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**Rationality and Reality: Perspectives of Mental Illness in Tudor
England, 1485- 1603**

Amelia Grace Sceats

**A thesis submitted to the University of Huddersfield in fulfilment of the
requirements for the degree of Master of Arts by Research in History**

AX501- MA by Research (Music, Humanities and Media) FT

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Abstract

This thesis addresses a leading question that has been significantly overlooked in current early modern historiography: what were Tudor perspectives of mental illness? In order to answer this query it explores three sub-questions. First, what were Tudor theories with regards to psychological disorders? This incorporates religion, the rise and popularity of scientific medicine, attitudes towards gender differences, as well as Tudor thought on the vulnerabilities of old age. Second, what treatments and care were available for the mentally ill? This explores the variety of remedies delivered to patients and who was perceived as being responsible for their care. And finally, how did the Tudor populous react towards those with psychological difficulties? This addresses the collective mindset of ordinary Tudor citizens by looking at charitable giving, the poor law and intervention from local authorities, as well as psychological illness within popular entertainment. The notion of Tudor views of the physical and spiritual world has been emphasised throughout the course of the study. For instance, it was perfectly rational to believe in spirits, therefore explanations for mental illness which incorporated spirits were part of the Tudor reality.

This project has found that the sixteenth century populous largely accepted those who suffered from mental ailments, as well as their burden of care. Similarly, it is clear that there was an awareness of many different forms of mental illness at the time, rather than solely melancholy; which current historiographical study has greatly focused upon. One of the study's leading conclusions is how explanations of mental illness depended on social status, age, gender and the type of illness. Whereas treatments revolved largely around the social status of the individual and what they could afford; patient gender mattered very little in practice. Thus, the thesis emphasises that theory did not always reflect reality, which was also reflected in popular entertainment. On stage, madness was often exaggerated, yet it represented the true concerns of the audience and many of mental ailments with which they were familiar. These conclusions highlight how the subject of Tudor madness is deserving of further attention, and illustrate that the topic is yet to be thoroughly explored.

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Introduction

One of the most fascinating aspects about studying early modern history is, as John Arnold suggested, our surprise that we know so much about ordinary, everyday people and the problems that they faced.¹ It could be argued, then, that it is this premise which interests us about the history of the mentally ill; a group of obscure people whose existence is remembered in the fringes of historical records. Thus, it is surprising that so much evidence exists regarding the mentally ill in the Tudor period, which allows us to explore a largely under-examined topic.

Just what, then, were Tudor perspectives of the mentally ill? This is our first question, but in order to answer it we must pose three further questions. First, what did sixteenth century theories conclude with regards to psychological disorders? Considering medical and religious theory will allow this study to examine aspects such as religion, the rise and popularity of scientific medicine, attitudes towards gender differences, as well as Tudor thought on the vulnerabilities of old age in relation to mental illness. Second, how were the mentally ill treated and cared for? This will explore the actual remedies delivered to patients, as well as the changing concept of institutionalisation. The wide range of treatments also highlights the difference that a patient's social status could make to their experience of madness. The final question, then, is how did the Tudor populous react to those with psychological ailments? This allows us to glimpse at the collective mindset of ordinary Tudor citizens by looking at charity, poor law and State intervention, and popular entertainment. These central questions give us an excellent perspective of Tudor society and the ways in which the populous dealt with, and perceived, mental illness. That the examination of mental illness can tell us so much about the different aspects of Tudor England highlighted above, illustrates just how important the topic is to the history of early modern England.

This study will address mental illness as opposed to mental disability. However, it must be stated that Tudor perceptions of mental illness were different to our own. For instance, what modern physicians now consider to be a learning disability would have been seen as a mental illness in the sixteenth century. Similarly, conditions that we now know have nothing to do with mental health, such as epilepsy, were considered by the Tudors to be psychological disorders. This study

¹ John Arnold, *History a Very Short Introduction* (Oxford: Oxford University Press, 2000), p.6.

addresses mental illness through early modern eyes and definitions, which is why ailments such as epilepsy have been included.

As a result of these muddled definitions of mental illness, this topic has been discussed by medical doctors, sociologists and psychologists. Franz Alexander and Sheldon Selesnick, Andrew Scull and Thomas Szasz are all examples of such academics.² This can become a problem when such writers do not engage with periodisation in the ways that historians do; the resulting literature is often difficult to follow as a historical study and alternative explanations for certain events are repeatedly overlooked. Both Scull and Szasz, for example, focused on the early modern witch hunts when writing about mental health.³ In this way they neglected alternative explanations as to why someone was declared a witch. This thesis will acknowledge these issues by actively engaging with the Tudor mindset and the variety of explanations that are presented in the primary documentation.

One example of the contemporary mindset is the notion of how those in Tudor England viewed the world around them, which ultimately affected what people saw as rational. Arnold presented the premise that the past exists somewhere between the foreign and the familiar.⁴ In the study of mental illness we can see some of the ideas that are familiar to us. Yet alongside these the Tudor populous held an alternative view of rationality, often melding science and the supernatural together. John Tosh, too, re-iterated that 'every culture and every social grouping has its unspoken assumptions'.⁵ The Tudors were no different and had their own societal norms, it is these ingrained beliefs which will make their perspectives of mental illness clear.

To explain more clearly, we can use the premise that both Ronald Hutton and Keith Thomas supported. Hutton argued that the supernatural and the magical were part of the common world view in the early modern era, which meant that they had

² Franz Alexander and Sheldon Selesnick, *The History Of Psychiatry: Psychiatric Thought and Practice from Prehistoric Times to the Present* (London: George Allen and Unwin LTD, 1967); Andrew Scull, *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine* (London: Thames & Hudson, 2015); Thomas Stephen Szasz, *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement* (Syracuse: Harper & Row Publishers Inc, 1997).

³ Scull, *Madness in Civilization: A Cultural History of Insanity from the Bible to Freud, from the Madhouse to Modern Medicine*, pp.86-91; Szasz, *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement*, p.68.

⁴ Arnold, *History a Very Short Introduction*, p.6.

⁵ John Tosh, *The Pursuit of History: Aims, Methods and New Directions in the Study of Modern History*, 5th ed. (Edinburgh: Pearson Education Limited, 2010), p.148.

an alternative perspective of reality to our own.⁶ The reason for this was, as Thomas maintained, because the people of Tudor England ‘never formulated a distinction between magic and medicine’.⁷ As a result of this, physical and supernatural cures were melded together in order to treat illness. This is an idea exemplified by Margaret Healy in her study of popular medicine, she argued that remedies which included elements of religious belief acted as placebos and provided ‘important psychological props’.⁸

The above notions can be built upon when exploring perspectives of mental illness, which is something that Katharine Hodgkin first addressed in her study of women, madness and sin.⁹ The premise of an alternative reality will be highlighted throughout this study. However, this thesis focuses not just on women and melancholy, as Hodgkin did, but on a plethora of other illnesses and social implications. These include violent psychological diseases, madness in popular entertainment, what created vulnerabilities to such illnesses, and so on.

Throughout the course of this thesis, four categories of mental illness are assessed. These are melancholy and depressive ailments, frenzied psychological illnesses, gendered mental afflictions, and also various psychological vexations which cannot be categorised. There is also a final chapter on the portrayal of madness on stage, showing how visions of reality and fantasy were fed back through popular entertainment. It must be emphasised, however, that these categories have been imposed for the purposes of exploring different themes and social aspects of Tudor England. The sixteenth century populous did not categorise mental illness in this manner, and instead used terms such as ‘idiot’ and ‘lunatic’ in order to establish the permanency and severity of afflictions.¹⁰

⁶ Ronald Hutton, “The Making of the Early Modern British Fairy Tradition,” *The Historical Journal* 57, no. 4 (2014): p.1145.

⁷ Keith Thomas, *Religion and the Decline of Magic* (London: Weidenfeld and Nicolson, 1991), p.800.

⁸ Margaret Healy, “Popular Medicine,” in *The Ashgate Research Companion to Popular Culture in Early Modern England*, ed. Andrew Hadfield, Matthew Dimmock, and Abigail Shinn (Surrey: Ashgate Publishing Limited, 2014), pp.311-312.

⁹ Katharine Hodgkin, ed., *Women, Madness and Sin in Early Modern England: The Autobiographical Writings of Dionys Fitzherbert* (Surrey: Ashgate Publishing Limited, 2010), p.3.

¹⁰ Jonathan Andrews, “Identifying and Providing for the Mentally Disabled in Early Modern London,” in *From Idiocy to Mental Deficiency- Historical Perspectives on People with Learning Disabilities*, ed. David Wright and Anne Digby (London: Routledge, 1996), p.71.

In his study *The Pursuit of History*, Tosh highlighted that historians such as V. H. Galbraith have focused almost solely on the study of primary sources.¹¹ This study sits in the sub-section of primary source orientated, rather than problem orientated, history. That is, the interest in and the study of contemporary evidence came before the questions that were posed at the beginning of this introduction. However, as Tosh also re-iterated, to focus solely on original documentation works against the historian's premise that history claims current social relevance. To counter this issue, a number of current historiographical debates, which are detailed in the following chapter, will be discussed throughout this study in order to establish the thesis' stance in relation to the secondary literature.

It is also important to counter the argument, voiced by Jonathan Andrews, that Tudor 'idiocy' has been overlooked due to a lack of contemporary sources.¹² In fact, there are a wide variety of sources on offer to us and each presents a contrasting insight into the Tudor view of mental illness. Konrad Gesner's work, *The Newe Iewell of Health* (1576), is one example as it enables historians to identify how those without proper access to doctors dealt with mental health issues.¹³ Sources like Gesner's can also be compared to earlier texts to track changes over the course of the sixteenth century. Another fascinating source comes in the form of Giovanni Michieli's description of Mary I (1557).¹⁴ He described Mary's melancholy and the ways in which her physicians treated it. Mary's experiences provide a particularly gendered view and illustrate Tudor perspectives of feminine mental illness, especially when the patient was in a position of power. William Shakespeare's works, although now thoroughly examined, reveal to us how the Tudor audience accepted and rationalised mental illness. For instance: their delight in viewing Hamlet's descent into madness as a means of entertainment.¹⁵

The sources for this study come primarily from works which do not focus on mental health specifically. One example is Peter Levens' *A Right Profitable Booke for all Diseases* (1587), which was a compendium of many diseases.¹⁶ Yet a number

¹¹ Tosh, *The Pursuit of History: Aims, Methods and New Directions in the Study of Modern History*, p.148.

¹² Andrews, "Identifying and Providing for the Mentally Disabled in Early Modern London," pp.65-66.

¹³ Konrad Gesner, *The Newe Iewell of Health* (London: Printed by Henrie Denham, 1576).

¹⁴ Giovanni Michieli, "Calendar of State Papers, Venetian, 1557," in *A Contemporary Description of Queen Mary I, 1557- Primary Sources*, by Marilee Hanson (English History, 2015), p.1.

¹⁵ William Shakespeare, *Hamlet. (1599)*, Wordsworth Edition (Hertfordshire: Wordsworth, 1992), p.63.

¹⁶ Peter Levens, *A Right Profitable Booke for All Diseases* (London: Printed by I. Roberts for Edward White, 1587), p.4.

of valid debates and discussions can still be drawn from these sources. Some, like Marilee Hanson and Sanford Larkey, used them to explain the central aspects of mental illness with regards to humoral theory, the primary medical theory of the time.¹⁷ Whilst this is a good place to start, such contemporary works have a far wider scope of use. That mental disorders were counted amongst physical illnesses, for example, is of particular importance, because it shows that physicians did not devalue mental afflictions.

Nevertheless, there are some documents in existence which were dedicated exclusively to the study of mental illness. Charles O'Malley suggested that Timothie Bright's *Treatise of Melancholie* (1586) was the first of these texts, but there are later works which focused solely on the treatment of psychological illness.¹⁸ One example is Edward Jorden's *A Brief Discourse of a Disease Called the Suffocation of the Mother* (1603), which addressed feminine psychological afflictions.¹⁹ It must be stated, however, that using medical textbooks can distort one's views regarding the Tudor understanding of mental illness, as they do not wholly reflect the opinions of the masses. Nonetheless, this issue has been countered by the use of a wide variety of contemporary documents. These include case studies, such as those from Richard Napier's Casebooks, plays and poetry, minute books from Bethlem Hospital, personal accounts such as Mary I's and Richard Pace's experiences, as well as religious treatises to illustrate how spirituality was interwoven with theory and treatment. When used in conjunction with one another, these valuable sources provide an enlightening insight into Tudor perspectives of mental illness.

There are, however, issues with the primary sources which must be outlined here. Many of the court minute books from Bethlem Hospital are very difficult to read, sometimes illegible, especially those in book BCB-02 (March 1574 to May 1576).²⁰ Patricia Alderidge also commented on how the books are 'scattered and

¹⁷ Marilee Hanson, "Tudor England Mental Illness Types & Facts," Historical blog, *English History*, (March 4, 2015), p.1, <http://englishhistory.net/tudor/mental-illness-facts/>; Sanford Larkey, *Medical Knowledge in Tudor England as Displayed in and Exhibition of Books and Manuscripts* (San Marino: Henry E. Huntington Library and Art Gallery, 1932), pp.19-20.

¹⁸ Charles Donald O'Malley, "Tudor Medicine and Biology," *Huntington Library Quarterly* 32, no. 1 (1968): pp.16-17; Timothie Bright, *A Treatise of Melancholie* (London: Vautrollier, 1586).

¹⁹ Edward Jorden, *A Brief Discourse of a Disease Called the Suffocation of the Mother* (London: Printed by John Windet, 1603).

²⁰ Bridewell and Bethlem Hospitals, *Minute Book, March 1574- May 1576*, BCB, C04/02 (London, n.d.).

fragmentary'.²¹ Nonetheless, with careful study they give us insight into who governed the institution, the types of funding it received, and the wellbeing of patients. There is also a scarcity of documentation regarding the common folk and their mental health issues. But, the recent *Casebooks Project* has digitised the accounts of Richard Napier, who often dealt with those who were lower status.²² This is particularly illuminating because we now have a more robust view of the issues that the population dealt with, as well as how they perceived and treated themselves.

To finish, the thesis will work to emphasise some essential notions throughout. Firstly, that there were a wide range of mental illnesses studied in the sixteenth century, and too much weight has been given by historians to the importance of melancholy. The study will also highlight that there was a period of transformation during the Reformation with regards to the treatment of the mentally ill and who was responsible for taking care of them. This stands as contrary to Thomas' assertion that 'raving psychotics were locked up by their relatives, kept under guard by parish officers, or sent to houses of correction'.²³ It will be asserted that access to treatment varied widely depending on social status, which is one of the leading conclusions of the thesis. Tudor perceptions of psychological disorders differed based on the type of illness and social status of the patient, as opposed to gender. Ultimately, by using the above notions paired with the vast range of sources, this study will bring light to a subject which has been regrettably understudied.

²¹ Patricia Allderidge, "Management and Mismanagement at Bedlam, 1547- 1633," in *Health, Medicine and Mortality in the Sixteenth Century*, ed. Charles Webster (Cambridge: Cambridge University Press Archive, 1979), p.141.

²² Richard Napier, 1634 1596, *Casebooks Project: A digital Edition of Simon Forman's & Richard Napier's Medical Records 1596- 1634*, <http://www.magicandmedicine.hps.cam.ac.uk/the-casebooks/search/cases/results?start=1&max=10&sort=date&order=asc&me=1&to=2&tm=10>.

²³ Thomas, *Religion and the Decline of Magic*, p.15.

Historiography

By assessing Tudor perspectives of mental health, we can see exactly how people perceived their psychological struggles, and thus how they reacted to these perceptions. The arguments outlined here incorporate the central themes of this study. These include the importance of melancholy, to what extent violence was accepted by early modern society, issues surrounding the notion of control in terms of masculinity and femininity, debates regarding the extent of institutionalisation and medical progress in the sixteenth century, as well as the idea of popular culture and differing views of rationality. Exploring such debates will introduce some of the central topics that are tackled throughout, and will highlight where this thesis stands in relation to each debate. This ultimately strengthens the overarching conclusion of the study, that people were tolerant of the mentally ill and perceived them as members of the community.

The overemphasis of Galenic humoral theory in current academic interpretation is the primary issue when one studies mental health in Tudor England. A greater focus on the illness of melancholy and the melancholic humor in the works of current historians gives the impression that the Tudors diminished the importance of other psychological illnesses, which was not actually the case. Margaret Healy is one of the first to voice this concern, and wrote that 'to date, critics have, in my view, placed too much emphasis on a standard, Galenic model of the body'.²⁴ This leads some studies, like Angus Gowland's article on the importance of melancholy, to overlook alternative early modern explanations and illnesses, which is something that this study will work to remedy.²⁵ Both Mary Lund and Elizabeth Hurren have argued for the importance of the melancholic humor in their studies, which has resulted in an emphasis on the medical histories of melancholy, at the expense of other mental illnesses.²⁶ This issue is also reflected by Cynthia Chermely's use of melancholy to argue that it was the most important mental illness in Tudor society.²⁷ Whilst it is undeniable that humoral theory was intrinsic to the ways in which early

²⁴ Margaret Healy, *Fictions of Disease in Early Modern England: Bodies, Plagues and Politics* (Basingstoke: Palgrave, 2001), p.6.

²⁵ Angus Gowland, "The Problem of Early Modern Melancholy," *Past and Present* 191, no. 1 (2006): pp.77-120.

²⁶ Mary Lund, *Melancholy, Medicine and Religion in Early Modern England* (Cambridge: Cambridge University Press, 2010), pp.1-5; Elizabeth Hurren, "King Henry VIII's Medical World" (Oxford Brookes University), accessed September 30, 2015, <http://www.hrp.org.uk/Resources/ElizabethHurrenFINAL.pdf>.

²⁷ Cynthia Chermely, "'Nawghtye Mallenchollye': Some Faces of Madness in Tudor England," *Historian* 49, no. 3 (1987): p.309.

modern people viewed the body, we must also consider other causal factors, explanations and remedies for the systems of mental illness that were presented in the Tudor era.

Another fervent debate regarding the illness of melancholy is whether, by the end of the sixteenth century, incidences of it had developed into an epidemic. Both Lawrence Babb and Gowland argued that melancholy was an illness of the gentry or the elite, suggesting that it became fashionable to be afflicted with the condition.²⁸ Whilst the idea that melancholy was a growing concern is true, there were other illnesses which deserve the attention of historians, but which have remained largely overlooked. This is something which this thesis will work to illustrate. Similarly, C. F. Goodey elaborated on the foundation of Babb and Gowland's arguments, and argued that melancholy 'was an indulgence of free time'.²⁹ Goodey's assertion is questionable, as it suggests that only those with a certain amount of wealth suffered from the condition. As this study will demonstrate, a great many people of differing social degrees endured the affliction, not only those with free time.

A separate line of debate, which is particularly important to the second chapter of this thesis, is to what extent violence was accepted by early modern society. In widening the remit of the study of mental illness beyond the focus on melancholy, this study will highlight occurrences of frenzied mental illnesses. These often caused patients to have violent outbursts, as such it is a subject of debate as to whether violence was acceptable in such circumstances or not. Essentially there are two points of view, first that violence was normalised and generally overlooked by society, and second that violence was only acceptable if measured.

If we are to look at the arguments of the former stance first, we will see that James Sharpe is at the forefront of the debate. He stated that violence in any capacity was overlooked by an inherently violent society, because there were other aspects of life which compensated for it, rendering it 'unnoticeable'.³⁰ In his study of crime in early modern England, he speculated that only violence between people of

²⁸ Lawrence Babb, *The Elizabethan Malady: A Study of Melancholia in English Literature from 1580 to 1642* (East Lansing: Michigan State College Press, 1951), p.vii; Gowland, "The Problem of Early Modern Melancholy," p.77.

²⁹ C. F. Goodey, *History of Intelligence and "Intellectual Disability": The Shaping of Psychology in Early Modern Europe* (Surrey: Ashgate, 2011), p.147.

³⁰ James. A Sharpe, "The History of Violence in England: Some Observations," *Past and Present* 108 (1985): p.215.

differing social status was deemed as unacceptable.³¹ Christopher Brooks maintained that this level of tolerance for violence existed because private disputes were often settled by means of violent action, partly due to the lack of a fully developed public law system; he argued that this led to it being normalised.³² It is not until we look at Vanessa McMahon's argument, however, that we see the mention of violent madness. In her study of murder in Shakespearian England, she argued that a mad person could never be prosecuted for a violent crime due to the circumstances of their illness.³³ Nonetheless, when we take a more thorough look at the evidence, as will be illustrated in the second chapter, we can see that such a suggestion is not entirely accurate and that the frenzied were prosecuted for crimes they had committed whilst mad. This suggests instead that violence was only acceptable within certain social boundaries, the frenzied mad had a defense if taken to court, but they did not escape punishment altogether.

In his article expanding on statistical homicide research, based on the work of T. R. Gurr, Stone presented the view that early modern England was a country which was desensitised to violence, but only when it was measured.³⁴ The argument for measured violence, such as violence as a punishment, is one which was supported by historians such as Susan Amussen and Malcolm Gaskill, who argued that duelling was a fair and acceptable form of violent action, despite being outlawed.³⁵ Michael Braddick and John Walter, too, contended that violence was only acceptable when moderated, and added that it had to be used within the confines of social and domestic hierarchy.³⁶ Frenzied violence, however, fell outside of societal norms, making such actions prosecutable.

Both Alexandra Shepard and Anna Bryson have taken these ideas further. Shepard argued that violence went from accepted to being considered uncivilised,

³¹ James. A Sharpe, *Crime in Early Modern England, 1550- 1750* (Oxon: Routledge, 1999), p.5.

³² Christopher Brooks, *Law, Politics and Society in Early Modern England* (Cambridge: Cambridge University Press, 2008), p.9.

³³ Vanessa McMahon, *Murder in Shakespeare's England* (London: Hambledon and London, 2004), p.38.

³⁴ Lawrence Stone, "Interpersonal Violence in English Society, 1300- 1980," *Past and Present* 101 (1983): p.32.

³⁵ Susan. D Amussen, "Punishment, Discipline, and Power: The Social Meanings of Violence in Early Modern England," *Journal of British Studies* 34, no. 1 (1995): p.12 & 32; Malcolm Gaskill, *Crime & Mentalities in Early Modern England* (Cambridge: Cambridge University Press, 2004), p.209.

³⁶ Michael. J Braddick and John Walter, "Introduction. Grids of Power: Order, Hierarchy and Subordination in Early Modern Society," in *Negotiating Power in Early Modern Society: Order, Hierarchy and Subordination in Britain and Ireland*, ed. Michael. J Braddick and John Walter (Cambridge: Cambridge University Press, 2001), p.24.

with only certain forms seen as tolerable.³⁷ Whereas Bryson argued that violence in its entirety was viewed by society as 'savagery'.³⁸ This thesis will take the stance that violence was only acceptable when measured and that people who overstepped these boundaries were punished. This is especially relevant when assessing those who claimed frenzied madness when accused of domestic abuse; which is discussed in greater detail the second chapter. These societal rules extended to the mentally ill, although leniency was often shown in terms of their punishments in the first instance. Thus, the mad were seen as part of the community and were governed by the same societal rules, even if some leniency was shown.

Gendered medical history is another popular field of debate, especially with regards to gendered melancholy and whether there was a crisis of masculinity. Mark Breitenberg introduced the notion of anxious masculinity and argued that male melancholy compensated for a 'lack' of masculinity, whilst placing melancholics above other men, implying that they were more refined.³⁹ Jared Van Duinen supported this argument, and suggested that men developed a type of anxious patriarchy due to their unease over their control of women.⁴⁰ This is an issue that is addressed later in this study. Andrew Williams argued that social upheaval, such as changes in acceptable morality after the Reformation, could have been what caused the crisis of masculinity and the supposed countless melancholic men that resulted from it.⁴¹

The alternative side of this debate is that men were not anxious about their masculinity, and were genuinely able to identify as suffering melancholics, which had more to do with genuine depression than gender identity. Susan Broomhall and Jacqueline Van Gent, in contrast, argued that men did not need to be anxious about their masculinity because it was acceptable and sometimes respectable for men to

³⁷ Alexandra Shepard, "From Anxious Patriarchs to Refined Gentlemen? Manhood in Britain, circa 1500-1700," *Journal of British Studies* 44, no. 2 (2005): p.285.

³⁸ Anna Bryson, *From Courtesy to Civility: Changing Codes of Conduct in Early Modern England* (Oxford: Oxford University Press, 1998), p.52.

³⁹ Mark Breitenberg, *Anxious Masculinity in Early Modern England* (Cambridge: Cambridge University Press, 1996), p.40.

⁴⁰ Jared Van Duinen, "The Obligations of Governing Masculinity in the Early Stuart Gentry Family: The Barringtons of Hatfield Broad Oak," in *Governing Masculinities in the Early Modern Period: Regulating Selves and Others*, ed. Susan Broomhall and Jacqueline Van Gent (Surrey: Ashgate Publishing Limited, 2011), p.114.

⁴¹ Andrew. P Williams, "Introduction," in *The Image of Manhood in Early Modern Literature: Viewing the Male*, ed. Andrew. P Williams (Westport: Greenwood Press, 1999), p.xiv.

possess a certain sense of fragility.⁴² Although their study focused on the elite male, it does support the standpoint that, whilst women were considered more susceptible to suffering from mental illness, it was still acceptable for men to suffer as well. If melancholy men were anxious about their masculine reputation, then there would not have been so many who claimed to have the illness.

This gendered study expands into a wider debate about the notion of control in masculine and feminine terms. The concern to control feminine morality extended into all aspects of life, drawing upon ideas of spirituality and sinfulness. Breitenberg argued that men believed that women could only mourn the material world, such as loss of money or belongings, leaving their spiritual health in peril.⁴³ Thus, the immorality of women was not just expressed via their sexuality, but also through their spirituality. Ian McAdam furthered this view and suggested that even in theatre, feminine emotion was used as 'an excuse to control and oppress'.⁴⁴ Thus, the need to control was expressed on a sexual, spiritual and emotional level. Lack of control over their bodies and emotions was what made women immoral and sinful, which could lead to mental illness. As Hodgkin argued, madness represented the mental, moral and psychological inferiority of women.⁴⁵ This notion is fundamental to understanding gendered mental illness.

