

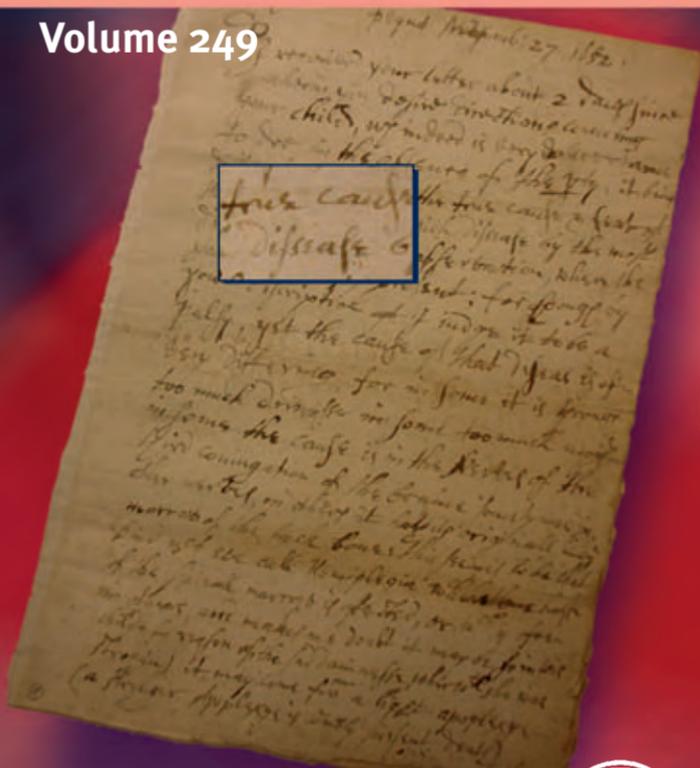
MARC PRIEWE

# Textualizing Illness

Medicine  
and Culture  
in New England  
1620–1730

American Studies ★ A Monograph Series

Volume 249



Universitätsverlag  
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GERHARD HOFFMANN  
ALFRED HORNUNG





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*Für Marla, Simon und Robin*



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Berlin, June 2014



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## Introduction

In 1640, after ten years of steady migration and settlement, English cultural norms and practices seemed to have been transplanted successfully to the North American colonies. Diseases, lack of provisions, internal frictions, and struggles with Native Americans constituted real and imagined obstacles to colonization and had, so far, mostly been averted. In looking back at the first decade of English colonialism in the “New World,” the co-founder and governor of Massachusetts Bay, John Winthrop, recorded an observation about his son’s attempt to uphold the values of a self-styled godly people in a hostile environment. Reflecting on the learnedness of his son, he wrote:

Mr. Winthrop the younger, [...] having many books in a chamber where there was corn of divers sorts, had among them one wherein the Greek testament, the psalms and the common prayer were bound together. He found the common prayer eaten with mice, every leaf of it, and not any of the two other touched, nor any other of his books though there were above a thousand.<sup>1</sup>

The combination of books and corn in the younger Winthrop’s room serves as an apt metaphor of the daily realities that learned men encountered at the periphery of the emerging British Empire, where intellectual and scientific activities had to be coupled with pragmatism and were undertaken in relative isolation. Regardless of whether the number of books recorded by his father is accurate or whether mice truly destroyed “every leaf” of the Anglican Common Book of Prayer, Winthrop’s library was one of the largest and most encompassing book collections in early America. However, the impression conveyed by the Massachusetts Bay founder that his son’s library consisted primarily of

<sup>1</sup> John Winthrop, *The History of New England from 1630 to 1649*, ed. James Savage, vol. 2 (Boston: Little, 1853) 24.

religious works and that, therefore, the preoccupation of its owner was geared solely toward theology, is misleading. Only a quarter of his book collection reflected his interest in religious topics, whereas more than half consisted of works on early science.<sup>2</sup> Next to some obligatory religious writings, the young colonist and physician owned books that tell us something about his immersion in contemporary European discussions about the occult tradition (astrology, magic, alchemy, and numerology) and the evolving science of medicine.<sup>3</sup> Aside from the symbolism of theology-hungry rodents, then, Winthrop's account indicates how New England colonists thought and wrote about three potentially contentious discourses and practices of healing bodies: Calvinist theology, the emerging medical sciences, and the remnants of European occultism. This is evident in many writings on illness from early New England and shall be investigated from a literary and cultural studies perspective in the present book.

## I.

When the elder John Winthrop penned his report, illnesses were a ubiquitous, life-shaping occurrence. In contrast to health conditions in Western societies of the late twentieth and early twenty-first centuries, diseases constituted life experiences throughout the early modern period. Especially at the fringes of the English sphere of influence, the confrontation with a new physical and cultural environment created a host of anxieties about the impacts of newfound lands on European bodies. Because most people (still) interpreted illnesses in supernatural terms, colonial physicians addressed both the spiritual and physical needs of their patients. When treating ill bodies, most practitioners, secular and clerical, combined the Galenic tradition based predominantly on herbs and bloodletting with remedies lately developed

<sup>2</sup> Herbert Greenberg, "The Authenticity of the Library of John Winthrop the Younger," *American Literature* 8 (1937): 449-452.

