

His Belly, Her Seed: Gender and Medicine in Early Modern Demonic Possession

“NOT BY CHANCE IS THE possessed body essentially female,” wrote Michel de Certeau in 1975.¹ Few since have disagreed. Up to the close of the last century, studies of early modern demonic possession were dominated by psychoanalytic perspectives, and it seems fair to say that such perspectives are more than usually likely to produce an association between possession and the female body. Scholars such as John Demos, Lyndal Roper, Robin Briggs, and Steven Connor were no crude Freudians and often preferred Melanie Klein’s emphasis on motherhood to de Certeau’s Lacanian prioritization of language.² But they were all working within a tradition, derived ultimately from Freud’s predecessor Jean-Martin Charcot, that viewed possession through the lens of hysteria; and despite regular attempts to extend it to male patients, hysteria remains fundamentally associated with femininity. Since both Freud and Charcot were influenced by their own studies of possession, moreover, the apparently natural “fit” between their theories and these phenomena is less convincing than their advocates sometimes assume.³

More recent studies have reached the same conclusion as de Certeau from a different and more strictly historicist angle. Nancy Caciola and Moshe Sluhovsky both agree that possession was linked to femininity but trace this link to premodern medical concepts of gender rather than

ABSTRACT This article reassesses the role of gender in early modern demonic possession from a medical perspective. It takes as its starting point the demoniac Richard Mainy, who in 1585 claimed to be suffering from hysteria. Best known for its influence on Shakespeare’s *King Lear*, Mainy’s gender-crossing diagnosis should be read in the context of the close historical relationship between hysteria and epilepsy. While medical historians have viewed hysteria as the key possession-related illness, epilepsy was equally important. Both were seen as convulsive illnesses caused by an excess of reproductive fluids. Emphasizing the similarities rather than the differences between male and female sexuality, this shared etiology underpinned medical approaches to demonic possession. *REPRESENTATIONS* 147. Summer 2019 © The Regents of the University of California. ISSN 0734-6018, electronic ISSN 1533-855X, pages 1–25. All rights reserved. Direct requests for permission to photocopy or reproduce article content to the University of California Press at <https://www.ucpress.edu/journals/reprints-permissions>. DOI: <https://doi.org/10.1525/rep.2019.147.1.1>.

twentieth-century psychiatric ones. Yet the assertions of these historicist scholars are interestingly close to those of the psychoanalytic studies that preceded them. Sluhovsky's claim "The history of possession is a history of bodies. . . . It is therefore inevitably a gendered history" echoes the program of Roper's provocatively titled *Oedipus and the Devil*: to investigate "the irrational and unconscious . . . the body . . . and the relation of these two to sexual difference." Both assume that a history of the body must be a history of what Roper calls "the physiological and psychological reality" of gender.⁴ Similarly, it seems no great leap from the "porosity" and "openness" that Caciola finds in medieval female anatomy to Steven Connor's Lacanian association of possession with "invaginated hollowness" and cultural perceptions of "the castration or deficiency of the female body."⁵

A similar trend has been apparent in medical historiography. Much of the most significant work on early modern medicine and the gendered body has been generated by the sustained and hostile reaction against the "one-sex model" propounded in Thomas Laqueur's *Making Sex*. After Laqueur sensationally claimed that the premodern era lacked a binary concept of gender, a series of major studies devoted themselves to reassessing, and to some extent rebuilding, the anatomical and physiological premises of early modern sexual difference. Much of this work has focused on medical writings on womb diseases. These scholars have broken with the notion that illnesses of this type can be "retrospectively diagnosed" as hysteria. But they have also, it might be argued, subtly confirmed it, by emphasizing the extent to which the womb was indeed viewed as a potent source of mental and physical illnesses that were unique to women.⁶ Since some of these illnesses, such as suffocation of the womb, possessed cultural associations with demonic possession, studies like these offer powerful support for the notion that possession too was a kind of female malady.

This article takes as its starting point a series of early modern exorcisms that challenge these premises. The Denham exorcisms of 1585–86 featured a male demoniac, Richard Mainy, who claimed to have a woman's illness, the disease known as "suffocation of the womb." They also included a possessed woman, Sara Williams, who underwent apparently sexualized exorcisms centered around her genitals. These narratives may seem at first sight to confirm the existing scholarly picture: a possessed man feminized by a cross-gendered illness and a woman subjected to a "sexual script."⁷ But early moderns, I suggest, would have read them differently. For them, the possessions of Richard Mainy and Sara Williams would have presented a reminder of the similarities rather than the differences between the sexes, and the different but related kinds of plenitude—sexual, humoral, demonic—that affected both.

Gendering Illness in the Denham Exorcisms

The Denham exorcisms were conducted by a group of Catholic seminary priests, led by Father William Weston, from 1585 to 1586. They took place principally at the house of Edmund Peckham, a recusant who was sheltering Weston and his colleagues. The only existing source for them is Samuel Harsnett's *Declaration of Egregious Popish Impostures* (1603), a satirical text that portrays the exorcists as sexually exploitative and the exorcism subjects as merely ill. The *Declaration* is a composite work, in which Harsnett's narrative is followed by witness statements from four of those who were exorcised. These were Richard Mainy, a Catholic and former probationer who had recently abandoned his order, and three servants, two of whom were sisters: Sara and Fid Williams and Ann Smith. The statements were gathered under coercion by ecclesiastical commissioners in 1598 and 1602, some fifteen years after the exorcisms. In them, all the exorcism subjects corroborate Harsnett's claim that they were never genuinely possessed but simply suffering from natural illnesses. Of these, three of them—Mainy, Sara Williams, and Smith—all claimed to have the same condition, "the disease called the Mother."⁸

"The Mother," or "fits of the Mother," were popular terms for an illness whose more formal title was "suffocation of the womb"; in Latin it could also be known as *hysterica passio*, a term used by Harsnett in his commentary on Mainy's statement.⁹ In early modern medical contexts "Mother," usually capitalized, simply means "womb"; it derives from the Latin term for the womb, *matrix*. Suffocation of the womb was an ancient disease concept described by Avicenna and Galen and widely known in early modern medicine. From the later sixteenth century it was also often considered to mimic the symptoms of demonic possession, though Harsnett's text may be one of the earliest to make this connection.¹⁰ This resemblance is argued most extensively in a work closely linked to the *Declaration* and published in the same year, Edward Jorden's *Briefe Discourse of a Disease called the Suffocation of the Mother* (1603). Jorden's treatise was aimed primarily at debunking another case of supposed possession, that of Mary Glover, but it can also be seen as fleshing out the medical background to the Denham exorcisms.¹¹

Suffocation of the womb occurred when bodily fluids accumulated in the womb and became toxic, giving off poisonous "vapors" that rose through the body to the head. As the vapors passed through the lungs and throat, they caused a characteristic choking sensation that gave the disease its name. When they reached the head, they produced convulsions and/or a period of prolonged unconsciousness.

The case of Richard Mainy and the Denham exorcisms, then, raises a key question: how can a man have suffocation of the womb? The most recent

work on this issue concludes that Mainy must simply have been deluded: “Men did not suffer from *hysterica passio*.”¹² Yet Mainy is not the only man with Mother-fits in Harsnett’s text; in his statement, he claims his brother died of the same complaint, “as was well-known to the physicians in London.” He also asserts that Edmund Peckham, the master of the house in which the exorcisms took place, was a chronic sufferer. Mainy is particularly emphatic about Peckham, because the exorcists, as Peckham’s long-term guests, must have been familiar with his symptoms. Accordingly, Mainy insists, they had no excuse for failing to recognize that he himself was not possessed, but merely suffering from the same illness as their host: “The nature of that disease . . . is very wel knowne to those, that haue seene eyther a man or woman in that fit, and . . . the priests themselues knew [it] by their experience in Ma. Edmond Peckham, who was verie oft troubled with it” (*Declaration*, 263–65). The reference to “either a man or a woman in that fit” is particularly striking, suggesting that the phenomenon of men with suffocation of the womb was well known. One contemporary book of remedies supports this view: among a selection of recipes for suffocation of the womb, it includes one “for the Mother that riseth upon a man.”¹³

What we know of early modern reactions to Mainy’s condition is consistent with this impression. Harsnett makes only a brief comment: “A thousand poore girles in England had [‘the Mother’] worse, then euer Ma. Maynie had.”¹⁴ This is ambiguous and, by his standards, rather tame. One would expect much more polemical play with the fact that both the owner of the house and its chief demoniac, one a recusant priest-harbinger and the other a runaway trainee priest, ludicrously claim to suffer from a disease of women. Mainy’s statement also describes two incidents where his illness was discussed by others present at the exorcisms. In both, the topic appears to be the difference between natural illness and possession, rather than that between male and female illnesses. On one occasion, Sara Williams’s demon was asked about the nature of Mainy’s symptoms:

There is one (saith hee to the deuill as it was pretended) that hath the Mother, what sayest thou to him? The deuill aunswereth, that is a Mother indeed. So heereby they would makes it plaine, that it was not the Mother that I was troubled with. But the priest goeth forward saying, was there any spirit cast out of him? and the deuill aunswered, yea a little one, but to no purpose (*Declaration*, 268).