Competition to this view comes with the notion that men were only concerned about controlling feminine sexuality, as this was intrinsic to their morality. Stephanie Tarbin, Van Duinen and Shepard all supported the view that concepts of female sexual insatiability abounded, and reflected the male need for control.⁴⁶ Russell West-Pavlov expanded on this view in his study, and argued that women lacked control of their sexuality due to their biology, but he did not support the idea that

⁴² Susan Broomhall and Jacqueline Van Gent, "Introduction," in *Governing Masculinities in the Early Modern Period: Regulating Selves and Others*, ed. Susan Broomhall and Jacqueline Van Gent (Surrey: Ashgate Publishing Limited, 2011), p.17.

⁴³ Breitenberg, *Anxious Masculinity in Early Modern England*, p.40.

⁴⁴ Ian McAdam, "Masculine Disaffection and Misogynistic Displacement in Carew's Love Lyrics," in *The Image of Manhood in Early Modern Literature: Viewing the Male*, ed. Andrew. P Williams (Westport: Greenwood Press, 1999), p.14.

⁴⁵ Hodgkin, *Women, Madness and Sin in Early Modern England: The Autobiographical Writings of Dionys Fitzherbert*, p.3.

⁴⁶ Stephanie Tarbin, "Civic Manliness in London, C. 1380- 1550," in *Governing Masculinities in the Early Modern Period: Regulating Selves and Others*, ed. Susan Broomhall and Jacqueline Van Gent (Surrey: Ashgate Publishing Limited, 2011), p.40; Van Duinen, "The Obligations of Governing Masculinity in the Early Stuart Gentry Family: The Barringtons of Hatfield Broad Oak," p.114; Shepard, "From Anxious Patriarchs to Refined Gentlemen? Manhood in Britain, circa 1500-1700," p.283.

spirituality and emotion were just as important.⁴⁷ This thesis instead argues that biology, sexuality, spirituality and emotion were all central elements in the control of feminine morality, which ultimately affected how gendered madness was explained, treated, and perceived by Tudor society.

A separate element of debate is the extent to which the mentally ill were institutionalised. There are two polarised interpretations, that the mentally ill were commonly institutionalised, or that they were not. Simon Jarrett, Allderidge and Catharine Arnold have all emphasised the importance of institutionalisation in early modern England, and maintained that Bethlem Hospital, which was officially dedicated to the care of the mentally ill, was of great importance.⁴⁸ Thomas, in his popular study *Religion and the Decline of Magic*, also argued that diseases of the mind were understood so little that those with mental issues were locked away and, essentially, forgotten about.⁴⁹ The focus on looking for evidence of modern ways of dealing with mental illness, namely via incarceration, has coloured the debate. Whilst institutionalisation happened on occasion in Tudor England, these generalisations overlook many sources which illustrate that the sixteenth century populous had an alternative perception of the mentally ill, which affected their methods of approaching and dealing with mental illness. This thesis will elaborate on the arguments of Derek Peat and Jonathan Andrews, who emphasised that Bethlem's importance was limited, and that it was the only institution of its kind.⁵⁰ Instead, those with mental health problems were dealt with in a number of ways. These methods ranged from humoral treatments and herbal home remedies, to the application of astrology and counselling.

This relates to ideas about medical progress in the sixteenth century. Again, there are two simple sides to this debate: that progress was made, or that progress remained largely stagnant. This thesis supports the assertions which Randolph Klein and O'Malley made in their studies of Tudor medicine, that medical progress was made during the sixteenth century, as well as elaborating on how the Church worked

⁴⁷ Russell West-Pavlov, *Bodies and Their Spaces: System. Crisis and Transformation in Early Modern Theatre* (New York: Brill, 2005), p.145.

⁴⁸ Simon Jarrett, "Disability in Time and Place," *English Heritage Disability History Web Content*, 2012, p.13; Allderidge, "Management and Mismanagement at Bedlam, 1547- 1633," p.141; Catharine Arnold, *Bedlam: London and Its Mad* (London: Pocket Books, 2008), p.40.

⁴⁹ Thomas, *Religion and the Decline of Magic*, p.15.

⁵⁰ Derek Peat, "Mad for Shakespeare: A Reconsideration of the Importance of Bedlam," *Parergon* 21, no. 1 (2004): p.116; Jonathan Andrews, *The History of Bethlem* (London: Routledge, 1997), p.111.

with mental health sufferers even after the Reformation.⁵¹ In this way the study can refute the idea that institutionalisation was prevalent, and will instead assert that medical progress was made despite the alternative view point put forward by Paul Kocher. He focused instead on medicine's relationship with religion, insisting that God was too integral to traditional Tudor medicine to make any true scientific advancement.⁵² Thomas agreed and suggested that no progress was made for those with mental ailments, because physicians were only concerned with bodily conditions.⁵³ However, these latter arguments overlook the advancements made towards end of the century, which will be detailed later, as well as the prevalence of medical texts which were written, published and circulated due to the invention of the printing press.

The final element of this thesis is the importance of being able to recognise that the Tudors had an alternative view of reality and that their world view was predicated on a different set of norms and values. For example, belief in spirits was perfectly acceptable, therefore explanations of mental illness which included spirits were considered quite rational. The best way of exemplifying this is by looking at popular culture, specifically plays and poetry. The first debate with regards to this topic is what actually was popular culture? Peter Burke argued that high culture, something which was engaged in by the elite, was seen as wholly separate from popular culture; instead he classified popular culture as 'unofficial culture, the culture of the non-elite'.⁵⁴ He essentially argued that when it came to the elite and the rest of society, their sources of entertainment were largely separate, thus implying that different world views depended upon social status. This is similar to the concept of elite melancholy, that only those who were educated and possessed leisure time suffered from the illness.

Nonetheless, Alison Sim maintained that towards the end of the century, with the rise of popular playwrights such as Shakespeare, people of any social standing were able to access similar sources of entertainment; due in no small part to the rising number of theatres and dramatic companies.⁵⁵ Barry Reay and Susan

⁵¹ Randolph Klein, "The History of Medicine in Tudor Times: An Historiographical Survey," *The Historian (Kingston)* 33, no. 1 (1970): p.373; O'Malley, "Tudor Medicine and Biology," p.16.

⁵² Paul Kocher, "The Idea of God in Elizabethan Medicine," *Journal of the History of Ideas* 11, no. 1 (1950): p.6.

⁵³ Thomas, *Religion and the Decline of Magic*, p.15.

⁵⁴ Peter Burke, *Popular Culture in Early Modern Europe* (Surrey: Ashgate Publishing Limited, 2009), p.xiii.

⁵⁵ Alison Sim, *Pleasures and Pastimes in Tudor England* (Gloucestershire: The History Press, 1999), p.155-156.

Amussen, too, insisted that we should not base our conclusions surrounding the mingling of high and popular culture on levels of literacy and illiteracy, because orality, the oral transmission of ideas, often compensated for such gaps.⁵⁶ Tara Hamling expanded on these arguments in her study of visual culture, and presented the notion that plays and performances could transcend social boundaries, making the distinction between high and popular culture less important.⁵⁷ This means that when we assess the portrayal of mental illness in popular plays and poetry, we can consider that it influenced, and was influenced by, every level of society.

If we return once again to the notion of rationality and reality, we can see that the transcending of social boundaries through entertainment is incredibly important to the study of perceptions of the mentally ill. This is because plays and poetry often represented the ways in which the mentally ill were perceived in society, including ideas surrounding the origin of their illness. Hutton argued that 'the concept of the fairy realm had become part of the mental world of English commoners'.⁵⁸ Thus, such ideas were a rational and acceptable part of reality. Angus Vine, too, argued that our own definitions of the words 'myth' and 'legend' are not the same as the Tudor perceptions.⁵⁹ This clarifies why most were happy to watch plays depicting the mad talking to spirits and ghosts. This thesis, then, will elaborate on the notion of an alternative Tudor reality, supporting Gail Paster's view that the early modern populous placed great importance on the mind-body relationship and elements of spirituality.⁶⁰

To conclude, in response to the historiographical concerns highlighted in this chapter, this original study will give an accurate view of Tudor perspectives of mental illness by exploring their theories, treatments and reactions, which ultimately deepens our own understanding of the Tudor psyche. By comparing theories surrounding the origins of mental illness it can be proven that medical progress did

⁵⁶ Barry Reay, *Popular Cultures in England, 1550- 1750* (Essex: Addison Wesley Longman Limited, 1998), p.39; Susan. D Amussen, "The Gendering of Popular Culture in Early Modern England," in *Popular Culture in England, C. 1500- 1850*, ed. Tim Harris (Hampshire: Macmillan, 1995), p.48.

⁵⁷ Tara Hamling, "Visual Culture," in *The Ashgate Research Companion to Popular Culture in Early Modern England*, ed. Andrew Hadfield, Matthew Dimmock, and Abigail Shinn (Surrey: Ashgate Publishing Limited, 2014), p.77.

⁵⁸ Hutton, "The Making of the Early Modern British Fairy Tradition," p.1145.

⁵⁹ Angus Vine, "Myth and Legend," in *The Ashgate Research Companion to Popular Culture in Early Modern England*, ed. Andrew Hadfield, Matthew Dimmock, and Abigail Shinn (Surrey: Ashgate Publishing Limited, 2014), p.105.

⁶⁰ Gail Kern Paster, *Humoring the Body: Emotions and the Shakespearean Stage* (Chicago: University of Chicago Press, 2004), p.5.

take place in the sixteenth century. By looking at the development of medical and social treatments for mental illness, with emphasis on how people, especially those from the lower sort, accessed medical help, we can see how people from different walks of life perceived and treated their mental maladies. When assessing popular reactions to the mentally ill, this thesis will also supplement the ever popular grassroots history approach, because it will illustrate how gender, age, entertainment and the law all played a part in how those with mental vexations were received by their communities.⁶¹ The debates outlined above are aligned with each of the five chapters in this study, and will be engaged with throughout to reveal new perspectives of mental illness that have not previously been considered.

⁶¹ David Hitchcock, "Why History from Below Matters More than Ever," *The Many-Headed Monster*, July 22, 2013, <https://manyheadedmonster.wordpress.com/2013/07/22/david-hitchcock-why-history-from-below-matters-more-than-ever/>.

Melancholy

Introduction

Melancholy has been one of the most well documented mental ailments of the sixteenth century. However, just because it was thoroughly recorded by the Tudors does not mean to say that other psychological ailments were not. It is historical interpretation that has resulted in the predominance of melancholy, rather than any emphasis placed by Tudor authors. Nonetheless, melancholy is still one of the many vexations which can exemplify Tudor perceptions of mental illness. This chapter will explore differing theories and treatments for melancholy; enabling the study to argue how knowledge surrounding the illness was varied but largely in keeping with current medical theory. It will assess who was responsible for melancholy patients, along with what access they had to treatment by looking at charitable perceptions. This section will also argue how wide-ranging experiences of mental illness were by inspecting perceptions of social status and life-cycle.

As outlined earlier, historians such as Andrews, Lund and Gowland focused mainly on melancholy in relation to Galenic humoral theory.⁶² Whilst humoral theory was an integral part of early modern medicine, it is also important to highlight that Tudor people had explanations and treatments for melancholy which were not based upon the balance of the humors. This was a point highlighted primarily by Healy, who stated that historians have placed too much emphasis on the standard, Galenic model of the body.⁶³ This chapter, then, will work to counter the historiographical argument that the Tudors only used Galenic perceptions to explain melancholy, and will instead illustrate that they had the ability to record and use alternative explanations and treatments. This shows how extensive sixteenth century perceptions of mental illness truly were.

The debate as to whether melancholy was an aristocratic illness will also be addressed here. Babb and Gowland argued that melancholy was an illness of the gentry and the elite, they also suggested that it became fashionable to be affected by the illness.⁶⁴ However, this thesis will counter their assertions by highlighting that people of any social standing could be stricken with melancholy, and frequently

⁶² Andrews, "Identifying and Providing for the Mentally Disabled in Early Modern London"; Lund, *Melancholy, Medicine and Religion in Early Modern England*; Gowland, "The Problem of Early Modern Melancholy."

⁶³ Healy, *Fictions of Disease in Early Modern England: Bodies, Plagues and Politics*, p.6.

⁶⁴ Babb, *The Elizabethan Malady: A Study of Melancholia in English Literature from 1580 to 1642*, p.vii; Gowland, "The Problem of Early Modern Melancholy," p.77.

were. Had the Tudors only perceived melancholy as an illness of the elite, then the poorer members of society would not have been routinely diagnosed with the disease by well educated men, often clergymen. This is also part of the notion of a male melancholic epidemic, which will be explored in greater detail in the Gendered Afflictions chapter.

In addition to the debates above, this section of the study will work to better explain central aspects of Tudor society which are crucial for understanding perceptions of melancholy. This will include how physicians and clergymen were educated, the social structure of sixteenth century England, the various poor laws which affected access to medical treatment and financial help for the poor, as well as the role of institutions.

Medicine in Tudor England

First, it is useful to review the education system within Tudor England; this was intrinsically linked to the world view that the Tudors held, and was the way in which young physicians, clergymen and theologians formed their ideas. As Nicholas Orme detailed, Church and State were fundamentally intertwined, and throughout the Tudor period bishops were responsible for monitoring schools and their teaching practices despite changes in religious practice.⁶⁵ Colleges and universities, too, were managed by clergymen; Ian Green stated that they were slow to change their ways, and continued to be heavily influenced by religious traditions.⁶⁶ This is why many clergymen went on to become physicians, and why physicians were influenced by religion. Thus, a small elite who diagnosed mental conditions was created.

Educational institutions, especially universities, were open to a substantial amount of European influence. Green declared that texts in English universities were less censored than in many European countries, due in part to the inability of radical Protestants and Catholics to hold sway over such commissions, which allowed the establishment of humanist ideas within the medical community.⁶⁷ Jonathan Arnold argued that Christian humanism 'encouraged the appreciation and study of languages such as Hebrew, Greek and Latin in order to gain a proper understanding

⁶⁵ Nicholas Orme, *Medieval Schools: From Roman Britain to Renaissance England* (New Haven: Yale University Press, 2006), p.342.

⁶⁶ Ian Green, *Humanism and Protestantism in Early Modern English Education* (Surrey: Ashgate Publishing Limited, 2009), p.9.

⁶⁷ *Ibid.*, p.22 & ix.

of Christian texts . . . humanists were particularly concerned with Church reform'.⁶⁸ Thus, the Reformation allowed for the spread of humanist of ideas throughout Europe. Matthew Milner placed particular emphasis on how humanism interacted with sickness; he stated that it was widely regarded by humanists that, should a person lose sensory control and engage in vice, this sin could lead to sickness.⁶⁹ This created a shared interpretive network where theories, which were in line with the alternative early modern world view, were shared amongst well educated physicians, clergymen and theologians.

One approach was humoral theory which, as was outlined earlier, has been greatly focused upon by historians and has led to the dominance of melancholy in modern historical works, with other psychological illnesses and theories being overlooked as a result. Nonetheless, it is still necessary to outline the theory here. Between 1511 and 1521 Thomas Linacre, a humanist scholar and physician, translated Galen's ancient Greek works into Latin; making humoral theory widely available to English gentlemen.⁷⁰ This encouraged a move away from the Devil as an explanation for unexplained illnesses. Humoral theory stated that, in order for the body to remain healthy, each of the four humors: blood (sanguine), black bile (melancholic), yellow bile (choleric) and phlegm (phlegmatic), had to remain balanced. The melancholy humor was directly linked to mental wellbeing, which is portrayed in illustrations such as the woodcut displayed above (Fig. 1).⁷¹ As the woodcut illustrates, an imbalance of the melancholic humor caused the depressive illness of melancholy.⁷² Thus, mental illness, like physical illness, was sometimes considered as an upset of the humors.



Figure 1: A German woodcut depicting the depressive qualities of the melancholic humor.

An additional form of medicine which gained popularity throughout Western Europe, but which has been generally overlooked by modern works on early modern

⁶⁸ Jonathan Arnold, *Dean John Colet of St Paul's: Humanism and Reform in Early Tudor England* (London: I. B. Tauris & Co. Ltd, 2007), p.2.

⁶⁹ Matthew Milner, *The Senses and the English Reformation* (Surrey: Ashgate Publishing LTD, 2011), p.183.

⁷⁰ Antonia McLean, *Humanism and the Rise of Science in Tudor England* (London: Heinmann Educational Books Ltd, 1972), p.186.

⁷¹ *Deutsche Kalendar*, 1498, U.S National Library of Medicine, <https://www.nlm.nih.gov/exhibition/shakespeare/fourhumors.html>.

⁷² Larkey, *Medical Knowledge in Tudor England as Displayed in and Exhibition of Books and Manuscripts*, p.19.

mental illness, was Paracelsian medicine. The man who titled himself Paracelsus (1483- 1541), the German born Philippus Aureolus Theophrastus Bombastus von Hohenheim, focused less on Galenic theory and more so on the natural remedies presented in folklore.⁷³ Paracelsus also resisted the notion that mental illness was inflicted by the Devil, despite writing sermons and religious tracts, illustrating how there was an enlightened spread of knowledge in the sixteenth century.⁷⁴ However, these many external influences often left university students torn between medieval, humanist and renaissance ideals; such hesitancy is tangible in the medical and religious texts written on melancholy.⁷⁵ This means that, although Tudor perspectives of mental illness were influenced by these views, there were still different theories that existed within this framework. For many, both the physical and spiritual worlds were real, presenting challenges, threats and cures. Not all prescribed to the same ideas, and theories outside of the Galenic model did exist.

Clergymen and physicians characterised melancholy as a common anxiety disorder which caused both temporary and permanent depression.⁷⁶ The contemporary writer Phillip Barrough described it as 'an alienation of the mind troubling reason, and waxing foolish, so that one is almost beside himself'.⁷⁷ That melancholy was such a well documented illness exemplifies the idea that there was little stigma surrounding the discussion of mental disturbances, enforcing Tudor acceptance of such illnesses.

In the explanation of melancholy, the balance of the humors was one element of importance. Bright explained that too much heat could cause the melancholic humor to become imbalanced, making the person vulnerable to melancholy; this was something that he had observed firsthand whilst treating melancholic patients.⁷⁸ But he also explained that the seasons could cause the disease.⁷⁹ This viewpoint, as Milner stated, used sensory control 'as a key to the combat of melancholy', and

⁷³ Thomas Willard, "Paracelsus on Mental Health," in *Mental Health, Spirituality, and Religion in the Middle Ages and Early Modern Age*, ed. Albrecht Classen (Berlin: De Gruyter, 2014), p.524.

⁷⁴ *Ibid.*, p.525 & 527.

⁷⁵ Green, *Humanism and Protestantism in Early Modern English Education*, p.7.

⁷⁶ Babb, *The Elizabethan Malady: A Study of Melancholia in English Literature from 1580 to 1642*, p.37.

⁷⁷ Philip Barrough, *The Method of Phisicke, Conteyning the Causes, Signes, and Cures of Inward Diseases in Mans Body from the Head to the Foote* (London: Richard Field, 1590), p.45.

⁷⁸ Bright, *A Treatise of Melancholie*, p.2; Page Life, "Bright, Timothy (1549/50-1615), Physician and Writer on Shorthand," *Oxford Dictionary of National Biography*, 2008, p.1.

⁷⁹ Bright, *A Treatise of Melancholie*, pp.114-115.

indicated a definitive connection between morality and medicine.⁸⁰ Ideas surrounding melancholy were usually predicated on science rather than magic, but morality and control of one's actions was often crucial to theories surrounding mental illness. This perpetuated the idea of a reality based on the visible and invisible world, and mixed moral spirituality with human biology and science.

Lund explained that religious and medical theories could overlap, as medical practice grew out of religious education.⁸¹ One such example of this overlap can be found in Andrew Boorde's publication. He stated that mental illness was either caused by 'devyls', or by 'bylous bloud intruded in the head'.⁸² His explanations made use of both religion and medical theory, melding the two together and bolstering the distinctive Tudor view of the world. This was not uncommon and, as Stuart Clark pointed out, some physicians discussed demonic causation for medical conditions such as melancholy.⁸³ Humoral theory, then, was not the only explanation for ailments such as melancholy, and many contrasting theories were melded with spirituality and morality within the structure of Tudor viewpoint of the world.

Treatments for melancholy were notably medicinal; herbal remedies being the most widely available. Surphlet's translation suggested 'the vse of pottage and brothes . . . syrups . . . [and] ointments for the whole bodie' to encourage the 'purging of the melancholike humour'.⁸⁴ Other non-humoral treatments included, as Barrough suggested:

'wyne that is white, thinne, and not very old . . . exercises [that] be meane, let them ryde or walke by places pleasant and green, or use sailing on water. Also a bath of sweet water . . . sleep is wonderfull good for them, as also moderate carnall copulation'.⁸⁵

Such remedies were cheap and accessible even to the poor. Additionally, for those who were willing to pay, physicians were available. In 1600 the Archbishop of

⁸⁰ Milner, *The Senses and the English Reformation*, p.182.

⁸¹ Lund, *Melancholy, Medicine and Religion in Early Modern England*, p.93.

⁸² Andrew Boorde, *The Breviary of Healthe. The Seconde Boke of the Breviary of Health, Named the Extravagantes* (London: Powell, 1552), pp.xi & xvii.

⁸³ Stuart Clark, "Demons and Disease: The Disenchantment of the Sick (1500- 1700)," in *Illness and Healing Alternatives in Western Europe*, ed. Marijke Gijswijt-Hofstra, Hilary Marland, and Hans DeWaardt (London: Routledge, 2003), p.40.

⁸⁴ Laurentius, *A Discourse of the Preservation of the Sight: Of Melancholike Diseases; of Rheumes, and of Old Age*. (London: Printed by Felix Kingston, 1599), pp.108-116.

⁸⁵ Barrough, *The Method of Phisicke, Conteyning the Causes, Signes, and Cures of Inward Diseases in Mans Body from the Head to the Foote*, pp.45-48.

Canterbury granted a license to one 'John Freeman of Milton' for 'medicine touching the said melancholy and mad'.⁸⁶ This not only shows that the study and treatment of mental illness was an acceptable career focus for physicians, but that the Church was no longer encouraging religious exorcisms. This supports the viewpoint that rationality was no longer solely spiritual, but that it was acceptable to mix new medical ideas with morality and spirituality, strengthening the Tudor view of reality.

A commonly held idea was that the elderly were thought to be the most vulnerable to melancholy. This notion was perpetuated primarily by humoral theory, but was common in the alternative sixteenth century view of the world. Take, for example, the contemporary example shown to the right (Fig. 2), which depicts the melancholy figure as a frail, elderly man with a walking stick.⁸⁷ Surphlet's translation stated that 'olde folks' and 'gelded men' had questionable masculinity, so were vulnerable to a melancholic imbalance.⁸⁸ This is an element of early modern understanding which will be explored in greater detail



Figure 2: A sixteenth century illustration depicting the melancholy figure (far right) as an elderly man with a walking stick and grey hair.

in the Gendered Afflictions chapter, where the notion of a male melancholic epidemic will be refuted. However, Babb summarised the Tudor explanation for elderly vulnerabilities perfectly: 'as man grows older his body becomes gradually drier and colder'.⁸⁹ These dry and cold characteristics caused an imbalance of the humors, making the person vulnerable to melancholy. Indeed, even as late as 1649, Joannes de Mediolano described the melancholy humor as 'neer kindred to age and death'.⁹⁰

This perception of old age was also present in Tudor entertainment, one example being Shakespeare's *The Seven Ages of Man* (1603). He described old age as 'second childishness and mere oblivion', cementing Tudor perspectives of the

⁸⁶ Archbishop of Canterbury, "Licence Granted to John Freeman to Practise the Art of Medicine on the Melancholy and Mad. (1600)," in *Three Hundred Years of Psychiatry, 1535-1860: A History Presented in Selected English Texts*, by Richard Hunter and Ida MacAlpine (London: Oxford University Press, 1963), p.60.

⁸⁷ *Medical and Astrological Texts England, 1553*, Shakespeare at Yale: Collections and Exhibitions at Yale University, <http://exhibitions.shakespeare.yale.edu/exhibitions/medicine-in-shakespeares-london/i/>.

⁸⁸ Laurentius, *A Discourse of the Preservation of the Sight: Of Melancholike Diseases; of Rheumes, and of Old Age*. (London: Printed by Felix Kingston, 1599), p.91.

⁸⁹ Babb, *The Elizabethan Malady: A Study of Melancholia in English Literature from 1580 to 1642*, p.5.

⁹⁰ Joannes de Mediolano, *Regimen Sanitatis Salerni: Or, The Schoole of Salernes Regiment of Health* (London: Printed by B. Alsop, 1649), p.164.

elderly and their vulnerabilities.⁹¹ An incapacitated and elderly relative, though, would have to be cared for in some manner, especially if they were mentally ill. Deborah Willis highlighted how the burden of care usually fell on children and daughter-in-laws, with the transfer of property from parent to child often being agreed upon to support their care.⁹² For those who could not afford their elderly and 'impotent' relatives, Steve Hindle maintained that 'boarding out' was used as a means to export the burdensome to another household.⁹³ Nonetheless, these actions served only to encourage Shakespeare's image of second childishness in the eyes of the Tudor populous.

It is important to state, however, that in practice the young were just as susceptible to melancholy. Richard Napier, a clergyman, physician and astrologer who came to prominence at the end of the sixteenth century, had a number of young melancholic patients.⁹⁴ If we look at the table of Napier's patients (Table 1, p.102) which details all those whom he treated for mental maladies between 1597 and 1603, the case of Alice Vans from 4 January 1599, a twenty one year old woman, shows that reality was often different to theory in terms of a melancholic's age.⁹⁵ This is apparent again with the case of Susan Commendale from 19 March 1599, a twenty seven year old woman; and also Agnes Parsons from 27 March 1599, just twelve years old. Clearly, there were differences between theory and everyday experiences. Nonetheless, contemporary literature does help to illustrate Tudor *perceptions* of those most likely to suffer from melancholy: the elderly. Such perceptions intertwined with ideas about life-cycle and were reinforced in popular literature.