<sup>3</sup> Throughout this study, I employ a broad definition of the term "medicine." Except when used in conjunction with Native American cultures (see below), it refers to a substance, method, practice and/or science of treating human illnesses.

by proponents of the iatrochemical school (i.e., healing methods drawn from chemical innovations). During the second half of the seventeenth century, New England physicians, following their colleagues in Europe, also began to grapple with the religious and diagnostic implications of the iatromechanists (i.e., doctors devising disease treatment based on the laws of physics).<sup>4</sup> However, aside from a small group of colonial healers aware of these new approaches in the field of medicine, curative techniques more often than not rested on folk traditions, especially in New England frontier settlements. As one result, the colonial medical scene was marked by pluralistic approaches to illness and healing. Lacking a sufficient number of university-trained practitioners until well into the eighteenth century, colonists depended primarily on minister-physicians, folk healers, midwives, apothecaries, barber-surgeons, and “Indian doctors” for their health needs.<sup>5</sup>

<sup>4</sup> For useful discussions of seventeenth-century English medicine, see Doreen Evenden Nagy, *Popular Medicine in Seventeenth-Century England* (Bowling Green: Bowling Green State University Popular P, 1988); Andrew Wear, *Health and Healing in Early Modern England* (Aldershot: Ashgate, 1998); Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680* (Cambridge: Cambridge UP, 2000); Charles Webster, *The Great Instauration: Science, Medicine and Reform, 1626-1660* (1975; Frankfurt: Lang, 2002) 246-323; David Harley, “Spiritual Physic, Providence and English Medicine, 1560-1640,” *Medicine and the Reformation*, ed. Ole Peter Grell and Andrew Cunningham (London: Routledge, 1993) 101-117; Roy Porter, “The Patient in England, c. 1660 - c. 1800,” *Medicine in Society: Historical Essays*, ed. Andrew Wear (Cambridge: Cambridge UP, 1992) 91-118; Roger French and Andrew Wear, eds., *The Medical Revolution of the Seventeenth Century* (Cambridge: Cambridge UP, 1989); Lucinda McCray Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (London: Routledge, 1987) 8-50.

<sup>5</sup> General overviews of the main medical concepts and practices during the first two centuries of New England settlement include: Oliver Wendell Holmes, *Medical Essays: The Writings of Oliver Wendell Holmes*, vol. 9 (Boston: Cambridge UP, 1891) 314-345; Henry R. Viets, *A Brief History of Medicine in Massachusetts* (Boston: Houghton, 1930); John B. Blake, *Public Health in the Town of Boston, 1630-1822* (Cambridge, MA: Harvard UP, 1959); Richard Harrison Shryock, *Medicine and Society in America, 1660-1860* (New York: New York UP, 1960); Philip Cash, J. Worth Estes, and Eric H. Christianson,

The presence of various healing providers in the early English colonies resulted in part from a lack of consensus over the boundaries of sound medical practice. The medical setting in colonial New England differed from that in Europe because the diversity of colonial health practitioners emerged under the watchful eyes of the clergy and the magistrates, who were by and large unsuccessful in regulating treatment methods and in monopolizing the meaning of illness. Most New England ministers followed the idea of divine pathogenesis and stressed the relationship between a person's thoughts and actions and his/her physical conditions on earth, arguing that a believer's corporeal state reflected his/her spiritual past, present, and future. Not only was sin seen as the main cause of afflictions; its presence as illness marked a manifestation and translation of the spiritual into human physicality. The patient's state of health (stagnating, improving, or declining) was often seen as an inscription of God's providence onto the "screen" of the body human and the body social (i.e., some illnesses were interpreted as a collective punishment, reminder, and/or test of faith). As such, illnesses became intricately linked to the omnipresent world of signs and wonders, an interpretation of the universe as suffused by portents, angels, demons, divine interventions, and strange occurrences. In order to facilitate recovery, religiously inclined medical practitioners urged patients to pray, confess, repent, and reform but also to make use of remedies drawn from nature. The various recourses to, and shuttling between, "spiritual" and "natural" approaches to medicine—God and Galen—form an important concern of this book. As I hope to show, at times, they correlated well, while at others they posed conflictual and irresolvable modes of healing.

When English religious dissidents immigrated to the "New World" in increasing numbers after 1630, European medical scientists, energized by the discovery of blood circulation by William Harvey, were developing new methods of analyzing and treating the human

eds., *Medicine in Colonial Massachusetts, 1620-1820: Publications of the Colonial Society of Massachusetts*, vol. 57 (Boston: The Society, 1980); Patricia Ann Watson, *The Angelical Conjunction: The Preacher-Physicians of Colonial New England* (Knoxville: U of Tennessee P, 1991); Oscar Reiss, *Medicine in Colonial America* (Lanham: UP of America, 2000).

body. Historians have repeatedly claimed the seventeenth century as an era of transition from experience to science and, with regard to the explorative and explanatory dominance over the human body, from religion to medicine.<sup>6</sup> In England, the shift from a mystical occult epistemology to rationalism is often seen as coinciding with the Restoration and the founding of the Royal Society of London in 1661. The suggested rupture between epistemic systems is, however, misleading; the decline of Renaissance occultism has to be seen as a concomitant rather than a mere opposing force to the rise of the scientific revolution: both epistemic systems—the occult tradition and the new sciences—continued to coexist, often in the works of individual authors, for several decades. This coexistence was further complicated by the ambiguous positions and roles of the church, whose official reactions ranged from hostility to support with regard to both occultism and experimental science. Aside from its departure from occult traditions, the new sciences followed a mode of inquiry based on reason and empiricism, and, as a result, also began to discard assumptions about divine intention and intervention with regard to disease. Hence, with the emergence of medicine as a scientific field during the Renaissance, the efforts of healers to discover regularities, patterns, and functions of the body repeatedly collided with religious doctrines that saw the body as a fascinating manifestation of providence, whose proper workings were ultimately hidden from human knowledge.<sup>7</sup>

