Introduction

A Disease of the Person

On 7 November 1681, the English preacher Oliver Heywood was called to the house of a young man named Joshua Bates, who had fallen into 'a kind of a phrenzy'. After a fortnight, the disease 'grew to a perfect distraction', so that

> 4 men had much adoe to hold him, he was bound, raved, raged, in a formidable manner, made rimes, yea (which was sad) Satan used his tongue to swear many dreadful oaths, which he never did in all his life: he was much prayd for . . . that evening he grew quieter, had a quiet night – in the morning I went to see him, he was a sad object, put him into the hands of god by prayer, that evening at 10 o'clock he dyed, buryed Dec 24 81.[1]

At this point Heywood had been a minister for thirty-one years; he had buried many friends and neighbours in that time. But when he came to write up his spiritual observations on this episode, he faltered. This 'precious young man was profiting beyond his fellows in religion, many sober Christians did much admire the grace of god in him', he lamented.[2] To see a 'godly young man' cut off in his prime was always a cause for sorrow. Yet what seems to have pained Heywood the most was not the memory of Joshua's death, but of his last days alive.[3] 'Oh my Lord', he begged, 'what shall I say to these things? . . . Doth our Lord give them grace and then deprive them of the use of Reason? doth god sanctify their hearts and then leave them to the black humours of their bodys? . . . what glory can god have from frantick persons that have not the use of reason?'[4]

These questions belong to a specific person, time, place, and faith community – namely, to one late seventeenth-century English Protestant

[1] Oliver Heywood, 'Objects and Observations', in Joseph Horsfall Turner (ed.), *The Rev. Oliver Heywood, B.A., 1630–1702: His Autobiography, Diaries, Anecdote and Event Books*, 4 vols. (Bingley: T. Harrison, 1882), vol. 4, p. 31.
[2] Ibid., p. 34. [3] Ibid., p. 31. [4] Ibid., p. 33.

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non-conformist minister. Yet they also speak to a more perennial human experience: the experience of losing a person – or of losing parts of a person which once seemed inalienable. In a 2021 tribute to his former mentor Jonathan Steinberg (1934–2021), the historian Christopher Clark wrote

> In the very last years of his life, Jonathan was engulfed by Alzheimer's disease. It was like watching someone shrink and get lost inside himself. He was still pondering enigmas: 'Something has happened to me. But I can't work out what it is. But something fundamental has changed'. I spent a day with him last September and we watched together a video of a wonderful lecture he had given about Bismarck at the University of Pennsylvania some years before. He was gripped by it. And when it was finished, he said: 'That man, Jonathan Steinberg, doesn't exist any more'.[5]

It is safe to say that early modern people saw fewer cases of age-related dementia than are seen worldwide today. What they *are* likely to have witnessed – and far more often – were the dramatic changes to demeanour, speech, and behaviour which accompanied the late stages of febrile illness. Frenzy – by its early modern definition both an 'inflammation of the brain' and a 'continual madness' – was one such illness. It gave the impression that what, for many, were the most precious and integral parts of the person – the 'reason', the 'understanding', and the 'will' – were as easy to destroy as the body. Frenzy troubled early modern people because it forced them to confront the seeming fragility of personhood. Offering a case study of a now-obsolete brain disease, this book explores what was at stake for those who were faced with the diagnosis. Its aim is to deepen and complicate our sense of what 'madness' meant in this period, both to the diagnosticians – the doctors, divines, polemicists, and jurors – and to all those who lived with the label.

Madness and Personhood

In recent years, it is historians of ancient medicine who have led the way in the study of diseases of mind. Chiara Thumiger and Peter Singer, among others, have tracked the shifting categorizations of mental illness in the writings of ancient and late antique medical theorists, ranging from the earliest Hippocratic authors (fifth century BCE) to the Byzantine

[5] Christopher Clark, 'Professor Jonathan Steinberg 1934–2021, in Memoriam'. Cambridge Faculty of History website (8 March 2021), www.hist.cam.ac.uk/news/professor-jonathan-steinberg-1934-2021-memoriam.

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encyclopaedists (sixth century CE).[6] Most recently, Thumiger has turned her attention to the centuries-long history of *phrenitis*, the ancient disease category which gave rise to early modern frenzy.[7] Prior to this masterly overview, it was possible to count the scholarly works on *phrenitis* on one hand: a short but illuminating essay by Akio Sakai (1991), followed in 1992 by Danielle Jacquart's study of the disease's afterlife in the 'golden age' of Arabo-Islamic medicine, and in 2013 by Glenda McDonald's article on its treatment in the writings of the imperial physician Galen of Pergamon (129–216 CE).[8] This book builds on the work of these historians of medicine, showing the extent to which the early modern diagnosis at its centre was built on the foundations of ancient and medieval *phrenitis*. But the medical history of frenzy is only a part of the story told by this book, and even this part is not a simple picture of continuity. Many variants of the disease category came into currency in early modern England, a process which was accelerated by the quickening vernacularization of learned medicine. Some of these incarnations of frenzy resembled ancient *phrenitis* very closely; others did not.