Social Hierarchy

Before any explanation of social status and melancholy can be made, it is first essential to explain the hierarchical structure of Tudor England. William Harrison, a contemporary writer, stated that 'we in England, divide our people commonly into

⁹¹ William Shakespeare, *The Seven Ages of Man*, 1603, p.1.

⁹² Deborah Willis, *Malevolent Nurture: Witch Hunting and Maternal Power in Early Modern England* (New York: Cornell University Press, 1995), p.74.

⁹³ Steve Hindle, *On the Parish? The Micro-Politics of Poor Relief in Rural England c.1550-1750* (Oxford: Clarendon Press, 2009), p.64.

⁹⁴ Jonathan Andrews, "Napier, Richard (1559- 1634), Astrological Physician and Church of England Clergyman," *Oxford Dictionary of National Biography*, 2009.

⁹⁵ These examples have been taken from the Casebooks Project: Napier.

four sorts, as gentlemen, citizens or burgesses, yeomen, and artificers or labourers'.⁹⁶ Gentlemen referred to the elite, such as 'dukes, marquesses, earls, viscounts, and barons'.⁹⁷ Citizens or burgesses were those from the middling sort, made up of wealthy merchants and the landed gentry. Yeomen referred to wealthy farmers, and artificers or labourers indicated craftsman down to the poorest manual workers. Where people were positioned within society helps to explain their perceptions of mental illness and melancholy, as well as their experiences of it.

One aspect of social status which affected access to treatment for melancholics, and indeed those with any mental illness, was the increasing population. According to Mark Jenner and Patrick Wallis, between 1500 and 1700 the percentage of people living in towns increased from 7.9 per cent to 27.7 per cent.⁹⁸ Thus, it follows that demand for health care rose with the growing population; although this would have been of little concern to melancholics wealthy enough to afford the care of a physician. Instead, the poor relied on home remedies. These treatments changed very little over the course of the sixteenth and seventeenth centuries, as illustrated by the works of both Richard Elkes and Konrad Gesner. Despite being published nearly one hundred years apart, their manuals contain onion and treacle remedies which are almost identical. Elkes suggested taking 'an Onyon, cut off the top, and dig out the middle, and put in the London Treacle', Gesner suggested making 'an oyle out of the Onyon and Triacle, provoking sweate'.⁹⁹ It can also be highlighted that these treatments were not based on humoral theory, which supports the notion that Galenic explanations of melancholy have been overemphasised.

The invention of the printing press allowed for such home remedies to be disseminated widely.¹⁰⁰ However, the rise in available literature also led to an increase in 'quack doctors'. Sharpe stated that 'older forms of folk medicine were still available to the poor, but it is now evident that there were a large number of providers of medical services, most of them described both by hostile

⁹⁶ William Harrison, *Description of Elizabethan England: Chapter I, Of Degrees of People in the Commonwealth of Elizabethan England*, 1577, p.1.

⁹⁷ Ibid.

⁹⁸ Mark. S. R Jenner and Patrick Wallis, "The Medical Marketplace," in *Medicine and the Market in England and Its Colonies, c.1450- c.1850*, ed. Mark. S. R Jenner and Patrick Wallis (Basingstoke: Palgrave, 2007), p.11.

⁹⁹ Richard Elkes, *Approved Medicines of Little Cost, to Preserve Health and Also to Cure Those That Are Sick Provided for the Souldiers Knap-Sack and the Country Mans Closet* (London: Printed for Robert Ibbitson, 1651), p.14; Gesner, *The Newe Iewell of Health*, p.155.

¹⁰⁰ Alison Sim, *The Tudor Housewife* (Gloucestershire: Sutton Publishing Limited, 2000), p.91.

contemporaries and later writers as quacks, who found their clientele among the middling orders or the better-off artisans and farmers'.¹⁰¹ Those deemed as quacks often bridged the gap between elite and popular medicine, allowing published medical theory to be available to those who would not usually be able to access it, due either to limited funds or illiteracy. This meant that certain perceptions of mental illness could transcend social boundaries. It is clear, as Sharpe argued, that even the middling sort opted for cheaper quack doctors who made greater use of folk remedies. Both surgeons and physicians were eager to discredit these doctors as 'un-cunning' and unable to perform the task at hand.¹⁰² But for those with less income they remained popular, especially for less pressing ailments such as melancholy.

Physicians played their own roles within society and were usually only called upon in very grave circumstances; partly due to the cost of their services.¹⁰³ The role of a physician, as Hurren suggested, was to treat physical and mental wellbeing.¹⁰⁴ The fact that mental health was routinely treated illustrates that it was a regular part of society's medical needs. Although it may seem that elite and popular perceptions of mental illness were separate, we must remember that all theories fell under the umbrella of the alternative Tudor view of the world, science and medicine interwoven with spirituality, and were not drastically dissimilar. Theories that seemed only to be available to the literate elite were often disseminated by quack doctors or even, as we will see, through popular entertainment, creating a more rounded perception of psychological ailments.

The debate as to whether melancholy was an illness of the elite is another aspect of social status. Babb suggested that it was an illness of gentlemen, those with enough time to contemplate their emotional state.¹⁰⁵ However, just because gentlemen documented melancholy does not mean that the popular masses were exempt. For instance, Napier treated people of all sorts for the illness, as illustrated by the table of his cases (Table 1, p.102). David Cressy also highlighted how grieving and melancholic spouses made up a great proportion of Napier's patients;

¹⁰¹ James. A Sharpe, *Early Modern England: A Social History, 1550- 1760* (London: Arnold, 1997), pp.198-199.

¹⁰² Penry Williams, *Life in Tudor England* (London: B. T Batsford LTD, 1964), pp.108-109.

¹⁰³ McLean, *Humanism and the Rise of Science in Tudor England*, p.187.

¹⁰⁴ Hurren, "King Henry VIII's Medical World," p.2.

¹⁰⁵ Babb, *The Elizabethan Malady: A Study of Melancholia in English Literature from 1580 to 1642*, p.78.

showing again how status had very little to do with melancholy in practice.¹⁰⁶ This supports the notion that knowledge surrounding melancholy transcended social boundaries, as people from all levels of society were seeking help for the disease. Thus, the idea that the elite had wholly separate perceptions of melancholy is not logical. These points also help to give us a rounded view of Tudor experiences of melancholy: wealthy people could access comprehensive medical aid, whereas those with less coped with quack doctors and home remedies.

As Turner highlighted, for those who were wealthy enough to own land or property, experiences of melancholy could differ in more ways than their access to treatment.¹⁰⁷ But this distinction between the wealthy and the poor came only because the mentally ill were perceived as unable to properly manage their wealth. The elite had more property, thus the intervention of the courts was often seen as necessary. First though, we must look at the legal terminology surrounding mental illness in order to explore the intervention of the authorities. Andrews identified that in many official documents melancholics were referred to as 'idiots', 'lunatics', or 'changelings'.¹⁰⁸ However, as Hanson argued, the law only truly concerned itself with the differences between idiots and lunatics.¹⁰⁹ Both H. E. Bell and Richard Neugebauer maintained that the two were seen as distinctly different because lunatics were regarded as temporarily insane, and idiots were usually born with mental difficulties, or had developed a mental illness which was unlikely to cease.¹¹⁰ This distinction was pre-Tudor and, as Peter Rushton argued, had 'shaped medieval law since the thirteenth century'.¹¹¹

In terms of a melancholic, official intervention would only happen if the person was deemed a lunatic and was perceived as unable to look after their own goods or fortune. Tudor society controlled this through the Court of Wards. This Court had

¹⁰⁶ David Cressy, *Birth, Marriage, and Death: Ritual, Religion, and the Life-Cycle in Tudor and Stuart England* (Oxford: Oxford University Press, 1997), p.393.

¹⁰⁷ Wendy. J Turner, "Town and Country: A Comparison of the Treatment of the Mentally Disabled in Late Medieval English Common Law and Chartered Boroughs," in *Later Medieval Europe, Volume 6: Madness in Medieval Law and Custom*, ed. Wendy. J Turner (Leiden: Brill, 2010), pp.24-25.

¹⁰⁸ Andrews, "Identifying and Providing for the Mentally Disabled in Early Modern London," p.71.

¹⁰⁹ Hanson, "Tudor England Mental Illness Types & Facts," p.1.

¹¹⁰ H. E Bell, *An Introduction to the History and Records of the Court of Wards & Liveries* (Cambridge: Cambridge University Press, 1952), p.129; Richard Neugebauer, "Mental Handicap in Medieval and Early Modern England- Criteria, Measurement and Care," in *From Idiocy to Mental Deficiency- Historical Perspectives on People with Learning Disabilities*, ed. David Wright and Anne Digby (London: Routledge, 1996), p.36.

¹¹¹ Peter Rushton, "Idiocy, the Family and the Community in Early Modern North-East England," in *From Idiocy to Mental Deficiency- Historical Perspectives on People with Learning Disabilities*, ed. David Wright and Anne Digby (London: Routledge, 1996), p.46.

been in existence since the reign of Edward I and, as Bell detailed, 'claimed the wardship of all born fools'.¹¹² They determined a person's idiocy via inquisition, but a chancellor could intervene if they suspected that any jurors had been bribed or intimidated; if idiocy was ruled then the person had their lands, property and inheritance seized, which they could regain once recovered by proving their health to the Chancery.¹¹³ Two examples of this exist in Series II of the Inquisitions Post Mortem, from Edward VI's reign. Both Edward Belson of Sussex and Richard Brent of Somerset were deemed to be idiots, and control of their goods and property was assumed by the Crown.¹¹⁴

On the whole, however, wealthy melancholics do not seem to have been exploited by the Court of Wards, and Jarrett maintained that care of the mentally ill remained a domestic matter.¹¹⁵ One example of this is the case of Rowland Lee, a London merchant who suffered from melancholy after the death of his wife. He had been deemed a melancholic lunatic and was considered 'insufficient to governe those things which he hathe'.¹¹⁶ Nonetheless, there exists a suit in the papers of Robert Cecil made on behalf of Lee by his brother. It 'denies the lunacy, and submits names of indifferent persons of whom inquiry may be made into the matter'.¹¹⁷ It seems that his plea was heard, and doctors who examined him deemed that 'for anie lunacye or distraction ther appearethe not anie to us'; his goods were then returned.¹¹⁸ Thus, the Tudor perspective of melancholy was not one of exploitation, as Lee was only perceived as unable to govern his belongings whilst mentally incapacitated; once proven to be healthy again his goods were returned. Status in terms of melancholy mattered only for the proper governance of property, and for what access to treatment one could afford.

¹¹² Bell, *An Introduction to the History and Records of the Court of Wards & Liveries*, p.128.

¹¹³ Margaret McGlynn, "Idiots, Lunatics and the Royal Prerogative in Early Tudor England," *Journal of Legan History* 26, no. 1 (2005): pp.4-5.

¹¹⁴ "Exchequer: King's Remembrancer: Escheators' Files, Inquisitions Post Mortem, Series II, and Other Inquisitions, Henry VII to Elizabeth I" (Sussex, 6 Edw. VI), E150/6/3, National Archives, Kew; "Exchequer: King's Remembrancer: Escheators' Files, Inquisitions Post Mortem, Series II, and Other Inquisitions, Henry VII to Elizabeth I" (Somerset, 6 Edw. VI), E150/6/76, National Archives, Kew.

¹¹⁵ Jarrett, "Disability in Time and Place," p.17; McGlynn, "Idiots, Lunatics and the Royal Prerogative in Early Tudor England," p.2; Bell, *An Introduction to the History and Records of the Court of Wards & Liveries*, p.130.

¹¹⁶ William Gilbert, "Certificat Touching Lunacie. (1601)," in *Three Hundred Years of Psychiatry, 1535-1860: A History Presented in Selected English Texts* (London: Oxford University Press, 1963), p.65.

¹¹⁷ Robert Lee, "Cecil Papers: June 1601," in *Calendar of the Cecil Papers in Hatfield House*, ed. E. Salisbury, vol. 14 (London: His Majesty's Stationary Office, 1923), p.242.

¹¹⁸ Gilbert, "Certificat Touching Lunacie. (1601)," p.65.

Charitable Provision

One of the ways in which the melancholy poor survived was through charity, and charitable giving was affected by the ways in which those with psychological ailments were perceived. Carol Neely identified three conditions people had to meet before receiving parish relief: 'first, the distressed do or threaten senseless harm to themselves, or others, or to property; second, no family members or servants are available to provide the high level of care needed; third, they or their families lack funds to pay for care'.¹¹⁹ This was chiefly due to religious change because, as Jarrett outlined, before the Reformation institutional care of the mentally ill poor remained largely in the hands of religious orders.¹²⁰ John Wagner and Susan Schmid's study highlighted how there were around 800 religious houses which sheltered many 'men and women (usually elderly or infirm) who had arranged room and board for life'.¹²¹ However, from 1533 to 1545 leading monasteries and hospitals were closed, leaving the mentally ill poor with little in the way of institutional care.¹²² Hospitals which accepted the mad included both Bethlem Hospital in London and, towards the end of the century, Chichester Hospital.¹²³

What hospitals did remain experienced a marked decline in charitable donations due to the shift towards Protestant theology. Rather than changing the way in which the mentally ill poor were perceived, this shift in thinking actually affected charity as a whole. Neil Rushton maintained that the Catholic Church had genuinely provided for the poor.¹²⁴ But Protestant teachings dictated that there was no longer any need for charitable giving as a means of salvation.¹²⁵ Thus, people could keep their money and still enter heaven. Indeed, Allison Coudert suggested that even in the Middle Ages these Protestant ideals were firmly rooted within

¹¹⁹ Carol. Thomas Neely, *Distracted Subjects: Madness and Gender in Shakespeare and Early Modern Culture* (Cornell: Cornell University Press, 2004), p.161.

¹²⁰ Jarrett, "Disability in Time and Place," p.14.

¹²¹ John. A Wagner and Susan. Walters Schmid, eds., *Encyclopedia of Tudor England*, vol. 1 (California: ABC-CLIO, LLC, 2012), p.351.

¹²² Jarrett, "Disability in Time and Place," p.14.

¹²³ Ibid.; Nicholas Orme and Margaret Webster, *The English Hospital 1070-1570* (New Haven: Yale University Press, 1995), p.119.

¹²⁴ Neil. S Rushton, "Monastic Charitable Provision in Tudor England: Quantifying and Qualifying Poor Relief in the Early Sixteenth Century," *Continuity and Change* 16, no. 1 (2001): p.9; Thomson. John. A. F, *The Early Tudor Church and Society, 1485-1529* (London: Longman Group UK Limited, 1993), pp.217-218.

¹²⁵ Guenter. B Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (Oxford: Oxford University Press, 1999), p.216.

society.¹²⁶ Because of this the melancholic poor were low on the charitable agenda.¹²⁷ Although some, like Jasper Alleyn, did leave money to institutions in their wills.¹²⁸ Additionally, as Edgar Miller detailed, the poor had a degree of protection for the cost of institutional care, but institutions were still unwilling to take incurables.¹²⁹ Thus, the marked decline in charitable giving to the mad poor had little to do with perceptions of psychological ailments, and more to do with views surrounding the necessity of charity to one's own salvation.

All mentally ill poor, including those suffering from melancholy, were perceived as the impotent, deserving poor. The expectation was that they would live and work with their families if well enough to do so.¹³⁰ But, as Anne Digby outlined, idiocy became the concern of the poor law if care at home had broken down.¹³¹ Henry VIII's 1536 poor law legislation was largely accepting of mental illness, and stated that "the person naturally disabled, either in wit or member, as an idiot, lunatic, blind, lame etc., not being able to work . . . are to be provided for by the overseers of necessary relief and are to have allowances . . . according to . . . their maladies and needs".¹³² Additionally, the legislation enforced a compulsory parish poor rate to pay for the relief, no doubt due to the decline in charitable giving.¹³³ In 1572, this compulsory rate was enforced as a tax, every inhabitant of England was assessed and a weekly charge was taken towards the relief of the poor.¹³⁴ Indeed, there exists a poor rate assessment from 1574 Ipswich, illustrating that the payments continued to be enforced.¹³⁵ It appears, then, that the mentally ill were always perceived as deserving of charitable or State intervention.

¹²⁶ Allison. P Coudert, "Melancholy, Madness, and Demonic Possession in the Early Modern West," in *Mental Health, Spirituality, and Religion in the Middle Ages and Early Modern Age*, ed. Albrecht Classen (Berlin: De Gruyter, 2014), p.654.

¹²⁷ Paul Slack, *Poverty and Policy in Tudor and Stuart England* (Essex: Longman Group Limited, 1988), p.164.

¹²⁸ Draper Alleyn, "Will of Jasper Alleyn, Draper. (1548)," in *English Historical Documents: Vol.5, 1485- 1558*, ed. C. H Williams and David. C Douglas, vol. 5 (London: Eyre and Spottiswode, 1967), p.1035.

¹²⁹ Edgar Miller, "English Pauper Lunatics in the Era of the Old Poor Law," *History of Psychiatry* 23, no. 3 (2012): pp.320-321.

¹³⁰ Jarrett, "Disability in Time and Place," p.18.

¹³¹ Anne Digby, "Contexts and Perspectives," in *From Idiocy to Mental Deficiency- Historical Perspectives on People with Learning Disabilities*, ed. David Wright and Anne Digby (London: Routledge, 1996), p.4.

¹³² Jarrett, "Disability in Time and Place," p.13.

¹³³ Ken Jackson, "'I Know Not/ Where I Did Lodge Last Night?': King Lear and the Search for Bethlem (Bedlam) Hospital," *English Literary Renaissance* 30, no. 2 (2000): p.219.

¹³⁴ John Pound, ed., "A Compulsory Poor Rate: Statutes of the Realm, Iv Pt I, 590-8," in *Poverty and Vagrancy in Tudor England* (Harlow: Longman Group Limited, 1971), 104.

¹³⁵ "Outdoor Relief: Poor Rate Assessments and Weekly Payments to the Poor" (Ipswich: St. Margaret's, 1574), MS 25343, British Library, Manuscript Collections.

However, it was not until 1598 that the poor law became increasingly specific. The impotent poor, including those with debilitating cases of melancholy, had to be provided with 'necessary places of habitation'.¹³⁶ As Andrews detailed, the law also stipulated that they should be paid for by their kin, but the parish was allowed to provide help if necessary.¹³⁷ Assistance came mainly in the form of weekly cash doles, but could also include housing, medical care and clothing.¹³⁸ Although, J. R. Tanner indicated that the Elizabethan poor law had zero tolerance towards begging.¹³⁹ This meant that if any mentally ill person slipped through the legislative cracks, then they could not beg for a living and would be perceived as a vagabond.

The central element of these acts, as outlined earlier, was their distinction between the deserving and undeserving poor; that is, those who were most deserving of aid, and those who were considered as being able to work. Steve Hindle argued that this categorisation grew out of the reformation of manners, which made many hostile to the regulations that taxed them into charitable giving.¹⁴⁰ One of the ways in which communities distinguished between the deserving and undeserving was to punish the 'recalcitrant' poor, as Michael Berlin termed them; this would be in the form of whipping posts, stocks and small, temporary cages.¹⁴¹ In this respect, the melancholy and other mentally ill people were perceived as deserving, unless they were suspected of fabricating their illness.

Provision for the mad poor remained consistent within the poor laws despite, as Slack highlighted, the former two failing to firmly establish themselves.¹⁴² Additionally, it was always possible to access help regardless of age, which was a condition that carried across all of the acts.¹⁴³ Unfortunately, it is difficult to observe

¹³⁶ J. R. Tanner, ed., "An Act for the Relief of the Poor," in *Tudor Constitutional Documents A.D. 1485- 1603 with an Historical Commentary* (Cambridge: Cambridge University Press, 1922), p.490.

¹³⁷ Andrews, "Identifying and Providing for the Mentally Disabled in Early Modern London," p.74.

¹³⁸ A. L. Beier, *The Problem of the Poor in Tudor and Early Stuart England* (London: Methuen & Co. Ltd, 1983), p.29.

¹³⁹ Tanner, "An Act for the Relief of the Poor," p.492.

¹⁴⁰ Steve Hindle, *The State and Social Change in Early Modern England, 1550-1640* (Basingstoke: Palgrave, 2000), p.232.

¹⁴¹ Michael Berlin, "Reordering Rituals: Ceremony and the Parish, 1520- 1640," in *Londinopolis: Essays in the Cultural and Social History of Early Modern London*, ed. Paul Griffiths and Mark. S. R Jenner (Manchester: Manchester University Press, 2000), p.60.

¹⁴² Paul Slack, "Hospitals, Workhouses and the Relief of the Poor in Early Modern London," in *Health Care and Poor Relief in Protestant Europe 1500-1700*, ed. Peter. O Grell and Andrew Cunningham (London: Routledge, 1997), p.232.

¹⁴³ Paul. A Slack, *The English Poor Law, 1531-1782* (Basingstoke: Macmillan, 1990), p.17.

to what extent the melancholy poor actually accessed this help.¹⁴⁴ But it is clear that attitudes towards the charitable worthiness of the mentally ill poor changed very little over the course of the century, despite the change in attitude towards other forms of alms-giving.

Conclusion

To conclude, this chapter has established that mental illness, especially melancholy, was not only a respected focus of study, but was widely documented by both physicians and clergymen. It has also discussed Tudor explanations of melancholy, and who was most likely to suffer from it, by addressing life-cycle; exemplifying how consideration was given to the ways in which mental illness worked. It has also been argued that perceptions of melancholy were largely consistent despite hierarchical boundaries within education, due in part to literate quack doctors and the prevalence of the alternative Tudor view of reality. Social hierarchy also affected the ways in which the law worked with regards to melancholy. If the afflicted person had land or a valuable amount of goods, then they would be taken care of under the Court of Wards; with this system rarely being exploited. Poorer melancholics fell under regular poor laws, but were always perceived as the deserving poor.

With regards to historiographical debate, it is clear that melancholy, whilst being a well recorded ailment, was not the only mental illness recognised by the Tudors. Its explanations and treatments, too, varied far more from the historiographical focus on Galenic humoral theory. Similarly, it was not solely an illness of the elite.¹⁴⁵ Instead, these are ideas which have been thrust upon the history of mental illness, and reflect neither their reality, nor their perceived reality; an idea which will be thoroughly explored in the coming chapters. Ultimately, this section has highlighted some essential Tudor perspectives of melancholy. As an illness it was generally acceptable within society, even for the poorer sort, because it caused little disturbance; it also fitted within the established world view.

¹⁴⁴ Wendy. D Churchill, *History of Medicine in Context: Female Patients in Early Modern Britain: Gender, Diagnosis, and Treatment* (Surrey: Ashgate Publishing LTD, 2012), p.56.

¹⁴⁵ Babb, *The Elizabethan Malady: A Study of Melancholia in English Literature from 1580 to 1642*, p.vii; Gowland, "The Problem of Early Modern Melancholy," p.77.

Frenzied Illnesses

Introduction

The following chapter is devoted to the study of Tudor perceptions of frenzied mental illness; that is, illnesses associated with violent behaviour. Assessing frenzied madness not only re-iterates the alternative view about natures of reality and perceptions of the world, but also illustrates who was legally responsible for a frenzied person. Exploring these elements gives us a much more concise view of how the Tudors perceived mental illness, and shows us that perceptions of frenzy varied widely depending largely upon social status; as was the case with melancholy.

To what extent violence was acceptable in early modern England is integral to the study of the frenzied mad. This section will argue contrary to the arguments of Sharpe, McMahon and Brooks, who stated that violence was an accepted reality to the populous of early modern England, and was generally overlooked.¹⁴⁶ Their interpretation suggests that the Tudors saw violence as normal no matter the circumstance or the degree to which such acts were committed. Instead, the views of Amussen, Stone and Gaskill are far more convincing. They argued that violence was only acceptable when measured and used within the confines of the law, usually as a form of controlled punishment.¹⁴⁷ Essentially, a study of the frenzied mad will help to illustrate that not all forms of violence were acceptable to the Tudor mindset, and that the mentally ill who overstepped these social boundaries were punished; even if leniency was sometimes shown. The study of the frenzied poor also allows this thesis to support the stances of both John Pound and Margaret Pelling, who argued that frenzied paupers were wholly able to live within their communities despite being unable to work.¹⁴⁸ This, of course, supports the thesis statement that those with mental illnesses were perfectly tolerable to the Tudor populous.

In order to draw the most from this chapter, certain key elements of frenzied madness will be explored. First, different varieties of frenzy and the ways in which

¹⁴⁶ Sharpe, "The History of Violence in England: Some Observations," p.215; McMahon, *Murder in Shakespeare's England*, p.38; Brooks, *Law, Politics and Society in Early Modern England*, p.9.

¹⁴⁷ Amussen, "Punishment, Discipline, and Power: The Social Meanings of Violence in Early Modern England," p.12 & 32; Stone, "Interpersonal Violence in English Society, 1300- 1980," p.32; Gaskill, *Crime & Mentalities in Early Modern England*, p.209.

¹⁴⁸ John. F Pound, ed., *The Norwich Census of the Poor 1570* (Norwich: Norfolk Record Society, 1971), p.578; Margaret Pelling, "Healing the Sick Poor: Social Policy and Disability in Norwich 1550-1640," *Medical History* 29, no. 2 (1985): p.120.

they differed from other forms of mental illness will be examined. Followed by social responsibility and the ways in which patients were perceived. And finally the reactions of the criminal justice system to the crimes of the frenzied mad. By exploring these elements of Tudor society, how different forms of mental illness affected Tudor perspectives can be contrasted and compared.