<sup>6</sup> For the slow and dynamic shift from occultism to science, see Charles Webster, *From Paracelsus to Newton: Magic and the Making of Modern Science* (Cambridge: Cambridge UP, 1982); Brian Vickers, ed., *Occult and Scientific Mentalities in the Renaissance* (Cambridge: Cambridge UP, 1984). For a focus on the medicine of early modern Europe, see Ole Peter Grell and Andrew Cunningham, eds., *Medicine and Religion in Enlightenment Europe* (Burlington: Ashgate, 2007) and, especially, Roger French and Andrew Wear, eds., *The Medical Revolution of the Seventeenth Century* (New York: Cambridge UP, 1989). Recent introductions to the history of medicine include: Lois N. Magner, *A History of Medicine*, 2nd ed. (Boca Raton: Taylor, 2005); Francisco Gonzalez-Crussi, *A Short History of Medicine* (New York: Modern Library, 2008).

<sup>7</sup> This is not to argue that medicine and religion were entirely at odds with each other during the early modern period. As Charles Webster reminds us,

In early New England, however, the competition and even hostility between religion and medical science was far less developed than in the mother country; in fact, both epistemologies and modes of practical healing at times complemented each other, not least because economic and demographic conditions produced the personal union of minister and physician as the primary healing figure in many colonial settlements. Only toward the end of the seventeenth century did New England attract a rising number of secular physicians, and colonists increasingly incorporated a practical openness toward scientific discoveries in the field of medicine. With the growing confidence in new medical inventions and achievements, the two knowledge systems slowly diverged, especially with regard to the hierarchy of authority over interpreting and treating the body adequately. The tensions between religious and scientific doctrines were generally based on contested principles that represented different medical approaches: if, for instance, certain bodily ailments constituted signs of divine punishment or tests of faith—as theologians repeatedly argued—then to what extent may or should human beings interfere in the course of illness and thus in God’s will and omnipotence?

The field of tension between religion and science was further complicated by the persistence of folk healing techniques, particularly among the New England laity. As a cultural inheritance from Renaissance Europe, many colonists continued to trust occult medical practices that were drawn primarily from alchemy, astrology, and witchcraft. The application of amulets, charms, and performative rituals, for instance, had long been viewed with suspicion by Protestants, whose goals included the eradication of superstitious, idolatrous, and popish elements from religious practices. The extent to which occult healing methods were acceptable and even compatible with religious doctrines and why they were either tacitly tolerated or violently persecuted still

“throughout the Scientific Revolution, Christian eschatology provided an undiminishing incentive towards science, if not a primary motivating factor” (Webster, *Paracelsus to Newton* 48). The argument that Protestantism was generally conducive to the new sciences is further elaborated by proponents of the Merton thesis. See, I. Bernard Cohen, ed., *Puritanism and the Rise of Modern Sciences: The Merton Thesis* (New Brunswick: Rutgers UP, 1990).

needs to be accentuated and hence marks a main area of interest in this study.

## II.

At first sight, a focus on early New England culture may seem redundant, given the number of books and articles published since the nineteenth century.<sup>8</sup> Yet, a sustained investigation of how early Americans textualized body perceptions and illness experiences still remains to be undertaken.<sup>9</sup> Hence, this book explores how Puritanism served as a dominant cultural, ideological, and conceptual frame within which illness narratives operated. Since Calvinist doctrines increasingly lost their social and cultural influence during the second half of the seventeenth century and especially during the first decades of the eighteenth century, *Textualizing Illness* covers the period between 1620 and 1730.<sup>10</sup> By tracing how New England colonists conceptualized

<sup>8</sup> For a useful overview of the field, see John Coffey and Paul C. H. Lim, Introduction, *The Cambridge Companion to Puritanism*, ed. John Coffey and Paul C. H. Lim (New York: Cambridge UP, 2008) 1-15. The history of colonial New England has been the subject of numerous studies. See, for instance, Gloria L. Main, *Peoples of Spacious Land: Families and Cultures in Colonial New England* (Cambridge, MA: Harvard UP, 2001); David Archer, *Fissures in the Rock: New England in the Seventeenth Century* (Hanover: UP of New England, 2001); Joseph Conforti, *Saints and Strangers: New England in British North America* (Baltimore: Johns Hopkins UP, 2006).

<sup>9</sup> A notable exception is Cristobal Silva, *Miraculous Plagues: An Epidemiology of Early New England Narrative* (New York: Oxford UP, 2011), which investigates the intellectual treatment of epidemics in early New England. While my own work shares Silva's emphasis on medical topics, it deviates from *Miraculous Plagues* by studying a broader textual corpus and by placing questions of health, illness, and medicine in larger cultural and transnational contexts.

<sup>10</sup> With this time frame, I follow a common temporal limitation in Puritan New England studies. See, Francis J. Bremer, "The Puritan Experiment in New England, 1630-1660," and David D. Hall, "New England, 1660-1730," *The Cambridge Companion to Puritanism*, ed. John Coffey and Paul C. H. Lim (New York: Cambridge, 2008) 127-142; 143-158.

individual and collective illnesses in North America, I seek to explore further the discrepancies between the religious belief in predetermination and the perceived necessity of human self-determination that shaped the eighteenth century. Furthermore, a focus on textualized illness concepts and responses in early America promises to illustrate how medical and cultural trajectories unfolded and crossed in transnational force-fields energized by mobility, colonialism, religion, and the emerging sciences.