In that respect, this book aligns more closely with the cultural history of madness than with the intellectual histories of medicine mentioned above. It would be misleading to set up a hard-and-fast dichotomy between these fields; few cultural historians of madness have underestimated the importance of the ancient medical tradition, and most historians of that tradition working today know better than to ignore its cultural context. What *is* fair to say is that the cultural historians of madness have tended to treat the diagnostic categories of learned medicine as one type of discursive construction among many. This approach characterizes many landmark works in the field – Michael MacDonald's *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England* (1981), William F. Bynum, Roy Porter, and Michael Shepherd's three-volume edited collection *The Anatomy of Madness* (1985–1988), Michael W. Dols's *Majnūn: The*

[6] Chiara Thumiger, *A History of the Mind and Mental Health in Classical Greek Medical Thought* (Cambridge: Cambridge University Press, 2017); Chiara Thumiger and Peter N. Singer (eds.), *Mental Illness in Ancient Medicine: From Celsus to Paul of Aegina* (Leiden: Brill, 2018).

[7] Chiara Thumiger, *Phrenitis and the Pathology of the Mind in Western Medical Thought, Fifth Century BCE to Twentieth Century CE* (Cambridge: Cambridge University Press, 2023).

[8] Akio Sakai, 'Phrenitis: Inflammation of the Mind and Body', *History of Psychiatry* 2(6) (1991), 193–205; Danielle Jacquart, 'Les Avatars de la phrénitis chez Avicenne et Rhazès', in Danielle Gourevitch (ed.), *Maladie et Maladies: Histoire et Conceptualisation. Mélanges en l'honneur de Mirko Grmek* (Geneva: Librairie Droz, 1992), pp. 181–192; Glenda C. McDonald, 'Galen on Mental Illness: A Physiological Approach to Phrenitis', *Bulletin of the Institute of Classical Studies. Supplement* 114 (2014), 135–151.

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Madman in Medieval Islamic Society (1992), and H. C. Erik Midelfort's *A History of Madness in Sixteenth-Century Germany* (1999).[9] In seeking to give equal weight to medical, legal, religious and broader socio-cultural understandings of madness, I follow in these authors' footsteps.

What is striking about this potted bibliography are its dates of publication. It is a curious fact that, in the first two decades of the twenty-first century – a moment which has seen the zenith of the history of the self, the emotions, and the senses – interest in the history of madness has ebbed.[10] And perhaps this is not a coincidence. Early work in the history of emotions – eager to refute Norbert Elias's vision of a premodern society governed by the volatile explosions of the *id* – responded by stridently reasserting the rationality of premodern emotion. Emotional expression, these historians insisted, was necessarily orderly; it had to correspond with collectively intelligible 'codes' or 'scripts' in order to be read.[11] Pointing to the propositional content and social usefulness of emotion, they resisted not only the condescension of a purportedly 'rational' posterity, but also a long tradition of 'retrospective diagnosis', an approach which re-emerged in the 1970s as 'psychohistory'.[12] Although today this approach is generally condemned by academic historians, it lives on in the collective consciousness as an urge to armchair-psychologize famous historical figures. If the merest mention of 'mental illness' has been enough to send self-respecting early modernists running for the hills, it is easy to see why.

[9] Michael MacDonald, *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England* (Cambridge: Cambridge University Press, 1981); William F. Bynum, Roy Porter, and Michael Shepherd (eds.), *The Anatomy of Madness: Essays in the History of Psychiatry*, 3 vols. (London: Tavistock, 1985–1988); Michael W. Dols, *Majnūn: The Madman in Medieval Islamic Society* (Oxford: Oxford University Press, 1992); H. C. Erik Midelfort, *A History of Madness in Sixteenth-Century Germany* (Stanford, CA: Stanford University Press, 1999).

[10] There are notable exceptions: see, e.g., Katharine Hodgkin, *Madness in Seventeenth-Century Autobiography* (Basingstoke: Palgrave Macmillan, 2007); Elena Carrera, 'Madness and Melancholy in Sixteenth- and Seventeenth-Century Spain: New Evidence, New Approaches', *Bulletin of Spanish Studies* 87(8) (2010), 1–15; Elizabeth Mellyn, *Mad Tuscans and Their Families: A History of Mental Disorder in Early Modern Italy* (Philadelphia: University of Pennsylvania Press, 2014). In the last five years, a new generation of historians has begun to approach madness via disability studies; see, e.g., Catherine Beck, 'Patronage and Insanity: Tolerance, Reputation and Mental Disorder in the British Navy, 1740–1820', *Historical Research* 94(263) (2021), 73–95; Riikka Miettinen, 'Constructing "Mad" Religious Experiences in Early Modern Sweden', in Sari Katajala-Peltomaa and Raisa Maria Toivo (eds.), *Histories of Experience in the World of Lived Religion* (London: Palgrave Macmillan, 2022), pp. 163–194.

[11] Barbara Rosenwein (ed.), *Anger's Past: The Social Uses of an Emotion* (Ithaca, NY: Cornell University Press, 1998), pp. 2–3, 238–239.