Varieties of Frenzy

Unlike melancholy, there were many varieties of frenzied illness, but all shared the same characteristic: violent or uncontrollable behaviour. In his book *The Method of Phisicke*, Barrough described one illness called 'frenisie'.¹⁴⁹ Symptoms included a fever, as well as a 'raging vexation of the mind'; it was believed to be incurable and would ultimately lead to death.¹⁵⁰ Richard Cosin, another contemporary author, described the same illness as 'furor'; the general theme being that the afflicted person suffered from unreasonable fury which was expressed both verbally and physically.¹⁵¹ Cosin also described a state of malaise called 'fatuitas', this was a 'want of wit and understanding' which resulted in violent behaviour, it was often used to describe an idiot in the eyes of the law.¹⁵² Simple madness is the last of the violent psychological disturbances. Barrough described 'mad' patients as behaving like 'wild beasts', and stated that it differed from frenzy because no fever was present.¹⁵³ Again, Cosin detailed the same illness with different titles of 'insania' and 'delirium'; despite having different names, the symptoms were identical.¹⁵⁴ Such illnesses were difficult to manage due to the patient's violent behaviour, and were often characterised as being fatal.

Religious thought surrounding violent psychological illnesses, especially when compared to melancholy, concerned itself more so with moral analysis and the causal factors of sin. In this way, it fitted with the alternative Tudor view of reality. For instance, Thomas Adams theorised how madness and sin went hand-in-

¹⁴⁹ Barrough, *The Method of Phisicke, Conteyning the Causes, Signes, and Cures of Inward Diseases in Mans Body from the Head to the Foote*, p.21.

¹⁵⁰ *Ibid.*, pp.21-22.

¹⁵¹ Richard Cosin, *Conspiracie, for Pretend Reformation: Viz. Presbyteriall Discipline* (London: Printed by Christopher Barker, 1592), pp.78-80.

¹⁵² *Ibid.*, p.79.

¹⁵³ Barrough, *The Method of Phisicke, Conteyning the Causes, Signes, and Cures of Inward Diseases in Mans Body from the Head to the Foote*, pp.44-45.

¹⁵⁴ Cosin, *Conspiracie, for Pretend Reformation: Viz. Presbyteriall Discipline*, pp.78-80.

hand, yet could not decide which caused the other.¹⁵⁵ He also stated that ‘madmen’ were merely angry men, which suggests that he saw them as morally ambiguous and unable to control their emotions.¹⁵⁶ As a devout Calvinist Episcopalian his theories held God at the centre of all reality, so it followed that he was less concerned with the popular medical explanations of the day.¹⁵⁷

Humoral theory was another means of explaining frenzied illness. However, in this instance there seemed to be more concern paid to the temperature of the body, rather than to the balance of the humors. Thomas Wright, a clergyman, said that passions of the soul were caused by the temperature of the body, which in turn was controlled by the heart.¹⁵⁸ Thus, Wright’s ideas concentrated more so on how heat could cause a bodily imbalance. John Downame, another contemporary author, agreed with this theory. He stated that anger and frenzy could not come from the soul alone, and that the main cause of such behaviour was boiling blood which was in close proximity to the heart; this fell in line with the Tudor view of reality, as it incorporated spirituality in conjunction with medicine.¹⁵⁹ As Seaver highlighted, Downame was a popular vicar who had eminent patrons and published widely, so it is possible that his theories surrounding frenzy were well distributed.¹⁶⁰

Similarly, issues with the brain were used to explain passions and frenzies. Barrough stated that frenzy was caused primarily by ‘inflammacion of the filmes of the braine with an acture fever, causing raging vexation’.¹⁶¹ This illustrates that, when it came to frenzied psychological illness, there was a mixture of explanations; suggesting that it was harder for the Tudor populous to explain than an ailment such as melancholy. It also furthers the argument introduced in the previous chapter: that more light needs to be given to non-humoral theories.

Treatments for frenzy varied widely. Barrough suggested that little could be done for a patient who suffered from this type of illness. He said ‘let the sicke be kept

¹⁵⁵ Thomas Adams, *Mystical Bedlam, or the World of Mad-Men* (London: Printed by George Purslowe for Clement Knight, 1615), pp.48-69.

¹⁵⁶ *Ibid.*, p.66.

¹⁵⁷ J. Sears McGee, “Adams, Thomas (1583- 1652), Church of England Clergyman,” *Oxford Dictionary of National Biography*, 2004.

¹⁵⁸ Thomas Wright, *The Passions of the Minde* (London: Burre, 1601), p.59 & 70.

¹⁵⁹ John Downame, *Spiritual Physicke to Cure the Diseases of the Soule, Arising from Superfluitie of Choler, Prescribed out of Gods Word* (London: Printed by Gabriel Simson, 1600), p.3.

¹⁶⁰ P. S Seaver, “Downham, John (1571-1652), Church of England Clergyman and Author,” *Oxford Dictionary of National Biography*, 2004.

¹⁶¹ Barrough, *The Method of Phisicke, Conteyning the Causes, Signes, and Cures of Inward Diseases in Mans Body from the Head to the Foote*, p.21.

quiet without moving as much as is possible'.¹⁶² He also suggested that 'if the patient may be weake beware how you minister stupefactive things to provoke slepe, for in such as be weak (as Trallianus saith) somnoriferous potions do noe small hurte, and sometime they kill'.¹⁶³ Thus, it seems that he could offer no conclusive advice for ministering medicinal treatments to the frenzied.

In the latter half of the sixteenth century, astrology became an increasingly popular solution for violent mental illness, especially the drawing of birth charts. Napier's Casebooks, written after Barrough's work, exemplify this. Francis Gadstone came to him in 1597 suffering from both lunacy and passions which he feared would kill him; Napier treated him with an astrological chart and a horary.¹⁶⁴ Astrology was considered by many in Tudor England to be a legitimate, scientific treatment which was all part of their alternative view of reality. Despite being officially condemned by the Church, the Elizabethan period saw a great surge in astrological practice and belief, as Alexander and Selesnick highlighted.¹⁶⁵ The element of belief may have been what made astrology so popular, just like the use of placebos. Jorden stated in 1603 that belief in a cure could often be better than the cure itself; an idea which is now supported by modern medicine.¹⁶⁶ Jorden was a field leading physician, famous for his rejection of the supernatural, so it is likely that others took heed of his theories.¹⁶⁷

Social Responsibility

The type of treatment and care a patient received during a period of frenzied illness, like melancholy, depended largely upon perceptions of social status. With the wealthy being able to pay for treatment from qualified physicians and the poorer sort

¹⁶² Ibid., p.22.

¹⁶³ Ibid.

¹⁶⁴ Richard Napier, "Case 13350" March 18, 1597, MS Ashmole 182, f.63r, Casebooks Project: A digital Edition of Simon Forman's & Richard Napier's Medical Records 1596- 1634, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE13350?sort=date&order=asc&me=1&to=2&tm=10>; A horary is an astrological chart created for one specific question. For more detailed information on the technique, see this web article: Carol. A Wiggers, "Horary Astrology: What Is It? What Can It Do for Me?," *Traditional Horary, Electional & Natal Astrology*, 2009, <http://www.horary.com/cwiggers/Pcs.html>.

¹⁶⁵ Alexander and Selesnick, *The History Of Psychiatry: Psychiatric Thought and Practice from Prehistoric Times to the Present*, p.81.

¹⁶⁶ Jorden, *A Brief Discourse of a Disease Called the Suffocation of the Mother*, p.25.

¹⁶⁷ Payne, "Jorden, Edward (D. 1632), Physician and Chemist," p.1.

having to rely on charitable aid and home remedies. But it is also poignant here to explore who was responsible for caring for the frenzied mad.

Richard Pace is an example of a wealthy gentleman with a violent mental illness. He was a member of the minor gentry, but became Henry VIII's personal secretary thanks to his connections, natural ability, and the experience he had gained from extensive foreign travel.¹⁶⁸ It is unclear what specific illness Pace suffered from, but Thomas Bangor, Pace's contemporary and a clergyman who witnessed the illness, described his symptoms as 'rage and distemperance, renting and terring his clothes'.¹⁶⁹ Cathy Curtis speculated that he suffered from bipolar disorder, due to his symptoms coming in severe bouts.¹⁷⁰ Pace died in 1536, so the greater part of his illness took place in the early sixteenth century.¹⁷¹ He was first cared for at Syon Abbey sometime around 1532; however, Curtis alleged that he was mistreated there due to his Protestant leanings.¹⁷² This strengthens the premise that Tudor attitudes towards mental illnesses could be affected by the patient's circumstances and personal identity. Nonetheless, his mental issues were tolerated by his contemporaries who took great pains in attempting to heal him; most likely due to his high standing within society.

Pace's illness surfaced around 1522, and grew gradually worse thereafter. Whilst abroad he was attended by the best physicians and was nursed in both Venice and Padua.¹⁷³ Bangor stated 'I have caused sundry persons, as Phisicians and other, to see hym, of whome some haue promysid to cure and helpe hym'.¹⁷⁴ This is a significant representation of Tudor perspectives of psychological illness because religious treatments, such as exorcisms, were not immediately pursued, despite Bangor's position as a clergyman. Thus, perceptions of frenzied illnesses fitted with Tudor perceptions of reality and utilised medicine which was current at the time. The use of both monastic care and physicians highlights how religious and medical intervention intermingled when it came to violent mental issues, and helps to illustrate who was responsible for looking after Pace.

¹⁶⁸ Cathy Curtis, "Pace, Richard (1483?- 1536), Diplomat, Humanist, and Administrator," *Oxford Dictionary of National Biography*, 2004, p.1.

¹⁶⁹ Thomas Bangor, "The Incurable State of Richard Pace; the Bishop of Bangor to Wolsey," in *Original Letters*, ed. Henry Ellis, vol. 2, 3 (London: Harding, Triphook and Leonard, 1825), p.151.

¹⁷⁰ Curtis, "Pace, Richard (1483?- 1536), Diplomat, Humanist, and Administrator," p.1.

¹⁷¹ Ibid.

¹⁷² Ibid.

¹⁷³ Ibid.

¹⁷⁴ Bangor, "The Incurable State of Richard Pace; the Bishop of Bangor to Wolsey," p.151.

When we look towards the frenzied poor, however, some were thought to have fabricated their illness altogether, depending on whether they were viewed as the deserving or undeserving poor. One example is from a sensationalist text by Thomas Harman published in 1567, who warned his readers about different types of undeserving poor. He stated:

'Abraham men be those that fayn themselves to haue bene mad, and haue bene kept either in Bethelme, or in some other pryson a good tyme, and not one amongst twenty that euer came in prison for any such cause: yet will they say how pityously and moste extremely they haue bene beaten and dealt with all'.¹⁷⁵

Despite their sensationalist nature, such ideas were supported by some Protestant authors in order to absolve the individual or the community of responsibility for the frenzied poor. Thomas Adams, who wrote on Bethlem Hospital and 'mad' men, theorised that those with frenzy who were unable to work 'live[d] by the sweat of other mens browes', thus their frenzy caused 'idlenesse'.¹⁷⁶ Although it is likely that fabrication of such illnesses happened, it is also likely that there were legitimately unwell people. Often the interpretation of their behaviour as real or feigned was down to the patient's social standing as a vagabond, because the burden of care fell on the local parish or charitable trusts, rather than on their families who could not afford to support them. However, such works do highlight a key element of Tudor perceptions of violent mental illness: that these maladies induced pity. Whether the illness was legitimate or feigned, claiming to suffer from it was intended to illicit pity, illustrating that a portion of the Tudor populous felt sympathy regardless of the person's social status, otherwise there would have been no purpose in counterfeiting the disease.

Nonetheless, all was not lost for the frenzied poor who had a place of habitation, as treatment was still available in some cases. Lunatics, cases of passions, and delirium are all prevalent in Napier's Casebooks. Take, for instance, the case of Anne Cloud, 1598, from the table of Napier's cases (Table 1, p.102), who was aged thirty five and suffered from impairment and passions. Napier's treatment of 'passions' seemed to become even more routine towards the end of Elizabeth's reign; in 1603 there were no less than eight cases including young and old, male and

¹⁷⁵ Thomas Harman, ed., *A Caueat or Warening for Commen Cursetors Vulgarely Called Vagabones, Set Forth by Thomas Harman, Esquire. (1567)* (London: Reprinted by T. Bensley, 1814), pp.29-30.

¹⁷⁶ Adams, *Mystical Bedlam, or the World of Mad-Men*, pp.62-63.

female. He treated each frenzied case with an astrological chart and a horary, supporting the idea that those of lesser status could not engage with medical treatments in the same way that the wealthy could, opting instead for cheaper methods.

These cheaper methods would, more often than not, involve dealing with frenzied psychological ailments at home; it also seems that many of the poorer sort coped adequately living on their own. For instance, Margaret Newman, a forty eight year old woman from Norfolk whose husband had abandoned her, was described as being 'somewhat lunatic' and had 'no work'; despite having no income and receiving no official alms she was able to live independently, although she was described as being 'veri pore'.¹⁷⁷ Pelling also recorded three men and women who were "somewhat lunatic" in Norwich, but who were living independently despite being unable to work.¹⁷⁸ Thus, the poorer sort were, to some extent, able to care for themselves or frenzied family members at home with little medical help as they often had communal support; whereas those who were wealthy were able to seek out physicians. Thus, treatments and perceptions of social responsibility depended on a person's social standing in very much the same way that they did with melancholy.

The Criminal Justice System

In some instances a frenzied person's inability to manage their condition could result in them causing harm, in contrast to melancholics who largely kept to themselves. Thus, violent actions could lead to a frenzied patient's arrest. There was a general consensus amongst the courts that a defendant should be pitied if they had committed their crimes whilst mentally incompetent. The contemporary author Cosin emphasised this, but also highlighted that the courts were still supposed to 'punish' them; however, this rule was 'not absolutely so observed'.¹⁷⁹ Even so, Cosin mentioned an individual named William Hacket who was tortured despite being of a questionable mental state.¹⁸⁰ Clearly, the law had no firm standpoint on the treatment of a frenzied prisoner.

As a result of this 'pity', it appears that violent psychological illnesses were used as an excuse by some for their crimes, in the hopes that they could avoid

¹⁷⁷ Pound, *The Norwich Census of the Poor 1570*, ref. 578.

¹⁷⁸ Pelling, "Healing the Sick Poor: Social Policy and Disability in Norwich 1550-1640," p.120.

¹⁷⁹ Cosin, *Conspiracie, for Pretend Reformation: Viz. Presbyteriall Discipline*, p.80.

¹⁸⁰ *Ibid.*, p.81.

severe punishment. The consideration of frenzy in criminal cases was not an idea established by the Tudor government, but was rather introduced several hundreds of years earlier. Eliza Buhner outlined an example from 1265 where one William Pilche of Sonky was pardoned for the murder of Augustine le Fevere of Machester, due to his status as a 'fatuus', or fool, which had caused a frenzied outburst.¹⁸¹

Court records suggest that feigned illness was particularly popular in the cases of husbands who had been violent towards their wives, where they would call upon temporary frenzy as an excuse for their behaviour.¹⁸² This is because 'furor', 'insania' and 'fatuitas' were, as detailed by Cosin, illnesses which could motivate leniency within the courts; however, the fact that such illnesses could be used as an excuse left the system open to exploitation.¹⁸³ Although McMahon argued that the 'ideal wife was supposed to endure her husband's violence and passively agree to his commands, however unusual or difficult', we must consider that this was not always the case.¹⁸⁴ It is important here to note that domestic violence was, as explained earlier, only acceptable to a certain degree when used as a punishment. As both Amussen and Dan Beaver re-iterated, once violence within the household became unrestrained it created disorder and was no longer considered as acceptable to the Tudor consciousness.¹⁸⁵

Another example of the hope for leniency can be seen in the case of Jane Boleyn. Jane, or Lady Rochford, had been married to George Boleyn, the brother of Anne Boleyn, until his execution in 1536.¹⁸⁶ However, when accused of aiding Henry VIII's fifth wife Catherine Howard in her affair with Thomas Culpepper, the King's Groom, she was arrested and taken to the Tower of London in late 1541 on charges of treason.¹⁸⁷ Owen Williams penned an overview of this topic and stated that Henry VIII was the only Tudor to alter the law on treason and the mad, partly in order to

¹⁸¹ Eliza Buhner, "'But What Is to Be Said of a Fool?' Intellectual Disability in Medieval Thought and Culture," in *Mental Health, Spirituality, and Religion in the Middle Ages and Early Modern Age*, ed. Albrecht Classen (Berlin: De Gruyter, 2014), p.314.

¹⁸² Brooks, *Law, Politics and Society in Early Modern England*, p.362.

¹⁸³ Cosin, *Conspiracie, for Pretend Reformation: Viz. Presbyteriall Discipline*, pp.78-79.

¹⁸⁴ McMahon, *Murder in Shakespeare's England*, p.69.

¹⁸⁵ Amussen, "Punishment, Discipline, and Power: The Social Meanings of Violence in Early Modern England," p.18; Dan Beaver, "'Bragging and Daring Words': Honour, Property and the Symbolism of the Hunt in Stowe, 1590- 1642," in *Negotiating Power in Early Modern Society: Order, Hierarchy and Subordination in Britain and Ireland*, ed. Michael. J Braddick and John Walter (Cambridge: Cambridge University Press, 2001), p.149.

¹⁸⁶ Catharine Davies, "Boleyn [Parker], Jane, Viscountess Rochford (D. 1542), Courtier," *Oxford Dictionary of National Biography*, 2008, p.1.

¹⁸⁷ Charles Wriothesley, ed., "State Papers, Henry VIII, vol.1," in *A Chronicle of England During the Reigns of the Tudors, From A.D. 1485 to 1599*, vol. 1 (London: The Camden Society, 1874), p.131.

punish Jane; it stated “how Treason committed by a Lunatick shall be punished, and in what Manner he shall be tried”.¹⁸⁸ It was written in such vague terms to allow Henry to make an example of mad traitors.

The pressure of her incarceration sent Jane mad.¹⁸⁹ But, as Julia Fox stated, this did not suit Henry and he ordered her removal from the Tower, she was placed into the care of the Lord Admiral’s wife and nursed back to health.¹⁹⁰ This is supported by the State Papers, which tell us that Jane was sent back to the Tower for a second time on 9 February 1542.¹⁹¹ She was executed on 13 February 1542, despite reservations surrounding her sanity.¹⁹² Henry wanted Jane cured because he needed to make an example of her and her insanity stood in his way. This implies that mental health was indeed to be pitied, and was seen as providing mitigation. Despite being mentally ill at the time of her incarceration and execution, she was not ill when she committed treason. Thus, despite some leniency being shown in the form of medical care, the circumstances of her madness were not able to save her life.

Although crimes which were a result of psychological illness were, to a certain extent, forgivable in the first instance, the view of the law changed if the person made a nuisance of themselves. A prime example of this was recorded by Thomas More. He detailed how a common man had been released from Bethlem Hospital following his recovery; however, he soon reverted back to his unruly ways and if he ‘spyed any woman . . . [he] wolde laboure to lyfte up all her clothes & caste them quyte over her hed’.¹⁹³ This behaviour was unacceptable, thus, instead of attempting to cure the man a second time the authorities set about punishing him by binding him to a tree, stripping and whipping him.¹⁹⁴ It seemed that the courts only had so much patience when it came to violent forms of madness, especially if someone reoffended. Nonetheless, the authorities were notably lenient with the accused in the

¹⁸⁸ Owen Williams, “Exorcising Madness in Late Elizabethan England: ‘The Seduction of Arthington’ and the Criminal Culpability of Demonaics,” *Journal of British Studies* 47, no. 1 (2008): p.36.

¹⁸⁹ Julia Fox, *Jane Boleyn: The True Story of the Infamous Lady Rochford* (New York: The Random House Publishing Group, 2007), p.288.

¹⁹⁰ *Ibid.*, pp.288-289.

¹⁹¹ Wriothesley, “State Papers, Henry VIII, vol.1,” p.133.

¹⁹² Davies, “Boleyn [Parker], Jane, Viscountess Rochford (D. 1542), Courtier,” p.1.

¹⁹³ Thomas More, *A Dialogue of Cumfort Against Tribulation* (London: Published posthumously 1573, 1534), p.198.

¹⁹⁴ *Ibid.*

first instance, which supports the toleration of frenzied mental illness within Tudor society if it could be contained and regulated.

Conclusion

To conclude, frenzied mental illness was largely tolerated within society. However, unlike melancholy there was a greater focus on control due to the violent nature of the diseases. It was important to be sure that the frenzied were responsibly treated and housed. Theories and treatments focused less on humoral theory, and drew more widely from biological ideas surrounding the brain, heart and the temperature of the body. There was also more concern with moral analysis and sin due to the violent nature of the illnesses; the struggle between sin and science often led to difficulties in deciding how best to treat the patient.

Social status was critical to a patient's access to treatment, but was similar to melancholy in that, if the person could afford, there were a wide range of treatments available. Similarly, patients fell under poor law regulations like melancholics; but there is evidence that many poor lunatics lived alone, which was acceptable as long as they did not cause problems within the community. Nonetheless, due to their violent nature patients could often land themselves in trouble, especially if left without care. If a frenzied person came into conflict with the legal authorities due to their behaviour, then the courts were encouraged to take pity by handing down a mitigated sentence. Violence in such instances fell outside of social parameters, but the frenzied mad had a valid excuse for such behaviour which was deserving of leniency.

Ultimately, this chapter has shown that frenzied people were more accepted within Tudor society when controlled and regulated. Violent madness was perceived to cause more disturbances, but patients could be allowed to live independently if they were able to care for themselves. The frenzied mad were seen as part of their communities and were governed by the same rules, even if some leniency was shown by the courts.

Gendered Afflictions

Introduction

This chapter focuses on gendered mental ailments and what they can reveal to us about Tudor perceptions of mental illness as a whole. Not only does the study of gender re-iterate that there was no 'one-size-fits-all' perspective when it came to psychological issues, but it also allows us to explore whether experiences varied depending on the gender of the afflicted person rather than purely depending on social status.

In this chapter greater focus will be given to a study of control in terms of masculinity and femininity, particularly in relation to how this reflected on morality. Women were often considered, as we will see, as having little control over their bodies; this could lead to sinful actions which in turn could cause mental illness. The arguments of historians such as Shepard, who suggested that early modern society worried about 'insatiable female sexuality', will be debated.¹⁹⁵ This chapter will build upon the notion which Hodgkin presented in her study on women, madness and sin: that the control of spirituality and physiology was also of concern for the patriarchal society of Tudor England, not solely sexuality.¹⁹⁶ To analyse this premise, mental illnesses other than melancholy, which Hodgkin largely focused upon, will also be considered, namely suffocation of the mother. This idea supports the thesis statement that for the Tudors there was a melding of views on morality combined with a belief in the medical views on the inherent weaknesses of femininity, which was seen as a perfectly rational cause of mental vexations.

Arguments surrounding the crisis of masculinity will also be considered in this section of the study. Breitenberg first argued for the notion of anxious masculinity, suggesting that it was a symptom of changing masculinities in the early modern period.¹⁹⁷ Van Duinen then developed this premise into the concept of anxious patriarchy which, he surmised, came into being as a result of the constant demands put upon the patriarch's position within society.¹⁹⁸ Instead, rather than supporting the idea of a crisis of masculinity this chapter will illustrate that the rise in melancholy

¹⁹⁵ Shepard, "From Anxious Patriarchs to Refined Gentlemen? Manhood in Britain, circa 1500-1700," p.283.

¹⁹⁶ Hodgkin, *Women, Madness and Sin in Early Modern England: The Autobiographical Writings of Dionys Fitzherbert*, p.3.

¹⁹⁷ Breitenberg, *Anxious Masculinity in Early Modern England*, p.40.

¹⁹⁸ Van Duinen, "The Obligations of Governing Masculinity in the Early Stuart Gentry Family: The Barringtons of Hatfield Broad Oak," p.114.

men was not the phenomenon that modern historiography has often claimed. It will also build upon Broomhall and Van Gent's study of masculine melancholy by considering the popular masses, rather than solely members of the male elite.¹⁹⁹ Considering these elements of gendered madness in conjunction with one another will give us a greater understanding of perspectives of mental illness in Tudor England.

Notions of Masculinity and Femininity

As we will see, theologians agreed that women had inherent weaknesses, both biologically and mentally, which prevented them from being rational. This societal norm was based upon scientific theories as well as religious teachings, such as the creation story in which Eve was responsible for the fall of man. Such ideas also influenced notions of morality, West-Pavlov suggested that 'to women were attributed changeable traits such as deceit, inconstancy, lack of stamina and self-control, or infidelity'.²⁰⁰ Rationality and self-control were not elements of femininity, therefore it was believed that women were inherently immoral.

Such ideas, however, were not just perpetuated by men. In her study of Dionys Fitzherbert, a sixteenth century woman who recorded her struggle with melancholy, Hodgkin highlighted that women, too, were concerned about their inherent immorality and how this would affect the destination of their soul.²⁰¹ That both men and women were concerned about how their gender affected their morality, and therefore their mental health, truly exemplifies that Tudor people had a different perception of their own moral standing and ultimately the consequences of immorality for them as individuals and society more widely.

Theory was based largely upon the understanding of female biology, which was an important means of explaining female mental insubordination. In his translation, Surphlet detailed how 'women are always more timorous than men . . . the qualities of the minde doe follow the temprament of the bodie'.²⁰² This weakness of mind, he surmised, was created by the fragile female body. It followed then that

¹⁹⁹ Broomhall and Van Gent, "Introduction," p.17.

²⁰⁰ West-Pavlov, *Bodies and Their Spaces: System. Crisis and Transformation in Early Modern Theatre*, p.145.

²⁰¹ Hodgkin, *Women, Madness and Sin in Early Modern England: The Autobiographical Writings of Dionys Fitzherbert*, p.32.

²⁰² Laurentius, *A Discourse of the Preservation of the Sight: Of Melancholike Diseases; of Rheumes, and of Old Age*. (London: Printed by Felix Kingston, 1599), p.91.

Jorden, another contemporary author, argued that passive dispositions left women mentally weakened, and thus vulnerable psychological diseases.²⁰³

McAdam, in his study of Thomas Carew's poetry (1595- 1640), stated that such ideas even filtered down to popular plays and poetry, with women being represented as beastly and lacking self-control, which was often used as an excuse, he argued, to 'control and oppress'.²⁰⁴ McMahon did point out, however, that men were often thought of as the ones who were 'prone to violence', so medical theory was not solely critical of women.²⁰⁵ The connotation here was not positive, but negative. As we discussed in the previous chapter, violence was only acceptable when measured, not when brash and uncontrolled. The differences between femininity and masculinity lay not in the notion that they could lose control of their actions and thus their morality, but the ease with which they do so. Contemporary perception was that men had a stronger resolve when it came to such issues.