The first question asks about illness, the second about a spirit; what the priests are most obviously trying to “make plaine” is that the latter, not the former, is the origin of Mainy’s symptoms. An exchange that Mainy describes on the following page tends to confirm this reading. Here Mainy reports how a compassionate female visitor tearfully explained to him “how much I was deceiued, in that I thought my selfe to be troubled with nothing but the Mother.” Mainy

stoutly replied that “the Mother was the onely disease wherewith I was vexed, and that I was free (I thanked GOD) from the possession of anie wicked spirit.” The issue here is one of natural versus supernatural causation: the possibility of a man with “the Mother” is taken for granted (*Declaration*, 269).

The same holds for the small number of early modern texts that respond to the *Declaration*. Modern critics have often puzzled over the lines in which Shakespeare’s *Lear* describes himself as suffering from *hysterica passio* and a swelling “Mother,” a passage that is agreed to derive from Harsnett.¹⁵ *Lear*’s reason may already be failing at this point, but no one in the play views these lines specifically as odd. Other anti-exorcism texts mention Denham but not Mainy’s illness, which should present an easy target. Another writer insists that even though Mainy’s possession was “counterfeit,” his illness was genuine: “He was indeed no counterfeit in his disease, (called *hysterica passio*) . . . euen a Counterfeite may haue some naturall disease . . . Ma[i]ny . . . had the *Hysterica passio*, and added thereto counterfeit trances.”¹⁶ Again, possession and illness are the points at issue, and the plausibility of *hysterica passio* as a “naturall disease” in men is assumed.

These responses are all the more striking in view of the fact that Mainy himself offers an alternative diagnosis that ought, in terms of gender, to be more plausible. Confessing that he is uncertain if “Mother” is the correct term for his illness, he recalls how one physician described it, instead, as *vertiginem capitis*, or vertigo (*Declaration*, 263). Yet neither Harsnett nor any of the early modern texts that refer to the *Declaration* ever mentions this momentary self-correction. Mainy goes on to refer to his illness repeatedly and consistently as “the Mother” throughout his statement, and readers, it seems, were happy to take him at his word. The reason may be that, like him, they viewed the difference as relatively trivial. In early modern medicine, vertigo and suffocation of the womb were closely related, and the similarities between them can help to explain the kinds of womb that early modern men could possess.

Bellies

The disease I spake of, was a spice of the Mother. . . whether I doe rightly terme it the Mother or no, I know not. . . When I was sick of this disease in Fraunce, a Scottish Doctor of Physick then in Paris, called it, as I remember, Vertiginem capitis. It riseth (as he said, and I haue often felt) of a wind in the bottome of the belly, and proceeding with a great swelling, causeth a very painfull collicke in the stomach, and an extraordinary giddines in the head.

—“Confession of Richard Mainy,” *Declaration*, 263

In Stephen Batman’s encyclopedia *Batman vpon Bartholome*, the chapter entitled “Of the Belly” begins with a strange statement. “Isidore speaketh of three manner of wombs,” it reports: “the one is called Venter

[belly] in Latin, the other Vterus, and the third Aluus [bowels]. Venter is that wombe, that taketh and digesteth meate and drinke, & is seene outwarde.”¹⁷

This looks like a garbled translation. *Batman vpon Bartholome* is a sixteenth-century edition of John of Trevisa’s thirteenth-century translation of Bartholomaeus Anglicus’s twelfth-century *De proprietatibus rerum*, a work that is itself, at this point, quoting from the seventh-century *Etymologiae* of Isidore of Seville. With this transmission history, it comes as little surprise to find some slippage of terms. Bartholomaeus, in fact, wrote something like the opposite: “Belly, bowels and womb [*venter uterus et alvus*] differ from each other.” Yet this is perhaps not quite as distant from *Batman vpon Bartholome* as it sounds. Bartholomaeus seems to be acknowledging that these organs are, in fact, sometimes viewed as similar; their differences can’t be taken for granted; they need to be clarified in order for the discussion to continue. Bartholomaeus is faithful to his source Isidore here, as he is in the assertion that follows: “Only women have a womb.” But—perhaps to streamline that clarificatory process—he omits the next passage from the *Etymologiae*: “Nevertheless writers often use ‘womb’ [*uterus*] for the belly [*venter*] of either sex.”¹⁸ Along the journey from the seventh century to the sixteenth, guts, wombs, and bellies have shifted around.

Those shifts were more than just a matter of names. Like the English “belly,” Latin *venter* can refer to the womb, the stomach, the digestive tract as a whole, or the body-space that contains all these things. As Caciola has suggested, this implies “a pre-existing cultural assimilation between these organs and their processes.” Latin usage reflects this: *ventrem ferre* (“to carry a belly”) means to be pregnant, but *ventrem facere* (literally, “to do the guts”) is to defecate.¹⁹ These senses are not as distant as they sound, since early modern medical writers emphasized the excretory aspect of childbirth. This was a process of “great evacuations” that included not only the baby itself but also the potentially toxic afterbirth and lochia.²⁰ Outside of pregnancy (and sometimes during it), the womb also produced monthly expulsions of menstrual blood, seen as a dangerous waste product of which the body urgently needed to rid itself. Medical writers who likened the womb to a sewer were thus not simply indulging in misogyny, though they may have been doing that as well. Like the guts, the womb was an organ of excretion.²¹

This nexus between womb and digestive tract was also apparent in the discourses and descriptions of demonic possession. One typical variety of exorcism formula, in which each part of the body is addressed in turn, can use *venter* to mean womb or stomach; Caciola gives an example in which both seem to be implied. A similar exhortation in the exorcism manual that was followed at Denham, Girolamo Menghi’s *Flagellum Daemonum*, shows *venter* meaning “womb,” since a separate term (*a stomacho*) is used for the

stomach; elsewhere, however, this text refers to Jonah's sojourn *in ventre ceti* ("in the belly of the whale").²²

Bellies were of particular significance in exorcism because possession often manifested itself through swelling in this area. In this respect, Mainy's case was typical: as one observer noted, "The sences of Mainy were taken from him, his belly began to swell" (*Declaration*, 279). In possessed women, and sometimes men, this swollen belly was often compared to pregnancy.²³ A demon was a physical presence within the body, and it made sense for it to take up residence in the space that could stretch to accommodate a child. As Caciola has shown, however, demons, being naturally drawn to excrement, also tended to inhabit the guts. Since wombs were also a place of excretion, bellies had a twofold attraction in this respect, and the precise organ in which a belly-demon had taken up residence might not always be clear. As the witch finder Nicholas Remy put it, "Very often he [the devil] has his dwelling in those parts which, like the bilge of a ship, receive the filth and excrements of the body." As an example, Remy gives the Delphic oracle, whose prophesying spirit inhabited her belly [*in ventre*]. The reference may be to either womb or guts, since, as Steven Connor has demonstrated, the oracle's prophecies were variously described as issuing from both. While Christian commentators traced the Pythoness's prophetic speech to her genitals, earlier views aligned her with the tradition of stomach-speaking diviners (*engastrimuthoi*). Like *Batman vpon Bartholome*, these examples show digestive and reproductive organs trading places.²⁴

The affinity between these organs was equally well marked in early modern medicine. As many scholars have argued, Hippocratic ideas about the womb's special ability to cause diseases were influential in this period, manifested in statements such as Edward Jorden's description of its extraordinary powers of disseminating illness to other parts of the body.²⁵ Yet while some medical writers devoted an extra dose of hyperbole to the womb, they also described other organs, especially those of the belly, as possessing very similar properties. Indeed, the concept that toxins in one body part could cause symptoms in another, a process known as "sympathy" or "consent," was fundamental. Particularly prominent was the notion of toxic gasses—"winds," "fumes," or "vapors"—rising from the belly to affect the brain. This important model of disease causation linked the two conditions, vertigo and suffocation of the womb, with which Richard Mainy claimed to have been diagnosed.