Against the background of a cultural history of disease, this study revolves around a set of guiding questions: How did the meaning-endowment of bodily conditions by men and women living in New England affect literary and other textual productions? To what extent did writing about medical issues change in the wake of the scientific revolution, increasing arrivals of non-Puritan settlers, and contacts with African slaves and Native Americans? In order to approach these and other related topics, I rely on a broad textual base, including letters, historical narratives, poetry, sermons and pamphlets, promotional tracts, confession of faith narratives, court records, medical handbooks, newspapers, diaries, and autobiographies. Colonial body perceptions and illness experiences are often hidden in these narratives and have to be unveiled—often across different texts and authors—to produce signification.

In colonial New England illness narratives did not constitute a genre of their own, nor were they linked to a particular genre.<sup>11</sup> While they may vary in scope anywhere between two sentences and a monograph, a decisive feature of colonial New England illness narratives is that they subjectively express cultural modes of communicating bodily changes,

<sup>11</sup> My conceptualization of illness narratives relies on arguments put forth by Shlomith Rimmon-Kenan, "The Story of 'I': Illness and Narrative Identity," *Narrative* 10.1 (2002): 9-27; Lars-Christer Hydén, "Illness and Narrative," *Sociology of Health and Illness* 19.1 (1997): 48-69; Harold Schweizer, "To Give Suffering a Language," *Literature and Medicine* 14.2 (1995): 210-221; John Wiltshire, "Biography, Pathography, and the Recovery of Meaning," *The Cambridge Quarterly* 29.4 (2000): 409-422; Barbara Duden, *The Woman beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany*, trans. Thomas Dunlap (Cambridge, MA: Harvard UP, 1991) 1-37.

pain, and suffering. One of the aims of the present investigation is hence to identify and analyze the explanatory patterns and hermeneutic potentials of illnesses in colonial textual practices.<sup>12</sup> When thus approaching illness narratives, it is important to consider the co-presence of biological and cultural aspects in the experience, interpretation, and treatment of diseases. That is, while sickness constitutes a real experience of human pain and/or discomfort, its interpretation is consistently guided by how a given society attributes meanings to certain bodily conditions. In a similar vein, medicine as a discursive and practical field has constituted a biological as much as a social reality since its inception. Therefore, any investigation of illness and its narratives must take into consideration underlying social forces and cultural signification processes that affect individual and collective interpretations of disease over time and space. Although health matters are never distinct from cultural symbols and social imperatives, the latter are also never congruent with the corporal reality created by disease. As one consequence, the somatic and the semantic sides of illness and medicine, their biological and cultural facets, need to be considered in tandem rather than divorced from each other.

For such a biocultural perspective, *narratives* of illness play a central role.<sup>13</sup> Throughout cultural history, disease has not only been the object of verbal and written representations, it has often shaped the modalities of its narration(s). For instance, by the end of the seventeenth century, colonial medical practice had come to rely almost exclusively on

<sup>12</sup> In this sense, illness marks a temporary state of difference, a deviance from the normalcy of the healthy body that is both objective and subjective. Although there are significant semantic differences between “disease” and “illness,” I will use both interchangeably, unless otherwise noted. The term “disease” normally refers to an objectifiable disorder of the body, triggered from the outside, whereas the term “illness” denotes subjective feelings of pain and/or malaise. Roy Porter, “What is Disease?” *The Cambridge Illustrated History of Medicine*, ed. Roy Porter (Cambridge: Cambridge UP, 1996) 82.

<sup>13</sup> The notion of bioculture (studies) constitutes a recent call for interdisciplinary approaches to, and mutual attentiveness between, practitioners from cultural studies and the biosciences. Lennart J. Davis, and David B. Morris, “Biocultures Manifesto,” *New Literary History* 38.3 (2007): 411-418.

decoding illness signs on or in the body and on patients relating their histories of symptoms and conduct of life. The people of colonial New England expressed their illness experiences in various textual formats but consistently drew from a repository of signifiers that was part of talking and writing about illness. Whether serving as means of reflection in confession-of-faith narratives, muse and metaphor for poets, embedded in historical narratives, or expressed as cries for help in patient letters, reports on illnesses and treatment abound in early New England culture and necessitate further inquiry.

The symbolic encoding of illness in colonial texts often expressed a deep-rooted cultural linkage between morbidity and morality. According to this belief, some people deserved an illness due to their (sinful) behavior and for others it marked a necessary trial or corrective measure sanctioned by God. Illness was often perceived as compromising the patient's privacy, a space which modern societies generally attribute to bodily impairments. In colonial society, disease often sent the godly and the non-believers into the open, as it were, turning the individual over to the social. This process is vividly and retroactively illustrated in Nathaniel Hawthorne's representation of American Puritanism in *The Scarlet Letter* (1850), when the narrator—in the chapter entitled “The Leech”—comments on the troublesome relationship between the Reverend Arthur Dimmesdale and the medical expert Roger Chillingworth, stating that “[a] man burdened with a secret should especially avoid the intimacy of his physician.”<sup>14</sup> This quote echoes religious convictions in colonial New England about a god-ordained connection between hidden or secret sin and illness, a connection that was potentially accessible to human knowledge. In addition, Hawthorne allegorizes the interaction between Chillingworth, the learned physician and alchemist, and Dimmesdale, the devout yet sin-prone minister, by letting them live in opposite rooms of a house in Boston. Carefully narrated through the nineteenth-century gaze on a seventeenth-century community, the physician is portrayed as a “diabolical agent” out to battle and destroy the not-so-innocent Puritan preacher and his spiritual approaches to healing. Among the things Hawthorne teaches is that

