recovery by patients like Samuel Jeake, which are structured around the return to normal activities and locations.

The concept of 'domestic liminality' is integral to this essay. In keeping with the definition outlined in the introduction to this special issue, this term can be said to have a double meaning.[11] First, it refers to the 'transitional or indeterminate state between culturally defined stages of a person's life', in this case between sickness and health. Drawing on Galen's *Ars medica*, physicians envisaged three main bodily states: healthful, neutral, and unhealthful (or sick).[12] Defined by Galen as 'an exquisite medium between healthful and unhealthful Bodies', the neutral body was an indeterminate category of bodily differentiation into which were placed all those individuals who were deemed 'neither perfectly whole, nor thoroughly sicke'.[13] Seldom recognized outside the realms of intellectual history, the neutral body encompassed various groups of patients, including the 'decrepit elderly', people who were falling sick, though 'not yet fastned to their beds', and most importantly for our purposes, patients who 'hath already discussed the disease…

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century patients' experiences – see John Burnham, 'The Death of the Sick Role', *Social History of Medicine,* 25.4 (2012), 761-76.

[8] Beier, pp. 193, 205. Although Beier acknowledges that there were occasions when patients retired to bed, the emphasis is on their resistance to the sick role.

[9] Alun Withey, *Physick and the Family: Health, Medicine and Care in Wales, 1600–1750* (Manchester: Manchester University Press, 2011), pp. 124-8.

[10] Others who have shown that withdrawal to bed did happen on occasions include Weisser, *Ill Composed;* Wilson, *Surgery, Skin and Syphilis: Daniel Turner's London (1667–1741)* (Amsterdam: Rodopi, 1999), p. 49; Ann Stobart, *Household Medicine in Seventeenth-Century England* (London: Middlesex University Press, 2016), pp. 22-3.

[11] See Daniel and Sheeha, 'Introduction', pp. 4-5.

[12] For a vernacular version, see Galen, *Galens art of physic*, trans. by Nicholas Culpeper (London: Peter Cole, 1652), pp. 5, 8-10. Timo Joutsivuo states that 'Whether authentic or not, the *Ars medica* is nevertheless regarded as a summary of Galen's medical ideas', and was one of the 'main texts' for learning medical theory in the early modern period: *Scholastic Tradition and Humanist Innovation: The Concept of Neutrum in Renaissance Medicine* (Helsinki: Finnish Academy, 1999), pp. 11, 19, 22-3.

[13] Galen, p. 10.

it selfe from it, yet is weak, feeble,…and of little force'.[14] Termed *neutra convalescens* in Latin, these were '*Persons recovering,* who recollect themselves from some Disease'.[15] Convalescents were no longer sick because the majority of the bad humours – the cause of disease in Galenic understandings – had been rectified, nor were they in health because the body was still weak.[16] Since convalescents were making a transition from one state to another, we can be confident that recovery would have been regarded by contemporaries as a state of liminality. While scholars have explored other forms of bodily liminality, such as Judith Butler's theory of 'interpellation', little has been said about this concept in relation to health.[17]

As well as referring to the state of the body, this chapter endorses a second, more literal definition of liminality, as has been described in the volume's introduction. In an award-winning essay on early modern threshold rituals, Niall Allsopp emphasises the etymological meaning of this term: derived from the classical Latin, *limen*, the word denotes the threshold of a building or room – the piece of timber that lies below the level of the door.[18] This literal meaning is explicit in accounts of recovery, since the ultimate milestone on the 'road to health' was going out through the front-door, a moment of great importance for patients and their families. There were also several other thresholds to pass before reaching this point, literal and symbolic, such as rising, dressing, leaving the sickchamber, and going downstairs. By drawing attention to these multiple points of liminality, the essay nuances our understanding of domestic space in this period, while revealing the tremendous impact of state of health on a person's experience of home. The discussions also have the added bonus of shedding fresh light on what it was like to be ill or well: this is possible because our analysis begins while our patient is still sick in bed, and ends when health is restored. Hence, the essay is divided into three parts: sickness, recovery, and health.

[14] Levinus Lemnius, *The secret miracles of nature* (London: Jo Streater, 1658, first publ. 1559), p. 243. Intellectual histories of the neutral body include Maaike van der Lugt, 'Neither Ill nor Healthy: The Intermediate State Between Health and Disease in Medieval Medicine', *Quaderni Storici*, 136. 1 (2011), 13-46.

[15] Galen, p. 9; Joutsivuo, p. 147.

[16] On the removal of humours, see Newton pp. 33-64, on the restoration of strength see pp. 65-94.

[17] Judith Butler, *Excitable Speech: A Politics of the Performance* (New York: Routledge, 1997), idem.

[18] Niall Allsopp, 'Threshold Rituals in Early Modern England: A Case Study in Robert Herrick', *The Review of English Studies* 68.285 (2016), 405-27.

Sources and Approach

This essay draws on principles derived from the flourishing histories of space, emotions, and the senses. The main one is that past encounters with physical locations, and the feelings and sensations that such interactions evoke, are historically mutable and culturally contingent, rather than unchanging and universal.[19] Speaking specifically of domestic space, Amanda Flather states that physical locations are not 'unhistorical…static structures': rather, social actors 'attribute different meanings to space at different times', which leads to 'differential and temporal experience'.[20] A similar observation could be made in relation to emotions and the senses.[21] For this reason, I have strived to resist the intuitive urge to impose current-day assumptions about experiences of recovery, and instead be guided by early modern accounts, including their own definitions of particular emotions or sensations.