We have already seen how suffocation of the womb was caused by an accumulation of fluids within the womb. Over time these would degenerate to give off toxic vapors that rose through the heart and lungs to the brain, causing the characteristic symptoms of choking, convulsions, and unconsciousness. Vertigo (*vertiginem* is the accusative form) possessed

a similar etiology. Unlike today, when it is regarded mostly as a symptom, vertigo in premodern medicine was an important illness in its own right. It was believed to occur in two ways. In the first, the disease-causing matter was present in the head itself; in the second, it was contained in the stomach, in the shape of poorly digested food, and the illness occurred through the common mechanism of vapors rising to the brain. Confusingly, both kinds were referred to as *vertigo capitis*, or “giddinesse of the head”; this referred to the location of the symptoms rather than the cause.²⁶ While vertigo sufferers, unlike those with suffocation of the womb, did not usually convulse or pass out, they did fall to the ground. As the standard term for epilepsy, “falling sickness,” suggests, for early moderns the loss of bodily control suggested by a sudden inability to stand could be of comparable significance, in convulsive illnesses, to that of the spasmodic movements that followed it. Vertigo and suffocation of the womb were both diseases that made people fall.

But the similarities did not end there. While vertigo was frequently caused by the stomach, it could also sometimes be caused by the womb; in this case, the etiology was the same as that of suffocation of the womb, with fluids in the womb generating the toxic vapors. Blurring the boundaries still further, vertigo was also sometimes described as a *symptom* of suffocation of the womb, rather than a disease in its own right.²⁷ Like suffocation of the womb, too, vertigo could be linked to demonic possession. In a case that may have been roughly contemporary with Mainy’s, the Protestant minister Richard Rothwell (1563–1627) suffered a possession manifested as “*Vertigo capitis*,” in which the “fits” of vertigo were accompanied with devilish “temptations” and cured only by the exorcistic technique of prayer and fasting.²⁸

While I have not found other early modern cases of this type, a medieval text reprinted in the sixteenth century suggests that this one was more than an isolated incident. This work suggests that suffocation of the womb and vertigo, each linked to supernatural phenomena, are male and female versions of the same illness:

Suffocation of the womb . . . is caused when corrupt and venomous vapours emanate from the womb. . . . From this infirmity . . . vertigo [arises], and this is caused by corrupt vapours raised up toward the head. . . . You might say, since this [also] happens in men, how do they contract it? . . . In men the reason is the stomach. A man’s stomach is sometimes filled with bad humours, and these humours or corrupt vapours ascend toward the head, where this infirmity is generated. . . . Sometimes women have this problem as well, so they can experience vertigo either because of their stomach or because of their womb.

At this point the author notes “the womb . . . is like a sewer”; what sounds like a random outburst of misogyny is reminding the reader of the

excretory function that underpins the parallel between womb and stomach. He goes on to observe that “if these vapours are very thick and cloudy, it appears to them that they are in hell and that they see black demons.”²⁹

For this writer, vertigo may occur in women as a symptom of suffocation of the womb, or in both sexes because of the stomach; in either case it comes about through the mechanism of vapors rising from these belly organs, which also cause visions of demons. The source is the *De secretis mulierum* attributed to Albertus Magnus; this text was well known in the early modern period, although the parts of the passage just quoted that discuss male vertigo appear to be extant in only one edition.³⁰ It seems likely, however, that a similar understanding of suffocation of the womb and vertigo as closely related illnesses underlies Mainy’s diagnosis of a “spice of the Mother” that can also be described as *vertiginem capitis*.

“Spice” should be understood here in the early modern medical sense of “species,” used to describe illnesses that, although distinct, belonged to the same category: in 1616, for example, the physician and medical writer John Cotta diagnosed an apparently bewitched patient with “the falling sicknesse or some other spice or species of conuulsion.” There is also some evidence that “spice” was used in this way when illnesses crossed the gender divide: in 1619 the physician Richard Napier diagnosed an eleven-year-old boy with “a spice of the green sickness,” a condition normally caused, like suffocation of the womb, by retained menstrual blood.³¹ Napier seems to have used “spice” here to indicate that the patient was suffering from a male version of a female illness.

But the significance of these parallels is not limited to the particulars of Mainy’s illness. Instead, it points to the need to understand apparently gendered illnesses such as suffocation of the womb in broader terms. For the underlying phenomenon, the larger disease category of which both suffocation of the womb and vertigo could be viewed as species, was the falling sickness itself: epilepsy, with which suffocation of the womb had a long and close historical relationship.

Medical treatises in this period often refer to three kinds of epilepsy: one caused directly by the brain, one by vapors from the stomach, and a third by vapors from “other parts.”³² Although “other parts” could in theory embrace anywhere in the body, the existence of epilepsy from the stomach as a distinct kind reflected the fact that, as with vertigo, stomach-causation was considered to be the most common. Such cases could generate symptoms of “rising” and choking that resembled suffocation of the womb closely: in 1599 Richard Napier recorded one patient “troubled with falling sicknes. . . . It ariseth up in his stomach as if it would stop his winde.”³³

Next in importance to the stomach, however, among the “other parts” that could generate epilepsy, was the womb itself. In sections on epilepsy in the “practice of medicine” genre—general textbooks on diseases—stomach and womb are given as its two most likely origins outside the brain.³⁴ Texts specifically on women’s medicine, on the other hand, list “epilepsy from the womb” alongside suffocation of the womb and other closely related illnesses, such as the nymphomania-like *furor uterinus*.³⁵ These were all conditions in which toxic vapors rose from the womb to affect the brain. But suffocation of the womb and epilepsy from the womb appeared particularly similar, since in both convulsions were a key symptom. Indeed, Avicenna had claimed physicians were wrong to separate suffocation of the womb from epilepsy as a distinct illness at all: “In truth, it falls within it, and is a species of it.”³⁶ In 1618 the French physician Charles Lepois agreed, arguing that “the symptoms commonly called hysterical are [to be] referred to epilepsy.” Most authors did try to preserve the distinction: a common differentiator was that suffocation of the womb did not produce foaming at the mouth. But the two illnesses were clearly linked.³⁷

Vertigo was a third partner in this triangular relationship. Indeed, the link between vertigo and suffocation of the womb may have been due in large part to vertigo’s own close association with epilepsy. As one author put it, “This disease is of neerest kin vnto the falling sicknesse . . . a little falling sickness”; the saying *vertigo est epilepsia diminuta* was a commonplace.³⁸ As a symptom, sensations of vertigo warned of an impending epileptic seizure; as an illness, vertigo could develop into epilepsy over time if it was left untreated.

Vertigo, epilepsy, and suffocation of the womb were thus closely linked. The physician-author William Drage lumped them together as “all those fits of falling, [such] as Vertiginous, Hysterical, Epileptical,” and admitted that telling the difference between them could be a challenge:

Betwixt common Falling-sickness and Convulsions and fits of the Mother, many times is little difference. . . . [In] many persons it is hard to say whether they have a Vertigo, Epilepsie, Convulsion, or Hysterick Passion, or Swoonding: Some do affirm that men have Hysterical fits, so like to women. . . . In Epilepsies some turn round as in a Vertigo, and then fall, and then have heavings of their Breast, as in Hystericks.

Drage’s classifications show the influence of Paracelsus, who grouped both vertigo and suffocation of the womb under the heading of epilepsy. But both Galenic and more Hippocratically minded writers agreed that these were conditions that possessed a natural affinity.³⁹

Subtending this relationship was the association of all three illnesses with demonic possession. As Drage observed, “Some of the Antients thought all

Convulsions and Epileptick passions, Vertigoes, and Hystericks, to arise from Daemons and Spirits.” As scholars such as Owsei Temkin and D. P. Walker have argued, epilepsy was the key illness here. Although the earliest statements of it occur in the Hippocratic treatise *On the Sacred Disease*, for early moderns the link between epilepsy and possession was better known from New Testament accounts of Jesus’s exorcism of a young boy whose symptoms were widely considered to be epileptic.⁴⁰ An important early modern parallel was provided by the French physician Jean Fernel, who described a case in which an apparently epileptic youth turned out to be possessed. This became widely cited, appearing as something of a staple in early modern demonological texts. Like the numerous and well-publicized English examples of possessed boys, it complicates the assumption that possession was bound up with femininity.⁴¹ Instead, as Walker notes, the defining factor was the convulsive symptoms. As Harsnett himself observed, exorcists were in the habit of “discouer[ing] a deuill in the Epilepsie, Mother, Crampe, Convulsion” (*Declaration*, 28).