<sup>14</sup> Nathaniel Hawthorne, *The Scarlet Letter*, ed. Ross C. Murfin (1850; Boston: Bedford, 2006) 106.

illness constitutes a multiply encoded epiphenomenon that generates important physical implications, spiritual significances, and socio-political ramifications. *The Scarlet Letter* is also indicative of how outside the novel medical scientists in the course of the seventeenth and eighteenth centuries sought to draw interpretive authority over defining matters of health and illness away from theologians. As one result, the stigmatization of diseases and their carriers in colonial New England proved to be a highly complex cultural process, subject to change over time, and raised a number of problems for the religious, social, and political orders. While certain diseases (and their narratives) functioned to uphold and disseminate colonial power structures, others subtly undermined the subsumption of medical practices and theories under the auspices of the churches.

There was no linear movement from religion and folklore to reason and science, mind to body, or one medical theory or disease concept to another in early New England. It would thus be futile to suggest a shift from A to Z with regard to cultural representations of health and illness matters. Rather, a variety of traditions and new discoveries were coexisting, contesting, and intermingling to varying degrees. In order to begin to unravel the cultural vectors that informed New England illness narratives, the cultural history of medicine provides a heuristic window for identifying socio-cultural forces, responses, and structures underlying medical knowledge and treatments.<sup>15</sup> The present research and reading perspective is directed toward how social and cultural

<sup>15</sup> A useful and concise overview of various schools of thought in the historiography of medicine is offered by Mirko D. Grmek, Introduction, *Western Medical Thought from Antiquity to the Middle Ages*, ed. Mirko D. Grmek, trans. Antony Shugaar (1993; Cambridge, MA: Harvard UP, 1998) 1-21. For recent directions in the history of medicine, especially with regard to the subtle yet significant shift from social to cultural history, see Mary E. Fissell, "Making Meaning from the Margins: The New Cultural History of Medicine," *Locating Medical History: The Stories and Their Meanings*, ed. John Warner and Frank Huisman (Baltimore: Johns Hopkins P, 2004) 364-389. Another critical assessment of the contributions from anthropology and literary studies to the field of medical history is provided by Gert H. Brieger, "Bodies and Borders: A New Cultural History of Medicine," *Perspectives in Biology and Medicine* 47.3 (2004): 402-421.

factors, previously considered external to the field of medicine, resonated in sick persons or their acquaintances and were textualized as an “internal” positioning of an individual and of the community as a whole. Such an approach to medicine offers a better comprehension of how colonists in British America negotiated, contested, and appropriated existing interpretations of the body while, at the same time, adapting them to their particular cultural and physical experiences in the “New World.”

A number of theoretical developments in literary and cultural studies inform this approach. Following the lead of Michel Foucault, medicine at large has been seen as a reflector and producer of social determinants, cultural values, and power relations before medical science and the emerging state apparatus coalesced to govern and monopolize the body in the eighteenth century.<sup>16</sup> Colonial illness narratives often employed medicine for the exercise or contestation of power. Medical theories and practices were unfolded in the interest of power and, in many cases, lay illness narratives subtly resisted the assimilation by power. Hence, a constructivist and new historicist reading of illness is particularly useful for texts that draw on the repertoire of the body, because the body’s diseased state, aside from constituting a physical reality, is always culture- and power-bound.<sup>17</sup> An approach to medicine as both practice and narrative also traces changes in cultural processes and social structures, and illustrates, thereby, how disease and medicine have locked the universal and the particular into a perpetual dialectic.

One aspect of the medical transnationalism that undergirded early New England culture relates to the social and political framing of illness in colonial America—how class, race, gender, behavioral, and geographical differences were scripted in medical terms. As will

<sup>16</sup> Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan Smith (1963; London: Travistock, 1973) 111.

<sup>17</sup> For the recent scholarly interest in body issues pertaining to colonial America, see Martha L. Finch, *Dissenting Bodies: Corporealities in Early New England* (New York: Columbia UP, 2010); Janet Moore Lindman and Michele Lise Tarter, eds., *A Centre of Wonders: The Body in Early America* (Ithaca: Cornell UP, 2001); Kathleen M. Brown, *Foul Bodies: Cleanliness in Early America* (New Haven: Yale UP, 2008).

hopefully become clear, the differences of observed health disparities—between English and Natives, or among settler communities in and beyond the colonies—became medically encoded to denote differences of race, culture, and social status. Medicine thus served as a site of production of meaningful social categories and entailed both familiar and particularly English (and later, American) responses to disease that deserve sustained consideration.