The female reproductive system was thought to be the cause of feminine weakness, and Tudor physicians believed that uterine vapours suffocated the uterus and gave rise to hysterical illnesses.²⁰⁶ Both Andrew Wear, a historian of early modern medicine and Kaara Peterson, who wrote on melancholy and humoralism, outlined the theory nearly identically. They stated that the vapours inside the womb forced it to move, crushing the surrounding organs, hence the term 'wandering womb'; illness would often follow.²⁰⁷ One proponent of this theory was Napier, who diagnosed Alice Scot, aged thirty seven, with a case of 'wandering womb' in early 1598; as illustrated in the table of his cases (Table 1, p.102).

²⁰³ Jorden, *A Brief Discourse of a Disease Called the Suffocation of the Mother*, p.1.

²⁰⁴ McAdam, "Masculine Disaffection and Misogynistic Displacement in Carew's Love Lyrics," p.14.

²⁰⁵ McMahon, *Murder in Shakespeare's England*, p.168.

²⁰⁶ Churchill, *History of Medicine in Context: Female Patients in Early Modern Britain: Gender, Diagnosis, and Treatment*, p.200; Linda Deer Richardson, "The Generation of Disease: Occult Causes and Diseases of the Total Substance," in *The Medical Renaissance of the Sixteenth Century*, ed. A Wear, R. K French, and I. M Lonie (Cambridge: Cambridge University Press, 1985), p.183.

²⁰⁷ Andrew Wear, *Knowledge & Practice in English Medicine, 1550- 1680* (Cambridge: Cambridge University Press, 2000), 142; Kaara L Peterson, "Re-Anatomizing Melancholy: Burton and the Logic of Humoralism," in *Textual Healing: Essays on Medieval and Early Modern Medicine*, ed. Elizabeth. Lane Furdell (Leiden: Koninklijke Brill NV, 2005), p.141.

As a result of this theory, menstruation was wholly misunderstood and physicians favoured it as a cause of mental vexations even into the nineteenth century; this was because, as Wear stated, they could not explain its affects on the body and mind.²⁰⁸ Robert Muchembled, whose book focused on the history of pleasure, highlighted the idea that menstrual blood ‘destroyed flowers and fruit, dulled ivory, blunted knives and drove dogs mad’.²⁰⁹ This supports the link between femininity and madness, as the very touch of a bodily fluid that is intrinsically feminine could corrupt anything it came into contact with. Once a woman had become pregnant, she was believed to be especially vulnerable to passions of the mind; which, as Churchill argued, could include anything from hysteria to melancholy.²¹⁰ This was because, as Muchembled again described, the foetus was believed to have been sustained by venomous menstrual blood, whilst the pregnant body overflowed with corrupt humors.²¹¹ Women in either state of being were unable to control the balance of their bodies, and so were vulnerable to madness. Thus, building on Tarbin and Van Duinen’s notions of patriarchal restriction of ‘unruly feminine sexuality’, the difference in controlling female madness when compared with male madness lay in the control of the uterus.²¹²

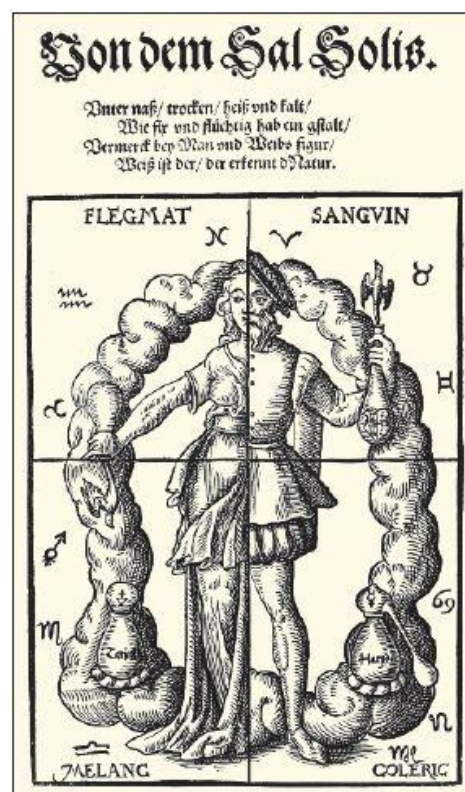


Figure 3: A contemporary illustration of the four humors.

Aside from the female reproductive system, humoral theory also explained why women were more likely to suffer from mental illness than men. The illustration to the right of this page (Fig. 3) shows the four humors, with melancholy clearly

²⁰⁸ Wear, *Knowledge & Practice in English Medicine, 1550- 1680*, p.141.

²⁰⁹ Robert Muchembled, *Orgasm and the West: A History of Pleasure from the Sixteenth Century to the Present*, trans. Jean Birrell, English edition (Cambridge: Polity Press, 2008), p.72.

²¹⁰ Churchill, *History of Medicine in Context: Female Patients in Early Modern Britain: Gender, Diagnosis, and Treatment*, p.192.

²¹¹ Muchembled, *Orgasm and the West: A History of Pleasure from the Sixteenth Century to the Present*, p.78.

²¹² Tarbin, “Civic Manliness in London, C. 1380- 1550,” p.40; Van Duinen, “The Obligations of Governing Masculinity in the Early Stuart Gentry Family: The Barringtons of Hatfield Broad Oak,” p.114.

placed on the feminine side.²¹³ The theory therefore advocated that women were most likely to suffer from an imbalance of the melancholic humor (black bile). Women were cold and moist, which was an inherent flaw, whereas men were hot and dry, creating a more desirable disposition.²¹⁴ These physical attributes cemented the idea that women's bodies and minds were weak when compared to their male counterpart's. A weak mind was vulnerable to mental anxieties.

Femininity, then, was seen as less moral than masculinity; however, contemporary ideas surrounding control were often confused when it came to women in positions of power. This is illustrated when we look at Mary I's experience of melancholy.²¹⁵ Giovanni Michieli, the ambassador of Venice, stated that 'she is like other women, being sudden and passionate, and close and miserly'.²¹⁶ He identified her as a member of the weaker sex, and according to early modern perspectives it was expected that she would be mentally unstable. However, he was not overly concerned that this affected her queenship, a role where one had to express both self-control and morality. Here we are seeing that theoretical perspectives did not always reflect reality, an idea which will be supported throughout this chapter.

Mary's case can also show how gendered madness was explained in practice through sixteenth century understandings of anatomy alongside humoral theory. Michieli said that she was subject to 'a very deep melancholy . . . from monstrous retention and suffocation of the matrix'; he also commented that she had to be bled often.²¹⁷ The explanations for Mary's melancholy were in line with the medical theories of the day, and diagnosed her with a suffocated womb. Her treatments were equally current, and she was described as being 'blooded', which was thought to bring the sanguine humor back into balance.²¹⁸ David Loades logically suspected that by the end of her life, Mary's melancholy was worsened by her grief over the

²¹³ *The Four Humours*, Unknown, Medieval Medicine- Butchers and Barbers?!, Noshin's Blog, <http://noshinchy.blogspot.co.uk/>.

²¹⁴ Peterson, "Re-Anatomizing Melancholy: Burton and the Logic of Humoralism," p.141.

²¹⁵ Michael McCarthy, "The Jousting Accident That Turned Henry VIII into a Tyrant," *The Independent*, April 17, 2009, <http://www.independent.co.uk/news/uk/this-britain/the-jousting-accident-that-turned-henry-viii-into-a-tyrant-1670421.html>.

²¹⁶ Michieli, "Calendar of State Papers, Venetian, 1557," p.1.

²¹⁷ Ibid.

²¹⁸ Elizabeth Furdell, *The Royal Doctors, 1485- 1714: Medical Personell at the Tudor and Stuart Courts* (New York: University Rochester Press, 2001), p.60.

supposed loss of a pregnancy.²¹⁹ Yet, Mary's melancholy seemed to have been largely accepted by her contemporaries despite her being in a position of control, most likely because it was rational to think that women would suffer from such illnesses due to their inherent weaknesses.

It seems, then, that although there were many explanations for feminine immorality and their vulnerabilities to mental illness, contemporary theory did not always reflect reality. As we will see in the subsequent sections of this chapter, treatments surrounding feminine and masculine mental illnesses differed very little, as did the gender ratios of people suffering from such ailments; illustrating that theory often remained as theory.

Illnesses and Treatments

Although women were thought to be especially vulnerable to depressive illnesses like melancholy, this section of the chapter will instead focus on an illness called suffocation of the mother, which was a truly feminine disease. Suffocation of the mother centred on the idea that the womb could wander, causing sensations of suffocation, choking, dysphagia, and also hysteria if a fever was present.²²⁰ Early modern physicians described it, as Wear stated, 'using the standard building blocks of disease narratives: obstruction, putrefaction and consequent systemic damage'.²²¹ Wear's description of the contemporary rhetoric surrounding the processes of the body can be extended to the female anatomy to show how blockages in the womb had the potential to cause mental illness.

Jorden, a Tudor physician and chemist, described the symptoms of suffocation of the mother to be 'monftrous and terrible to beholde'.²²² To address such symptoms, humoral theory was sometimes utilised as the basis of treatments, as was the case with many illnesses described in previous chapters. Nonetheless, Maurice Charney and Hanna Charney argued that an additional explanation, which was presented earlier in this study, was also popular in the sixteenth century. Namely that possessing feminine sexuality caused women to feel guilty about their

²¹⁹ David. M Loades, *Mary Tudor: A Life* (Oxford: Basil Blackwell Ltd, 1989), p.305.

²²⁰ Harold Merskey, "Hysteria, or 'Suffocation of the Mother,'" *History of Medicine* 148, no. 3 (1993): p.400.

²²¹ Wear, *Knowledge & Practice in English Medicine, 1550- 1680*, p.142.

²²² Jorden, *A Brief Discourse of a Disease Called the Suffocation of the Mother*, pp.1-2.

desires, which in turn lead to madness.²²³ Whilst this is a perfectly rational conclusion, it is also important to consider, as was argued in the Historiography chapter, that notions of sin and morality also played into explanations such as these. Guilt leading to mental afflictions, as was illustrated by Hodgkin's study, did not only originate from sexual desire, but also from a devout anxiety surrounding original sin and the inherent immorality of women.²²⁴ Nevertheless, what is clear is that Tudor perceptions of female mental illness centred on explanations of feminine weakness, and thus the presumption that femininity meant a feeble state of mind.

Gender specific treatments and cures, however, were less clear cut, and experiences of these tended to vary. Many illnesses, as illustrated by the table of Napier's cases (Table 1, p.102), were treated in the same ways regardless of the patient's gender, where he used astrological charts, horaries and forms of counselling. For instance Ms Frances Thomson (1 May 1599) and Mr John Dobbe (21 February 1600) were both treated for passions with an astrological chart and a horary, despite not being the same sex. However, if the illness was thought to have been caused by the female reproductive system then marriage would often be suggested; especially if the problem was a wandering uterus.²²⁵ Marriage would manage the female patient's desires, eliminating her need to feel guilt, as well as fulfilling her biblical role as a mother. Nonetheless, there existed more specific home remedies for suffocation of the mother. One such example is taken from a contemporary author who referred to himself as 'T. A. Practitioner in Physicke'. He suggested that the afflicted woman should:

'take a quantity of Nepe-royall, and ftamp it, then take two fpoonefuls of the fafd juice, and a fpoonefull of Sallet oyle, and let two parts thereof feeth away, then onto that which remayneth, but onely the quantity of the oyle, and let the Patient anoint the place very often where the Mother doth arife'.²²⁶

Not only does this remedy illustrate one of the more accessible treatments for the mother, especially if the patient was already married and continued to be afflicted

²²³ Maurice Charney and Hanna Charney, "The Language of Madwomen in Shakespeare and His Fellow Dramatists," *Signs* 3, no. 2 (1977): p.458.

²²⁴ Hodgkin, *Women, Madness and Sin in Early Modern England: The Autobiographical Writings of Dionys Fitzherbert*, p.32.

²²⁵ Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (London: Fontana Press, 1999), p.82.

²²⁶ T. A. Practitioner in Physicke, *Rich Store-House or Treasury for the Diseased* (London: Prined for Thomas Purfoot, 1596), p.143.

with the condition, but it also shows what sorts of remedies were available for those who were unable to access a qualified physician. The instructions were easy to follow, easy to pass on by word of mouth, and included ingredients which were widely available.

Aside from the remedies above, other treatments specific to only female mental illness do not seem to exist. Only remedies for the mother are ever mentioned in contemporary books with regards to feminine psychological issues, and male and female patients were generally treated equally for other mental ailments. So, despite Tudor theory being concerned with women's vulnerabilities towards mental illness, the mother was the only true feminine mental vexation.

An Epidemic of Male Melancholy

In current historiography, it has been suggested that melancholy was a masculine affliction; for example, Peterson stated that melancholy was more likely to strike men than women.²²⁷ Babb and Skultans also suggested that there were two types of melancholic male, those who were 'moderately sorrowful and timorous', and those who were 'tortured by the wildest pathological griefs and terrors'.²²⁸ Thus, the debate as to whether there was an epidemic of male melancholy towards the end of the sixteenth century must be considered in greater depth here.

Skultans stated that 'the epidemics of melancholy which swept through . . . London from 1580 onwards curiously bypassed women'.²²⁹ On weight of the evidence, however, this was not true; especially when we look at Napier's Casebooks. The table of his cases (Table 1, p.102) actually shows that between 1597 and 1603 Napier dealt with fourteen male cases of melancholy, and twenty seven female cases. It is clear that the idea of a fashionable epidemic of male melancholy has been over emphasised; especially, as Jennifer Vaught argued, because restraint and self-control were seen as desirable male attributes.²³⁰ To present one's self as a melancholic without true need for help would have stood against Tudor perceptions of masculinity, with the potential of needlessly ruining

²²⁷ Peterson, "Re-Anatomizing Melancholy: Burton and the Logic of Humoralism," p.139.

²²⁸ Babb, *The Elizabethan Malady: A Study of Melancholia in English Literature from 1580 to 1642*, pp.35-36; Vieda Skultans, *English Madness: Ideas on Insanity, 1580- 1890* (London: Routledge, 1979), p.81.

²²⁹ Skultans, *English Madness: Ideas on Insanity, 1580- 1890*, p.81.

²³⁰ Jennifer Vaught, *Masculinity and Emotion in Early Modern English Literature* (Hampshire: Ashgate Publishing Limited, 2008), p.51.

one's reputation. This may explain why melancholic men featured only sporadically in Napier's Casebooks.

Although it was more acceptable for women to suffer from this illness, we do see learned gentlemen claiming to suffer from, and writing about, melancholy. One example is Robert Burton, a writer born in 1577 who had melancholy for the majority of his life.²³¹ Historians like Barbara Traister have questioned the validity of Burton's claims, mainly due to the gaps in his biography, entertaining instead the idea that he assumed the disease purely because it was fashionable.²³² Breitenberg argued that Burton was not truly suffering from the illness, and suggested instead that his melancholy was a form of 'anxious masculinity'.²³³ However, John Bamborough argued that Burton's visit to Simon Forman, an Elizabethan astrologer and diviner, supports the theory that he suffered not from anxious masculinity, but from melancholy.²³⁴

His perspectives of the disease, though, are more important than whether he genuinely suffered from it. It is likely that the purpose of his book, *The Anatomy of Melancholy*, was to explain which methods he had tried for treating his melancholy, and therefore record what would work best.²³⁵ Peterson also presented an interpretation regarding Burton's perspectives: she suggested that he used his platform to focus on feminine melancholy, and the differences between the two genders regarding the illness.²³⁶ This suggests that he was sincerely invested in his study of melancholy, and illustrates the notion of embarrassment at having to identify with what he perceived as an effeminate illness.

John Donne was another gentleman who identified as a melancholic. Donne was born in 1572, and spent the majority of his life as a poet and clergyman.²³⁷ He used his illness as a means of inspiration for his literary works, and questioned 'the relation between internal and external, the corporeal and the intellectual, the human and the divine', as David Colclough put it.²³⁸ Donne, like Burton, grew up in the

²³¹ John. B Bamborough, "Burton, Robert (1557- 1640), Writer," *Oxford Dictionary of National Biography*, 2009.

²³² Barbara Traister, "New Evidence About Burton's Melancholy?," *Renaissance Quarterly* 29, no. 1 (1976): p.66.

²³³ Breitenberg, *Anxious Masculinity in Early Modern England*, p.40.

²³⁴ Bamborough, "Burton, Robert (1557- 1640), Writer."

²³⁵ Lund, *Melancholy, Medicine and Religion in Early Modern England*, p.26.

²³⁶ Peterson, "Re-Anatomizing Melancholy: Burton and the Logic of Humoralism," p.139.

²³⁷ David Colclough, "Donne, John (1572- 1631), Poet and Church of England Clergyman," *Oxford Dictionary of National Biography*, 2011.

²³⁸ *Ibid.*

Elizabethan period, and may have been influenced by the inclusion of melancholy in the works of playwrights such as Shakespeare.²³⁹ We see this melancholic influence, as Trevor stated, in his poetry, prose, sermons and even letters.²⁴⁰ Thus, despite melancholy being described as a fashionable male ailment by some historians, it could instead be suggested that those such as Burton and Donne perceived their illness to be genuine. It is also clear from Napier's cases and Burton's inclusion of female melancholy in his book that women suffered as melancholics in their own right; it was not a solely masculine ailment. That the rise in melancholy men was equal to that of women, and that they were, in large part, from the poorer sort who had little access to 'fashionable' books, supports the argument that there was no true crisis of masculinity. This is furthered by the notion introduced earlier that theories surrounding masculinity were firmly established, rather than being in crisis.

Conclusion

To conclude, when compared to melancholy and frenzied illnesses, Tudor perspectives of gendered psychological diseases were influenced more so by contemporary theory surrounding gender differences. The notion of control and morality was important when theorising as to what caused such illnesses, and why women were more vulnerable to them. Biological differences led to women being considered as the weaker vessel, their perceived lack of self-control affected their emotional and spiritual health, making their minds vulnerable to mental afflictions. A weak mind led to an immoral and sinful soul.

By looking at treatments of suffocation of the mother and melancholy, however, we can see that in practice these theoretical differences surrounding control and immorality tended to stay as such. Mary I's case study and Napier's Casebooks also illustrated that treatments for mental illness did not differentiate between the sexes, and that there was generally an even number of mentally ill men and women. The only exception to this rule happened when the illness was thought to have originated in the womb, but even then treatments revolved around balancing the humors and herbal remedies; both of which were available to men and women. Furthermore, there were surprisingly few illnesses specific to women other than

²³⁹ Douglas Trevor, *The Poetics of Melancholy in Early Modern England* (Cambridge: Cambridge University Press, 2004), p.20.

²⁴⁰ *Ibid.*, p.92.

suffocation of the mother, meaning that the anxiety surrounding feminine immorality and women's lack of control did not reflect the reality of what communities were experiencing, only their perspectives.

Considering perspectives of gendered mental illness has also allowed this study to refute the idea of a fashionable male melancholic epidemic. The notion of such an epidemic does not correlate with contemporary gender theory, as women were the ones believed to be vulnerable to melancholy. To suggest that there was a male epidemic works against the early modern understanding of the disease. Additionally, as we have seen, men placed importance on their masculine reputations, to falsify an illness like melancholy purely because it was fashionable would certainly have affected their masculine standing within society.

Thus, so far this thesis has illustrated that, in practice, Tudor society focused more so on the type of illness and the social standing of a patient, rather than their gender; especially when we compare perspectives of gendered mental illness to those of melancholy and frenzy. Perceptions of social status and the illness itself were of far greater importance.

Various Vexations

Introduction

In this chapter mental illnesses which caused paralysis, or non-mobile illnesses, will be explored, as well as some conditions which cannot be categorised. The nature of such ailments re-iterates how variable Tudor understanding of mental illness could be, people did not just recognise and treat melancholy, but studied and understood many other psychological issues. Addressing such illnesses will also support the idea that perceptions varied widely depending on social status and the type, or manageability, of the illness rather than the gender of the patient.

This chapter will also acknowledge Bethlem Hospital, the only true mental institution of the time. Bethlem itself has been studied in great detail by historians such as Alderidge and Arnold; who emphasised its importance.²⁴¹ However, too much value has been placed on Bethlem and it is important to highlight that people did not perceive the mad as a group who needed to be locked away, but rather as a group of people whose presence was acceptable within the community. This section of the study will seek to support the arguments of Peat and Andrews, who maintained that institutionalisation of the mentally ill did not truly begin until the late seventeenth century.²⁴² This also ties into the notion of the extent of medical progress in the sixteenth century. Kocher and Thomas explained how God was far too integral to Tudor thought for scientific progress to be made, and maintained that physicians were only concerned with bodily conditions, making medical progress for psychological conditions unlikely.²⁴³ Contrary to this, the following chapter will argue that medical progress was made over the course of the century, due in part to the Tudor perception of psychological illness and their rejection of institutionalisation as a way of dealing with the mentally ill. This builds upon the works of both Klein and O'Malley which were detailed earlier.²⁴⁴

Relevant theories on early modern perceptions of sleep will also be introduced, as they are crucial for understanding how non-mobile illnesses were perceived by the Tudor populous. This will help us to consider Tudor perceptions of

²⁴¹ Alderidge, "Management and Mismanagement at Bedlam, 1547- 1633," p.144; Arnold, *Bedlam: London and Its Mad*, p.43.

²⁴² Peat, "Mad for Shakespeare: A Reconsideration of the Importance of Bedlam," p.128; Andrews, *The History of Bethlem*, p.111.

²⁴³ Kocher, "The Idea of God in Elizabethan Medicine," p.6; Thomas, *Religion and the Decline of Magic*, p.15.

²⁴⁴ Klein, "The History of Medicine in Tudor Times: An Historiographical Survey," p.373; O'Malley, "Tudor Medicine and Biology," p.16.

such illnesses in relation to their alternative reality and what they viewed as rational. These elements of mental illness will be explored by addressing the breadth of theories and treatments, the effect of perceptions of social status and how the poor accessed treatment, and finally by illustrating the absence of institutionalisation in the lives of those deemed to be mad.

A Breadth of Ailments and Treatments

Before exploring the illnesses included in this chapter, some theories surrounding sleep must first be outlined; without this context we cannot come to understand sixteenth century perspectives of non-mobile mental illnesses. Sarah Williams stated that the Tudor populous perceived sleep as a time of great vulnerability.²⁴⁵ Therefore, just as sleep made the body vulnerable, so did immobility, and it was rational according to theory to believe that a person with a non-mobile mental illness would have been at particular risk of possession.²⁴⁶ This idea was supported by the historian Craig Koslofsky, who outlined the theory that the Devil only had the freedom to appear to those who were dreaming.²⁴⁷ Williams also repeatedly asserted that sleep was linked to the cause of madness when portrayed on stage.²⁴⁸ However, Roger Ekirch presented an alternative view and argued that early modern people did not fear nightfall, and instead introduced the idea of 'segmented sleep'.²⁴⁹ His conclusion that people broke the night into two intervals of sleep, with an hour of quiet waking in between, advances the proposition that Tudors did not have a superstitious fear of the night, but instead had an alternative understanding of sleep which fitted within their ideas about the material and spiritual worlds. This section of the study will support this concept.

Non-mobile mental ailments usually involved lacking control of, or the inability to move, one's body. The first example, described by both Barrough and Cosin, was 'lethargie'; this not only caused constant 'sluggishnesse' but also the desire to sleep,

²⁴⁵ Sarah. F Williams, "'Singe the Enchantment for Sleep': Music and Bewitched Sleep in Early Modern English Drama," in *Intersections: Spirits Unseen: The Representation of Subtle Bodies in Early Modern European Culture*, ed. Christine Gottler and Wolfgang Neuber (Leiden: Brill, 2008), p.180.

²⁴⁶ *Ibid.*, p.186.

²⁴⁷ Craig Koslofsky, *Evening's Empire: A History of the Night in Early Modern Europe* (Cambridge: Cambridge University Press, 2011), p.268.

²⁴⁸ Williams, "'Singe the Enchantment for Sleep': Music and Bewitched Sleep in Early Modern English Drama," p.191.

²⁴⁹ A. Roger Ekirch, *At Day's Close: A History of Night Time* (Phoenix: Weidenfeld & Nicolson, 2013), chapter 12, part 1.

meaning that it was difficult for patients to work.²⁵⁰ However, lethargy was not as serious as 'Carus', sometimes called 'Subeth', which included fits of paralysis.²⁵¹ Barrough noted that even though there was paralysis, the patient's 'breath is remaineth safe'.²⁵² But those afflicted were expected to recover at some point. 'Congelation', sometimes called 'Taking', included similar symptoms, but the patient's eyes would remain open, making it appear as though their soul had been taken.²⁵³ 'Dead sleep', on the other hand, did not allow the stricken person to wake.²⁵⁴ Levens described dead sleep in his book and its symptoms were akin to those we would associate with a coma.²⁵⁵ Apoplexy can also be categorised with mental disturbances thought to cause paralysis. Barrough described it as though 'this stopping of the brain come in on half of the body'; thus, only half of the body was paralysed.²⁵⁶ In modern medicine this would be categorised as paralysis caused by either a stroke or a brain haemorrhage, but Tudor rationality saw it as a mental malady because it appeared to have no cause.

Of the psychological diseases that did not fit under the banners mentioned previously, quite a few will be familiar to the modern reader. Epilepsy, as we know it, was thought to be a serious mental disturbance, and was called both the 'falling sickness' or 'epilepsia'. Barrough described it as 'a convulsion, drawing, and stretching of all the whole partes of the body . . . which chaunceth at sundrie times'; he was also aware of the condition's permanency, suggesting a deeper understanding of the illness.²⁵⁷ Dementia, too, was a known condition. Once 'reason be lost together with the memorie', as Barrough described, then the condition was called 'Fatuitas'.²⁵⁸ Cosin also mentioned fatuitas, which illustrates that it was a well known disease amongst learned gentlemen.²⁵⁹

²⁵⁰ Barrough, *The Method of Phisicke, Conteyning the Causes, Signes, and Cures of Inward Diseases in Mans Body from the Head to the Foote*, p.24; Cosin, *Conspiracie, for Pretend Reformation: Viz. Presbyteriall Discipline*, p.80.