A range of sources have been analysed in this study, including diaries, autobiographies, and correspondence, spiritual meditations, sermons and conduct books, and vernacular medical texts and casebooks. At the height of illness, it was rarely possible for the sick to describe their experiences in written form, but as soon as they began to feel better they were usually able and willing to do so. The motivation was often religious: in this period, it was widely believed that sickness was a divine punishment for human wickedness; the best way to avoid further illness was to abstain from committing the sins that had provoked God to send the disease in the first place.[22] To this end, clergymen

[19] Most studies of the senses/emotions begin with such a statement. Susan Broomhall asserts, 'We start from the assumption that emotional display and practice are culturally-and historically-specific'. See Susan Broomhall, 'Introduction', in *Early Modern Emotions: An Introduction*, ed. by Susan Broomhall (Abingdon: Routledge, 2017), pp. xxxvi-xxxviii (p. xxxvi).

[20] Amanda Flather, *Gender and Space in Early Modern England* (Woodbridge: Boydell Press, 2006), pp. 2-3. Flather provides a useful introduction to this field on pp. 2-9.

[21] Robin Macdonald, Emilie Murphy, and Elizabeth Swann, 'Introduction', in *Sensing the Sacred in Medieval and Early Modern Culture*, ed. by Robin Macdonald, Emilie Murphy, and Elizabeth Swann (London: Routledge, 2018), pp. 1-16 (p. 5).

[22] On the spiritual purpose of sickness, see Andrew Wear, 'Puritan Perceptions of Illness in Seventeenth Century England', in *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society,* ed. by Roy Porter (Cambridge: Cambridge University Press, 2002, first publ. 1985), pp. 55-99; Raymond Anselment, *The Realms of Apollo: Literature and Healing in Seventeenth-Century England* (Newark: University of Delaware Press, 1995), pp. 24-29; David Harley, 'The Theology of Affliction and the Experience of Sickness in the Godly Family, 1650–1714: The Henrys and the Newcomes', in *Religio Medici: Medicine and Religion in Seventeenth-Century England,* ed. by Ole Peter Grell and Andrew Cunningham (Aldershot: Scolar Press, 1996), pp. 273–92; Jan Frans van Dijkhuizen, 'Partakers of Pain: Religious Meanings of Pain in Early Modern England', in *The Sense of Suffering: Constructions of Physical Pain in Early Modern Culture*, ed. by Jan Frans van Dijkhuizen and Karl Enenkel, *Yearbook for Early*

recommended that patients keep a written record – in their memoirs and correspondence – of the stark contrast between the misery of sickness and the happiness of health, which could be re-read in the future, thereby 'keeping alive' the connection between sin and suffering, and strengthening their resolve to avoid such behaviour thereafter.[23] Sources which provide particularly rich insights into the spatial dimensions of recovery are extemporal meditations, books of practical divinity designed to aid spontaneous spiritual reflection. Protestant theologians taught that religious exercises should not be confined to formal occasions, such as in church, but must be undertaken numerous times every day, and triggered by ordinary sights, sounds, and activities, such as getting up out of bed after an illness.[24] In an effort to inspire heartfelt spiritual reflections, these passages are often very evocative, conjuring up the sensations of patients as they lay in bed or walked around the house.

The main limitation of the above sources is the over-representation of the socio-economic elites, as well as the devout in society.[25] Obviously, to read or write required literacy and leisure time, and many of the spatial and material features of the rooms mentioned in this study would have been available only to members of the middling and upper echelons. Indeed, it is unlikely that poorer people, living in multi-occupied dwellings of few rooms, would have been allocated a separate sickchamber, nor would they have traversed through the same variety of rooms as their wealthier counterparts during recovery.[26] Occasional insights into the likely experiences of poorer patients can be glimpsed through additional sources, such as testimonials from miracle accounts or medical advertisements, though the evidence is often heavily stereotyped.[27]

Sickness

Since recovery was a liminal experience – between sickness and health – we must start by examining what it was like to be ill in bed, before turning to the incremental spatial

Modern Studies vol. 12 (Leiden: Brill, 2008), pp. 189–220; Jenny Mayhew, 'Godly Beds of Pain: Pain in English Protestant Manuals (ca.1550–1650)', in *The Sense of Suffering*, pp. 299–322.

[23] Newton, pp. 145-6.

[24] Alec Ryrie, *Being Protestant in Reformation Britain* (Oxford: Oxford University Press, 2013), p. 112.

[25] Poignant insights into the lives of impoverished families are provided in Patricia Crawford, *Parents of Poor Children in England 1580–1800* (Oxford: Oxford University Press, 2010), especially pp. 150-92.

[26] On the houses of the poor, see Antony Buxton, *Domestic Culture in Early Modern England* (Woodbridge: Routledge, 2015), pp. 217-19, 221, 247-50; Vanessa Harding, 'Families and Housing in Seventeenth-Century London', *Parergon* 24. 3 (2007), 115-38; Crawford, pp. 124-6.

[27] Newton, pp. 25-6.

milestones that marked the return to health. In Galenic medical theory, the act of taking to bed was often interpreted as the beginning of illness; its importance as a symbol of sickness is indicated by the fact it had its own special name, 'decumbiture'.[28] Doctors saw decumbiture as a natural inclination, instigated by the body's internal healing agent, Nature, to aid recovery: by prostrating the patient, this agent could devote all its energies to the task of healing, rather than to keeping the body upright.[29] From the patient's perspective, however, it was usually sheer exhaustion or weakness that drove them to their beds. Roger North (1653-1734) a lawyer from Suffolk, recorded in his diary that initially he had tried to carry on as normal during his fever, but eventually, 'I was then not able to conceal my illness longer, but was so bad, that… [I felt] dejected and ready to dy[e]… I came home, and satt downe… and had a mind to goe to bed'.[30] This example demonstrates that bedrest was inevitable in serious illness, even amongst those patients who did not wish to 'own themselves sick'.[31]

Despite the physical necessity of bedrest, patients seem to have found this aspect of sickness unpleasant, especially if it continued for longer than a few days. The term that abounds in contemporary accounts is 'tedious'. In 1711, the North Yorkshire coal trader, Henry Liddell (*c*.1673–1717), complained, 'Methinks the time of my confinem[ent] very tedious [...] which is now near 5 weeks and may be as much longer'.[32] Today, we would probably use the word 'boredom' instead, but the two words are not perfect synonyms.[33] It was the lack of mental stimulation, together with the monotony of sights,[34] that made bed so tedious – enclosed in a curtained bedstead, there was little to see beyond the

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[28] Ibid., pp. 86, 195.