### III.

An investigation of colonial illness narratives usefully begins by taking stock of salient theoretical concepts of, and practical approaches to, disease during the early modern period. It equally necessitates an analysis of culturally informed discursive practices that rendered illness meaningful and manageable for seventeenth-century Europeans, Africans, and Native Americans who met in New England. This marks a central cluster of interest in chapter one, which outlines how Calvinists approached human physicality with suspicion and aversion and, at the same time, how the body was considered as a plane of projection for God's will and sovereignty. For instance, with their responses to land-clearing Native American epidemics between 1616 and 1619 and again from 1633 to 1634 English colonists contributed to the emergence of a medicalization of alterity that played a crucial role in the settlement of New England. As evinced in William Bradford's *Of Plymouth Plantation* and in a number of reports and letters designed to advertise the advantages of life in early New England, by medicalizing physical differences that were ostensibly brought to light by "virgin-soil epidemics," English colonists were able to claim and justify ownership of land in North America.<sup>18</sup> This claim relied to a significant degree on the idea that an immunologically less prepared population was supplanted by divine providence and replaced by more "civilized" and healthy settlers. Medicine, in conjunction with zealous religiosity, hence became a tool of colonialism proper: with its help, Otherness could be

<sup>18</sup> Alfred W. Crosby, "Virgin Soil Epidemics as a Factor in the Aboriginal Depopulation in America," *The William and Mary Quarterly* 33.2 (1976): 289-299.

constructed along quasi-scientific lines and it could be employed to signify the cultural superiority of English settlers over their Native American neighbors.

The advances in medical knowledge since the time of the Renaissance required a reconciliation with diversifying religious tenets and teachings, especially within the emergent Protestant movement. New England theologians and intellectuals, living at the edge of the known world in the early 1600s and endowed with an aptitude for medicine, were faced with a variety of scientific, philosophical, and religious ideas, concepts, and approaches. Chapter two investigates how one particular colonist, John Winthrop Jr., positioned himself within the existing spectrum of ideas and traditions during an era of cultural transition, geographic expansion, and knowledge increase. Winthrop's approach to science, religion, and politics exemplifies a strain of Puritanism that eludes stereotypes of a narrow-minded social and cultural system.

Of special interest in the second chapter are medical request letters, most of them written during the 1650s, which members of the laity addressed to Winthrop Jr., who was widely revered and sought-after for his medical expertise. Rather than focusing exclusively on Winthrop's correspondence with other scientists and healers in Europe and the colonies—which is certainly useful for understanding health conditions and curative approaches at the time—I am particularly interested in the textual and cultural dimensions of illness letters written by common colonists, because they provide insight into conceptualizations and narrative representations of illness and healing “from below.” What is perhaps most striking about these lay patient letters is that they present the sick human body in ways that deviate from official inscriptions of, and prescriptions for, disease by the clergy. Rather than focusing on the meaning of illness with regard to the patient's relation to God, lay illness letters often seek practical remedies and, in doing so, illustrate various aspects of the economic, religious, and social realities of colonial life in mid-seventeenth-century New England.

A similar focus on power issues underlies the next chapter, on gendered healing practices and pathologies. Because women (especially housewives, female servants, and midwives) provided most of the everyday medical services, they were at once respected members of colonial society and subject to incriminations that at times led to their

banishment and even execution. The underlying argument presented in chapter three is that gendered medical reports appear with particular frequency and intensity during moments of social and cultural crisis in New England culture, among them the Antinomian controversy between 1636 and 1638 and witchcraft proceedings during the second half of the seventeenth century. These reports indicate how medical topics played a salient role in larger cultural struggles for interpretative authority over the female body. The argumentative arc of this chapter moves from elite women's healing networks, exemplified by the circle of medical experts surrounding New Haven minister's wife, Elizabeth Davenport, to the religious teachings of Anne Hutchinson, with a special focus on the official interpretation of her malformed birth, and ends with an investigation of documents that depict the role of physicians, midwives, and lay healers in various witch trials. Many of the narratives and documents surveyed for this chapter express an underlying cultural conviction that female medical practices were potentially contiguous to black magic. Witchcraft and medicine have indeed intersected in manifold ways throughout human history and especially since the Middle Ages, when Europeans widely believed in the ability of certain women (and only few men) to inflict and alleviate diseases through supernatural means. With regard to medicine in early New England, the witchcraft papers from Salem and other colonial towns are useful for the purpose of this study since they illustrate the interrelations and growing conflicts between spiritual and natural approaches to illness and healing.

Chapter four complements this study of textualized illnesses by comparing English and Native American conversion narratives. Confessions of faith in colonial meetinghouses and in Indian Praying Towns were partly constitutive of New England social formations: they marked norms and hierarchies of communal inclusion and exclusion and represented a culturally framed teleology of salvation bound by introspection and public declaration. In the recorded confessions of sins and professions of faith, illness and medicine play a recurring role, often by pointing the audience to the presence and sovereignty of God in earthly affairs. In most conversion narratives presented orally by colonists before a congregation and recorded in writing by the local minister, illness serves as a means for entering into a covenant with God and with the community.

The second section of chapter four centers on Native American conversion narratives, which by and large were published for a European audience and which played a significant political and cultural role in consolidating and legitimizing New English communities. This is one of the main points of interest as the focus shifts to John Eliot's *Indian Tracts* (1643-1671), with their staged contestation of Algonquian powwow practices. What Native American conversion narratives, viewed through a medical lens, demonstrate with particular force is that by implicitly and explicitly questioning the credibility of indigenous conversion, they threaten the validity of *all* narratives of assurance emanating from a self-examined and god-assured individual.