²⁵¹ Barrough, *The Method of Phisicke, Conteyning the Causes, Signes, and Cures of Inward Diseases in Mans Body from the Head to the Foote*, p.29.

²⁵² *Ibid.*

²⁵³ *Ibid.*, pp.29-30.

²⁵⁴ *Ibid.*, pp.30-31.

²⁵⁵ Levens, *A Right Profitable Booke for All Diseases*, p.21.

²⁵⁶ Barrough, *The Method of Phisicke, Conteyning the Causes, Signes, and Cures of Inward Diseases in Mans Body from the Head to the Foote*, p.40.

²⁵⁷ *Ibid.*, pp.40-42.

²⁵⁸ *Ibid.*, p.26.

²⁵⁹ Cosin, *Conspiracie, for Pretend Reformation: Viz. Presbyteriall Discipline*, pp.78-80.

Another vexation which baffled early modern physicians was night terrors, which doctors called the ‘mare’. Barrough described the frightening symptoms with accuracy: ‘it is a difeafe, wheras one thinketh him felf in the night to be oppreffed with a great waight, & bleeueth that fome thing commeth vpon him, & the patient thinketh him felfe ftrangled’.²⁶⁰ It is unclear how common this affliction was, however it does illustrate that physicians knew enough to set it apart from common nightmares. Curiously, phantom limb syndrome was another documented affliction; although, like night terrors, it is unclear how common it was.²⁶¹ Wright described the condition, and pondered what happened to the part of the soul ‘which informed that part’ of the body once a limb had been removed.²⁶² The variety of psychological vexations detailed here supports the idea that the Tudor populous were concerned with studying more than just melancholy, and that mental illness was an acceptable field of study.

Many of the illnesses described here, and those in previous chapters, are taken from Barrough’s *The Method of Phisicke* (1590).²⁶³ Barrough was a popular physician whose opinions and methods were generally well received.²⁶⁴ Therefore, the presumption that the illnesses described above were well known, at least amongst learned gentlemen, is quite safe. A number of descriptions were also taken from Cosin’s *Conspiracie, for Pretend Reformation* (1592).²⁶⁵ In addition to his medical descriptions and theories, he also detailed some ailments which could be used as a legal defense, including ‘dementia . . . fatuitas . . . [and] lethargy’.²⁶⁶ This illustrates his devotion to the study of mental illness because, as Williams highlighted, the evidence for legal assertions like Cosin’s came from ancient works written by those such as Cicero, the Roman lawyer and orator; such works required a great deal of time and patience to study in their original Latin.²⁶⁷

²⁶⁰ Barrough, *The Method of Phisicke, Conteyning the Causes, Signes, and Cures of Inward Diseases in Mans Body from the Head to the Foote*, p.43.

²⁶¹ Wright, *The Passions of the Minde*, p.239.

²⁶² Ibid.

²⁶³ Barrough, *The Method of Phisicke, Conteyning the Causes, Signes, and Cures of Inward Diseases in Mans Body from the Head to the Foote*.

²⁶⁴ K. A James, “Barrow, Philip (D. 1600), Medical Writer,” *Oxford Dictionary of National Biography*, 2008, p.1.

²⁶⁵ Cosin, *Conspiracie, for Pretend Reformation: Viz. Presbyteriall Discipline*.

²⁶⁶ Ibid., pp.78-80.

²⁶⁷ Williams, “Exorcising Madness in Late Elizabethan England: ‘The Seduction of Arthington’ and the Criminal Culpability of Demonaics,” p.38.

Explanations for the mental vexations detailed above were quite simple, but theories included more than just the melancholic humor. Take, for example, Barrough's description of lethargy: 'it is caused of fleume [phlegm], which coolth the braine overmuch'.²⁶⁸ Lethargy, then, was caused by an excess of phlegm, the phlegmatic humor. Yet in disorders such as epilepsy the skull was thought to press on the brain, which explained the sudden seizures and odd behaviour.²⁶⁹ He also mentioned that excessive drinking could cause night terrors because it contributed to 'vapours groffe and cold, filling the ventricles of the braine'.²⁷⁰ Richardson, too, agreed that 'poisons' from outside of the body, as well as those generated within the body, were perceived as a contributing factor for mental ailments; for example 'hysteria, arising from corrupt semen retained in the body'.²⁷¹ These descriptions epitomise how theory did not just rely upon the Galenic rationale of the body, and also illustrate that possession or the Devil was not perceived as the primary explanation for mental illness.

Tudor rationality also included the idea of prevention over cure. Thomas Cogan in his *The Haven of Health* (1584) suggested that his students should keep both their bodies and minds healthy through physical exercise and 'studie'.²⁷² In turn, this would help them to avoid both physical and psychological illnesses. He also suggested a strict daily routine where students were to:

'applie themselves earnestlie to reading and meditation for the space of an hourse: then to remitte a little their cogitation, and in the meane time with an Ivorie combe to kembe their heade from the forehead backwardes about fourtie times, and to rubbe their teeth with a course linen cloth. Then to returne againe to meditation for two hours'.²⁷³

Unlike other physicians of the time, Cogan did not travel or study in Europe, so his medical influences were likely limited to the texts that he could purchase in England.²⁷⁴

²⁶⁸ Barrough, *The Method of Phisicke, Conteyning the Causes, Signes, and Cures of Inward Diseases in Mans Body from the Head to the Foote*, p.24.

²⁶⁹ *Ibid.*, p.29.

²⁷⁰ *Ibid.*, p.43.

²⁷¹ Richardson, "The Generation of Disease: Occult Causes and Diseases of the Total Substance," p.183.

²⁷² Thomas Cogan, *The Haven of Health: Chiefly Gathered for the Comfort of Students, and Consequently of All Those That Have a Care of Their Health* (London: Printed by Henry Middleton, 1584), pp.12-13.

²⁷³ *Ibid.*, p.15.

²⁷⁴ Rachel. E Davies, "Cogan, Thomas (C. 1545-1607), Physician," *Oxford Dictionary of National Biography*, 2004, p.1.

Jeremy Schmidt brought to light another way in which writers concerned themselves with the prevention of mental illnesses like those described above: moral analysis.²⁷⁵ He suggested that theologians placed particular emphasis on the control of one's actions in order to avoid sin, therefore leaving the mind unpolluted.²⁷⁶ In this way, people were encouraged to take responsibility for their actions, without immediate blame being placed on the Devil. This is specifically related to the notions of morality and sin introduced in the previous chapter, and supports the concept of a Tudor world view where spirituality was mixed with progressive medicine. In this way we can see the Tudor perspective of mental illness through their interpretation of reality.

By the sixteenth century, physicians had started to emphasise how problems of the mind should not be neglected. They believed that mental illness would inevitably cause physical illness due to the mind-body connection. Christopher Langton's work, published in 1547, exemplifies this. He stated that 'perturbations of the mynde, ought not to be neglected of the phisition: because they be of great might, and make great alteration in all the body'.²⁷⁷ This illustrates a higher understanding of the brain's important role within the body. Treating and counselling the mind, then, was one of the ways in which people attempted to prevent mental illness.

The treatments available for the various ailments presented here were equally diverse. Counselling became particularly popular in the mid sixteenth century. From his work published in 1541, Thomas Elyot suggested that good counsel was tantamount to physical treatment, but only if the counsel was ministered by someone 'learned in morall philosophye', such as a clergyman.²⁷⁸ William Bullein, a divine, physician and botanist who published his work in 1558, shared Elyot's opinion. He stated that 'the syckenes of the body muste have medicine, the passions of the mynde, must have good counsel'.²⁷⁹ Bullein, like Elyot, was fairly popular, so we can

²⁷⁵ Jeremy Schmidt, *Melancholy and the Care of the Soul: Religion, Moral Philosophy and Madness in Early Modern England* (Surrey: Ashgate Publishing Limited, 2007), p.28.

²⁷⁶ For more information on the resurgence of the mind-body link within our society, see: "Mindfulness for Mental Wellbeing," *NHS Choices*, January 6, 2016, <http://www.nhs.uk/conditions/stress-anxiety-depression/pages/mindfulness.aspx#>.

²⁷⁷ Christopher Langton, *A Very Breffe Treatise, Orderly Declaring the Principal Partes of Phisick, That Is to Saye: Thynges Natural. Thynges Not Naturall. Thynges against Nature* (London, 1547), p.133.

²⁷⁸ Thomas Elyot, *The Castel of Helth* (London, 1541), p.62.

²⁷⁹ William Bullein, *A Newe Booke Entituled the Government of Healthe* (London, 1558), pxxxxxii-xxxxxiii.

speculate that many people took his advice.²⁸⁰ Barrough, too, suggested some remedies that are quite familiar to us; he said that walking, drinking wine, boating, sleeping and ‘carnal copulation’ would raise the spirits of the mad patient, thus reducing their symptoms.²⁸¹ Finally, in his 1599 translation Surphlet included baths, herbal remedies for cheering the spirits and lotions for the legs.²⁸² Treatments like these were easily accessible for everyone, and could be used for any mental illness.

As well as remedies which calmed the nerves, both Porter and Andrews supported the assertion that Napier made a range of other treatments available to his patients; he clearly perceived people of all social levels as deserving of care. He was incredibly progressive in the diagnosis and treatment of his patients and healed via a mixture of astrology, herbal remedies, and good counsel.²⁸³ In one instance, he even hired surgeons to perform brain surgery on a man named Thomas Longfilds, who was around twenty seven years old. The account stated that:

‘The surgions in Oxford began to cut M^r Thomas Longfilds head & afterward seered his scull & afterward Did Drill his skull that is poure uppon his skull some corrosives that so they might get out a bladder which they thought caused his madness . . . but he dyed the weddensday moneth after’.²⁸⁴

Although surgery on the mad was rare, Napier’s use of this method supports the concept that treatment of mental illness was chiefly medicinal, and that there was a wide variety of treatments available, even to the poor.

Another physician, who referred to himself as ‘T. A. Practicioner in Physicke’, detailed a number of herbal cures for epilepsy. He suggested that the afflicted person should:

‘Take Piony-rootes one handfull, and a handful of Nittles that growth in a Blackthorne Tree, and a handful of Pollipodium, otherwife called Okefearne, and a handful of two of

²⁸⁰ Patrick Wallis, “Bullein, William (C. 1515-1576), Physician,” *Oxford Dictionary of National Biography*, 2004, p.1.

²⁸¹ Barrough, *The Method of Phisicke, Conteyning the Causes, Signes, and Cures of Inward Diseases in Mans Body from the Head to the Foote*, pp.45-48.

²⁸² Laurentius, *A Discourse of the Preservation of the Sight: Of Melancholike Diseases; of Rheumes, and of Old Age*. (London: Printed by Felix Kingston, 1599), pp.108-116.

²⁸³ Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity*, p.197; Andrews, “Napier, Richard (1559- 1634), Astrological Physician and Church of England Clergyman,” p.1.

²⁸⁴ Richard Napier, “Case 12955” January 6, 1600, p.1, MS Ashmole 228, f. 249r, Casebooks Project: A digital Edition of Simon Forman’s & Richard Napier’s Medical Records 1596- 1634, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE12955?sort=date&order=asc&me=1&to=2&tm=10>.

Selandune . . . foke them in Ale for the fpace of 24 houres, then take it, and ftrayne it through a fine linen cloth, and put it into fome earthen pot to be kept clofe fro the aire, and let the Patient take a good draught thereof euery morning fasting, and laft in the euening for the fpace of nine or tenne days, and by Gods help he fhall be cured tjis hath been prooued'.²⁸⁵

This shows how some suggested treatments were specifically accessible to the majority of the population. Similarly, Gesner recommended another cure for epilepsy, and said that the patient should 'take the hinder [Oyle of bones] to make bones of dead men mentioned . . . this is a most singular medicine and remedy, by annoynting the apt place'.²⁸⁶ Instead, Levens presented herbal remedies that were unspecific and would address most mental ailments. The first was a juice of marigolds, sage, wormwood and wine, which should be taken every morning and evening.²⁸⁷ The second remedy, which involved anointing the patient's head with vinegar and rose oil, was intended to treat both lethargy and frenzy.²⁸⁸

Although some of the remedies were not specific to any one mental illness, they do illustrate the breadth of treatments which were available to those of lower status, because they could easily be spread by word of mouth. As R. W. McConchie highlighted, the fact that Levens' book was so popular supports this point; the Tudor perspective of mental illness being that progressive treatments and home remedies should, in one way or another, be accessible to everyone.²⁸⁹

It is important again to discuss social status at this point. Psychological diseases, especially those like epilepsy or apoplexy, did not discriminate and affected people in every level of society. The table of Napier's patients (Table 1, p.102) is an excellent example of this, and illustrates the wide range of people that he treated. Jarrett argued that Napier saw 'servants, beggars, butchers, university dons, lawyers and nobility', illustrating the full extent of mental illness in the Tudor period.²⁹⁰ His patients ranged from the four year old 'lunatic' Miss Alice Rawlins (10 July 1598), to a very elderly gentleman entitled 'Old Father Champion' who suffered from passions (29 August 1597). It is clear, then, that Napier treated all ages, both

²⁸⁵ T. A. Practitioner in Physicke, *Rich Store-House or Treasury for the Diseased*, p.135.

²⁸⁶ Gesner, *The Newe Iewell of Health*, p.170.

²⁸⁷ Levens, *A Right Profitable Booke for All Diseases*, p.4.

²⁸⁸ Ibid.

²⁸⁹ R. W McConchie, 'Levens [Levins], Peter (Fl. 1552-1587), Lexicographer', *Oxford Dictionary of National Biography*, 2009, p.1.

²⁹⁰ Simon Jarrett, 'Disability in Time and Place', *English Heritage Disability History Web Content*, 2012, p.17.

genders, and any social status. Further to this, Sharpe highlighted how Napier rarely charged for his services, illustrating just how accessible his treatments were.²⁹¹

Unfortunately, Napier only treated patients in Great Linford, Buckinghamshire, where he lived for the majority of his life.²⁹² Thus, those in other areas of England had to rely on alternative caregivers. Anne Digby stated that care of the mentally ill was usually perceived as the responsibility of the family, and only became the concern of the poor laws, as detailed earlier, if care at home had broken down, caused family poverty, or if the familial breadwinner was the patient.²⁹³ Indeed, this was true for all mental illnesses, especially those with recognisable traits such as epilepsy. However it is important to remember, as Pelling mentioned, that the mentally ill could only claim poor relief in their place of birth; so they had to return home before they could receive any State care or alms.²⁹⁴

The impoverished were often forced to tackle their psychological disorders at home or, as Louise Curth highlighted, go to 'white witches' and folk healers.²⁹⁵ Although, Paul Slack stated that vernacular works like those mentioned previously made treatments available to the majority of the population.²⁹⁶ Generally, though, people with mental vexations were perfectly capable of living within their own communities without intervention; especially if they were elderly.²⁹⁷ Pelling maintained that mental disability could prevent offspring from leaving the home, or force them to return; thus emphasising the importance of familial care.²⁹⁸ It is unsurprising that familial care was the norm and that poor madmen were of little concern if their family looked after them.

²⁹¹ James. A Sharpe, *Instruments of Darkness: Witchcraft in England, 1550- 1750* (Pennsylvania: University of Pennsylvania Press, 1996), p.41.

²⁹² Andrews, 'Napier, Richard (1559- 1634), Astrological Physician and Church of England Clergyman', p.1.

²⁹³ Anne Digby, 'Contexts and Perspectives', in *From Idiocy to Mental Deficiency- Historical Perspectives on People with Learning Disabilities*, ed. David Wright and Anne Digby (London: Routledge, 1996), p.4.

²⁹⁴ Margaret Pelling, 'Healing the Sick Poor: Social Policy and Disability in Norwich 1550-1640', *Medical History* 29, no. 2 (1985): p.131.

²⁹⁵ Louise Hill Curth, *English Almanacs, Astrology and Popular Medicine: 1550- 1700* (Manchester: Manchester University Press, 2007), p.19.

²⁹⁶ Paul Slack, 'Mirrors of Health and Treasures of Poor Men: The Uses of the Vernacular Medical Literature of Tudor England', in *Health, Medicine and Mortality in the Sixteenth Century*, ed. Charles Webster (Cambridge: Cambridge University Press, 1979), p.237.

²⁹⁷ Margaret Pelling, 'Old Age, Poverty, and Disability in Early Modern Norwich: Work, Remarriage and Other Expedients', in *Life, Death, and the Elderly: Historical Perspectives*, ed. Margaret Pelling and Richard. M Smith (London: Routledge, 1991), p.88.

²⁹⁸ *Ibid.*, p.85.

Nonetheless, in response to the needs of the poor who lacked domestic care, Mary I's reign brought about the recasting, as Eamon Duffy and David Loades termed it, of some hospitals; namely St Bartholomew's, St Thomas', Bethlem, Christ's Hospital and Bridewell.²⁹⁹ Duffy and Loads stated that this happened because the poor did not receive the care, and sometimes discipline, that they needed.³⁰⁰ The re-introduction of Catholic values into society meant that it was once again a Christian's duty to care for the impoverished. No doubt this affected those who suffered from the mental disorders detailed in this chapter; especially with regards to Bethlem Hospital.

Thus, Tudor perceptions of the mentally ill poor regarding various and non-mobile diseases are consistent with those presented in previous chapters. Whilst most relied upon familial care, for which the poor law was present if this solution broke down, a wide variety of treatments came from astrologers such as Napier, folk remedies, and vernacular literature. When compared to pre-Reformation care, those who fell ill could actually access a wider range of treatments, even if they were poor; suggesting that the Tudor populous was increasingly aware that such ailments were deserving of their attention.

Institutionalisation

One aspect of Tudor mental health that is yet to be addressed is the perception of institutionalisation, namely by looking at Bethlem Hospital. Bethlem was established as a hospital for the insane during the reign of Richard II (1377-1399).³⁰¹ Prior to the dissolution of the monasteries it was a monastic institution with secularised management; the Mastership of Bethlem was considered to be a desirable office.³⁰² However, although the dissolution affected the management of Bethlem, it survived the Reformation largely unscathed; most likely because it remained as the King's personal property.³⁰³ Paul Chambers stated that it went from being a religious institution, then into the hands of the King, to existing partly in the hands of the King and partly in the hands of the City; because in 1547 the Court of

²⁹⁹ Eamon Duffy and David. M Loades, *The Church of Mary Tudor* (Aldershot: Ashgate Publishing Limited, 2006), p.190.

³⁰⁰ *Ibid.*

³⁰¹ Allderidge, 'Management and Mismanagement at Bedlam, 1547- 1633', p.142.

³⁰² *Ibid.*, p.144.

³⁰³ Arnold, *Bedlam: London and Its Mad*, p.40.

Aldermen was appointed to its management.³⁰⁴ Later, Bethlem's management was handed over to Bridewell Prison, the Aldermen had little time or the appropriate experience to run it.³⁰⁵ This changing of hands, though, made for a marked decline in the Hospital's conditions and, as Allderidge highlighted, mid-sixteenth century Bethlem was described in less than endearing terms.³⁰⁶

The Reformation also meant that Bethlem was no longer a truly charitable institution. As a result of this, despite mainly housing pauper lunatics, patients or their families had to pay for care and lunatics had to be deemed as curable to be admitted; those who were found to be incurable were removed.³⁰⁷ Therefore, institutional care was not perceived as necessary or accessible for all mentally ill people. On occasion, however, Chambers highlighted that the local parish authority would sometimes pay for a patient's admission if they could not raise the funds themselves, although this was rare.³⁰⁸ The case of 'John Saye' exemplifies how Bedlamites, patients who were kept in Bethlem, had to raise funds for their own care. In his case, it was recorded that a 'Mr. Fraunces Nycolle of Hardwick', a gentleman, paid the keeper for Saye's upkeep and food.³⁰⁹ As evidenced through the discussion of the poor law in the Melancholy chapter, the Tudor populous were content at living alongside the mad, but sometimes needed to be levied to produce money for their care.

The treatments on offer at Bethlem were equally limited; further highlighting the perception that patients could receive better care outside of an institution, especially given the increased interest towards the study of madness. Andrews argued that, aside from 'constraint, solitary confinement and beatings', some ad hoc treatments did occur, like 'treatments with medicines'.³¹⁰ For such treatments, as well as the patient's upkeep, family or friends had to pay the keeper between four pence and five shillings per week.³¹¹ But, despite receiving private funds, Bethlem still

³⁰⁴ Paul Chambers, *Bedlam: London's Hospital for the Mad* (Surrey: Ian Allan Publishing, 2009), p.18.

³⁰⁵ Ibid.

³⁰⁶ Allderidge, 'Management and Mismanagement at Bedlam, 1547- 1633', p.150.

³⁰⁷ Chambers, *Bedlam: London's Hospital for the Mad*, p.22.

³⁰⁸ Ibid., p.44.

³⁰⁹ 'Charges for a Bedlamite, 1591. (Bedford Record Office, Trevor- Wingfield, MS 8/1/10)', in *Three Hundred Years of Psychiatry, 1535-1860: A History Presented in Selected English Texts*, by Richard Hunter and Ida MacAlpine (London: Oxford University Press, 1963), p.40.

³¹⁰ Andrews, *The History of Bethlem*, p.114.

³¹¹ Arnold, *Bedlam: London and Its Mad*, p.43.

partially relied on charity from wills, as outlined by Wilbur Jordan; suggesting that the mad were not altogether forgotten.³¹²

Bethlem also treated criminals. In such cases the hospital paid for any prisoners who had been sent, usually from Bridewell Prison, out of its own revenues.³¹³ During the late sixteenth century, Bethlem and Bridewell had joint governance, so transferring prisoners was a simple task. The transference of prisoners also seems to have been a routine event with Arnold detailing how, in 1598, two men and four women were sent over from Bridewell; she also stated that the keeper of Bethlem had to receive any prisoners sent from Bridewell as a condition of taking on private patients.³¹⁴ Private patients, then, were not perceived as being the primary focus for the Hospital.

Despite being given the task of overseeing both prisoners and patients, Bethlem's importance in this period has been vastly overstated. On the occasion that Bethlem accepted a patient, they did not receive treatment from a qualified professional, but from an unqualified physician or apothecary instead.³¹⁵ Additionally, there were very few patients resident in Bethlem at any one time. In 1597 there were no more than forty six, as recorded in the Minute Books, by 1598 there were only twenty.³¹⁶ This clearly reflects the Tudor perception that the mentally ill did not need institutional care. What the inmates from 1598 can tell us, however, is that there was an even split in terms of gender, eleven men and nine women; supporting the theory presented in the previous chapter that the type of illness or social status of the patient mattered more so than their gender.³¹⁷

As Peat highlighted, proper institutionalisation of the mad did not begin until the late seventeenth century, which diminishes Bethlem's importance in this period.³¹⁸ Additionally, Bethlem was the only hospital of its kind, showing that the Tudors saw other ways of dealing with the mentally ill. These and the above facts, then, support the assertion that Tudor perceptions of mental illness were fairly

³¹² Wilbur. K Jordan, *The Charities of Rural England, 1480- 1660: The Aspirations and the Achievements of Rural Society* (London: George Allen and Unwin LTD, 1961), p.290.

³¹³ Allderidge, 'Management and Mismanagement at Bedlam, 1547- 1633', p.151.

³¹⁴ Arnold, *Bedlam: London and Its Mad*, p.43.

³¹⁵ Carol. Thomas Neely, *Distracted Subjects: Madness and Gender in Shakespeare and Early Modern Culture* (Cornell: Cornell University Press, 2004), p.170.

³¹⁶ Bridewell and Bethlem Hospitals, *Minute Book, February 1598- November 1604*, p.15; Andrews, *The History of Bethlem*, p.111.

³¹⁷ Peat, 'Mad for Shakespeare: A Reconsideration of the Importance of Bedlam', p.116.

³¹⁸ *Ibid.*, p.128.

sympathetic. Patients were not locked away, and generally lived peacefully within their communities.

Conclusion

To conclude, the illnesses featured in this chapter were just as recognised by the Tudors as those featured in the Melancholy, Frenzied and Gendered chapters. In general, they were seen as normal, if unfortunate, occurrences of life and were dealt with at home or, in some cases, with money provided by the poor law. Because there are so many varying psychological illnesses detailed in the sixteenth century, not all could fit into the previous categories; which illustrates how robust Tudor understanding of mental illness was. There was an equal breadth of treatments available too, most of which were accessible for even the poorest members of society. Due to the large amount of mental diseases and treatments discussed by Tudor physicians, the conclusion that mental illness was an acceptable and well versed topic of study for physicians is logical.

Perceptions of the mentally ill poor are consistent with those presented in the previous chapters. Pre-Reformation madmen relied largely on monasteries if care at home failed, whilst post-Reformation madmen actually had more options available to them, such as a more robust poor law, astrological medicine, folk and herbal remedies, an increase in vernacular literature, and some re-instated hospitals. Thus, the Tudor populous became increasingly aware that mental illness was deserving of attention and treatment, meaning that medical progress was made over the course of the sixteenth century. Patients had more treatments available to them than merely entering an institution such as Bethlem, which had very few inhabitants in any case. Bethlem, being the only true institution of its kind, had very little impact on the lives of the mad, whether rich or poor, who usually continued to live undisturbed within their own communities.

By looking at uncategorised psychological illnesses, this chapter has shown that the focus of Tudor thought was, once again, on the social status of the patient and the type of illness that they suffered from, rather than the patient's gender. Most of those suffering from mental issues did not cause harm within their communities and were cared for by their families. Problems only arose if the person was violent or if they became a financial burden on their carers, but even then they were perceived as the deserving poor, and were allowed to seek help from the poor law.

Establishing Reality: Madness in Plays and Poetry

Introduction

One of the cornerstones of Tudor society was entertainment, and here the focus will be chiefly on the various forms of theatre and poetry which most people in Tudor England came into contact with. As Sim highlighted, entertainment was accessible to every person in Tudor England, with theatre being particularly popular with the common folk.³¹⁹ It is therefore logical to explore entertainment with regards to mental illness, which was often used as an emotive tool and both reflected and shaped early modern perceptions of mental illness.