Epilepsy “by consent,” radiating to the head from some lower part, was the kind most frequently implicated in possession, in part because the sensation of vapors moving up and down the body was easily correlated with the motions of an alien presence. As one demonological author put it, possession caused “certain convulsive movements of an epileptic appearance. . . . Sometimes they fall down . . . as though they were suffering from tertiary epilepsy, and a sort of vapour rushes up into their heads; but at the priest’s bidding . . . the vapour will return whence it came.”⁴² This provided an experiential template for possession that was available beyond the confines of learned demonology. In 1594 a possessed woman, Margaret Byrom, described her symptoms in similar terms:

somthing rouled in her belly like a calfe and . . . rose vp from her belly towardes her hart . . . wherwith being pricked she was compelled to srike . . . when her belly was swolle[n], it lift her vp, & so bounsed that it would picke of the hand of him that held her downe. . . . When her belly slaked there went out of hir mouth a coulde breath . . . then plumpte it downe into her body like a colde longe whetstone.⁴³

Byrom’s condition was similar to Mainy’s: “It riseth . . . of a wind in the bottome of the belly, and proceed[s] with a great swelling” (*Declaration*, 263). This might be suffocation of the womb, epilepsy from the womb, or epilepsy from the stomach. In an age before the scan, it could be hard to pinpoint exactly which belly organ might be the culprit. As Galen wrote in the opening of *On the Affected Places*—a work that contains foundational discussions of suffocation of the womb and epilepsy—diagnosing illnesses “hidden deep in the body” was a difficult task.⁴⁴

Seeds

Placing suffocation of the womb within these larger categories of bellies and falling fits offers an important step toward understanding the nature of Mainy's condition, as well as the relationship between illness, gender, and possession in this period as a whole. But these are not the only ways in which a gendered complaint like suffocation of the womb could cross the lines of early modern sexual difference. This is because the principal cause of this illness was not the womb itself, but a substance it produced: a substance that early moderns associated with masculinity and femininity alike. This was semen, or seed, as English texts of the period usually refer to it. At this date, the organs we know as ovaries were usually understood as female testicles, which were considered to be a part of the womb. These produced a semen, which, though often qualified as weaker or more dilute, was seen as fundamentally similar to its male equivalent.⁴⁵ An important corollary of this "two-seed theory," as scholars sometimes call it, was that if seed was allowed to accumulate in the body due to lack of sexual activity, it became highly toxic, causing a variety of illnesses, of which suffocation of the womb was the best-known example. Although suffocation of the womb could also result from accumulated menstrual blood, seed was considered to cause more severe symptoms; this was a disease of "virgins and widows," for which marriage, and the regular sexual intercourse that was assumed to accompany it, offered the best cure.⁴⁶ For women who were not sexually active, a notorious remedy involved the application of ointment to the genitals to expel the seed, often viewed as a form of therapeutic masturbation.⁴⁷

Seed-caused illnesses were clearly not exclusive to women, though in men they could be seen as rarer and milder; male seed was less liable to "corrupt" and situated further from the vital organs.⁴⁸ But these were generalizations, and individual men could still be strongly affected. As well as the masculine lust disease satyriasis—the male equivalent of *furor uterinus*—both vertigo and epilepsy could also be caused in this way. Epilepsy was particularly significant in this respect. This was an illness that could be caused by sexual excess as well as abstinence; implicitly, moderation was key. The link with sexual abstinence was particularly strong for women, since epilepsy from the womb was caused by retained seed or menses, in identical fashion to its sibling ailment suffocation of the womb. But toxic seed could also cause epilepsy in men.⁴⁹ Such thinking stemmed partly from the fact that, as well as urinating and defecating, epileptics were held sometimes to ejaculate in the course of a seizure. For some writers, the purpose of the fit was to expel the harmful substance that was causing the illness, so if seed was expelled it was also likely to be the cause. A similar logic was applied in suffocation of the womb; even if the masturbatory cure was not employed,

the end of the fit was believed to be marked by a spontaneous expulsion of female seed, the causative agent.⁵⁰

Epilepsy was also linked to seed in a different way. Early modern medical writers were aware that epilepsy in children often resolves spontaneously as the child matures and sometimes correlated this with the new capacities to evacuate seed and menstrual blood that were acquired at puberty. One anonymous seventeenth-century Latin medical manuscript, related to practice by the case records and recipes that are bound with it, makes this reasoning more explicit:

Children, because of the infirmity of their nerves, are easily affected by convulsions. The time of puberty or having sex heals those who are growing out of childhood of this disease. For by first coitus in males, and first menstruation in females, many are healed of this disease.⁵¹

For this author, epilepsy represents the quintessential disease of virgins, cured—in male patients at least—not simply by acquiring the sexual capacities of puberty, but by putting them to use.

Falling fits, then, were a medical category comprising illnesses linked in varying ways to an accumulation of generative fluids: menstrual blood in women, and seed in both sexes. This is an important context from which to view their associations with demonic possession. As the foundational *Maleus Maleficarum* constantly reiterated, demons had a special power over sex and generation, since these were the primary sites on which the hereditary penalty of original sin had been inflicted. God had, in a sense, expressly given these parts of the body over to the devil: “His power abides in the loins and navel. . . . For the seat of debauchery is in the loins in men, since the seed is emitted from there, and it comes from the navel in women.”⁵² “Navel” in this context refers to the female testicles. In the words of *Batman vpon Bartholome*, “The genitals of women are set in the nauell, as the genitalls of man is set in the loynes. And therefore vnder the name of the nauell is signified lecherie.” Another author who observed the devil’s authority over sexual fluids was King James I. In his *Daemonologie* (1597), James noted that witches have “power by the Deuil” not only of weakening some men’s seed to render them impotent but also of “making it to abound . . . more then the ordinary course of nature would permit.”⁵³ As well as diseases defined by heightened sexual desire, such as satyriasis and *furor uterinus*, the results of such abundance could be the falling fits of vertigo and epilepsy. Possession often resembled both, with victims talking and acting in sexually obscene ways as well as being periodically gripped by convulsions.

The notion that demons could work on and through the humors, particularly the “devil’s bath” of melancholy, was well established.⁵⁴ But

seed and menses could also be viewed as humoral substances—one text refers to the seed expelled in a fit of suffocation of the womb as “a little offensive humour”—and their role in the sexualized and convulsive symptoms that possessed men and women displayed may have been equally important.⁵⁵ In this sense, falling fits may have functioned neither as alternatives to, nor symptoms of, possession, but as medical analogues for it, translations of a theological concept into humoral terms. If a demon simply *was* “the mutability of carnal pleasures,” as the authors of the *Malleus* suggested, then it made sense to identify him with the substance of overabounding seed.⁵⁶

This cultural logic fitted the practices of exorcism, because a key symptom of both epilepsy and suffocation of the womb was the evacuation of seed during the seizure. As scholars such as Briggs and Sluhovsky have observed, an important point of contact between exorcism and medicine lay in the perception of something evil in the body—medical writers frequently use the term *malum*, or “evil thing”—that needed to be expelled.⁵⁷ For exorcists, meanwhile, the convulsions of demoniacs were caused by what was understood to be the exceptionally painful process of the demon’s exit. The sign of an authentic possession, as the Protestant dispossessioner John Darrell regularly insisted, was the demon’s “furious handling of them at their going out, most sore, and extremely tormenting them,” as the story of the possessed boy in Mark 9 described.⁵⁸ Caciola has shown that various kinds of excretion could serve as evidence for such an exit; in 1596, bystanders interpreted the “fleame and choler” vomited by Thomas Darling after a “mervailous strange fit” in this light.⁵⁹ But the passing of generative fluids substantiated this convulsion-expulsion model in a way that linked demons directly to the sexuality on which, since the fall, their powers over humanity had been based. The spectacle of falling fits enabled exorcists and physicians alike to observe the evil of carnal pleasure traumatically depart.

The experiences of one of the female exorcism subjects at Denham, where medical practitioners featured prominently, may exemplify this convergence of medicine and exorcism.⁶⁰ Like Mainy, Peckham’s servant Sara Williams claimed to have been ill with suffocation of the womb. Harsnett insinuates that the exorcists masturbated her, under the pretence that they were forcing her demon to depart via her genitals: “You made him [the devil] slip out,” Harsnett sarcastically accuses them, “where no man must name.” In her witness statement, Williams further describes how, when she menstruated, the priests claimed that “the deuill did rest in the most secret part of her body. Where-vpon they deuised to apply the reliques vnto it, and gaue her . . . sliber-sawces.” On a number of occasions, prior to exorcism, a fluid was “squirt[ed] . . . by her priuie parts into her body, which made her

very sick. . . . She sustained very great hurt.” Both these procedures appear to have been carried out by the same unidentified woman, who may have been a medical practitioner. Afterwards she was told that the devil, having “departed out of her by her priuiest part . . . had torne those parts” (*Declaration*, 75, 77, 191, 202).