[12] See Geoffrey Barraclough, 'Psychohistory Is Bunk', *The Guardian*, 3 March 1973; Philip Pomper, 'Problems of a Naturalistic Psychohistory', *History and Theory* 12(4) (1973), 367–388; Gerald Izenberg, 'Psychohistory and Intellectual History', *History and Theory* 14(2) (1975), 139–155.

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But it is worth reflecting on the limits imposed by this determination to keep unreason at arm's length. The conceptual frameworks championed by historians of emotion – 'scripts', 'communities', 'practices' – have been enormously productive, but they prove less useful in helping us to understand instances where members of the same 'emotional community' responded to an individual's displays of affect with bafflement, incomprehension, concern, or outright fear – moments, in short, in which the act of communication seems to have gone badly wrong.[13] In their scrupulous refusal to pathologize emotional displays (even those read as 'madness' by contemporaries), historians have ended up limiting their analytic categories to 'disturbance' or 'distress'.[14] This approach certainly avoids pathologizing, but not necessarily reduction. For we cannot expect 'distress' to do justice to the full spectrum of experience described by those who were diagnosed as 'mad' in early modern England. Some of the 'frantic' individuals we will encounter in this book described feelings of rapturous delight, righteous anger, pride, ambition, or resignation. It seems safe to assume that the feelings of the 'mad' were as wide-ranging, complex, and fluctuating as those of the 'sane'. The difference was that their expressions of those feelings were read by observers as fundamentally inappropriate to the circumstances.

However we account for historians' wariness towards madness, the feeling has never been shared by literary scholars. This book engages with the vibrant body of scholarship on 'renaissance madness' which has sprung up over the last twenty years, including Carol T. Neely's *Distracted Subjects* (2004) and Helen Hackett's *The Elizabethan Mind* (2022).[15] Studies on melancholy have included Angus Gowland's *Worlds of Renaissance Melancholy* (2006), Jeremy Schmidt's *Melancholy and the Care of the Soul* (2007), and Mary Ann Lund's *Melancholy, Medicine and Religion in Early Modern England* (2010).[16] These are primarily studies of key works of

[13] Barbara Rosenwein, *Emotional Communities in the Early Middle Ages* (Ithaca, NY: Cornell University Press, 2007); Barbara Rosenwein et al., '*AHR* Conversation: The Historical Study of the Emotions', *American Historical Review* 117(5) (2012), 1516.

[14] Jonathan Willis, '"Strange Letters to the Queen": Mental and Emotional Distress in the Elizabethan State Papers', Tudor and Stuart History Seminar, London (29 April 2023); Jonathan Willis, '"Strange Enthusiastical Exhortations": Distress, Religious Identity, and the English Reformation', *Journal of Ecclesiastical History* 76(4) (2025), 760–789. I too have struggled to analyse these difficult texts.

[15] Carol T. Neely, *Distracted Subjects: Madness and Gender in Shakespeare and Early Modern Culture* (Ithaca, NY: Cornell University Press, 2004); Helen Hackett, *The Elizabethan Mind: Searching for the Self in an Age of Uncertainty* (New Haven, CT: Yale University Press, 2022).

[16] Angus Gowland, *The Worlds of Renaissance Melancholy: Robert Burton in Context* (Cambridge: Cambridge University Press, 2006); Jeremy Schmidt, *Melancholy and the Care of the Soul: Religion,*

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English literature, and as such, certain figures tend to steal the limelight; chief among them, the Oxford divine and anatomist of melancholy Robert Burton (1577–1640) and the poet and playwright William Shakespeare (1564–1616). While acknowledging the enormous influence of these authors on perceptions of madness in early modern England, this book takes a different approach. While Burton and Shakespeare do make the occasional cameo (alongside other well-studied figures like Francis Bacon, Thomas Willis, and Henry More), most of the historical personalities who appear in this book left a much sparser paper trail. Among their number was the charwoman Alice Scot, who was struck by frenzy in the summer of 1597, and the housewife Margery Sagar, who in 1641 petitioned the Lancashire Quarter Sessions for help with her frantic husband. Setting glimpses of ordinary people's lives alongside works of medicine, natural philosophy, law, and theology, this book offers a history of frenzy in the round. It lends a fresh historical perspective to an ongoing interdisciplinary conversation about the meanings of early modern madness.

This book also speaks to related scholarly debates on early modern personhood (here loosely embracing 'selfhood', 'identity', 'subjectivity', and 'intersubjectivity').[17] I cannot hope to offer an adequate sketch of this vast and wide-ranging field here. Suffice to say that – over the course of the last century – scholars have done a very thorough job of shredding the birth certificate of Jakob Burckhardt's 'renaissance individual'.[18] In this book, I focus instead on a more recent claim about the historicity of selfhood. In *Being Brains: Making the Cerebral Subject* (2017), Fernando Vidal and Francisco Ortega argue that the identification of the self with the brain (or 'brainhood') is a modern phenomenon.[19] It was only in the post-Enlightenment West, Vidal and Ortega argue, that '*intellect*' came to stand

Moral Philosophy and Madness in Early Modern England (Aldershot: Ashgate, 2007); Mary Ann Lund, *Melancholy, Medicine and Religion in Early Modern England* (Cambridge: Cambridge University Press, 2010).