[29] Ibid., p. 45.

[30] Roger North, *Notes of Me: The Autobiography of Roger North*, ed. by P. Millard (Toronto: University of Toronto Press, 2000), p. 202.

[31] Ibid., p. 205. These established boundaries were sometimes blurred, when the bedchamber was, due to disaster or disorder, re-located to the streets. See Cynthia Wall, *The Literary and Cultural Spaces of Early Modern England* (Cambridge: Cambridge University Press, 1998), pp. 31-2. My thanks to Robert W. Daniel for this reference.

[32] Henry Liddell, *The Letters of Henry Liddell to William Cotesworth,* ed. by J. M. Ellis, Surtees Society, vol. 197 (Durham: The Society, 1987), p. 48. See also Bulstrode Whitelocke, *The Diary of Bulstrode Whitelocke, 1605–1675,* ed. by Ruth Spalding (Oxford: Oxford University Press, 1990), pp. 766-7.

[33] Where 'tedious' implies the endurance of time and a lack of mental stimulation, 'boredom' – a word which wasn't in use until the 1760s – signifies an absence of interest in what is going on, rather than a lack of stimulation. *OED Online*, 'tedious, *adj*, 1.a'. <https://www.oed.com/view/Entry/198523?redirectedFrom=tedious>. Accessed 11 December 2018.; *OED Online*, 'boredom, *n*, 1'. <https://www.oed.com/view/Entry/21650?redirectedFrom=boredom>. Accessed 11 December 2018.

[34] For the noises of the sick see Newton, pp. 95-130.

surrounding drapes.[35] The Anglican bishop Jeremy Taylor (*c.*1613–67), described the scene as 'dressed with darknesse and sorrow', the patient's eyes 'dim as a sullied mirror' for want of light.[36]

As well as being kept in bed, those suffering serious illness were often confined to a room. Such an arrangement obviously depended on the size of the house and number of occupants, but where possible, the sick were assigned an upstairs bedchamber.[37] While there were good reasons for confining the patient in this way – it helped stop the spread of the disease, and shielded the sick from 'noisome noise' – life in the sickchamber was often described unfavourably, and likened to imprisonment. 'I have bin confined now a prisoner neer eighteen monthes with a rhumatisme', complained the Norfolk gentlewoman Elizabeth Freke (1642-1714).[38] Addressing the sick in 1683, Everard Maynwaringe (*b.*1627/8), a physician from Kent, echoed, 'The want of *health* converts your House into a *Prison*; and *confines* you to the narrow compass of a *Chamber*'.[39] Like prisoners, the seriously ill could be prevented from leaving the room by 'keepers', the term used for both nurses and jail-wardens, a term which referred to the maintenance or oversight of a thing or person.[40]

One explanation for the use of the prison metaphor is that incarceration was a common experience in this period: the early 1600s saw a rise in imprisonment for debt, and during the Civil Wars many religious and political dissidents found themselves in prison.[41] A significant number of the individuals in this study had first-hand experience of

[35] On the use of bedcurtains, see Tara Hamling and Catherine Richardson, *A Day at Home in Early Modern England* (New Haven: Yale University Press, 2017), pp. 248-51; Sasha Handley, *Sleep in Early Modern England* (New Haven: Yale University Press, 2016), pp. 44, 104-05, 133-34; Sandra Cavallo and Tessa Storey, *Healthy Living in Renaissance Italy* (Oxford: Oxford University Press, 2013), pp. 134-6. NB: Handley shows that some curtains were decorated, which may have lessened the monotony of sights.

[36] Jeremy Taylor, *The rule and exercises of holy dying* (London: R. Royston, 1651), p. 72.

[37] On the rise of bedchambers, see Handley, pp. 108-48; Mark Overton, Jane Whittle, Darron Dean, and Andrew Hann, *Production and Consumption in English Households, 1600–1750* (London: Routledge, 2004), p. 133.

[38] Elizabeth Freke, *The Remembrances of Elizabeth Freke*, ed. by Raymond Anselment, Camden Fifth Series, vol. 18 (Cambridge: Cambridge University Press, 2001), p. 157.

[39] Everard Maynwaringe, *The method and means of enjoying health* (London: J.M, 1683), p. 29.

[40] Margaret Pelling, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London: Longman, 1998), p. 186. My thanks to Bernard Capp for pointing out the various meanings of the term 'keeper'.

[41] Amanda Bailey, *Of Bondage: Debt, Property, and Personhood in Early Modern England* (Pennsylvania: University of Pennsylvania Press, 2013), p. 118.

imprisonment, or at least knew others who had.[42] However, this explanation becomes less convincing when we consider the actual conditions of prison life in early modern England. Molly Murray has shown that incarceration at this time 'did not inevitably imply strict physical confinement': prison buildings were often 'permeable to the world outside' owing to poor upkeep, and the practice of day-leave.[43] The reason for these lax arrangements was that English prisons in this era did not usually fulfil a punitive function; instead they were primarily holding places for those awaiting trial.[44] If patients' choice of metaphor was not inspired by real prison environments, it must have sprung from the imagined conditions, which in turn were probably derived from two of the most widely diffused texts of the period, the Bible and the popular martyrology, *Acts and Monuments*, by the sixteenth-century Protestant religious writer John Foxe. Together, these texts make over six hundred references to imprisonment, many of which suggest constraint and gloom.[45] Psalm 107, for instance, describes the prisoner as sitting 'in darkness…bound in affliction and iron', his heart 'bowed down', while Foxe writes of one man 'cast in prison', where he became 'weake and feable'.[46] The connection between imprisonment and sickness may also have been enhanced by the Christian allegory of the caged bird, whereby the soul yearned to be released from the body to heaven.[47]

Experiences of spatial confinement were influenced by gender. This is illustrated through a comparison of the illness narratives of a married couple: Mary Penington (*c.*1623–82), a Quaker from Kent, and her first husband William Springett (1621/2–44). Sick of fever in 1682, Mary wrote, 'the Lord hath graciously stopped my desires after every pleasant thing, that I have not been at all uneasy at my long confinement, for the most part to my

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[42] For example, Richard Allestree, John Bunyan, Jeremy Taylor, Thomas Tuke, Adam Martindale, Joan Barrington, and William Waller were all imprisoned at some point. Those whose relatives were imprisoned include Ann Fanshawe, Anne Halkett, and Mary Penington. Not all these people are mentioned in this essay, but they feature in the bigger project of which this essay is a part. My thanks to Bernard Capp, who has confirmed that many people experienced brief periods of imprisonment for debt in this era.