Allegations of this kind against exorcists were common in this period, and it seems possible that some of them should be understood in medical terms. The use of medical remedies during exorcism was widespread; it drew authority from passages in the Book of Tobit that described the use of fumigation against a womb demon and was commended in exorcism manuals including the *Flagellum Daemonum* employed at Denham.⁶¹ As has been seen, treatments focused on the genitals were a standard therapy for suffocation of the womb, one of the diseases with which possession was most closely associated. A demon that was embodied in seed would require an expulsion of seed to remove it, and sexual stimulation offered the most obvious means to achieve such an end. Sluhovsky describes one defendant who seems to have hinted at this line of argument, asking his inquisitors why an exorcist should be barred from touching the body to heal the soul, when physicians were permitted to do so in order to treat physical illnesses.⁶²

Harsnett notes that the male exorcism subjects at Denham were never subjected to the exorcists’ “holy hote hands” in this manner (*Declaration*, 76), and most discussions of such techniques in medical writings do involve women, though there may have been exceptions: a discussion of epilepsy published in 1585 prescribes, “Let the nostrils, penis and peritoneum be anointed . . . or the vulva, if it is a woman.”⁶³ Yet sexuality was not necessarily involved in such treatments, which must sometimes have been difficult to interpret. Galen’s *On the Affected Places* suggests that sex is primarily excretory in nature, designed, like defecation and urination, to rid the body of a potentially harmful substance.⁶⁴ From this standpoint, sex could be placed alongside a range of genital-area expulsions that might further include such operations as hemorrhoidal bleeding and childbirth, and which might not always be fully distinguishable from each other.

This tangled picture was particularly evident in the case of epilepsy and its cognates. As Felix Platter observed,

The years of youth beginning, the Epilepsie doth then cease, not only by reason of the change of age, but also because that then they begin to eject seed, and Maids have their menstruous blood flow; and the Haemorrhoides breaking forth in some natures, the same sometimes ceases; and the Epilepsie forsakes Great-bellied Women after they are delivered and wel purged: the which whenas Physitians see succeeds well by these like Purgations which nature attempts, they also in a desperate Epilepsie make triall of divers evacuations, ordered oftner by chance than method.⁶⁵

If a midwife anointed the genitals of a woman with a convulsive illness, she might be opening the cervix so that trapped seed could flow out, activating labor-like contractions to expel it, or attempting to bring on menstruation, a bodily function which sexual activity was also, somewhat counterintuitively, believed to stimulate.⁶⁶ It may not have been entirely clear to either patient or practitioner which of these “divers evacuations” was intended.

What happened to Sara Williams at Denham fits this model. Relics were objects that possessed healing energy; “slibber-sawces” are probably ointments, and the injection of fluid suggests a uterine clyster, both commonly used for suffocation of the womb. Where Harsnett talks up the sexual possibilities, Williams’s own account suggests that the primary purposes were medical and exorcistic, though this did not make the procedures involved any less unpleasant: the statement recalls that “she doth now loath the memory of it.” Like the torments that accompanied a successful exorcism, pain and injury were common side effects of such treatments. As a later author put it, “How possible is it for an unskilfull hand to ulcerate or inflame the wombe in attempting by pessary to cure the hystericall passion!”⁶⁷

Conclusion: Sexual Similarity

Studies of demonic possession and suffocation of the womb have insisted on the centrality of sexual difference to both these phenomena. But the Denham exorcisms, in which suffocation of the womb featured so prominently, challenge some of the premises on which these arguments rely. Men and women both had bellies that demons could inhabit, and seed for them to agitate and augment. They were both subject to illnesses of the “falling-fit” type that resembled or indicated possession, and which might emanate from seeds or bellies or both. Medical historians have shown convincingly that a womb-centered, Hippocratic model of gendered illnesses had an important influence on early modern concepts of sex difference. But these parallels suggest this was one strand of a larger story, in which medical ideas were used to explore the similarities between the sexes as well as their differences.

Within that story, plenitude, not deficiency, played a leading role. Early modern possessed persons were full to bursting, not simply with alien presences, but with substances that their own bodies, ambiguously stimulated by supernatural forces, had generated. This fullness did not testify to some preexisting emptiness that had tempted a demon to fill it. Instead, it resulted from, and even exemplified, an innate productive capacity. When demonologists absorbed the naturalist medical explanations of authors like Pietro Pomponazzi and Levinus Lemnius by positing that the diseases

themselves were caused by demons, one of the side effects was that possession revealed what bodies were already naturally capable of. As Thomas Browne put it in his evidence to a witchcraft trial involving possession in 1665, “The Devil in such cases did work . . . upon a Natural Foundation,” focusing on humors that his victims’ bodies were already inclined to overproduce, and afflicting them with heightened versions of illnesses—in this case, “these swooning fits . . . they call the Mother”—to which their individual constitutions already made them susceptible.⁶⁸ Demons did not simply invade from without; they also exploited, and demonstrated, what was already within.

In this sense, the unnatural forces of possession only served to highlight the humoral body’s natural tendencies towards plenitude and overproduction. This has consequences for the histories of medicine and gender as well as exorcism. Recent studies have suggested that early modern disease concepts posited “a thirsty womb” or required female bodies to be “entered and seeded” to preserve their health. But we ought to be as suspicious of the passivity in these apparently historicist interpretations as we are of the “emptiness or nullity” that one Lacanian critic finds in “the empty place of the female orifice” in Harsnett’s text.⁶⁹ Early modern women were emphatically uncastrated, and they were never less castrated than when they were suspected to be possessed. Rather than thirsty for male seed, they had too much of their own. Rather than permeable or breachable, their boundaries were too well sealed for demons or humors to easily escape. These pathologies were shared, albeit asymmetrically, between the sexes. For men and women alike, the symptoms of possession and its medical correlates stemmed from abundance rather than lack; and because that abundance often involved sexual fluids, possession illuminated the similarities between male and female sexuality, rather than the differences of gender. Harsnett’s text reflects this, because what appears to modern eyes to be its surprising lack of interest in incongruities of gender is balanced by its subtle attention to the cultural institutions through which early modern sexuality was regulated: celibacy and marriage.

The central Protestant argument against celibacy was not that it was a bad thing in itself, but rather that it was an innately self-defeating enterprise: denying sexual desire an outlet only caused it to spiral out of control. As Thomas Becon put it with uncharacteristic delicacy, “A contrary effect doth follow.” Galenic medicine offered a basis for this belief, since the symptoms of excess seed included pathological lust as well as convulsions, the condition known as satyriasis, or, in women, *furor uterinus*. It was illnesses such as these that Robert Burton had in mind when he described the “fearful maladies, ferall diseases . . . [that] come to both sexes” as a result of the “rash vowes of Popish Monasteries,” whose symptoms included “notorious

fornications . . . rapes, incests, adulteries.” It might be thought that a seed disease whose symptoms were excessive sexual activity would be inherently self-limiting. But the thinking may have been that celibates, lacking a regular sexual outlet, were condemned to veer perpetually between extremes, each doomed attempt at abstinence generating further episodes of crazed abandonment. Such a model would be particularly relevant to epilepsy, an illness that could be exacerbated by both sexual abstinence and excess. The moderate marital sexuality championed by the reformers offered what they saw as the only viable route between these hazards.⁷⁰

As a reference, Burton offered the works of the Dutch Protestant medical writer Pieter van Foreest, whose accounts of male and female lust diseases have a satirical antimonastic thrust. Foreest’s *Observationes* purportedly describe real-life cases that stretch back to the 1550s. The section on satyriasis includes a “lustful monk” who tried to cool his erection in a pot of water but succeeded only in smashing it on his forehead; on *furor uterinus*, Foreest suggests that the counter-reformation practice of “enclosure” of female monastics stemmed from the need to prevent nuns maddened by this illness from sexually assaulting men. These examples contrast with the marital cures that Foreest prescribes outside the monastery for both male and female patients.⁷¹

This medicalized Protestant critique underlies Harsnett’s polemic. The *Declaration* reads like an exposé of sex crimes, but its real target is chastity itself. Its exorcist-rapists are stereotyped monastic perverts, only a few steps removed from Foreest’s pottery-smashing caricature. But their unmarried victims are bound together with them in the sad comedy of the exorcisms by their mutual lack of a well-regulated sexual outlet. The *Declaration* depicts the triumph of marriage where both exorcism and medicine have failed. As Ann Smith put it, “After the time she was out of the priests hands, her former disease of the Mother did diuers times take her, and continued with her as before it had done, vntill being married she had children.” Williams’s experience was similar: “Hauing beene diuers times troubled in that sort” after the exorcisms had finished, “since she was married . . . she hath by Gods goodnes recouered her health againe, without any of the priests helps.” The similarity of these statements may suggest that they were elicited by the interrogators. In Williams’s case, the significance of the marriage cure was sharpened, because it frustrated the exorcists’ ambitions to make her a nun. In what sounds like a last attempt to prevent her from marrying, they informed her husband that the exorcisms had rendered her permanently infertile, information that happily proved to be incorrect.⁷²

Mainy’s case is more complex. His illness had first affected him as a child, before he was sent to the seminary at Rheims at the age of thirteen.