[17] For just a few recent contributions, see Nandini Dos (ed.), *Lives in Transit in Early Modern England: Identity and Belonging* (Amsterdam: Amsterdam University Press, 2022); James Simpson, 'Unwritten Virtues, Selves, and Texts: Early Modern Self-Erasure', *Journal of Medieval and Early Modern Studies* 52(3) (2022), 415–443; Neil Howard Keeble, '"Self-Confidence and Self-Conceit Render Men Fools": Seventeenth-Century "Self-" Compounds, Puritan Discourse and Early Modern Subjectivity', *Renaissance Studies* 37(3) (2023), 345–363.

[18] For an old but still useful overview, see John Martin, 'Inventing Sincerity, Refashioning Prudence: The Discovery of the Individual in Renaissance Europe', *American Historical Review* 102(5) (1997), 1309–1342.

[19] Fernando Vidal and Francisco Ortega, *Being Brains: Making the Cerebral Subject* (New York: Fordham University Press, 2017), p. 34.

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> for a complex of psychological features, such as memory, consciousness, and self-awareness, whose possession defines both our individual personal identity and human personhood in general ... But the *historical* point is that personhood was *not* always reduced to those psychological features and that therefore, as long as personhood was *not* thus redescribed, it could *not* be conceived of in terms of brainhood.[20]

The birth of this 'cerebral self' could be dated back to the late seventeenth century, and, even more precisely, to 1694 – the year of publication of the second edition of John Locke's *An Essay Concerning Humane Understanding*.[21] Thereafter, 'being an *I* or having a self was equated with memory, consciousness, and self-awareness. This is the "modern" self'.[22] Vidal and Ortega are not the only historians to tell this sort of story.[23] The aim of this book is not to play 'earlier than thou' with these scholars, or to insist that Locke's philosophy was less radical than it is sometimes made out to be. Instead, this is a history of understandings of personhood – encompassing 'mind', 'soul', 'brain', and 'body' – which neither began nor ended with Locke.[24]

Approaching Frenzy

Anyone who decides to study early modern madness is soon confronted by a problem which most historians will face sooner or later. The only methodologies which can justifiably be applied to the evidence at our disposal are discursive: we 'read' texts, images, and other material remains, and we try to recover their meanings. Any attempt to go 'beyond discourse' is necessarily speculative, and usually ends up resting on notions drawn, variously, from the natural, human, or social sciences, psychoanalysis, or the historian's gut.[25] The attempt to draw any firm conclusions about non- or pre-discursive elements of human societies from their discursive traces often looks – in retrospect – like a fool's errand. And the labelling of people who died hundreds of years ago with diagnoses found in the pages

[20] Ibid., p. 25. [21] Ibid., pp. 25–26, 32–33. [22] Ibid., p. 25.

[23] See, e.g., Roy Porter, *Flesh in the Age of Reason: How the Enlightenment Transformed the Way We See Our Bodies and Souls* (London: Penguin, 2003), ch. 6; Richard Sugg, *The Smoke of the Soul: Medicine, Physiology and Religion in Early Modern England* (London: Springer, 2013), ch. 9.

[24] I have not seriously excluded Locke on point of principle; he just happened not to write about frenzy – or at least, not in his own name. In his days as a medical student, he probably authored or co-authored a few medical treatises which were later attributed to his mentor Thomas Sydenham. It is also thanks to Locke's diligent note-taking that we have transcripts of Thomas Willis's Oxford lectures.

[25] Lyndal Roper, 'Beyond Discourse Theory', *Women's History Review* 19(2) (2010), 316–317.

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of the American Psychiatric Association's *Diagnostic and Statistical Manual* (first ed. 1952) is a prime example.

Yet the social constructionist approach – in which madness is taken to lie in the eye of the historical beholder – also has its limits. While writing this book, I found that it offered little interpretive purchase on situations in which the onset of frenzy seems to have gone directly *against* the grain of all parties' attempts at meaning-making. In 1547, for example, when the English reformer John Bale received the news that his collaborator John Leland was 'in suche a frenesy at thys present, that lytle hope I haue of hys recouer[y]', he found himself at a loss.[26] Leland was supposed to have been the divinely appointed chronicler of the English Reformation. Two years later, Bale wrote dejectedly that 'Englande had yet neuer a greater losse. But what shall we saye? It hath pleased god that he shuld thus be depryued of hys wyttes, the lord knoweth best what he hath to do'.[27] Like Heywood, Bale did his best to work the plot twist into God's grand design, but it took time and effort. Frenzy *was* socially constructed – this is surely true of anything human beings have ever given a name. But sometimes its diagnosis was anything but strategic.