Chapter five concentrates on how illness-related passages in the Bible and concepts drawn from Galenic humoralism and Paracelsian iatrochemistry served as a repository of tropes and metaphors for seventeenth-century New England poets. One of the central questions underlying my reading of medical poems by Michael Wigglesworth, Anne Bradstreet, and Edward Taylor is the extent to which words were seen or used as healing devices; as bearing curative and redemptive powers both for the individual patient-poet and the collective readership. Michael Wigglesworth's illness poetics in "Meat Out of the Eater" (1670), for instance, draws exclusively on Scripture for solving in seeking riddles and for learning the lessons of illness. With regard to the collective, one of the central functions of the employment of body images in colonial poetry was to relieve a collective anxiety and siege mentality that resulted from contacts with the "wilderness," political changes in England after 1660, and an increasing migration of non-Puritan settlers to the colonies. The ensuing sense of declension is particularly evident in Michael Wigglesworth's poem "God's Controversy with New-England" (1661), in which the speaker employs many of the themes and rhetorical approaches common in sermonic jeremiads. Accordingly, the poem configures diseases as a just punishment for ungodliness and for the colonists' failure to align their society with the initial intent of building a heaven-directed society.

Such immediate references to the political, cultural, and religious state of New England are largely absent in the poetry of Anne Bradstreet. In her more personal reflections on illness collected in *The Tenth Muse Lately Sprung up in America* (1650) and the Andover Manuscript poems (c. 1678), the rebellious stance that can be detected in

her love and grief poems (and which is often considered as the hallmark of Bradstreet's writing) remains largely unsupported. Rather than viewing her frequent poetic treatments of illness as a sign of her trembling faith or overwhelming doubt, the loss of health, similar to other losses experienced in the poet's life, functions as a religious catalyst that energizes devotional practice in poetic form.

This impetus for writing verse is also evident in Edward Taylor's *oeuvre*. His frequent recourse to the medical and alchemical practices of his time, especially in *Preparatory Meditations*, helps to understand more fully how religion, science, and the occult were not considered as divergent, mutually exclusive epistemologies but, rather, how they worked themselves palimpsestically into early New England literature.<sup>19</sup> In one of his final poems Taylor exemplifies how illness serves as a reminder of one's approaching death and of Christ's suffering at the cross for the benefit of the elect. However, in stressing the potentiality of words to transform suffering into edification, the poem conveys a lingering sense of uncertainty about language's ability to fully extract redemption out of the debilitating state of illness.

During the last decades of the seventeenth century, medical science increasingly contested the theological postulate of the supremacy of mind over matter, the immortal over the mortal. The discussion surrounding this development lies at the center of chapter six, in which Cotton Mather's attempts to reconcile religious and scientific explanations of diseases are investigated. The practical and theological difficulties of this negotiation became especially evident in 1721/1722, when Boston witnessed a severe smallpox epidemic and a concomitant

<sup>19</sup> For the context of colonial New England, scholars have often employed the term "literature" in a rather broad sense, denoting texts written for the purpose of relating information about the natural habitat (e.g., travel writings, promotional tracts) or to edify or teach the reader (e.g., sermons, captivity tales, historical narratives, poetry). In contrast to the term "text," which encompasses all forms of writing (including official records and documents, account books and wills), and deviating from a modern conceptualization of literature as a display of beauty and form that induces an emotional effect in the reader, I follow Michael Colacurcio, who claims that writings qualify as literature when they are "thoughtful and spirited." Michael J. Colacurcio, *Godly Letters: The Literature of the American Puritans* (Notre Dame: U of Notre Dame P, 2006) ix.

public debate about the ethics of artificial immunization. The controversy over inoculation brought to light an irreconcilable contradiction in the Puritan perception and understanding of illness. On the one hand, diseases were considered as a god-sent punishment or trial that believers needed to accept as actual signs of grace; on the other hand, colonists were to seek and employ preventive measures such as a healthy diet, exercise, continuous repentance, prayer, and inoculation. Having it both ways, inviting illness and preventing it, was deemed an irresolvable conflict by many settlers and hence presented Boston ministers, among them Cotton Mather, with intellectual challenges that were increasingly difficult to manage.

Mather's only medical book, *The Angel of Bethesda* (1724/1970), was informed by the belief that science should be divinely sanctioned. In responding to larger social and cultural changes, the posthumously published monograph can be seen as symptomatic of how colonists who wished to uphold and live God's covenant with New England struggled to reconcile the millennialist tradition and early Enlightenment ideas. What has so far been neglected in Mather studies is that the Boston minister—considered by some to be “the first significant figure in American medicine”—negotiated old and new medical concepts, as well as folk and scientific knowledge about the causes and cures of diseases.<sup>20</sup> In his book on medicine, the author extends the already transnational scope of medical discourse and knowledge in the Atlantic world of the early eighteenth century by including remedies offered by Native people and African slaves. As will be shown, this inclusion remained repressed by ideologies that demanded the disavowal of elements deemed unscientific and irreligious.

To place these developments in even larger cultural and historical contexts will be the task of the concluding chapter. By the early eighteenth century, New England, perhaps like no other geographic region in the early modern period, had functioned as an alembic for diverse medical practices and knowledge formations drawn from local and transnational sources: here, European medicine, in its early stages of

<sup>20</sup> Otho T. Beall, Jr., and Richard H. Shryock, “Cotton Mather: First Significant Figure in American Medicine,” *Proceedings of the American Antiquarian Society* 63.1 (1953): 37.

emancipation from Greek humoral pathology and supplemented by new discoveries in chemistry, physics, anatomy, and physiology, had come into contact with healing knowledge derived from Native American and African sources. And in New England, a faction from the international Protestant movement had attempted to channel the perceptions and constructions of illness and healing in the wake of growing contacts and commerce with both the Atlantic world and the expanding *hinterland*. These observations do not necessarily play into the hands of American exceptionalism, but rather point to the transnational foundations of medicine and its representation in the British colonies.