At fifteen, having apparently spent the preceding two years in health, he became a probationer, but left shortly afterwards when his “spice of the Mother” returned (*Declaration*, 259–60). It is likely that his departure stemmed from regulations that barred both epileptics and the possessed from the priesthood. This section of canon law, headed “Let not possessed persons [*arrepticii*] and epileptics minister to the sacred altars,” embraces “those, who either, being possessed by demons, are struck to the ground, or are in any way transported by attacks of vexation.” It demonstrates the affinity between epilepsy and possession with particular force. The accompanying annotations insist that “one must distinguish among those who are thus vexed,” but acknowledge the difficulty of establishing to which group the main text is referring at a crucial point. One interpretation, the commentator observes, is that it refers to epileptics who have been cured for a year, “that is, not attacked by the invasion of a demon, that is, it appears, that that ailment [*passio*] is not demoniac, but epileptic.” A later passage sums up the situation: those in question are afflicted “by demons, and similar ailments entangled with them [*daemonibus, similibusque passionibus irretitis*].”

These rules aimed to preserve confidence in God’s care of his servants, but the underlying motives may have included the possibility that celibacy might exacerbate such conditions or prevent their cure. Special mention is made barring those who have been possessed in adolescence—the period in which epilepsy was considered potentially curable by sexual “evacuations”—though the commentary here observes that such people are perfectly capable of entering into the minor orders, for which celibacy was not required. It may also be significant that these passages appear in a *distinctio* that begins with a reminder that priests may have neither wives nor concubines.⁷³ Celibacy was a lifestyle to which not everyone was physiologically suited. In 1640, for example, as Nicky Hallett has shown, the mother of the fourteen-year-old English Catholic Elizabeth Mostyn encouraged her to marry rather than enter a convent, believing her daughter her to be of “too weak a constitution to undertake a religious course of life.” Having ignored this counsel and joined the Ursulines at Antwerp, she suffered a long possession marked by convulsions and menstrual problems.⁷⁴

Mainy may have abandoned his order to avoid this kind of fate. Indeed, Sara Williams described his behavior at Denham as anything but chaste, calling him “a man but of a lewd disposition” who attempted to seduce her and others. In his case, however, there is no mention of any subsequent marriage. Nor was there a permanent cure: his statement, written sixteen years after the exorcisms, acknowledges that he is “still once in foure or fiue yeeres troubled” with his illness (*Declaration*, 190, 263). Unable to escape the shadow of the celibacy for which he was once intended—a term that at root

simply means to be unmarried—the *Declaration* appears to leave him trapped, like the exorcists, in a single life defined by its swings between toxic abstinence and sporadic, excessive relief.

Here Mainy's double diagnosis may have further significance. For, if suffocation of the womb was associated with the monasticism for which he had been trained, vertigo was a common metaphor for the religious wavering that marked his subsequent career. Denouncing a former Protestant rector who had defected to the French seminaries, for example, Edward Hoby compared "heresie, and schismaticall defections" to "Uertigo, the swimming and giddinesse of the braine," whose victims, "like the Demoniake in the Gospell . . . tumble downe the hill of faith."⁷⁵

Shuttling between England and the continent, Mainy had abandoned his order, taken the oath of supremacy to preserve his inheritance (*Declaration*, 260), then got mixed up with undercover seminary priests who gave him a starring role in a notorious showpiece of Catholic propaganda. His failure to commit himself either to sexual abstinence or to marriage might be seen to mirror this weathercock behavior, what one later writer referred to as *The Spirituall Vertigo, or, Turning Sicknesse of Soul-Unsettlednesse in Matters of Religious Concernment*.⁷⁶ For Protestants, such instability was a natural consequence of a faith that made celibacy its highest virtue.

Notes

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1. Michel de Certeau, *The Writing of History*, trans. Tom Conley (New York, 1988), 245.
 2. John Demos, *Entertaining Satan: Witchcraft and the Culture of Early New England* (Oxford, 1982); Lyndal Roper, *Oedipus and the Devil: Witchcraft, Sexuality and Religion in Early Modern Europe* (London, 1994); Robin Briggs, *Witches and Neighbours: The Social and Cultural Context of European Witchcraft* (London, 1996); Steven Connor, *Dumbstruck: A Cultural History of Ventriloquism* (Oxford, 2000).
 3. Sarah Ferber, "Charcot's Demons: Retrospective Medicine and Historical Diagnosis in the Writings of the Salpêtrière School," in Marijke Gijswijt-Hofstra et al., eds., *Illness and Healing: Alternatives in Western Europe* (London, 1997), 120–40; H. C. Erik Midelfort, "Charcot, Freud, and the Demons," in Kathryn A. Edwards, ed., *Werewolves, Witches, and Wandering Spirits: Traditional Belief and Folklore in Early Modern Europe* (Kirkville, MO, 2002), 199–216. On male hysteria, see Mark Micale, *Hysterical Men: The Hidden History of Male Nervous Illness* (Cambridge, MA, 2008).
 4. Moshe Sluhovsky, *Believe Not Every Spirit: Possession, Mysticism, and Discernment in Early Modern Catholicism* (Chicago, 2007), 8; Roper, *Oedipus*, 3.
 5. Nancy Caciola, *Discerning Spirits: Divine and Demonic Possession in the Middle Ages* (New York, 2003), 144; Connor, *Dumbstruck*, 52, 54.

6. Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, MA, 1992). For opposing views, see, for example, Joan Cadden, *Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture* (Cambridge, 1993); Helen King, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (London, 1998); Helen King, *The Disease of Virgins: Green Sickness, Chlorosis and the Problems of Puberty* (London, 2009); Mary Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (Oxford, 2004); Katharine Park, *Secrets of Women: Gender, Generation, and the Origins of Human Dissection* (New York, 2010); Kaara Peterson, *Popular Medicine, Hysterical Disease, and Social Controversy in Shakespeare's England* (Farnham, 2010); Wendy Churchill, *Female Patients in Early Modern Britain: Gender, Diagnosis, and Treatment* (Farnham, 2012); Olivia Weisser, *Ill Composed: Sickness, Gender, and Belief in Early Modern England* (New Haven, 2015). On womb diseases, see esp. the works cited here by King, Fissell, Peterson, Churchill.
7. Peterson, *Popular Medicine*, 68; Roper, *Oedipus*, 190; Caciola, *Discerning Spirits*, 253.
8. Samuel Harsnett, *A Declaration of Egregious Popish Impostures* (London, 1603), 263, 191, 240. The fourth exorcism subject, Fid Williams, had "griefe of the Spleene" (211).
9. Edward Jorden, *A Briefe Discourse of a Disease called the Suffocation of the Mother* (London, 1603), 5r; Harsnett, *Declaration*, 25.
10. Where not otherwise referenced, discussion of suffocation of the womb is based throughout on Boyd Brogan, "The Masque and the Matrix: Alice Egerton, Richard Napier, and Suffocation of the Mother," *Milton Studies* 55 (2014): 17–18.
11. On Jorden and Harsnett, see Michael Macdonald, *Witchcraft and Hysteria in Elizabethan London: Edward Jorden and the Mary Glover Case* (London, 1991), xix–xxvi; F. W. Brownlow, *Shakespeare, Harsnett, and the Devils of Denham* (London, 1993), 63n.
12. Peterson, *Popular Medicine*, 68.
13. John Partridge, *The Tresurie of Hidden Secrets . . . Newly Inlarged* (London, 1596), E3r.
14. Harsnett, *Declaration*, 25. Harsnett goes on to describe Anne Smith as "somewhat more affected [than Mainy] with . . . the Mother," which Peterson (*Popular Medicine*, 59) reads as ironic. However, Smith does describe herself as more severely afflicted than either Mainy or Williams; unlike them, she had traveled to London from her home in Lancashire specifically to find treatment, as Harsnett goes on to note here.
15. William Shakespeare, *King Lear*, 2.2.246–47, in *King Lear*, ed. R. A. Foakes (London, 2001). For comments, see Peterson, *Popular Medicine*, 69; Janet Adelman, *Suffocating Mothers: Fantasies of Maternal Origin in Shakespeare's Plays* (New York, 1992), 114; F. David Hoeniger, *Medicine and Shakespeare in the English Renaissance* (Newark, DE, 1992), 322–23; Brownlow, *Devils of Denham*, 85n.
16. Richard Sheldon, *A Survey of the Miracles of the Church of Rome* (London, 1616), 21–23; John Gee, *The Foot out of the Snare* (London, 1624), [47]–51; Richard Bernard, *A Guide to Grand-jury Men* (1627), 38, 48.
17. Bartholomaeus Anglicus, *Batman vppon Bartholome*, trans. Stephen Batman (1582), f. 60r.
18. Bartholomaeus Anglicus, *De genuinis rerum coelestium, terrestrium et inferarum proprietatibus* (Frankfurt, 1650), 202; Isidore of Seville, *Etymologiarum sive originum libri XX*, 11.1.132–35, in *Etymologiarum sive originum libri XX*, ed. W. M. Lindsay