[43] Molly Murray, 'Measured Sentences: Forming Literature in the Early Modern Prison', *Huntingdon Library Quarterly,* 72. 2 (2009), 147-67 (pp. 152-53); see also Bailey, pp. 119-20; Jerome De Groot, 'Prison Writing during the 1640s and 1650s', *Huntingdon Library Quarterly,* 72:2 (2009), 193-215 (p. 200).

[44] Ruth Ahnert shows that conditions varied considerably; some prisons *were* punitive: *The Rise of Prison Literature in the Sixteenth Century* (Cambridge: Cambridge University Press, 2013), pp. 11, 17-18.

[45] *Dictionary of Biblical Imagery,* ed. by Leland Ryken, James Wilhoit, Tremper Longman III (Nottingham: Inter-varsity Press, 1998), pp. 112, 657-59; John Foxe, *The Unabridged Acts and Monuments Online* or *TAMO* (1583 edition), HRI Online Publications, Sheffield, 2011. <https://www.dhi.ac.uk/foxe/>. Accessed 14 November 2018.

[46] Psalm 107.10, 12; Foxe, p. 836.

[47] My thanks to Robert W. Daniel for sharing with me an engraving by William Simpson of a bird released from its cage, presented in Francis Quarles' *Emblemes* (1635), an emblem depicting Psalm 142.7: 'Bring my soul out of prison, that I may praise thy name'.

bed, and to this present day to my chamber'.[48] Women like Mary were familiar with bed-rest, due to frequent childbearing: it was customary for new mothers of middling or elite status to be confined to a bedchamber for up to a month after childbirth, a period of rest known as 'her confinement' or 'lying-in'.[49] Owing to these regular experiences, some women felt they had become experts at turning spatial restraint to their spiritual advantage, which in turn helped them to cultivate both their Christian and feminine identities.[50] Mary's experience contrasts strikingly with that of her husband, the young parliamentary colonel, William Springett, who she reported 'knew not how to yield to confinement'.[51] During an acute fever in 1644, he was so unwilling to be kept to his chamber that his fellow officers 'were obliged to sit round his bed to keep him in it'.[52] She attributed his reluctance to stay in bed to the fact he was 'so young and strong, and his blood so hot', a reference to the Galenic medical notion that young men abound in hot and dry humours, which makes them active, strong, and restless, qualities not conducive to lying down for long periods.[53] There was also a powerful cultural reason for William's aversion to confinement: the indoors was regarded as a feminine sphere, despite the fact that in practice women routinely left the house, and men often worked from home.[54] Conduct book writers insisted that 'The dutie of the husband, is to dispatch all things without dore: and of the wife, to… give order for all things within the house'.[55] Popular proverbs concurred: for example, 'A House and a Woman suit excellently'.[56] As such, confinement to the sickchamber was potentially emasculating for males.[57] This might explain why William eventually forced his way to the window, from where he shot 'birds…with his cross-bow', an attempt perhaps, to rescue his masculine identity by performing an archetypically manly act.[58]

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[48] Mary Penington, *Experiences in the Life of Mary Penington Written by Herself,* ed. by Norman Penney (London: Friends Historical Society, 1992, first publ. 1911), p. 69.

[49] For the historiography on lying-in, see Newton, p. 6.

[50] See Brilliana Harley, *Letters of The Lady Brilliana Harley*, ed. by T.T. Lewis (London: Camden Society, 1853), p. 52.

[51] Penington, p. 90.

[52] Another example of a young man held down during illness is John Cannon, in Somerset Heritage Centre, DD/SAS C/1193/4, p. 100 (Memoirs John Cannon, officer of the excise, West Lydford, Somerset).

[53] Penington, pp. 90-91.

[54] Flather, *passim*; Hamling and Richardson, pp. 60-69.

[55] John Dod and Robert Cleaver, *A godlie forme of household government* (London: R. Field, 1621, first publ. 1598), pp. 167-68.

[56] N.R., *Proverbs English, French, Dutch, Italian, and Spanish* (London: Simon Miller, 1659), p. 3.

[57] David Turner agrees that confinement 'posed a threat' to manhood, but in relation to those who were disabled: *Disability in Eighteenth-Century England* (Abingdon: Routledge, 2012), pp. 110-11.

[58] Penington, p. 190.

Recovery

Having explored experiences of confinement to bed, we can now investigate what it was like to enter the liminal state of recovery, and gradually extend one's spatial horizons. The first movement was 'sitting up', itself a liminal posture between lying and standing, symbolic of the dichotomy between sickness and health. Such a minor movement might not seem noteworthy, but to early modern patients it was highly significant, providing evidence that the disease was gone, and strength was beginning to return. Accordingly, patients expressed relief when they were able to sit up, and monitored the length of time they could do so. Brilliana Harley (*c*.1598-1643), a gentlewoman based in Herefordshire, told her son Edward in 1639, 'I thanke God I am now abell to site up a littell. This day I sate up… allmost an ower'.[59] This milestone was recognised throughout the period, but there was a change in its material culture: new types of armchairs were becoming available during the seventeenth century, some of which may have been designed with convalescents in mind.[60] These seats were usually positioned between the bed and fireplace to protect the patient from cold, with the sitter assisted into position.[61] For those who could not afford such luxuries, the bed itself functioned as the seat.