It is at this juncture that my approach departs somewhat from earlier cultural histories of madness.[28] Early on in this book's gestation, I tried to describe its subject matter to a woman who had spent most of her career working for various non-governmental organizations in the Global South. What interested me about frenzy, I explained, was that it was seen by early moderns *both* as a form of mental illness *and* as a brain disease, something akin to meningitis or encephalitis. Giving me a measured look, she replied that infections of the central nervous system were still common in the areas in which she had worked, and that she had seen their effects when untreated. Her comment has stayed with me. It was a reminder that, without rapid medical intervention, brain infection *did* – and *does* – produce frightening changes in speech, mood, and behaviour. It was a reminder that non-human agents – viruses, bacteria, parasites – can change human history of their own accord, quite heedless of the names they have been given. Acknowledging these facts does not lead me to embrace

[26] John Bale, *The laboryouse iourney [and] serche of Iohan Leylande, for Englandes antiquitees geuen of hym as a newe yeares gyfte to Kynge Henry the viij. in the. xxxvij. yeare of his reygne, with declaracyons enlarged* (London, 1549), sig. B3v.

[27] Ibid., sigs. B5r–v.

[28] See, e.g., Michael MacDonald, 'Insanity and the Realities of History in Early Modern England', *Psychological Medicine* 11(1) (1981), 11–25; Alexandra Walsham, '"Frantick Hacket": Prophecy, Sorcery, Insanity, and the Elizabethan Puritan Movement', *The Historical Journal* 41(1) (1998), 27–66.

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retrospective diagnosis. I will never know how many of those once labelled as 'frantic' were suffering from brain infections; the central nervous systems in question are long gone. But there is no question that early modern England was hard-hit by infectious diseases – by deadly 'agues', 'sweats', and 'fevers'.[29] In the back of my mind, then, has been the notion that frenzy was *real*. That is, it took its shape not only from anecdotes and abstractions, but also from a specific constellation of signs observed in its sufferers: primarily, fever and mental alienation.

Likewise, where early modern authors describe the precise parts of the brain which were affected in cases of frenzy – usually the meninges – I have taken them at their word. Perhaps their descriptions were inaccurate by the standards of present-day biomedicine; this is not the point. After all, if pathogens were indeed at work, we cannot hope to know which ones, or the specific patterns of damage which they caused. What is clear is that a correlation was observed between the diseased appearance of the brain at post-mortem, on the one hand, and the patient's disturbed speech and behaviour before death, on the other. Although it does not have much palpable impact on the claims made in this book, I do not believe that these long-dead individuals' observations are explicable by recourse to discourse analysis alone.

Knowledge

Who were these observers? To claim 'understandings of frenzy' as the subject of this book begs the question: whose understandings? Thus far I have quoted John Bale (1495–1563) and Oliver Heywood (1630–1702), two well-read, university-educated men. But we should not assume that they held a monopoly on knowledge of this kind. On 21 May 1551, for example, the chief justice of Frankfurt, investigating whether or not a local housewife had died at the hands of her husband, asked a witness whether 'the fatal illness *phrenesie* first began on the seventh day after the beating' and 'whether the cranium and the *dura* and *pia mater* had been damaged by the bruising'. The witness was another housewife, Katharina Hansenn, and she replied with apparent confidence in her own assessment.[30]

[29] Mary Dobson, *Contours of Death and Disease in Early Modern England* (Cambridge: Cambridge University Press, 1997), pp. 287–367.

[30] Translation by J. Andrew Mendelsohn and Annemarie Kinzelbach, in 'Common Knowledge: Bodies, Evidence, and Expertise in Early Modern Germany', *Isis* 108(2) (2017), 261, 272.

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J. Andrew Mendelsohn and Annemarie Kinzelbach have taken the proceedings from this trial as evidence that, in premodern Europe, the pool of 'common knowledge' was larger and more accessible than has often been supposed.[31] It is true that we should not underestimate the extent of oral and experiential knowledge among the illiterate. It does not seem implausible that Hansenn possessed the knowledge she claimed – if she had not seen many learned anatomical textbooks, she had probably seen more cracked skulls and calf brains than most of us today.

Unfortunately, I have found no equivalent Rosetta stone for early modern England. The words 'frenzy' and 'frantic' were in widespread circulation among the unlettered majority, but what their users meant by them is much harder to pin down. In 1985, Roy Porter called on historians of medicine to recapture 'the patient's view', filling in 'sufferers' characterizations and classifications of illnesses'. 'It is odd', he concluded, 'how deaf we have been to lay nosologies'.[32] Unfortunately, recovering 'lay nosologies' is easier said than done. It is much more common to find laypersons using the word 'frenzy' than spelling out exactly what they meant by it. This, of course, reflects the fact that most of them were not writing things down at all; this was predominantly a culture of oral knowledge. In the absence of evidence, common knowledge can be neither assumed nor ruled out.

The first half of this book focuses primarily on frenzy as it appears in learned, specialist traditions of knowledge: medicine, anatomy, and divinity. In the second half, however, I broaden my analytical scope, placing 'frenzy' alongside demotic equivalents like the 'wode ague'. Bracketing these terms together risks artificially superimposing specialist medical diagnoses onto non-specialist ones, but – to my mind – this is a better approach than remaining wilfully deaf to 'lay nosologies'. As will become clear, laypersons tended to take a pragmatic approach to identifying madness; it was not at all uncommon for them to hedge their bets by stating that the individual in question was suffering from a 'Lunacye or Frensye'.[33] This open-ended approach should not surprise us. The makers of these legal and administrative records were not concerned with producing accurate medical diagnoses; their goal was to make appropriate arrangements for the sick and the dead.