- (Oxford, 1911). Translations are my own unless otherwise stated. On the textual history, see Elizabeth Keen, *Journey of a Book: Bartholomew the Englishman and the Properties of Things* (Canberra, 2007).
19. Caciola, *Discerning Spirits*, 171; *Dictionary of Medieval Latin from British Sources* (Oxford, 2013), s.v. “Venter”; Charlton T. Lewis and Charles Short, *A Latin Dictionary* (Oxford, 1879), s.v. “Venter.”
 20. John Pechey, *The Compleat Midwife’s Practice Enlarged* (London, 1698), 302, 307; see also Gail Kern Paster, *The Body Embarrassed: Drama and the Disciplines of Shame in Early Modern England* (Ithaca, NY, 1993), 182, 192–93.
 21. Jorden, *Briefe Discourse*, [6v]–7r; see Fissell, *Vernacular Bodies*, 59–60; Barbara Duden, *The Woman beneath the Skin: a Doctor’s Patients in Eighteenth-Century Germany*, trans. Thomas Dunlap (London, 1991), 118, 165–66.
 22. Caciola, *Discerning Spirits*, 257–58; Girolamo Menghi, *Flagellum Daemonum* (Bologna, 1577), 84, 62.
 23. *The Most Strange and Admirable Discoverie of the Three Witches of Warboys* (London, 1593), B4r; John Darrel, *A True Narration of the Strange and Grevous Vexation by the Devil, of 7 persons in Lancashire, and William Somers of Nottingham* (London, 1600), 6, 9; John Darrel, *An Apologie, or Defence of the Possession of William Sommers* ([Amsterdam?], 1599), L2r–L2v; Simon Goulart, *Admirable and Memorable Histories*, trans. Edward Grimeston (London, 1607), 163; Caciola, *Discerning Spirits*, 61–63. For male examples, see Edward Nyndge, *A Booke Declaringe the Fearfull Vexation, of One Alexander Nyndge* (London, 1573), B2r; *The Most Wonderfull and True Storie, of a Certaine Witch Named Alse Gooderige* (London, 1597), 3. The apparently fraudulent demoniac William Somers recorded how one observer came to suspect he was possessed on seeing a “motion” that suggested “some quicke thing was in my bellie”: Samuel Harsnett, *A Discovery of the Fraudulent Practises of John Darrel* (London, 1599), 97.
 24. Caciola, *Discerning Spirits*, 197–98; Nicholas Remy, *Daemonolatreiae libri tres* (Lyon, 1595), 95; Connor, *Dumbstruck*, 49–55, 69–72.
 25. Jorden, *Briefe Discourse*, 1 f. See, e.g., King, *Hippocrates’ Woman*, 244–45; Fissell, *Vernacular Bodies*, 61–66; Peterson, *Popular Medicine*, 1–4.
 26. See, e.g., Philip Barrough, *The Methode of Phisicke* (London, 1583), 15; Christof Wirsung, *The General Practise of Physicke*, trans. Jacob Mosan Germane (London, 1598), 121. Wirsung’s work was originally published as *Ein Neuwes Artzney Buch* (Frankfurt, 1577).
 27. Gualtherus Bruele, *Praxis Medicinae, or, the Physicians Practice* (London, 1632), 44 (original: *Praxis medicinae: theorica et empirica familiarissima* [{Antwerp}], 1579)]; Felix Platter, *Golden Practice of Physick*, trans. Abdiah Cole and Nicholas Culpeper (London, 1664), 68 (original: *Praxeos Medicae*, [Basel, 1602–8]).
 28. Samuel Clarke, *The Lives of Two and Twenty English Divines* (London, 1660), 91. Clarke does not give a date for Rothwell’s illness.
 29. Pseudo-Albertus Magnus, *Women’s Secrets*, trans. Helen Rodnite Lemay (Albany, NY, 1992), 133–34.
 30. *De secretis Mulierum* (Venice, 1505), [89–93]; this text has no pagination or signatures. Lemay notes that there were more than seventy sixteenth-century editions (*Women’s Secrets*, 1).
 31. John Cotta, *A Short Discoverie* (London, 1612), 62; Lauren Kassell et al., eds., “Case 50033,” *The Casebooks of Simon Forman and Richard Napier, 1596–1634: A Digital Edition*, <https://casebooks.lib.cam.ac.uk/cases/CASE50033>. I am grateful to Joanne Edge for bringing this case to my attention. On green sickness see King, *The Disease of Virgins*, 18–93.

32. Owsei Temkin, *The Falling Sickness: A History of Epilepsy from the Greeks to the Beginnings of Modern Neurology*, 2nd ed. (Baltimore, 1971), 37, 63–64; see also, e.g., Barrough, *Methode of Phisicke*, 31; Bruele, *Praxis Medicinae*, 56–57.
33. Kassell et al., “Case 12384,” *Casebooks Digital Edition*, <https://casebooks.lib.cam.ac.uk/cases/CASE12384>.
34. E.g. Platter, *Golden Practice*, 9; Wirsung, *General Practise*, 152; Lazare Rivière, *The Practice of Physick*, trans. Nicholas Culpeper et al. (London, 1655), 29.
35. E.g. Luis Mercado, *De mulierum affectionibus libri quatuor* (Valladolid, 1579), 149, 153, 160, 188; Roderigo à Castro, *De universa mulierum medicina* (Hamburg, 1603), 96, 109; Nicholas Culpeper, *Culpeper’s Directory for Midwives . . . The Second Part* (London, 1662), 108, 120.
36. Avicenna, *Liber canonis*, book 3, fen 1, tract 5, chapter 8; cited in *Avicennae . . . libri in re medica omnes* (Venice, 1564), 486 (further references are to this edition). See also Temkin, *Falling Sickness*, 50, 194.
37. Charles Lepois [Piso], *Selectiorum observationum et consiliorum . . . liber singularis* (Pont-à-Mousson, 1618), 101. On foaming see, e.g., Valescus de Taranta, *Philonium pharmaceuticum et cheirurgicum* (Frankfurt, 1599), 519. Avicenna himself makes this distinction in a later passage: *Liber canonis*, book 3, fen 21, tract 4, chapter 17, in *Avicennae . . . libri in re medica omnes*, 943. See also Hoeniger, *Medicine and Shakespeare*, 323.
38. Bruele, *Praxis Medicinae*, 43, 45. An anonymous text entitled *Divine Meditations* (London, 1641) attributes the tag *vertigo est diminuta epilepsia* to Jean Fernel (99). See also Wirsung, *General Practise*, 121; Barrough, *Methode of Phisicke*, 15; Temkin, *Falling Sickness*, 32, 38, 43.
39. William Drage, *A Physical Nosonomy* (London, 1664), 79, 75. For the Paracelsian categories see Robert Burton, *The Anatomy of Melancholy* (Oxford, 1621), 304; *The Method of Chemical Philosophie and Physick* (London, 1664), 131; Temkin, *Falling Sickness*, 194 (“Epilepsy of the womb for Paracelsus . . . was identical with hysterical suffocation”). See also Pieter van Foreest, *Observationum et curationum medicinalium liber XXVIII: de mulierum morbis* (Leiden, 1599), 151–213 (cited hereafter as *De mulierum morbis*); Castro, *De universa mulierum medicina*, 99.
40. William Drage, *Daimonomageia: a Small Treatise of Sicknesses and Diseases from Witchcraft, and Supernatural Causes* (London, 1665), 22; Temkin, *Falling Sickness*, 91–92; D. P. Walker, *Unclean Spirits: Possession and Exorcism in France and England in the Late Sixteenth and Early Seventeenth Centuries* (London, 1981), 10–13; *On the Sacred Disease*, in *Hippocrates*, trans. W. H. S. Jones (London, 1923), 2:127–84. The relevant passages are Mark 9:17–29, Matthew 17:14–21, Luke 9:38–42; for discussion, see, e.g., Darrel, *True Narration*, 41–43; Henry Hammond, *A Paraphrase and Annotations upon All the Books of the New Testament* (London, 1659), 88.
41. Jean Fernel, *On the Hidden Causes of Things* [1542], trans. John Forrester (Leiden, 2005), 653–55. Possessed boys include John Starkey (Darrel, *True Narration*), Alexander Nyndge (Nyndge, *Fearfull Vexasion*), Thomas Darling (*Wonderfull and True Storie*), William Sommers (Darrel, *An Apologie*), Thomas Harrison (William Hinde, *A Faithfull Remonstrance* [London, 1641]), Thomas Sawdie (*A Return of Prayer* [London, 1664]).
42. Francesco Maria Guazzo, *Compendium maleficarum* [1608], trans. E. A. Ashwin (London, 1929), 170–71; see also Martin Del Rio, *Investigations into Magic* [1600], trans. P. G. Maxwell-Stuart (Manchester, 2000), 259–60; Temkin, *Falling Sickness*, 139–41.
43. Darrel, *True Narration*, 6.