The next movements performed by patients were standing and walking. The biography of eleven-year-old Martha Hatfield (*b*.1640), by her uncle, James Fisher, a Sheffield vicar, provides a detailed account of these movements. In 1652, after nine months of sickness, Martha told her father 'she felt strength come into her legs[,]… trickl[ing] down,… into her thighs, knees, and ancles, like warm water'.[62] After a quarter of an hour, Martha's older sister, Hannah, 'took her up, and set her upon her feet, and she stood by her self without holding, which she had not done for three quarters of a year'.[63] Her relatives were 'afraid to trust her strength, it being so long a time since she had any use of her Legs', but to their amazement, 'she went up and down the room beyond all expectation'. Her mother asked her, 'Childe, is not thy minde full of apprehensions of the Lords wonderfull dealings with thee?' Martha replied, 'Yes [...] but I cannot expresse it so largely as I desire'.[64] This example indicates that rising and walking generated excitement and

[59] Harley, p. 80.

[60] Buxton, pp. 139-46; Cavallo and Storey, pp. 122-3. On the rise of chairs see Overton et al, pp. 93-4, 126.

[61] See British Library, Additional MS 36452, fol. 128r (Private letters of the Aston family, 1613–1703).

[62] This simile may have been derived from the Galenic notion that movement and sensation was driven by the flow of warm vapours called 'animal spirits', through the muscles: Levinus Lemnius, *The touchstone of complexions*, trans. Thomas Newton (London: Thomas Marsh, 1576), pp. 82, 738-39.

[63] James Fisher, *The wise virgin, or, a wonderful narration* (London: John Rothwell, 1653), pp. 158-59.

[64] Ibid., pp. 160-61.

spiritual wonder, the like of which was difficult to verbalise. In Martha's case, her family played a vital role in her spiritual and spatial rehabilitation, helping her stand up, and reminding her to acknowledge God's role. Alec Ryrie has shown that early modern Protestants engaged in 'extemporal meditations', spiritual musings triggered by daily actions: rising and walking, for instance, brought to mind the resurrection of Christ, and His command to 'Arise and walk' when healing the sick and lame.[65] Given that meditation was deemed 'dauntingly difficult' at this time, especially for children, patients like Martha may have cherished these physical actions as useful spurs to this vital exercise.[66] It is more difficult to uncover how poorer patients felt as they took their first steps after illness, but miracle accounts provide some, albeit indirect and stereotyped, insights. In 1666, Joseph Warden, a 'stout Seaman belonging to the *Royal Charles',* was healed by the famous 'Irish stroker', Valentine Greatrakes.[67] Previously lame due to 'grievous [pains] in his hip, thigh, ham and ankle', he was now able to walk 'lustily' (i.e. strongly) 'to and fro in the Garden', tossing his crutches 'triumphantly upon his shoulders'.[68] Clearly, Warden was delighted with his achievement.

Once patients were up, they could get dressed, an action symbolic of the liminality between sleep and waking.[69] During illness, it was customary to wear nightclothes or underwear – long linen shirts called 'shifts', together with caps to keep the head from cold.[70] Patients expressed great satisfaction when they could finally change into their day-clothes. During his recovery from fever in 1720, the Dorset doctor and musician Claver Morris (*c.*1659-1727) recorded,

> I got up, and after my Breeches only were slipped on…I put on everything [else] excepting my shoose, & completely dress'd my self in 2 Minutes, by my Wife'[s] Watch which I desired her to observe.[71]

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[65] Ryrie, p. 112; see also Hamling and Richardson, p. 45.

[66] Ryrie, p. 117. Examples of adult patients who used these spurs for meditation include Timothy Rogers, *Practical discourses on sickness & recovery* (London: Thomas Parkhurst, 1691), p. 268; John Donne, *Devotions upon emergent occasions and severall steps in my sicknes* (London: A.M, 1624), p. 560.

[67] On Greatrakes, see Peter Elmer, *The Miraculous Conformist: Valentine Greatrakes, the Body Politic, and the Politics of Healing in Restoration Britain* (Oxford: Oxford University Press, 2013).

[68] Valentine Greatrakes, *A brief account of Mr. Valentine Greatraks* (London: J. Starkey, 1666), p. 70.

[69] Hamling and Richardson, pp. 49-50.

[70] Handley, pp. 52-57; Susan North, 'Dress and Hygiene in Early Modern England: A Study of Advice and Practice' (Unpublished PhD thesis, Queen Mary, University of London, 2012), pp. 30-3.

[71] Claver Morris, *The Diary of a West Country Physician, 1648–1726*, ed. by Edmund Hobhouse (London: Simpkin Marshall, 1935), p. 78.

This extract suggests that male patients sometimes approached getting dressed as a race, hoping perhaps to inject a degree of manly competitiveness into what could be construed as a rather mundane happening. Morris' use of the passive voice to describe the putting on of his breeches implies that someone assisted him with this action; this choice of grammar is significant because it suggests he did not want to draw attention to the fact that he was being helped – such assistance carried connotations of childlike dependence, which were at odds with his masculine identity. No comparable evidence of women's dressing has been found, which may be due to contemporary concerns about modesty and decency.[72]