Reay outlined that popular culture 'refers to widely held and commonly expressed thoughts and actions', but there is a certain difficulty in defining the term, especially with regards to how each level of society was influenced by it.³²⁰ This chapter will disagree with the argument that Burke presented: that there was a clear isolation between high and popular culture.³²¹ Instead, it will support the notion that elite and popular culture overlapped, as Reay termed it.³²² Hamling furthered this idea with her study on visual culture, and illustrated how it transcended social boundaries.³²³ Her theory can be applied to the accessibility of theatre, because orality had no need for a literate audience. This debate is especially relevant to the study of mental illness when we consider, as Reay highlighted, that plays and literature affected the spread of medical knowledge.³²⁴ Coupled with the popularity of portrayals of madness in entertainment, this would have influenced perspectives of mental illness.

This section of the study will also emphasise the notion of an alternative view of reality and what was considered to be rational; which has been re-iterated throughout this study. Hutton is a great proponent of this idea, especially with regards to the concept of the 'fairy realm' in English theatre.³²⁵ Vine also highlighted that there were differences in the way that phrases such as 'myth' and 'legend' were perceived.³²⁶ Whereas Amussen argued how 'popular literature helped [to]

³¹⁹ Sim, *Pleasures and Pastimes in Tudor England*, p.155.

³²⁰ Reay, *Popular Cultures in England, 1550- 1750*, p.1.

³²¹ Burke, *Popular Culture in Early Modern Europe*, p.xiii.

³²² Reay, *Popular Cultures in England, 1550- 1750*, p.198.

³²³ Hamling, "Visual Culture," p.77.

³²⁴ Reay, *Popular Cultures in England, 1550- 1750*, p.216.

³²⁵ Hutton, "The Making of the Early Modern British Fairy Tradition," p.1145.

³²⁶ Vine, "Myth and Legend," p.105.

communicate and shape ideological values'.³²⁷ This thesis argues that entertainment can illustrate certain perspectives of mental illness that are not apparent by solely exploring contemporary sources which focus on the reality of life as a mad person. Popular plays and poetry support the notion of an alternative reality and rationality with regards to perspectives of mental ailments.

The assessment of these concepts will be conducted by exploring the categories of mental illness outlined in previous chapters: melancholy, frenzied, gendered and various. When presented on stage, some vexations were perceived in different ways than others, so it is wise to examine these categories separately. In this way we can see what the illnesses were used to represent on stage, as well as how they were rationalised by the audience.

Melancholy and Depression

Madness, especially melancholy, was a popular emotive tool. As Neely said, it enlarged the character's 'expressiveness and emotional range, allowing for intense articulations of rage, betrayal, guilt, and, above all, loss'.³²⁸ This is particularly poignant when we consider the representation of melancholy on stage, as the audience would be able to see it as a justification of emotions such as grief or anger. Madness on stage also represented facets of Tudor desire. Quite often in a play, the madness was brought to an end within its duration. This represented the desire to reconcile the disease both quickly and effectively, and was also a literary tool for addressing and resolving these problematic emotions.³²⁹

There are a number of reasons why playwrights may have included melancholy in their works, one of which was to express experiences from their own lives. Between 1596 and 1597 Shakespeare suffered greatly from the loss of his son, Hamnet. Thus, as Peter Holland pointed out, 'it is not too fanciful to see Shakespeare drawn as a result towards the subject matter of *Hamlet*, where son grieves for father rather than father for son'.³³⁰ Morris also suspected that Shakespeare had learned some medical matters from his son in law, Dr John Hall,

³²⁷ Amussen, "The Gendering of Popular Culture in Early Modern England," p.49.

³²⁸ Neely, *Distracted Subjects: Madness and Gender in Shakespeare and Early Modern Culture*, p.66.

³²⁹ Jackson, "'I Know Not/ Where I Did Lodge Last Night?': King Lear and the Search for Bethlem (Bedlam) Hospital," p.217.

³³⁰ Peter Holland, "Shakespeare, William (1564–1616), Playwright and Poet," *Oxford Dictionary of National Biography*, 2013.

who treated patients suffering from melancholy.³³¹ This supports the notion that playwrights drew their knowledge from their own experiences, whether it was through grief or word of mouth.³³² In turn, their knowledge influenced their audience, perpetuating a popular image of melancholy.

Despite Neely's protestations that madness was only featured 'sporadically', many historians agree that it was a popular topic within theatrical performances.³³³ Peat even asserted that madness moved to centre stage *because* it was a popular topic.³³⁴ This suggests that the Tudor mind was open to the acceptance of mental illness as part of their reality. This idea is supported when we look at the legacy of Tudor theatre. John Fletcher, a playwright from the seventeenth century, wrote a play titled *The Mad Lover* which was hugely successful, showing how writers and their audiences continued to show interest in melancholy as a focus.³³⁵ This influence would have been even greater when we recognise the invention of the printing press. Not only could those who were literate now access English works within their own home, but they could also access works from abroad. Additionally, as John Berdan highlighted, the sharp decrease in price allowed those further down the social scale to buy multiple books, rather than having to choose just one, which meant that such works had a wider impact on popular perceptions of mental illness.³³⁶

Nonetheless, the importance of poetry must not be underestimated, despite not being quite as accessible to the popular masses as theatre. Melancholy, it seems, was the topic of choice for Tudor poets. If we look at the works of Donne there emerges a melancholic theme. His poem *A Valediction of Weeping* reflected the struggle to voice one's melancholy emotions.³³⁷ Donne was a popular poet, so it is fair to draw the conclusion that those who were literate actually read about melancholy topics. A number of Donne's other poems included melancholy as their

³³¹ Morris, "Shakespeare's Minds Diseased: Mental Illness and Its Treatment."

³³² Babb, *The Elizabethan Malady: A Study of Melancholia in English Literature from 1580 to 1642*, p.157.

³³³ Carol. Thomas Neely, "'Distracted Measures': Madness and Theatricality in Middleton," in *Thomas Middleton in Context*, ed. Suzanne Gossett (Cambridge: Cambridge University Press, 2011), p.306.

³³⁴ Peat, "Mad for Shakespeare: A Reconsideration of the Importance of Bedlam," p.113.

³³⁵ John Fletcher, "The Mad Lover," in *Comedies and Tragedies: Never Printed Before*, ed. Francis Beaumont and John Fletcher (London: Printed for Humphrey Robinson, 1647), pp.27-38; Gordon McMullan, "Fletcher, John (1579–1625), Playwright," *Oxford Dictionary of National Biography*, 2006.

³³⁶ John. M Berdan, *Early Tudor Poetry, 1485- 1547* (New York: The Macmillan Company, 1920), pp.231-232.

³³⁷ John Donne, "Poems on Several Occasions," in *A Valediction of Weeping. (Written between 1590 and 1630)* (London: Printed posthumously for Jacob Tonson, 1719), pp.27-28.

central focus, such as *Confined Love*, *The Broken Heart*, *A Valediction Forbidding Mourning*, *Farewell to Love*, and *A Lecture Upon the Shadow*.³³⁸ It is clear that the nature of shared loss, and its popularity as a topic, was acknowledged as something which led to melancholic feelings.

The use and popularity of melancholy within entertainment illustrates that the Tudor audience and playwrights identified with melancholy characters because it was part of their reality. This gives us a far greater understanding of Tudor perspectives of mental illness.

Violence on Stage

'Frenzy' as an emotional state was equally as popular a trope within Tudor entertainment. Not only did violent madness provide a cathartic release for the audience, but it also allowed them to connect with and rationalise the characters' fury which, no doubt, much of the audience would have identified with at some point during their lives.

The best representation of this is a play titled *The Spanish Tragedy*, written by Thomas Kyd in the late Elizabethan period, which features violent love madness.³³⁹ As Jonas Barish stated, Balthazar, one of the main characters in the play, invited his madness due to heartache whilst also expressing 'defeatism and passivity'.³⁴⁰ This willing form of insanity would have been a familiar reality to an audience, as many would have experienced similar feelings as a result of rejection. *The Spanish Tragedy* was an incredibly popular play, both in performance and publication; which was, as argued by F. L. Lucas and J. R. Mulryne, unequalled by any of Shakespeare's plays.³⁴¹ The elements of violent madness within it must have been a sought after form of entertainment, otherwise it would not have enjoyed such success.

Love induced frenzy is also present in *Archipropheta* by Nicholas Grimald, printed in 1548.³⁴² The play was created before the works of Kyd and Shakespeare,

³³⁸ Donne, "Poems on Several Occasions."

³³⁹ Thomas Kyd, *The Spanish Tragedy* (London: Printed by William White, 1599), pp.1-43.

³⁴⁰ Jonas. A Barish, "'The Spanish Tragedy', or The Pleasures and Perils of Rhetoric," in *Elizabethan Theatre*, ed. John Russell Brown and Bernard Harris, vol. 9 (London: Edward Arnold, 1966), p.72.

³⁴¹ F. L Lucas, *Seneca and Elizabethan Tragedy* (New York: Gordon Press, 1973), p.103; J. R Mulryne, "Kyd, Thomas (Bap. 1558, d.1594), Playwright and Translator," *Oxford Dictionary of National Biography*, 2004.

³⁴² Howard B. Norland, *Drama in Early Tudor Britain, 1485- 1558* (Nebraska: University of Nebraska Press, 1995), p.331.

but the inclusion of madness provoked by love shows that it was a popular topic throughout the Tudor period. One example of the concern surrounding love madness can be found in Napier's Casebooks. Robert Malins sought Napier's help regarding his son, Thomas, in 1598. Thomas was devastated that he 'could not marry a mayd that he loved extremely', and was suicidal.³⁴³ Despite Napier's efforts the young man took his own life.³⁴⁴ Thus, reality often reflected concerns that were voiced in Tudor entertainment. Norland also suggested that the violent love madness in *Archipropeta* could be interpreted as a warning to the audience regarding the power that women could hold over men.³⁴⁵ It could be argued that the balance of power between the two genders, as we will see, was one of the foremost issues in the Tudor popular consciousness and madness was used to express this.

Nonetheless, if we look back to *The Spanish Tragedy*, its selection of violent mental illnesses does not end with love madness. Although Kyd was non-specific as to what ailment each character was suffering from, all had violent outcomes. For example, Hieronimo was crazed in his pursuit of revenge, Isabella descended into madness and butchered her garden, and the Portuguese Viceroy had violent mood swings throughout the play.³⁴⁶ It is not until the final scene, however, that the true nature of the characters' madness surfaces. Including mass murder and the severing of a tongue, this scene represented the violent nature of human emotion, and was present more for its dramatic value as a tragic end than as a comment on mental health.³⁴⁷ However, Duncan Salkeld highlighted that the ending does illustrate how violence was intrinsic to the outcome of madness, which was also the case in both *Macbeth* and *Hamlet*.³⁴⁸ But, despite interpretation of madness ending in violence in popular plays, frenzied madness rarely ended with such violence in real life.

Hamlet, too, featured vengeful madness as one of the key elements of the plot, however it also used madness as a means to broach concerns about Tudor government. For example, the quote 'it shall be so, Madness in great ones must not

³⁴³ Richard Napier, "Case 13369" 1598 1597, p.1, MS Ashmole 182, f.77r, The Casebooks Project: A digital Edition of Simon Forman's & Richard Napier's Medical Records 1596- 1634, <http://www.magicandmedicine.hps.cam.ac.uk/view/case/normalised/CASE13369?sort=date&order=asc&me=1&to=2&tm=10>.

³⁴⁴ Napier, "Case 13369."

³⁴⁵ Norland, *Drama in Early Tudor Britain, 1485- 1558*, p.331.

³⁴⁶ Kyd, *The Spanish Tragedy*, pp.1-43.

³⁴⁷ *Ibid.*, pp.35-43.

³⁴⁸ Duncan Salkeld, *Madness and Drama in the Age of Shakespeare* (Manchester: Manchester University Press, 1993), p.120.

unwatched go' clearly highlighted the dilemma of madness in kings and powerful people.³⁴⁹ As Milner outlined, the emphasis on strong kingship also permeated theoretical humanism, where rational governance was 'vital to the health and welfare of the entire body'.³⁵⁰ Metaphors which represented the body politic thus allowed for contemporary perceptions of mental health to be integrated into these political discourses. Similarly, madness in Elizabethan entertainment could be interpreted to represent a fear of disobedience; an idea which was prominent throughout her reign. Karin Coddon stated that the mad character usually lost control of their behaviour, striking out at the usual order of things.³⁵¹ Thus, violent madness was a form of social or political disobedience.

It is clear that, when on stage, frenzied illness represented the worst elements of the human condition. Alexander Leggatt argued that play writers such as Shakespeare used inner madness and confliction as a means to assess real societal morality.³⁵² This relation to reality is present in a play called *A Yorkshire Tragedy*; first attributed to Shakespeare but now thought to have been penned by Thomas Middleton.³⁵³ It is believed that Middleton's domestic tragedy was inspired by his own stepfather's alleged attempts to murder his (Middleton's) mother in 1595; as well as the case of Walter Claverley, who murdered his two children and stabbed his wife in 1605.³⁵⁴ However, this did not mean that frenzied murders were acceptable and, as we have seen, such actions were not rationalised away in reality.

In essence, violent madness on stage was used as a way of expressing feelings which were considered taboo. As a result of this, emotions and behaviours of the mad characters were exaggerated, and usually had unfortunate endings. Unlike melancholy, frenzy was not meant to illicit sympathy or pity from the audience, it instead represented the darker parts of the human psyche and expressed the Tudor fear of losing control, which was especially dangerous if the frenzied person was in a position of power. When compared to what we have seen of frenzied persons in practice, this form of madness was often sensationalised on stage.

³⁴⁹ Shakespeare, *Hamlet*. (1599), p.64.

³⁵⁰ Milner, *The Senses and the English Reformation*, p.209.

³⁵¹ Karin. S Coddon, "'Suche Strange Desygns': Madness, Subjectivity, and Treason in Hamlet and Elizabethan Culture," *Renaissance Drama* 20 (1989): p.53.

³⁵² Leggatt, *English Drama: Shakespeare to the Restoration 1590- 1660*, p.16.

³⁵³ Thomas Middleton, *A Yorkshire Tragedy. Not so New as Lamentable and True* (London: Printed by R. B, 1608).

³⁵⁴ Gary Taylor, "Middleton, Thomas (Bap. 1580,d. 1627), Playwright," *Oxford Dictionary of National Biography*, 2008, p.1.

Feminine Madness

Muchembled argued that ‘on the English stage, women were represented . . . as “leaky vessels”, which added . . . to their structural frailty’.³⁵⁵ Babb, Charney and Charney, too, stated that women were present as a representation of emotion and hysteria.³⁵⁶ But it is also important to consider that there were different forms of feminine mental illness presented on stage, which can tell us a great deal more regarding Tudor perceptions of them. For instance, West-Pavlov introduced the notion of female morality on stage, and highlighted the concern that female theatre goers may have been negatively influenced by the unchaste and immoral actions of women on stage.³⁵⁷ This certainly connects the ideas of control and immorality, introduced in the Gendered chapter, with multilayered Tudor interpretations of the female body and mind.

On the whole, feminine psychological illnesses on stage largely focused on hysteria and usually revolved around men, either through love madness or the desire to control men. Nonetheless, as Babb suggested, feminine madness was also used to personify sorrow, due in no small part to the perception that women were overly emotional.³⁵⁸ Although, there was one instance where, despite being considered a female illness, a man was portrayed as suffering from suffocation of the mother. This was King Lear in Shakespeare’s *King Lear*.³⁵⁹ Yet, notwithstanding Lear’s characterisation as a male, his illness had more to do with emotion than a focus on the female body.³⁶⁰ Kaara Peterson, though, argued that Lear’s illness was misinterpreted and he did not suffer from the mother.³⁶¹ She theorised that Shakespeare had not fully understood the basic concepts of the disease, and thus portrayed a false representation of it using the term ‘*hysterica passio*’.³⁶² By employing this illness Shakespeare intended to show an errant mind, but instead

³⁵⁵ Muchembled, *Orgasm and the West: A History of Pleasure from the Sixteenth Century to the Present*, pp.72-73.

³⁵⁶ Babb, *The Elizabethan Malady: A Study of Melancholia in English Literature from 1580 to 1642*, p.120; Charney and Charney, “The Language of Madwomen in Shakespeare and His Fellow Dramatists,” p.415.

³⁵⁷ West-Pavlov, *Bodies and Their Spaces: System. Crisis and Transformation in Early Modern Theatre*, p.179.

³⁵⁸ Babb, *The Elizabethan Malady: A Study of Melancholia in English Literature from 1580 to 1642*, p.120.

³⁵⁹ Charney and Charney, “The Language of Madwomen in Shakespeare and His Fellow Dramatists,” p.452.

³⁶⁰ *Ibid.*

³⁶¹ Kaara L Peterson, *Literary and Scientific Cultures of Early Modernity: Popular Medicine, Hysterical Disease, and Social Controversy in Shakespeare’s England* (Surrey: Ashgate Publishing Limited, 2010), pp.37-38.

³⁶² *Ibid.*, p.69.

suggested an errant womb. Thus, suffocation of the mother could actually have remained an exclusively female disorder in the minds of the Tudor populous, despite the anomalous King Lear.

Moving away from the mother, we can also address the mental state of characters such as Lady Macbeth. Her madness was intended to create a special form of hatred, especially when she spoke about infanticide when stating 'I would, while it was smiling in my face, have plucked my nipple from his boneless gums, and dashed the brains out'.³⁶³ From this we can speculate that mental illnesses such as post-natal depression were particularly horrifying to a community which could not rationalise them. Indeed, Lady Macbeth seemed to herald the worst kind of frenzied madness, which usually ended in violence and death.

Nonetheless, despite her madness Lady Macbeth was portrayed as a strong character. This, as Charney and Charney suggested, introduces the idea that madwomen on stage provided female characters with 'an emotional intensity and scope' not usually afforded to them.³⁶⁴ Charney and Charney also theorised that Lady Macbeth suffered from an anxiety disorder, including a desire to express 'forbidden acts' that she was expected to suppress.³⁶⁵ However, this also illustrates sixteenth century perspectives on female opinion. The attempts of Lady Macbeth to gain agency and power lead to violent madness. Thus, *Macbeth* encouraged the audience to put no stock into the opinions and emotions of women, especially those who sought to gain power.

The behaviour of madwomen must have been well known to the Tudor populous, or at least to actors and directors, otherwise feminine madness would not have featured so heavily on stage.³⁶⁶ This does not mean, however, that it was always portrayed as unacceptable. Neely highlighted that in Middleton's play *The Changeling*, Isabella was pursued by no less than three suitors despite being locked in a mental institution.³⁶⁷ Therefore, the value of women was not in their minds, but in their roles as possessions, wives and mothers. Madwomen on stage were only portrayed negatively if they were in a position of power or were prone to violence. In reality, feminine madness was acceptable as long as the woman could be kept under

³⁶³ William Shakespeare, *Macbeth*. (1606), Wordsworth Edition (Hertfordshire: Wordsworth, 1993), p.20.

³⁶⁴ Charney and Charney, "The Language of Madwomen in Shakespeare and His Fellow Dramatists," p.415.

³⁶⁵ Ibid., p.458.

³⁶⁶ Ibid., p.454.

³⁶⁷ Neely, "'Distracted Measures': Madness and Theatricality in Middleton," p.310.

control. Thus, we can presume that such representations largely reflected the perceptions of real Tudor people.

Many faces of Madness

As both Erin Sullivan and Roxana Cazan argued, many other forms of madness were also included in popular plays and poetry.³⁶⁸ By assessing these we can see just how many psychological illnesses the audience recognised. Shakespeare's *Macbeth* contains a myriad of ailments, one of which, included in Macbeth's famous monologue of 'is this a dagger which I see before me', was hallucinations.³⁶⁹ *Macbeth* also incorporated medical theory in the form of a 'heat-oppressed brain', suggesting that the vast majority of the audience had a fairly robust knowledge of mental diseases and their causes.³⁷⁰

Christopher Marlow in his *The Tragical History of Doctor Faustus*, written some time before 1593 and published posthumously in 1604, presented a type of fanatical madness where Faustus sold his soul to the Devil in a quest for knowledge.³⁷¹ This supports an interpretation of reality which included manifestations of evil, the divine and more generally the spirit world. Faustus' madness was linked more with religion in the pursuit of science rather than religious possession. But it shows that mad obsession was perceived as something which could lead to heresy, rather than heretical actions leading to madness.

Likewise, Shakespeare included epilepsy and sleep madness. Cazan maintained that Shakespeare employed epilepsy because his audience knew it to be an 'evil thing'.³⁷² However, the assumption that mental illness was intended to shock is not definite. Instead, it was possibly used to illicit sympathy, as we saw with charitable giving and the poor law earlier. Its inclusion also suggests that the Tudor populous was familiar with epilepsy, and so perceived it as a part of society.

³⁶⁸ Erin Sullivan, "A Disease unto Death: Sadness in the Time of Shakespeare," in *Emotions and Health, 1200-1700*, ed. Elena Carrera (Leiden: Brill, 2013), p.173; Roxana Cazan, "'What Shall We Hear of This': Understanding Judgement, Epilepsy in William Shakespeare's Tragedies," *Neophilologus* 98, no. 3 (2014): p.504.

³⁶⁹ Shakespeare, *Macbeth*. (1606), p.23.

³⁷⁰ Ibid.

³⁷¹ Christopher Marlow, *The Tragical History of Doctor Faustus* (London: Printed by V. S, 1604), pp.15-16; Charles Nicholl, "Marlowe [Marley], Christopher (Bap. 1564, D. 1593), Playwright and Poet," *Oxford Dictionary of National Biography*, 2008, p.1.

³⁷² Cazan, "'What Shall We Hear of This': Understanding Judgement, Epilepsy in William Shakespeare's Tragedies," p.504.

Madness linked with sleep was instead personified by Lady Macbeth. In the quote ‘*Doctor*. You see, her eyes are open. *Gentlewoman*. Ay, but their sense are shut’.³⁷³ Her body was described as awake whilst her mind was asleep, which bares great similarity to the illnesses detailed in the previous chapter. This was yet another illness that the audience were presented with which relied upon an element of familiarity and acceptance. It is also clear that Tudor perspectives of mental illness were influenced by their rationalisation of how sleep made one vulnerable to madness.

Thus far madness has only been discussed in a tragic setting, but, as Leggatt highlighted, it also featured in satirical city comedies.³⁷⁴ In Middleton’s play *The Phoenix*, the character Tangle came down with a case of ‘law-madness’.³⁷⁵ Despite much of Middleton’s inspiration stemming from the tragic murder of his fellow Oxford student Thomas Overbury, Tangle’s illness was presented as a type of hilarious justice, because Tangle was an unscrupulous lawyer.³⁷⁶ Thus, in this case madness was a form of comedic justice. Ultimately though, Suzanne Gossett detailed how Tangle was cured of his law-madness through a ‘bloodletting of legal jargon’; which was a metaphorical play on the concept of balancing the sanguine humor.³⁷⁷ Once again this shows that the audience would have been familiar with humoral theory, even when used in comedic and non-literal settings. The Tudor rationalisation of madness and its treatments permeated each facet of mental illness on stage.

Similarly, Marlow’s *Doctor Faustus* was comedic in its unfolding, yet it featured madness, often thought of as a tragic element, throughout.³⁷⁸ We can see that madness on stage not only encompassed a wide range of psychological diseases, but was also included in comedic works rather than solely in tragedies. Tudor perceptions, then, were far broader than fearing the mad or viewing them as an evil omen. Instead, they represented pity, laughter and emotional freedom; mental illness was as much a prominent part of entertainment as it was of everyday life.

³⁷³ Shakespeare, *Macbeth*. (1606), p.72.

³⁷⁴ Alexander Leggatt, *Citizen Comedy in the Age of Shakespeare* (Toronto: University of Toronto Press, 1973), p.3.

³⁷⁵ Thomas Middleton, *The Phoenix* (London: Printed by E. A, 1603), p.57.

³⁷⁶ Taylor, “Middleton, Thomas (Bap. 1580,d. 1627), Playwright,” p.1.

³⁷⁷ Suzanne Gossett, “Introduction,” in *Thomas Middleton in Context* (Cambridge: Cambridge University Press, 2011), p.7.

³⁷⁸ Marlow, *The Tragical History of Doctor Faustus*.

Conclusion

We can clearly see that different mental vexations were used to represent certain desires, emotions, and concerns on stage. We can also draw the conclusion that audiences were well versed in their knowledge of both ailments and their treatments, otherwise their inclusion in popular plays would have been confusing.

Studying melancholy within plays and poetry has illustrated how it was one of the major emotive components of Tudor entertainment, as well as showing how the audience and authors were able to identify with melancholy characters because it was part of their reality. The stage depicted frenzied illnesses, such as love madness, as a portrayal of emotions that the audience could identify with, whilst also expressing concerns about the control of behaviour and madness in those who held power. Although the audience accepted the violent endings of the frenzied mad in entertainment, such actions were not acceptable in reality.

We have also been able to address the role of madwomen, where it seemed that the value of a woman was not in her mind, but in her role as a wife and mother; which was the acceptable reality of women in Tudor England. Madwomen on stage were only portrayed in a negative manner if they were in a position of power or if they were prone to violence, actions which went against what was considered both rational and feminine in the early modern period.

Assessing uncategorised illnesses, then, has highlighted the vast scale of mental issues that the Tudor audience were aware of. Madness was not merely a tragic element, but a comedic one as well, and was as much an accepted part of entertainment as it was of everyday life. Play writers used it to elicit pity, laughter, and as a means of airing concerns and emotions that were otherwise socially unacceptable. The Tudor rationalisation of madness and its treatments permeated each facet of mental illness on stage, and perfectly illustrates their different perspectives of reality and what was considered to be rational.

Conclusion

After having explored so many different elements of mental illness in Tudor England, it is poignant here to return to this thesis' three central questions, what were Tudor theories, treatments and reactions towards the mentally ill? In this way, all of the distinct elements and social aspects that have been assessed during the course of this study can be brought together to answer the overarching question: what were Tudor perspectives of mental illness?

