Disease
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Some early modern diseases are recognizable to us today: measles, shingles, and migraines, for example. Others are less familiar: teeth and worms, surfeit, "frighted". These categories reflect very different understandings of disease from our own. In early modern England, disease was not the result of processes or pathogens that afflicted all bodies in the same ways. Rather, disease was believed to develop in response to individual constitutions, environments, and ever-shifting lifestyle choices. In other words, a disease was a unique, transmutable cluster of symptoms rather than a universal, fixed biological entity. This meant that multiple people presenting the same symptoms could be diagnosed with completely different diseases. And that diagnosis centered largely on patients' subjective accounts of perceived symptoms and health histories.

This view of disease was informed by humoralism, the prevailing theory of medicine in early modern England. Bodies were thought to be composed of four fluids, or humors, whose unique balance, composition, and flow determined health. This was a flexible system that offered an explanation for a range of bodily phenomena, from aging and sex difference to menstruation and illness. Each person's unique constitution and lifestyle determined the quality and consistency of his or her humors, which had ramifications for health. Immoderate or inappropriate diet, exercise, or sleep, for example, could create congested or corrupt humors that, in turn, led to a variety of bodily complaints.

Patients and healers were able to reconcile these views of health and the body with observations that some diseases were contagious and could affect entire populations at once. They did so, in part, by linking ill health to individual factors as well as larger environmental ones, such as seasons and corrupt air. Some presumed that plague stemmed from venomous fumes seeping out of the earth, for example, or from the movements of the planets. Environmental conditions could predispose individuals to infection or directly lead to disease by creating humoral corruptions, clogs, or disorder within the body.

Because ill health was thought to result from individual lifestyles and humoral make-ups, there were few disease categories in early modern England, as we think of them. Everyday complaints, such as cough, headache, fever, and colds were considered diseases and were rampant at the time. Other diseases of the era included gout, dropsy, scurvy, pox, plague, and a broad range of emotional ailments including madness and melancholy.

These diseases shared two key features. First, patients and healers defined diseases as ever-shifting clusters of symptoms as opposed to stable pathogens. While we think of fevers, swellings, cramps, lethargy, and the like as symptoms of other, underlying disorders, early modern individuals viewed such complaints as diseases in their own right. When Anne North's (1614-1681) son fell ill in 1680, for example,

she did not name a particular disease but instead noted that he was "very ill with pains & vomiting very strange ill colored stuff" (British Library, Add. MS 32500). Likewise medical remedy books were often organized by symptom rather than disease. Entries had titles such as "For a cough," "To stop a looseness," or "For the bone ache." And when the famous diarist Samuel Pepys described feeling itchy and red in 1664, he did not diagnose himself with a disease that was marked by itchy, inflamed skin. His ailment *was* the itchiness and redness.

Second, diseases were rarely localized. They might settle in one part of the body, but they could move. Fevers in particular were thought to wander around and settle in discrete parts, such as a foot or an eye. Shifting bodily ailments could also transform into entirely new, seemingly unrelated disorders. Pain, for instance, was thought to roam within the body and morph into different diseases over time. As humors dispersed or shifted, sufferers felt entirely new ailments develop. One early modern woman had a headache that fell into her groin while she was riding a horse, for example. She believed that her headache transformed into kidney stones.

Moving, transmutable complaints, such as fever and pain, could be both symptoms of diseases and disorders unto themselves. Circulating pain was a key indicator of gout and rheumatism, for instance. But pain was also a distinct entity that was believed to infiltrate the body. Colds too were believed to have a physical presence and their movements could spark a range of complaints. Early modern colds were understood to root from a sudden change in temperature that blocked the pores and prevented the removal of corruptive wastes.

If disease was unique to each individual, continually mutating, and defined by unique clusters of symptoms, then a definitive diagnosis could be challenging to pin down. This was especially the case for diseases like plague and pox, whose bodily marks were ambiguous and freighted with moral implications. As a result of all these views of disease, patients' subjective perceptions of symptoms--as opposed to healers' objective reading of signs--were crucial to diagnosis and treatment.

Additional Reading:

http://www.magicandmedicine.hps.cam.ac.uk/using-our-edition/topics-of-consultations

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