44. Galen, *De locis affectis* [*On the Affected Places*], 1.1, cited in *Quarta classis galeni* (Venice, 1550), 2r.
45. For an overview, see Ian Maclean, *The Renaissance Notion of Woman* (Cambridge, 1980), 36. On female testicles as part of the womb, see, e.g., Bernard of Gordon, *Opus lilium medicinae inscriptum* (Lyon, 1550), 594.
46. Castro, *De universa mulierum medicina*, 96.
47. Brogan, "The Masque and the Matrix," 24–34; Winfried Schleiner, *Medical Ethics in the Renaissance* (Washington, DC, 1995), 107–28; Helen King, "Galen and the Widow: Towards a History of Therapeutic Masturbation in Ancient Gynaecology," *EuGeStA* 1 (2011): 205–35.
48. Castro, *De universa mulierum medicina*, 137; Thomas Bartholin, *Bartholinus Anatomy*, trans. Nicholas Culpeper and Abdiah Cole (London, 1668), 58.
49. *The Problemes of Aristotle with Other Philosophers and Phisitions* (London, 1595), E7v–8r; Arnold of Villanova, *Opera omnia* (Basel, 1585), cols. 1072–73; Avicenna, *Liber Canonis*, book 3, fen 1, tract 5, chapter 8, in *Avicennae . . . libri in re medica omnes*, 486; Bernard of Gordon, *Lilium*, 223–24, 601; Antonius Guainerius, *Opus preclarum ad praxim non mediocriter necessarium* (Lyons, 1534), 8v; Foreest, *Observationum medicinalium libri tres, de capitis et cerebri morbis ac symptomatis* ([Leiden], 1602), 525–26.
50. Wirsung, *General Practise*, 152; Bruele, *Praxis Medicinae*, 58; Platter, *Golden Practice*, 6; and see esp. Valescus de Taranta, *Philonium*, 70: "if [the causative matter] is in the . . . seminary vessels, the fit is released by an emission of sperm." On suffocation of the womb, see Brogan, "The Masque and the Matrix," 26 and note.
51. British Library MS Sloan 640, 64r (translated from Latin). See also C. P. Panayiotopoulos, *A Clinical Guide to Epileptic Syndromes and their Treatment*, 2nd ed. rev. (London, 2010), 138, 339–41; Platter, *Golden Practice*, 19, 25; Temkin, *Falling Sick*, 32.
52. Jacob Sprenger and Heinrich Kramer, *The Hammer of Witches: A Complete Translation of the Malleus Maleficarum*, trans. Christopher Mackay (Cambridge, 2009), 125; see also 175, 194, 270, 321, 424. For recent discussion, see Julia Garrett, "Witchcraft and Sexual Knowledge in Early Modern England," *Journal for Early Modern Cultural Studies* 13 (2013): 32–72: "The *Malleus* dramatically privileges the genitals as the bodily site most vulnerable to demonic influence" (38).
53. Bartholomaeus Anglicus, *Batman vpon Bartholome*, 61r; James I, *Daemonologie* (Edinburgh, 1597), A3v–A4r.
54. Sluhovsky, *Believe Not Every Spirit*, 80; Jeremy Schmidt, *Melancholy and the Care of the Soul* (Aldershot, 2007), 64–76.
55. Rivière, *Practice of Physick*, 428.
56. Sprenger and Kramer, *Hammer of Witches*, 455; I have amended MacKay's translation "flux," for *mutabilitas*, to "mutability."
57. Sluhovsky, *Believe Not Every Spirit*, 37; Briggs, *The Witches of Lorraine* (Oxford, 2007), 216.
58. Darrel, *True Narration*, 103; see also John Darrel, *A Brief Apologie Proving the Possession of William Sommers* (Middelburg, 1599), 9; John Darrel, *A Detection of That Sinnful, Shamful, Lying, and Ridiculous Discours, of Samuel Harshnet* ([England?], 1600), 51–54; Bernard, *Guide to Grand-Jury Men*, 49–52.
59. Caciola, *Discerning Spirits*, 41, 190, 200–205; *Wonderfull and True Storie*, 37.
60. Brownlow, *Devils of Denham*, 405n.
61. Stephen Haliczzer, *Sexuality in the Confessional: a Sacrament Profaned* (Oxford, 1996), 91, 132–42, 171; Sluhovsky, *Believe Not Every Spirit*, 47–49; Tobit 6:7, 8:2–3; Menghi, *Flagellum Daemonum*, 4–12.

62. Sluhovsky, *Believe Not Every Spirit*, 48.
63. Arnold of Villanova, *Opera omnia*, col. 1072.
64. Galen, *De locis affectis*, 6.5, in *Quarta classis galeni*, 39v.
65. Platter, *Golden Practice*, 25.
66. Massaging the “neck of the womb” was a standard obstetric technique: Brogan, “The Masque and the Matrix,” 31. On sex and menses, see Foreest, *De mulierum morbis*, 210.
67. Castro, *De universa mulierum medicina*, 102; Harsnett, *Declaration*, 191; Richard Bunworth, *The Doctresse* (London, 1656), 9.
68. Sluhovsky, *Believe Not Every Spirit*, 80; *A Tryal of Witches* (London, 1682), 41–42.
69. Lesel Dawson, *Lovesickness and Gender in Early Modern English Literature* (Oxford, 2008), 46; King, *Disease of Virgins*, 79; Connor, *Dumbstruck*, 170.
70. Thomas Becon, *The Worckes of Thomas Becon* (London, 1564), LLL.iiiiv; Burton, *Anatomy of Melancholy*, 3rd ed. (Oxford, 1628), 195–96. See also Anthony Fletcher, “The Protestant Idea of Marriage in Early Modern England,” in *Religion, Culture and Society in Early Modern Britain: Essays in Honour of Patrick Collinson*, ed. Anthony Fletcher and Peter Roberts (Cambridge, 1994), 161–81; Robert Matz, ed., *Two Early Modern Marriage Sermons: Henry Smith’s A Preparative to Marriage (1591) and William Whately’s A Bride-Bush (1623)* (Oxford, 2016).
71. Pieter van Foreest, *Observationum et curationum medicinalium liber XXVI: de penis, virgae, scroti et testiculorum affectibus ac vitiis* (Leiden, 1597), 69, 76; Foreest, *De mulierum morbis*, 162. On enclosure, see Silvia Evangelisti, “‘We Do Not Have It, and We Do Not Want It’: Women, Power, and Convent Reform in Florence,” *Sixteenth Century Journal* 34 (2003): 677–700.
72. Harsnett, *Declaration*, 245, 179, 205, 202. On the pressures that could be exerted on this kind of statement, see Marion Gibson, *Possession, Puritanism and Print: Darrell, Harsnett, Shakespeare and the Elizabethan Exorcism Controversy* (London, 2006), 69–71.
73. Gratian, *Decretum Gratiani* (Rome, 1582), cols. 215–20 (distinctio 33, capitula 3–5).
74. Nicky Hallett, ed., *Witchcraft, Exorcism, and the Politics of Possession in a Seventeenth-Century Convent* (Aldershot, 2007), 52, 73–74, 89.
75. Edward Hoby, *A Letter to Mr. T. H. Late Minister: Now Fugitive* (London, 1609), 10; for the background, see Mary Morrissey, *Politics and the Paul’s Cross Sermons, 1558–1642* (Oxford, 2011), 117–18.
76. John Brinsley, *The Spirituall Vertigo, or, Turning Sicknesse of Soul-Unsettlednesse in Matters of Religious Concernment* (London, 1655).