Explanations of psychological disorders, as has been emphasised in every chapter of this study, were soundly rooted in medical theory with religious assumptions present, but in the background. Humoral theory was the dominant interpretation of the day, but other explanations did exist and were regularly implemented. Medical theory, though, was acquired predominantly through an education system dominated by religious thought which was entwined with theories surrounding mental health. The world view that the Tudors held mixed spirituality with rationality and the boundaries between this world and the next were often permeable.

The medical literature assessed in this work has also illustrated that there was a wide range of psychological difficulties which were acknowledged not only by physicians, but by the general populous as well. This counters the current historiographical focus on melancholy as the dominant disorder of the day. Perspectives of psychological illness during this period usually depended on the type of illness that the patient suffered from. For instance, melancholy was generally more tolerable than a frenzied disorder because it caused less disruption. Gender differences were thoroughly discussed by Tudor physicians, but seemed to matter more in theory than in practice. Unless the vexation was female specific, like suffocation of the mother, then ailments were treated in the same manner regardless of gender.

For Tudor perspectives of treatment, social status was the decisive factor. Affluent members of society, regardless of which form of madness they suffered from, made use of qualified physicians. These physicians, as demonstrated in earlier chapters, chiefly utilised humoral treatments designed to balance the humors. Instead the poor made use of quack doctors, folk healers and herbal remedies, a great many of which have been detailed in this study. Towards the end of the

century, astrological solutions also became accessible, regardless of wealth. Napier treated those of every social standing, often refusing to take money for his services. Institutionalisation, contrary to the historiographical focus, was rare. Bethlem was an oddity and even pre-Reformation monasteries and hospitals only played a small role in the care of the mentally ill.

The Tudor populous, then, reacted to and perceived mental disorders in quite an unanticipated manner. Whilst such vexations were not ideal, psychological issues usually elicited pity for the afflicted who were not seen as being responsible for their own misfortune. Whether wealthy or poor, the mad were commonly cared for by their family. If familial care broke down then the poor law provided for them due to their status as the deserving poor, which was the case throughout the century; even mad vagrants were regularly seen as deserving of charity.

Violent actions, though, were never tolerable and the criminally insane were arrested for any crimes they had committed. Nonetheless, if the prisoner became well again, then they were routinely released. The courts often took pity on those who they believed had been mad when the crime was committed, taking such issues into account was an accepted element of the criminal justice system. Problems only arose if the illness was thought to have been fabricated, which occasionally happened in cases of domestic violence or battery.

Madness was also as much a part of popular entertainment as it was of everyday life. Even though the Tudors perceived reality in ways that we are not familiar with, violent madness on stage was clearly exaggerated. However, rather than solely representing fear or evil, this study has illustrated that it also elicited pity, provided comic relief, and was a means of voicing concerns and emotions which were not usually acceptable. Whether on stage or in reality, those with mental illnesses were perceived as valid members of their communities, as long as they did not cause disturbances.

Ultimately, this thesis has illustrated that the Tudor populous were generally sympathetic to mental illness, unless the person behaved in a violent or unacceptable manner. This stands as contrary to the academic focus on gender and institutionalisation that was highlighted in the Historiography chapter. It has shown that there were far more psychological disorders within the popular consciousness, unlike the historiographical focus on melancholy, and has likewise highlighted how medical theory, rather than theories surrounding the Devil or possession, was

dominant. Finally, it has argued that Tudor perceptions of and treatments for psychological illness varied depending on the type, or manageability, of the affliction, as well as the patient's social status, rather than their gender. It is important to emphasise, then, that the alternative view of rationality and reality in Tudor England allowed the mentally ill to live within their communities where they contributed, as best they could, to the wellbeing of their families and were generally left in peace.

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APPENDIX

Illustrations

Figure 1

Deutsche Kalendar, 1498. U.S National Library of Medicine.
<https://www.nlm.nih.gov/exhibition/shakespeare/fourhumors.html>.

Figure 2

Medical and Astrological Texts England, 1553. Shakespeare at Yale: Collections and Exhibitions at Yale University.
<http://exhibitions.shakespeare.yale.edu/exhibitions/medicine-in-shakespeares-london/i/>.

Figure 3

The Four Humours, Unknown. Medieval Medicine- Butchers and Barbers?! Noshin's Blog. <http://noshinchy.blogspot.co.uk/>.

Tables**Table 1**

Date	Name	Age and Sex	Illness	Treatment
1597- 1598	Mr Robert Malins	Unknown, M	Passionate love, suicide	Astrological chart
18 March 1597	Mr Francis Gadstone	Unknown, M	Lunatic, passions	Astrological chart, horary
6 May 1597	Ms Goody Perkins	Unknown, F	Haunted by a spirit, love crazed	Astrological chart, horary
4 July 1597	Ms Alice Scot	Unknown, F	Delirium, choking	Astrological chart, horary
19 August 1597	Mr Gregory Reynolds	Unknown, M	Passions	Astrological chart, horary
29 August 1597	Old Father Campion	Elderly, M	Passions	Astrological chart, horary
14 October 1597	Mrs Dorothy Uvedale	17- 18, F	Lunatic	Astrological chart, horary
1598	Miss Alice Rawlins	5, F	Cannot speak, sickness, passions	Astrological chart, horary
14 January 1598	Mrs Denise Wilkinson	39- 41, F	Disease, passions	Astrological chart
16 January 1598	Mrs Alice Scot	37, F	Passions, wandering womb, afflicted mind	Astrological chart
8 March 1598	Miss Susan Blundell	11, F	Impairment	Astrological chart, horary
2 July 1598	Ms Elizabeth Richardson	29- 31, F	Afflicted in mind, impairment, passions	Astrological chart, decumbiture
10 July 1598	Miss Alice Rawlins	4, F	Impairment, lunatic, sickness	Astrological chart, decumbiture
9 August 1598	Ms Goody Joan Honour	36, F	Anxiety, melancholy, bewitchment, passions	Astrological chart, horary
27 August 1598	Mr Hodgkins	Unknown, M	Lunatic	Astrological chart, horary
26 September 1598	Miss Goody Elizabeth Honour	17- 27, F	Lunatic	Astrological chart
28 September 1598	Ms Joan Hoddell	40, F	Passions	Astrological chart, horary

11 October 1598	Miss Susan Blundell	12, F	Fits, hallucination, bewitchment	Partial astrological chart, decumbiture
23 November 1598	Ms Elizabeth Houghton	Unknown, F	Lunatic	Astrological chart, horary
11 December 1598	Mr William Chivoll	36, M	Bedridden, sickness, passions	Horary
20 December 1598	Mrs Anne Cloud	35, F	Impairment, passions	Astrological chart, horary
3 January 1599	Mr Richard Stonedale	Unknown, M	Anxiety and melancholy	Horary
4 January 1599	Mr Thomas Burgen	23- 35, M	Sick heart, passions	Astrological chart, horary
4 January 1599	Old William Barrat	58- 60, M	Anxiety and melancholy	Horary
4 January 1599	Ms Alice Vans	21, F	Anxiety and melancholy, passions	Horary
15 January 1599	Anonymous	Unknown, M	Passions	Astrological chart, horary
26 January 1599	Mr William Seabrook	41, M	Hearing problems, lunatic	Horary
15 March 1599	Mr William Loveles	60, M	Chest tightness, face numbness, griping, headache, heart palpitations, suicidal, bewitched	Astrological chart, horary
19 March 1599	Mrs Susan Commendale	27, F	Anxiety and melancholy, passions, numbness, paralysis	Astrological chart, horary
19 March 1599	Ms Margery Clark	51, F	Cannot speak, passions, sick at the heart	Astrological chart, horary
26 March 1599	Ms Agnes Lea	62, F	Sick at the heart, passions	Horary
27 March 1599	Miss Agnes Parsons	12, F	Anxiety and melancholy, burning, pain and pricking	Astrological chart, horary
30 March 1599	Mrs Frances	42, F	Anxiety and	Horary

	Thomson		melancholy, hallucination, haunted, passions,	
2 April 1599	Miss Elizabeth Emerson	21, F	Anxiety and melancholy, gnawing, passions	Astrological chart, horary
2 April 1599	Ms Anne Winkles	60, F	Anxiety and melancholy, sickness, pain and pricking	Horary
3 April 1599	Ms Elizabeth Clark	30, F	Burning, menstrual problems, sick at the heart, passions	Astrological chart, horary
20 April 1599	Ms Jane Cuknole	28, F	Impairment, lunatic, bewitchment	Astrological chart, horary
21 April 1599	Mr William Palmer	26, M	Afflicted in mind, impairment, lunatic	Horary
25 April 1599	Ms Alice Kent	21, F	Lame, numbness, paralysis, sick at heart, passions	Astrological chart, horary
25 April 1599	Ms Mary Gunthrop	27- 31, F	Afflicted in mind, anxiety and melancholy, sickness	Horary
25 April 1599	Mr William Rogers	20, M	Afflicted in mind, Devil, hallucination, suicidal, passions	Partial astrological chart, horary
1 May 1599	Ms Frances Thomson	40, F	Passions	Astrological chart, horary
2 May 1599	Ms Joan Chivill	67, F	Anxiety and melancholy	Astrological chart, horary
2 May 1599	Mr William Hull	17, M	Anxiety and melancholy, sight issues	Astrological chart, horary
5 May 1599	Ms Joan Ring	36, F	Afflicted in mind, Devil, passions	Astrological chart, horary
8 May 1599	Mr Farindon	Unknown, M	Sick at heart	Astrological

				chart, horary
12 May 1599	Mrs Mary Berry	49- 53, F	Anxiety and melancholy, dizziness, pain and pricking, paralysis, passions	Horary
15 May 1599	Miss Joan Freeman	17, F	Anxiety and melancholy, impairment, sickness, pain and pricking, chest tightness	Astrological chart, horary
23 May 1599	Mrs Alice Moulsoe	54- 56, F	Impairment, sickness	Astrological chart, horary
15 September 1599	Ms Agnes Fosket	22, F	Passions	Astrological chart, horary
18 September 1599- 6 January 1600	Mr Thomas Longueville	25- 27, M	Afflicted in mind	Astrological chart, horary, surgical cutting of the head and removal of part of the brain? He died a short time later
26 September 1599	Miss Judith Phillips	9, F	Afflicted in mind, falling sickness, nausea, sickness	Horary
24 November 1599- 20 December 1599	Mrs Catherine Wells	22- 23, F	Passions, haunted, suicidal	Astrological chart, horary
19 December 1599	Mr Richard Goodwine	44- 46, M	Sick at heart	Astrological chart, horary
9 January 1600	Mrs Margaret Burchmore	30, F	Anxiety and Melancholy	Horary.
18 February 1600	Mr John Marsh	50, M	Afflicted in mind, lunatic, bewitched	Astrological chart, horary
21 February 1600	Mr John Dobbe	55, M	Passions	Astrological chart, horary
29 February 1600	Miss Mary Bridges Miss Judith Bridges	15, F 14, F	Pain and pricking Impairment	Astrological chart, horary Astrological chart, horary
2 April 1600	Ms Ursula Cole	26, F	Afflicted in mind, Devil,	Astrological chart, horary

			haunted	
8 April 1600	Mr Robert Day	40, M	Passions	Astrological chart, horary
13 April 1600	Ms Amy Dennet	34, F	Afflicted in mind, hallucination, passions, bewitched	Astrological chart, horary
14 April 1600	Mrs Ellen Neale	21- 26, F	Passions	Astrological chart, horary
18 April 1600	Ms Joan Thomson	22, F	Afflicted in mind, anxiety and melancholy	Astrological chart, horary
22 April 1600	Mr Raphael Momes	60, M	Anxiety and melancholy, passions	Astrological chart, horary
22 April 1600	Ms Agnes Godfrey	Unknown, F	Haunted, passions, suicidal	Horary
25 April 1600	Mr Richard Stonebank	30, M	Afflicted in mind, anxiety and melancholy, passions, suicidal	Astrological chart, horary
1 May 1600- 6 May 1600	Ms Gilliam Charge	30, F	Afflicted in mind, anxiety and melancholy, Devil, passions	Astrological chart, horary
12 May 1600	Anonymous servant	Unknown, M	Afflicted in mind, passions	Astrological chart, horary
12 May 1600	Mrs Margaret Burchmore	30, F	Afflicted in mind, impairment	Astrological chart, horary
16 May 1600- 20 May 1600	Anthony Robinson Mrs Mary West [Robinson]	3, M 21- 26, F	Stomach and belly Passions, lightheaded	Astrological chart, horary
26 May 1600	Mr Thomas Deeremore	28, M	Passions	Astrological chart, horary
28 May 1600	Miss Ellen Ashon	15, F	Anxiety and melancholy, impairment	Horary
2 June 1600	Ms Frances Abbot	26, F	Passions	Astrological chart, horary
7 June 1600	Ms Anne Hawkins	32, F	Passions	Astrological chart, horary

9 June 1600	Miss Mary Gunthrop	12, F	Lunatic	Horary
27 June 1600	Mr William White	16, M	Passions, sleep problems	Astrological chart, horary
4 August 1600	Ms Isabel Emerson	60, F	Passions	Astrological chart, horary
11 October 1600	Mr Matthew Altham	50, M	Suicidal, passions	Astrological chart, horary
27 October 1600	Mr Stephen Rawlins	36, M	Passions	Astrological chart, horary
5 November 1600	Ms Elizabeth Morgan	38, F	Passions, bewitchment	Astrological chart, horary
10 November 1600	Mr Elizabeth Travell	42, F	Afflicted in mind, anxiety and melancholy	Astrological chart, horary
11 December 1600	Mrs Jane Farmer	67, F	Afflicted in mind, passions	Astrological chart, horary
27 December 1600	Mr Sanders	38, M	Passions	Astrological chart, horary
2 February 1601	Mr Roger Smith	Unknown, M	Passions	Astrological chart, horary
2 February 1601	Anonymous	Unknown, M	Lunatic	Astrological chart, horary
10 February 1601	Mr William Newell	42, M	Lunatic, passions	Astrological chart, horary
11 February 1601	Ms Agnes Morton	78, M	Lunatic	Astrological chart, horary
21 February 1601	Mrs Frances Thomson	50, F	Passions	Astrological chart, horary
28 February 1601- 5 March 1601	Mr Nicholas Tealer	65, M	Impairment	Astrological chart, horary, decumbiture
25 March 1601	Ms Grace Hall	26, F	Passions, bewitchment	Horary
26 March 1601	Mr Robert Alcock	22, M	Passions	Astrological chart, horary
6 April 1601	Ms Margaret Scrivener	40, F	Passions	Astrological chart, horary
8 April 1601	Ms Em Gravestock	24, F	Anxiety and melancholy	Astrological chart, horary
10 April 1601	Ms Agnes [Anne] Robbins	20, F	Passions	Astrological chart, horary
15 April 1601	Mr Thomas Phillips	19, M	Passions	Astrological chart, horary
17 April 1601	Mr Matthew Nichols	25, M	Passions	Astrological chart, horary
21 April 1601	Mr William	30, M	Lightheaded,	Astrological

	Bedcot		passions	chart, horary
23 April 1601	Mrs Ingoldsby	30, F	Anxiety and melancholy, sickness, suicidal	Astrological chart, horary
27 April 1601	Mrs Foster	35, F	Anxiety and melancholy, sickness	Astrological chart, horary
2 May 1601	Mr Harry Peace	19, M	Anxiety and melancholy	Astrological chart, horary
4 May 1601	Ms Anne Piggot	36, F	Suicidal	Astrological chart, horary
7 May 1601	Mr Harry Peace	20, M	Lunatic	Astrological chart, horary
8 May 1601	Mrs Mary Harding [Crowly]	18, F	Passions	Horary
8 May 1601	Mr Rawlins	30, M	Passions	Horary
23 May 1601	Mrs Alice Scot	41, F	Anxiety and melancholy	Astrological chart, horary
1 June 1601	Ms Goody Threll	50, F	Passions	Astrological chart, horary
4 June 1601	Ms Anne Coursey	Unknown, F	Passions	Astrological chart, horary
20 June 1601- 22 June 1601	Ms Margaret Garret	63, F	Passions	Astrological chart, horary
22 June 1601	Mr John Wood	24, M	Passions	Astrological chart, horary
22 June 1601	Mr Robert Rechel	21, M	Passions, bewitched	Astrological chart, horary
26 June 1601	Mr Robert Piggot	43, M	Passions	Astrological chart, horary
26 June 1601	Mr William Cowly	13, M	Passions	Astrological chart, horary
27 June 1601	Mr Anthony Bond	41, M	Afflicted in mind, passions	Astrological chart, horary
3 July 1601	Mr Thomas Williams	32, M	Hallucination, haunted, passions	Astrological chart, horary
6 July 1601	Miss Ellen Ashon	15, F	Passions	Astrological chart, horary
6 July 1601	Ms Elizabeth Fox	34, F	Anxiety and melancholy, hallucination, lunatic	Astrological chart, horary
7 July 1601	Ms Anne Buckingham	30, F	Passions	Astrological chart, horary
9 July 1601	Ms Sybil Spittle	24, F	Passions	Astrological chart, horary

10 July 1601	Mr Stephen Rawlins	36, M	Passions	Astrological chart, horary
13 July 1601	Ms Judith Croutch	20, F	Passions	Astrological chart, horary
21 July 1601	Mr Richard Partridge	24, M	Impairment	Astrological chart, horary
28 July 1601	Ms Elizabeth Paxhood	30, F	Lunatic	Astrological chart, horary
20 August 1601	Ms Mary Clark	20, F	Passions	Astrological chart, horary
27 August 1601	Ms Agnes Meadbury	38, F	Passions, lunatic	Astrological chart, horary
31 August 1601	Mr William Hodges	32, M	Passions	Astrological chart, horary
10 October 1601	Mr Johnson	Unknown, M	Anxiety and melancholy, lunatic	Astrological chart, horary, curable
16 October 1601	Mr Robert Piggot	13, M	Passions	Astrological chart, horary
28 November 1601	Ms Mary Barlee	30, F	Passions	Astrological chart, horary
28 November 1601- 30 November 1601	Mrs Isabel Pen	29-31, F	Passions, lightheaded	Astrological chart, horary
4 December 1601	Ms Elizabeth Warwick	55, F	Passions	Astrological chart, horary
21 December 1601	Ms Mary Gunthrop	30, F	Anxiety and melancholy	Astrological chart, horary
28 December 1601	Ms Alice Vans	24, F	Lunatic	Astrological chart, horary
10 January 1602	Mr Richard Napier	41- 43, M	Passions	Astrological chart
11 January 1602	Mrs Magdalen Ingoldsby	30, F	Passions	Astrological chart, horary
12 January 1602- 19 January 1602	Ms Alice Vans	24, F	Lightheaded, passions, lunatic, bewitched	Partial astrological chart, horary
26 January 1602	Mr John Pacy	80, M	Passions	Astrological chart, horary
2 February 1602	Ms Joan Kent	40, F	Passions	Astrological chart, horary
8 February 1602	Ms Agnes Morton	77- 79, F	Passions	Astrological chart, horary
11 February 1602	Ms Elizabeth Morton	38, F	Passions	Astrological chart, horary
12 February 1602	Ms Margaret Allen	34, F	Passions	Horary

17 February 1602	Mr William Miller	37, M	Passions	Astrological chart, horary
1 March 1602	Mrs Mary Carreck [Harrison]	19, F	Passions	Astrological chart, horary
3 March 1602	Mrs Mary Harding	19, F	Passions	Astrological chart, horary
8 March 1602	Ms Margaret Earle	52, F	Passions	Astrological chart, horary
14 March 1602	Ms Agnes Goodman	35, F	Passions	Astrological chart, horary
15 March 1602	Mrs Mary Harding [Crowly]	19, F	Anxiety and melancholy	Horary
27 March 1602	Mr William Barton	23- 36, M	Anxiety and melancholy, dropsy	Astrological chart, horary
29 March 1602	Ms Joan Southwick	42, F	Anxiety and melancholy	Astrological chart, horary
29 March 1602	Mr William Walcot	25, M	Afflicted in mind, trauma	Astrological chart, horary
30 March 1602	Mr John Spencer	19- 30, M	Anxiety and melancholy, sickness, romantic relations	Astrological chart, horary
3 April 1602	Ms Marian Griffen	32, F	Passions	Astrological chart, horary
5 April 1602	Mr John Wakefield	38, M	Passions	Astrological chart, horary
8 May 1602	Mr Joan Andrews	27, F	Passions	Astrological chart, horary
17 May 1602	Mrs Mary Hill	41, F	Afflicted in mind, suicidal	Astrological chart, horary
18 May 1602	Ms Joan Walbank	55, F	Afflicted in mind, anxiety and melancholy, hallucination	Astrological chart, horary
19 May 1602	Mrs Agnes Olney	38, F	Afflicted in mind, lightheaded, passions, lunatic	Astrological chart, horary
19 May 1602	Mr Henry Langton	18 months, M	Anxiety and melancholy, sickness, sleep problems	Horary
22 May 1602	Ms Alice	40, F	Passions	Astrological

	Emerson			chart, horary
25 May 1602- 4 June 1602	Mrs Mary Hill	40-51, F	Afflicted in mind	Astrological chart, horary
31 May 1602	Ms Church	45, F	Passions	Astrological chart, horary
31 May 1602	Mr William Hinson	36, M	Passions	Astrological chart, horary
7 June 1602	Mr William Wallington	60, M	Passions, bewitched	Astrological chart, horary
9 June 1602	Mr John Mun	25, M	Passions	Astrological chart, horary
15 June 1602	Ms Alice Wethered	38, F	Passions, in fear of death	Astrological chart, horary
19 June 1602	Ms Elizabeth Ellis	27, F	Afflicted in mind	Astrological chart, horary
21 June 1602	Ms Walbank	58, F	Passions	Astrological chart, horary
25 June 1602	Mrs Margaret Dean [Simons]	30, F	Passions, bewitched	Astrological chart, horary
26 June 1602	Mrs Mary Hill	47, F	Afflicted in mind, hallucination, suicidal	Astrological chart, horary
29 June 1602	Mr Edward Beech	39, M	Passions	Astrological chart, horary
29 June 1602	Mr Anthony Bond	42, M	Afflicted in mind, anxiety and melancholy	Astrological chart, horary
1 July 1602	Mr Robert Field	20, M	Passions	Astrological chart, horary
3 July 1602	Mr Matthew Claver	50, M	Passions	Astrological chart, horary
6 July 1602	Ms Agnes Clark	43, F	Passions	Astrological chart, horary
13 July 1602	Mrs Brunning	50, F	Passions	Astrological chart, horary
24 July 1602	Ms Alice Harvey	22, F	Passions	Astrological chart, horary
28 July 1602	Ms Grace Allen	55, F	Passions	Astrological chart, horary
28 July 1602	Ms Margaret Hooke	60, F	Passions	Astrological chart, horary
5 August 1602	Anonymous	60, M	Afflicted in mind, anxiety and melancholy	Astrological chart, horary
16 August 1602	Ms Agnes [Anne] Dean	50, F	Dizziness, pain and prickling,	Astrological chart, horary

			suicidal	
11 September 1602	Mr William Southwick	45, M	Passions	Astrological chart, horary
16 September 1602	Sugar	35, F	Passions	Astrological chart, horary
21 September 1602	Ms Anne Earle	35, F	Passions	Astrological chart, horary
21 September 1602	Ms Agnes Barnard	26, F	Anxiety and melancholy, suicidal	Astrological chart, horary
4 October 1602	Mr John Andrews	52, M	Passions	Astrological chart, horary
11 October 1602	Mr Joseph Shawe	11, M	Passions	Astrological chart, horary
18 October 1602	Mr Edward Beech	40, M	Anxiety and melancholy, bewitched	Astrological chart, horary
6 November 1602	Mr John Udden	40, M	Passions	Astrological chart, horary
8 November 1602	Mr Clemence Mole	58, F	Passions, bewitched	Astrological chart, horary
8 November 1602	Mr Joseph Shawe	16, M	Afflicted in mind, anxiety and melancholy, passions, pain and pricking	Horary
9 November 1602	My John Udden	39- 41, M	Passions	Astrological chart, horary
13 November 1602- 20 November 1602	Mr William Cowly	15, M	Afflicted in mind, suicidal, passions	Astrological chart, horary
23 November 1602	Mr Jeremy Fisher	52, M	Passions	Astrological chart, horary
27 November 1602	Ms Spenser	Unknown, F	Sickness, passions, lightheaded	Astrological chart, horary
11 December 1602	Ms Joan Lane	44, F	Passions	Astrological chart, horary
27 December 1602- 18 January 1603	Mr Robert Matthews	32, M	Passions	Astrological chart, horary
29 December 1602	Mr Colman	17, M	Passions, impairment	Astrological chart, horary
13 January 1603	Mrs Martha Farrar	50, F	Suicidal	Astrological chart, horary
14 January 1603	Mr George Trussell	29, M	Passions	Astrological chart, horary

15 January 1603	Mr Vincent Goddard	21, M	Passions	Astrological chart, horary
27 January 1603	Mr William Cowly	16, M	Passions	Astrological chart, horary
2 February 1603	Ms Frances Thomson	40, F	Passions	Astrological chart, horary
2 February 1603	Ms Mary Ashby	41- 46, F	Passions	Astrological chart, horary
20 February 1603- 5 March 1603	Mrs Elizabeth Townsend	80, F	Passions	Astrological chart, horary
10 March 1603	Ms Elizabeth Meridale	35, F	Passions	Astrological chart, horary
13 March 1603	Ms Isabel Dormer	33, F	Passions	Astrological chart, horary
19 March 1603	Mrs Steward	43, F	Anxiety and melancholy	Astrological chart, horary

Information taken from Napier. Richard, Casebooks Project: A digital Edition of Simon Forman's & Richard Napier's Medical Records 1596- 1634. <http://www.magicandmedicine.hps.cam.ac.uk/the-casebooks/search/cases/results?start=1&max=10&sort=date&order=asc&me=1&to=2&tm=10>. [Accessed 25 November 2015].