After dressing, patients could go downstairs. Historians have shown that over the course of the early modern period, beds migrated from ground-floor multipurpose 'halls', to first-floor chambers, devoted to the function of sleep.[73] The majority of the homes featured in this study contained upstairs bedchambers, as attested by the fact that patients almost always went downstairs during recovery. A typical entry, provided in the correspondence of the royalist MP Christopher Hatton (*c.*1632-1706), reads: 'I have kept my chamber since Tuesday, falling very ill… of a feavor… but I thanke God am now got down staires againe'.[74] This patient was evidently relieved to go downstairs: it signified re-entrance into the realm of normal life, and proved that the body had regained considerable strength.[75] According to Tara Hamling and Catherine Richardson, the experience of going downstairs was transformed during the sixteenth century: the narrow, steep, stone flights were replaced by wider, shallower timber stairs, which typically revolved around a central post, and allowed light to flood in from a 'framed well' above.[76] Such developments not only made negotiating the stairs less physically arduous – something that was much appreciated by weak convalescents – but also turned the staircase into a 'transitional' or 'distinct space', in which householders could engage in spiritual meditations.[77] The most well-known Biblical image of stairs was Jacob's ladder, narrated in Genesis 28: having fled to Haran, Jacob falls asleep, and dreams of a ladder reaching up to heaven, upon

[72] On the taboo of nakedness/dressing in women, see Sarah Toulalan, *Imagining Sex: Pornography and Bodies in Seventeenth-Century England* (Oxford: Oxford University Press, 2007), pp. 233, 263-5; Patricia Crawford, *Blood, Bodies and Families in Early Modern England* (Harlow: Longman, 2004), p. 34.

[73] Handley, pp. 110-17; Overton et al, p. 133.

[74] Christopher Hatton, *Correspondence of the Family of Hatton being Chiefly Addressed to Christopher, First Viscount Hatton, 1601–1704*, ed. by E. M. Thompson, Camden Society, vols. 22–23 (1878), vol. 1, p. 51.

[75] Stobart, p. 22.

[76] Hamling and Richardson, p. 224.

[77] Ibid.

which ‘angels of God [are] ascending and descending’.[78] The ladder represents Christ’s descent to earth to save mankind.[79] Given the familiarity of Jacob’s dream to early modern Christians, it is likely that the action of going downstairs would have brought to mind these associations, triggering comforting meditations concerning Christ’s love and heavenly bliss.[80]

Once downstairs, patients could rejoin their relatives in the main living quarters of the house – a social transition known as ‘being up and down amongst the family’. The anthropologist Arnold van Gennep, a key figure in the development of theories of liminality, regards ‘incorporation’ as the closing phase of any rite of passage, which marks the end of the liminal stage.[81] This certainly accords with the findings in this essay, where social reintegration was heralded as fundamental to restored health. The rooms mentioned most frequently in these descriptions were the hall and parlour. The former space was transformed over our period from a multi-functional area for sitting, eating, and sleeping, to an entrance lobby, out of which the staircase arose.[82] This development was linked to the rising popularity of the parlour, a room designed specifically for dining and socialising.[83] Generally, entrance into these two areas elicited gladness and divine praise in patients and their relatives. When his family was recovering from bad colds in 1648, Ralph Josselin wrote in his diary, ‘This morning was comfortable and cheerly to us all, the lords name bee praised for it; wee removed… downe into the hall’.[84] On another occasion, when Josselin’s wife Jane was convalescing from a disease resembling smallpox, he wrote, ‘my wife came down into the parlour, very well’. He exclaimed, ‘my

[78] Genesis 28.10-22; this vision is also mentioned in John 1.51.

[79] See Ryken et al, p. 433.

[80] The story of the ladder was disseminated in sermons, including Francis Rawforth, *Jacobs ladder, or the protectorship of Sion* (London: RI, 1655), and Benjamin Keach, *Christ alone the way to heaven, or Jacob’s ladder* (London: Benjamin Harris, 1698), as well as in ballads such as Thomas Byll, *A godly song, entitled a farewell to the world* (London: A. Matthews, 1601–1640). Of course, there were more negative connotations of staircases in circulation too – the descent to hell. Tara Hamling also discusses the spiritual connotations of staircases, which were accentuated by the use of carvings, in *Decorating the ‘Godly’ Household: Religious Art in Post-Reformation Britain* (London: Yale University Press, 2010), pp. 141-7. My thanks to Robert W. Daniel for this reference.

[81] Arnold van Gennep, *The Rites of Passage*, translated by Monika Vizedom and Gabrielle Caffee (Chicago, IL: University of Chicago Press, 1960), p. 11.

[82] T.J. Cliffe, *The World of the Country House in Seventeenth-Century England* (New Haven: Yale University Press, 1999), p. 24; Overton et al, pp. 129-30; Hamling and Richardson, pp. 108-11, 185-9.

[83] Ibid. (Overton), pp. 130-2.

[84] Ralph Josselin, *The Diary of Ralph Josselin 1616–1683,* ed. by Alan Macfarlane (Oxford: Clarendon Press, 1991)*,* p. 118.

heart rejoyceth'.[85] Reunited in space after a period of separation, families like the Josselins relished one another's company. In middling and upper-class homes, parlours and halls were usually well-appointed rooms, with colourful furnishings, upholstered chairs, and paintings.[86] These new sights, after the monotony of the sickbed, were a source of delight to patients. The parliamentary army officer, William Waller (*c*.1598-1668), described the paintings in his home as, '*artificial miracles*', since, 'without taking the pains to go abroad [i.e. outdoors] I can go abroad within doores, and in a small [frame] see, a whole Contry, diversified with Hills, and Dales… Rivers, Sea's'.[87] Such paintings transported convalescents imaginatively to the outdoors, where they could enjoy a variety of sensory stimuli from which they had been deprived during sickness.

Intriguingly, patients rarely mentioned what historians have labelled the 'female rooms' – the kitchen, buttery, and washroom – places for domestic chores. This was probably because it was not deemed safe for women to undertake physical tasks too soon: such actions could cause relapse.[88] In the case of wealthy women, domestic work may have been delegated to servants, but they too would have been expected to regularly enter these rooms as part of their supervisory role.[89] More so than gender, it seems to have been the patient's socio-economic status and residential arrangements that made a difference to room-to-room movements. Amanda Flather has shown that servants and apprentices enjoyed less spatial freedom within their masters' homes than family members, from which we can infer that they may not have made the same transitions.[90] Instead of entering the parlour, they would probably have returned to the kitchen or other work-rooms. For poorer individuals, living in single-storey dwellings of only one or two rooms, the spatial transitions were obviously much more limited.