[31] Ibid., pp. 259–261.
[32] Roy Porter, 'The Patient's View: Doing Medical History from Below', *Theory and Society* 14 (1985), 175–198.
[33] Kew, TNA, SP 12/194, f. 87r.

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Limits

The local contexts in which these manuscripts were produced bring us to another set of remits defining this book: its focus on England from 1500 to 1700. *Phrenitis* was embedded in every early modern culture which had ever been influenced by the ancient Greek medical tradition. It was invoked by speakers and readers of Arabic, Latin, Greek, and the European vernaculars, as both a literal diagnosis and a trope. If I have decided to concentrate on one polity and one territory, my aim has been to keep focus and to avoid unwarranted generalization. Yet, while most of the authors studied here are English, their ideas were usually contributions to international conversations. I have tried to situate them in these contexts, and to pay attention to their far-flung interlocutors. The focus on England is intended to serve as a relatively stable vantage-point on frenzy, not as a containment zone.

For the sake of manageability, this book focuses not just on one period and one place, but also on one disease. There were three main categories of 'madness' in Europe's mainstream medical tradition: melancholy, mania, and frenzy. Of the three, melancholy has garnered by far the most attention as a subject of historical study. From Erwin Panofsky, Raymond Klibansky and Fritz Saxl's classic *Saturn and Melancholy* (1964) down to the work of Lund, Schmidt, and Gowland, melancholy seems to hold a singular attraction for scholars – related, perhaps, to its reputation as the quintessential scholar's disease.[34] Even in classic studies of early modern 'madness', such as those of Roy Porter and Michael MacDonald, mania and melancholy tend to be treated as a pair, while frenzy is set uneasily to one side.[35]

In fact, early modern authors also seem to have found melancholy both more interesting and more palatable a topic of discussion than its sibling diseases. Languishing in his Florentine palazzo, the self-diagnosed melancholic Marsilio Ficino (1433–1499) worked hard to glamorize his affliction. The result was a fusion of Plato's hymn to divine *mania* – a state of ecstatic inspiration reached only by poets and seers – with the

[34] Raymond Klibansky, Erwin Panofsky, and Fritz Saxl, *Saturn and Melancholy: Studies in the History of Natural Philosophy, Religion and Art* (London: Nelson, 1964); Gowland, *Renaissance Melancholy*; Schmidt, *Melancholy and the Care of the Soul*; Lund, *Melancholy, Medicine, and Religion*.

[35] Roy Porter, 'Madness and Its Institutions', in Andrew Wear (ed.), *Medicine in Society: Historical Essays* (Cambridge: Cambridge University Press, 1992), pp. 278–279; MacDonald, *Mystical Bedlam*, pp. 118–132, 146.

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peripatetic view that 'all those men who have become extraordinary in philosophy, politics, poetry, or the arts are obviously melancholic'.[36] Both melancholy and mania were legible as signs of intellectual and spiritual distinction. Frenzy, on the other hand, was hot, sweaty, and often fatal. It was not the sort of thorn in the flesh which the tortured geniuses of Renaissance Europe were looking for. Nor does it map particularly well onto present-day understandings of mental illness. Yet it is precisely this awkwardness – for early moderns and for us – which makes the disease so illuminating. It merits a study in its own right.

On closer inspection, even the boundaries which early modern medical theorists drew between frenzy, mania, and melancholy prove surprisingly blurry. This will be discussed in more detail in Chapter 1, but it is worth briefly outlining the point here. According to Galen, black bile came in two kinds: natural and unnatural (in his terms, *preternatural*). This second kind of black bile was actually the burnt remains of another humour – usually yellow bile – and it produced extreme symptoms, ranging from violent attacks to prophetic visions.[37] Yet the disease which Galen was describing here was not melancholy, but *phrenitis*. Although Galen's medieval commentators developed sub-categories such as 'bestial melancholy' to preserve the distinctions between the classic triad of diseases, there was still plenty of occasion for confusion and conflation.[38] Where I have separated out frenzy from other forms of madness, I have sought to echo the analytic approach of the source at hand. Throughout the book, I have tried to be sensitive to conceptual fluidity as well as precision.

[36] Marsilio Ficino, *De vita libri tres* (Lyon, 1560); Aristotle (attrib.), 'Problem XXX.1', in Robert Mayhew and David C. Mirhady (trans.), *Problems, Volume II: Books 20–38*, LCL 317 (Cambridge, MA: Harvard University Press, 2011), quotation at pp. 276–277. See Winfried Schleiner, *Melancholy, Genius and Utopia in the Renaissance* (Wiesbaden: Harrassowitz, 1991); Noel Brann, *The Debate Over the Origin of Genius during the Italian Renaissance* (Leiden: Brill, 2002), pp. 82–83. I have usually found Plato's divine *mania* rendered as *furor* by early modern Latinists, and very rarely as *phrenitis*.