Health

[85] Ibid., p. 617. For other examples, see Robert Paston, *The Whirlpool of Misadventures: Letters of Robert Paston, First Earl of Yarmouth 1663–1679*, ed. by Jean Agnew, Norfolk Record Society, vol. 76 (2012), p. 229; *The Barrington Family Letters, 1628–1632*, ed. by Arthur Searle (London: Royal Historical Society, 1983), p. 242; *The Earlier Smyths of Ashton Court From their Letters, 1545–1741*, ed. by Anton Bantock (Bristol: Malago Society, 1982), p. 116.

[86] Buxton, pp. 219-28.

[87] William Waller, *Divine meditations upon several occasions* (London: B. Griffin, 1680), pp. 95-6.

[88] On the danger of exertion, see Newton, pp. 87-9.

[89] Flather, p. 79.

[90] Ibid., pp. 48-9.

The final spatial transition was 'going abroad', which meant leaving the house. Opening the front-door, the literal and figurative threshold to health, was especially noteworthy. The Cheshire minister Henry Newcome (c.1627-1695), recorded his delight when his son, 'little Peter', whose illness had 'much disquieted' him, 'met me at [the] doore' when he came home from work, in a 'hearty' condition.[91] The moment of crossing the threshold to the outside was wonderfully liberating for patients, as indicated by their use of imagery of release from prison. Ralph Josselin recorded in 1648, 'This weeke after a long restraint… god was pleased to sett mee at liberty againe[;] I went abroad'.[92] So familiar was this language that it appears in all sorts of texts, including advertisements for medicines. William Atkin's 'gout-balsam', for example, describes how one Mr Clifton of Old-Fishstreet, London, 'had been confined by the Gout for the whole Winter… but was set at liberty about *Christmass*'.[93] The most striking parallel between leaving the house and prison was the sensory transformation that took place: individuals emerged from the dark and musty confines of the indoors, to the bright, fresh, and fragrant outdoors.[94] The Gloucestershire preacher and agricultural expert, Timothy Nourse (1636-1699), provides a vivid picture of these sensory delights. He reflected, when a man finds himself suddenly 'surrounded with all the pleasant Scenes and Beauties',

> [W]ith what Gust does he tast the […] Delights of Nature? How Acute are his Senses[?] […] At once he sees all the Varities of shady Woods, of lofty Trees, […] of flowry Meadows […] How […] every flower [is] […] admirable in its Contexture[,] […] Colour […] [and] Smell? How refreshing is it to him to […] hear the […] Melody of Birds, together with the Murmuring of Chrystal Waters.[95]

The outdoors thus filled all five senses with delight. Particular emphasis was placed on the contrast between the 'thick darkness' of the indoors, and the 'sweet light' of outside, together with the relief to breathe in 'sweet air' after being cooped up.[96] Henry Liddell informed a friend in 1726, 'Yesterday was the first day I gott into the Fields for a mouthful

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[91] Henry Newcome, *The Diary of Rev. Henry Newcome from September 30, 1661, to September 29, 1663,* ed. by Thomas Heywood, Chetham Society, vol. 18 (1849), pp. 54-5.

[92] Josselin, p. 119.

[93] William Atkins, *A discourse shewing the nature of the gout* (London: Tho. Fabian, 1694), p. 79.

[94] Having said this, doctors did recommend that bedchambers were well-ventilated: see Handley, pp. 39-68.

[95] Timothy Nourse, *A discourse upon the nature and faculties of man* (London: Jacob Tonson, 1686), pp. 324-6.

[96] Waller, pp. 1-2, 5. On the darkness of interiors, see Mary Thomas Crane, 'Illicit Privacy and Outdoor Spaces in Early Modern England', *Journal for Early Modern Cultural Studies* 9. 1 (2009), 4-22 (pp. 6, 10).

off fresh air' since his 'stout feavor' had begun.[97] He felt nourished by the intake of breath, an idea that would have made sense to contemporaries, since the air was thought to contain nutritious particles – in the form of scents – which could be digested in the blood.[98] Carole Rawcliffe has shown that the combination of 'Delectable Sightes and Fragrant Smelles' was thought to 'delight [and] invigorate' the patient's 'spirits', thereby triggering happy emotions, and strengthening the body.[99] Of course, not every patient would have been greeted with sensory delights when leaving the house: those living in crowded cities were more likely to notice the smells of sewage than the scent of flowers![100] Nonetheless, urban areas contained plenty of public and domestic green spaces, so we can assume that most people would have had access to an urban garden, or the semi-open country.[101]

For pious patients, the joy of going outdoors sprang partly from its spiritual connotations. One of the 'evils of sickness' was the patient's deprivation from the sights of God's beautiful creation: entering the outdoors thus inspired praises to God for His wonderful works. 'A man is… constrained to commend, to praise and magnify the Lord', wrote John Mirfield, a late medieval theologian, when he is 'gazing far and near, and upon the sky, the sea and the green landscape'.[102] Although God was supposed to be omnipresent, preachers implied that his actual location was the heavens, for which reason the outdoors was the best place for prayer and praises – Christians could send forth their words directly to the Lord above, unconstrained by ceilings.[103] Alexandra Walsham has pointed out that the outdoors also 'provided manifest evidence' of God's existence.[104] Given the intense religiosity of many of the individuals in this study, we might suppose that they would not

[97] Liddell, p. 235. See also Paston, p. 231.

[98] Evelyn Welch, 'Scented Buttons and Perfumed Gloves: Smelling Things in Renaissance Italy', in *Ornamentalism: The Art of Accessories,* ed. by Bella Mirabella (Ann Arbor: University of Michigan Press, 2011), pp. 13-39 (pp. 19-20).

[99] Carole Rawcliffe, '"Delectable Sightes and Fragrant Smelles": Gardens and Health in Late Medieval and Early Modern England', *Garden History* 36. 1 (2008), 3-21 (pp. 9, 11). See also Leah Knight, *Reading Green in Early Modern England* (Farnham: Ashgate, 2014), *passim*. For a definition of 'spirits', see Newton, p. 38.

[100] For a largely negative view of the sensory environment of cities, see Emily Cockayne, *Hubbub: Filth, Noise and Stench in England 1600–1770* (New Haven, CT: Yale University Press, 2007).

[101] For the social and convivial import of gardens during this period see Ryan Roark's essay in this issue.

[102] Cited by Rawcliffe, p. 13.

[103] Ryrie, pp. 162-4. On outdoor contemplation, see Andrew Cambers, *Godly Reading: Print, Manuscript and Puritanism in England, 1580–1720* (Cambridge: Cambridge University Press, 2011), pp. 111-16.

[104] Alexandra Walsham, *The Reformation of the Landscape: Religion, Identity, and Memory in Early Modern Britain and Ireland* (Oxford: Oxford University Press, 2011), p. 331.

have needed any such confirmation, but even the pious were vulnerable to doubts on occasions.[105]

Going abroad was enjoyed by patients of both gender, but it carried an additional premium for men, owing to prevailing cultural connections between masculinity and the outdoors.[106] Popular ballads ridiculed males who spent too much time inside. *Advice to batchelors* (1685), scorns those 'weaker sort' of men, who let their wives 'wear the Breeches', forcing them to stay inside, washing 'Pots and dishes' and 'childrens clouts'.[107] Bombarded with such messages, some male patients may have suffered the loss of part of their masculine identity during prolonged stints indoors, and relished the first opportunity to leave the house. This is implied by the common tendency for men to make this spatial transition prematurely, ignoring their relatives' kindly cautions. Anne Clavering from Durham reported in 1708 that she 'scolded' a male neighbour of hers 'for going [out] of the house… so soon after his illness'. She added, 'If he plays the fool with his health 'tis not the fault of his friends for… he often has a lecture'.[108]

Having presented a largely positive picture of the spatial transition from the sickbed to the outdoors, it must be noted that there were some downsides. Namely, the joy of increasing temporal movement was often countered by exhaustion and weakness, together with fears that such actions might cause relapse. 'One warm day' in 1657, during his convalescence from ague, the Yorkshire shopkeeper, Joseph Lister (1627-1709),

> [D]esired to be helped down the stairs; and being down, I 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.[109]

This extract reminds us that the resumption of normal spatial life did not always follow a linear motion – patients might return to bed after leaving the house too soon, or in the words of Alun Withey, they 'crossed and re-crossed the… boundary of sickness'.[110] There

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[105] On the various meanings of atheism, see Michael Hunter, 'The Problem of "Atheism" in Early Modern England', *Transactions of the Royal Historical Society*, 35 (1985), 135-57.

[106] Flather, pp. 17-38.

[107] *Advice to batchelors, or the married mans lamentation* (London: J. Deacon, 1685). See also *The woman to the plow and the man to the hen-roost* (London: J. Wright, 1675).

[108] James Clavering, *The Correspondence of Sir James Clavering*, ed. by H. T. Dickinson, Surtees Society, vol. 178 (Gateshead, 1967), p. 22.

[109] Joseph Lister, *The Autobiography of Joseph Lister of Bradford, 1627–1709*, ed. by Thomas Wright (Bradford: Abraham Holroyd, 1842), pp. 43-4.

[110] On the reason going outdoors led to relapse, see Newton, pp. 87-8.

was also a pressing spiritual concern: the 'gorgeous dresse' of the outdoors, with its delightful 'colour, shape, and scent', might tempt the Christian to fall in love with the world again, so that when death eventually occurred, it would be resisted.[111] Preachers sought to prevent this from happening by reminding their flocks of the transience of everything 'under the sun': flowers, for example, 'Now… flatter, and seem beautfiull to the eye, and suddenly they wither [and] vanish'.[112]

Conclusion

This essay has sought to change the way we think about early modern health, by showing that recovery was a widely reported outcome of illness. Getting better was a state of bodily liminality: as members of the largely overlooked 'neutral category' of human bodies, convalescents were undergoing a process of physiological transformation, from sickness to health. As well as applying to their bodies, the concept of liminality related to the patient's spatial location. If the bed represented sickness, crossing the threshold of the front-door symbolised health. Between these two sites, the patient undertook a number of incremental spatial movements, some of which were themselves forms of liminality, such as sitting up, dressing, and going downstairs. The fact that the return to health was measured by the patient's location in domestic space challenges the long-standing assumption that early modern people rarely withdrew from life during serious illness.

A theme in this essay has been gender: I've suggested that while the spatial locations of recovering patients were the same for men and women, the way they experienced these movements may have differed, owing to the entrenched indoor-outdoor gender dichotomy. Leaving the house, though enjoyed by women as well as men, may have been regarded as an opportunity by men to re-establish their masculine identities after what could be regarded as a period of emasculating confinement. The other variable, less extensively explored here, has been socio-economic status: patients of poorer backgrounds, or employed as servants or apprentices, could not have made the same room-to-room movements as wealthier patients, nor would the environments have been as luxurious as some of those described here. Further research must be done to fully investigate such people's experiences.

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[111] Edward Bury, *The husbandmans companion containing one hundred occasional meditations* (London: Tho. Parkhurst, 1677), pp. 61-2.

[112] Ibid., pp. 61-5.

The journey from the sickbed to the outdoors was often found to be wonderfully liberating, best described as release from prison. Such a metaphor conveyed the sensory changes that took place as patients expanded their spatial horizons – from darkness to light, from stagnant, to sweet air. These contrasts did not always reflect accurately the actual sensory environments in question – for instance, the outside could be smelly, and bedrooms were often kept as ‘sweet’ as possible through the use of perfumes and ventilation. Nevertheless, the majority of patients chose such imagery regardless of the actual circumstances, perhaps because it was the best way to represent the return of their capacity to enjoy sensory stimulation after an illness.