[37] Galen, 'De locis affectis', in Karl Gottlob Kühn (trans.), *Claudii Galeni Opera Omnia* (Leipzig: Cnobloch, 1821), vol. 8, lib. 3, pp. 177–178; 'De humoribus', in Karl Gottlob Kühn (trans.), *Claudii Galeni Opera Omnia* (Leipzig: Cnobloch, 1821), vol. 19, pp. 490–491. All further Latin translations are from Kühn's edition.

[38] Galen used the term θηριώδης (bestial, savage), which Latin translators rendered as *ferinus* (feral). Avicenna distinguished between the *phrenitis ferina* described by Galen (in Arabic *sibare*), 'bestial' mania, and a 'bestial' subspecies of *melancholia* (*lycanthropia*, in Arabic *cutubut*). See Avicenna [Ibn Sīnā], *al-Qānūn fī l-ṭibb*, book 3, part 1, sections 3:6 and 4:16–22, in Giovanni Costeo and Giovanni Paulo Mongio (eds.), *Avicennae Arabum medicorum principis*... [*Canon Medicinae*] (Venice, 1595), pp. 475, 487–488, 493–494. All translations are my own unless otherwise indicated.

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Language

One unifying principle of my approach has been an attentiveness to rhetoric, in both the broad and narrow senses of the word. In the narrow sense, one thing which the learned authors who feature in this book had in common was that they had studied classical rhetoric as undergraduates.[39] They were well-versed in the art of persuasion. I have thus taken it as read that they used metaphors, similes, irony, and many other rhetorical techniques with purpose and skill. The invocation of frenzy was sometimes deadly serious; sometimes, it was the stuff of hyperbole. As such, I have sought to listen out for obvious shifts in register (although I have doubtless had my tone-deaf moments).

Attending to rhetoric in its broader sense, I have been influenced by the work of David Harley and Maria Devlin. Writing from a social constructionist perspective, Harley argued that the art of medicine is – and was – fundamentally rhetorical. The act of healing requires a 'plausible practitioner who can deploy a credible system in a successful negotiation that brings order to the patient's experience'.[40] More recently, Devlin has developed a similar approach in her readings of sermons, catechisms, morality plays, and dialogues composed in post-Reformation England. These are forms, she argues, of 'rhetorical theology'. While '[s]ystematic theology treats the logical relations between propositions without positing any particular speaker, audience, or occasion ... [r]hetorical theology is always situated between teacher and believer and is governed by its purpose, often to persuade and to console'.[41]

Devlin's heuristic has helped me to keep my texts anchored to their social contexts. Most of the university-based philosophers who appear in this book, for example, were free from the pressing pastoral and didactic concerns of the Protestant ministers who quoted them. At points, I have distinguished between theorization and the strategic uses of theory. As with tonal register, however, I envision this difference on a sliding scale. None of the texts featuring in this book were written entirely without reference to 'speaker, audience, or occasion'. To borrow Harley's

[39] David Harley, 'Medical Metaphors in English Moral Theology, 1560–1660', *Journal of the History of Medicine and Allied Sciences* 48 (1993), 398–399.

[40] David Harley, 'Rhetoric and the Social Construction of Sickness and Healing', *Social History of Medicine* 12(3) (1999), 434.

[41] Maria Devlin, '"If It Were Made for Man, 'Twas Made for Me": Generic Damnation and Rhetorical Salvation in Reformation Preaching and Plays', in Jonathan Willis (ed.), *Sin and Salvation in Reformation England* (Farnham: Ashgate, 2015), p. 174.

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formulation, 'knowledge is not merely representational; it is always praxis'.[42]

This is manifest in the fact that many early modern accounts of frenzy were stories, intended for reading or speaking aloud.[43] Physicians narrated the life course of the disease from beginning to end; coroners' juries narrated its terrible effects on the sufferer. In judgement books and martyrologies, God used frenzy to punish reprobates; in sermons, he used it to warn, chastise, and correct his own. Frenzy was a disease with a temporal trajectory of its own, but it was also a template for narratives about personhood: about ensoulment, rationality, identity, freedom, and what it meant to lose them.

Structure

This book consists of six chapters. Chapter 1 offers a case study of frenzy as a medical diagnosis. Beginning in 1500, it shows how the core elements of its profile – its definition, causes, signs, and prognosis – were adapted to fit the new medical philosophies which took hold in England over the course of the seventeenth century. Yet, despite their self-conscious renunciation of tradition, late seventeenth-century medical theorists continued to explain the disease in terms strikingly similar to those used by their predecessors: with reference to the diffusion of an animating principle – carried by a rarefied bodily medium known as 'animal spirit' – throughout the body. They sought to localize that impairment to a specific part of this system (the nerves) and to a specific organ (the brain). This chapter argues that it was the devastating effects of brain disease which galvanized medical theorists to seek to explain disorders of the mind as disruptions of the animal spirits.

Chapter 2 takes this story from the desk of the learned physician to the worktop of the experimental anatomist. Reading the work of the physician and anatomist Thomas Willis (1621–1675) alongside his various sixteenth- and seventeenth-century interlocutors, it situates his anatomical work within a longer tradition of brain cartography. The chapter argues that Willis's determination to map the functions of the brain onto its

[42] Harley, 'Rhetoric', p. 414.

[43] Here, like many before me, I am following in the footsteps of Natalie Zemon Davis. See Natalie Zemon Davis, *Fiction in the Archives: Pardon Tales and Their Tellers in Sixteenth-Century France* (Stanford, CA: Stanford University Press, 1987); Malcolm Gaskill, 'Reporting Murder: Fiction in the Archives in Early Modern England', *Social History* 23(1) (1998), 1–30; Mark Jackson, 'Fiction in the Archives? Sources for the Social History of Infanticide', *Archives* 27 (2002), 173–185.

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structures was driven, in part, by his clinical experiences of frenzy. His explicit hope was that his anatomy would be the foundation stone on which a new, clinically useful 'Pathologie of the Brain and nervous stock, might be built'.[44] But not all of his hopes for the project were medical in nature, or even corporeal. At its commencement, he had been hoping to pinpoint the anatomical seat of the immortal, rational soul. Finding it would shore up two vital truths, both of which frenzy seemed to undermine: first, that there was a categorical difference between the human soul and that of all other living beings, and second, that the human soul alone would survive the death of the body.

Willis was not the only one who started off observing the effects of brain disease and ended up spearheading a campaign to underwrite the scriptural promise of human immortality. Chapter 3 turns from medicine to theology, in order to ask why frenzy tended to inflame this one particular theological sore spot. The default assumption of learned medical theory was that the functionality of the mind depended utterly on the health of the brain. This placed pressure on a Christian cosmology in which the soul had to be able to survive the death of the body. Frenzy forced contemporaries to ask how it was possible for the mind – a possession of that soul – to be impaired by organic disease. Reading a range of texts written by sixteenth- and seventeenth-century religious thinkers, this chapter examines their varied attempts to resolve this nagging problem.

The second part of the book turns to consider how the diagnosis of frenzy changed the lives of those who lived with it. Chapter 4 explores what the loss of the rational faculty known as the 'will' meant in practice. The English common law had its own framework for classifying madness, one which ran parallel to the medical nosologies explored in Chapter 1. This chapter looks at one of the specific legal settings in which these categories were applied: the coroner's inquest. Focusing on the crime of self-murder, it demonstrates the centrality of frenzy to what would later come to be termed the 'insanity defence'. Where suicide was suspected, it argues, a story about frenzy – told right – offered an escape route for suspects and their families.

Chapter 5 explores the ways in which the ideational link between 'reason' and 'rule' was used to justify real-life arrangements: if the 'ruling faculties' of the sufferer's mind were impaired, this merited the placement of that individual under the 'rule' of others. It looks at the tropes and

[44] Thomas Willis, 'The Anatomy of the Brain', in Samuel Pordage (trans.), *The remaining medical works of that famous and renowned physician Dr. Thomas Willis* (London, 1681), p. 53.

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images which fuelled this thinking, from the 'great chain of being' to the biblical tale of Nebuchadnezzar. Looking at how householders, parishioners, physicians, mayors, and local magistrates thought about frenzy, it shows how these ideas transformed the spatial, material, and social circumstances of those who received the diagnosis. It considers some of the methods of 'cure' and 'correction' which were applied to sufferers, with the stated aim of restoring them to their right wits. Ultimately, this chapter argues, these promises of restoration rang hollow. Most of these methods had little to do with making sufferers 'rational', and everything to do with keeping them 'ruly'. If the high premium placed on the faculty of the 'reason' served to shore up the rigidly hierarchical order of social relations which obtained in early modern England (encompassing rank, age, gender, and species), frenzy threatened to expose the fragility of that same order.

The final chapter looks at the ways in which frenzy was weaponized during the religious and political upheavals of this era, beginning with the reign of Mary Tudor and ending with the Restoration of Charles II. As a trope, it was useful to polemicists, who knew that questioning their opponents' sanity was more effective than simply refuting their claims. As a literal diagnosis, it was useful to monarchs and statesmen, who had found that it was an excellent way to silence politically inconvenient people without making a show. This chapter shows how it was used to justify the indefinite incarceration of prophets, visionaries, and – eventually – kings. Yet the label had one serious drawback: it gave its recipients the gift of innocence. Frantic persons were incapable of crime, and could be neither convicted nor punished for their actions. If a recipient later became not just inconvenient but too dangerous to live, any previous diagnosis – no matter how spurious – had to be redacted from the record. This was a problem for religious polemicists too: the aim was to pathologize 'heretics', 'papists', 'puritans', and 'sectarians', not to excuse them from all wrongdoing. Eventually, the chapter argues, this flaw drove Anglican polemicists to abandon frenzy for a new diagnosis: 'melancholy enthusiasm'. This chapter thus draws together various thematic strands explored earlier in the book: the immobilizing effect of frenzy on an individual's powers of 'reason' and 'will'; the reversals of 'rule' which this predicament could justify; the exculpatory effect of a diagnosis, and the high cost paid by those who received one.

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