In general, the illness narratives surveyed for this study drew from, and in part contributed to, social framings of corporeality and cultural constructions of the human body's biological (dys)functions. This relationship to the larger socio-cultural frame energized an illness rhetoric that often exceeded the borders of Puritan plain style. Overall, the textual renderings of illness experiences served as reminders and warnings, requests and reports, as cultural glue and boundary-setter, as expressions of hope and destitution, and perhaps even as a therapeutic means. The chapters that comprise this study demonstrate the plurivocal nature of illness narratives and the multidirectional flows of discursive power they both reflected and constituted.



# 1. Mobile Pathogens, Traveling Knowledge

When a small group of English religious dissenters reached the shores of New England in the winter of 1620, an eerie scene energized the travelers' fears and fervors about founding a new social order. After having spent almost a month searching for a suitable place to settle, the Puritan colonists entered a largely intact Native village, which was strangely devoid of inhabitants. Aside from a few untended fields and underground food storages, they encountered an empty and desolate wasteland, with "skulls and bones [...] in many places lying still above the ground," as William Bradford, *Mayflower* passenger and soon-to-be governor of Plymouth, reported retrospectively.<sup>1</sup> Even though leaders of the group knew before their departure that a mysterious epidemic had struck the area, they were unaware of the avalanche of disease that had killed approximately ninety percent of the indigenous population between 1616 and 1619. After the colonists set up shop at the abandoned coastal village, which the local Wampanoag called Patuxet, they not only swarmed the woods in search for food and building material, their bodies and livestock also swarmed with deadly pathogens. No sooner were their microbes unleashed (inadvertently, at first) than the indigenous population in the area further decreased, causing a foundational shift of demographics and power relations.<sup>2</sup>

<sup>1</sup> William Bradford, *Of Plymouth Plantation, 1620-1647*, ed. Samuel Eliot Morison (1856; New York: Knopf, 1952) 87.

<sup>2</sup> For studies treating early migrations of English settlers to North America, see David Cressy, *Coming Over: Migration and Communication Between England and New England in the Seventeenth Century* (New York: Cambridge UP, 1997); Virginia DeJohn Anderson, *New England's Generation: The Great Migration and the Formation of Society and Culture in the Seventeenth Century* (New York: Cambridge UP, 1991); Roger Thompson, *Mobility and Migration: East Anglian Founders of New England, 1629-1640* (Amherst: U of Massachusetts P, 1994).

Struck by the sight of dying and decaying Native bodies, the Anglican trader Thomas Morton noted that “the bones and skulls upon the severall places of their habitations made such a spectacle,” that the coastal forest woods appeared as “a new found Golgotha,” the hill of execution in Roman Jerusalem whither Jesus had carried his cross (cf. John 19:17).<sup>3</sup> Morton’s apocalyptic scenario echoes Bradford’s “skulls and bones” and, at the same time, contrasts John Winthrop’s seminal metaphor of the Massachusetts Bay Colony as a glorious and promising “Citty upon a Hill” with a much gloomier image.<sup>4</sup> Morton’s recasting of New England in biblical terms, on the one hand, complements Winthrop’s *Ur*-narrative of American exceptionalism by consecrating the area in which English colonists erected their version of a godly society. On the other hand, Morton’s use of Golgotha highlights the presence of violence and death, which is lacking in Winthrop’s imagination of America. Morton thus acknowledges the contribution of the indigenous population to the present and future development of New England by establishing a parallel between Christ’s redeeming sacrifice for humanity at the cross and Natives’ disease-induced sacrifices for the salvation and advancement of Europeans in the “New World.”

This chapter will lay the foundation for analyzing colonial illness narratives by outlining fundamental healing practices, disease concepts, and body perceptions in the seventeenth century. After carving out similarities and differences in the cultural framing of illness and healing

<sup>3</sup> Thomas Morton, *New English Canaan*, ed. Charles F. Adams, Jr. (1637; Boston: Prince Society, 1883) 132-133.

<sup>4</sup> Voiced in Winthrop’s famous sermon onboard the *Arabella*, delivered at the eve of the Great Migration (1630-1640), the “city upon a hill” metaphor has since been adopted to denote the special position and mission of the United States in history and in the world. John Winthrop, “A Modell of Christian Charity (1630),” (Boston: Collections of the Massachusetts Historical Society, vol. 7, 1838) 47.

A textual note: In order to convey the historicity of the sources cited in this study, the original spelling and punctuation are replicated in accordance with the respective sources. In citing transcribed seventeenth-century documents, misspellings and omissions are retained, except that superscript letters are lowered and the thorn has been rendered as “th”.

in indigenous and English communities, I will investigate salient responses and explanations to Native epidemics during the founding years of the Massachusetts Bay Colony. The dominant colonial rationalization of the demographic revolution stressed that health disparities were an intricate part of God's providential plan; however, some English observers attributed Indian epidemics to natural causes and cultural choices, while others pointed out the common humanity of both groups. By contrast, the majority of the remaining indigenous population in the area, paralyzed by physical and cultural annihilation, sought to understand their new reality by ascribing disease to English sorcery, Indian transgressions from cosmological principles, and/or the inadequacy of their deities.<sup>5</sup>

#### Native American Healing: Myths and Realities

Following the European imagination of America as an Edenic and inviting landscape, pre-colonial New England was initially seen as a health utopia. Giovanni da Verrazano, sailing the Atlantic coast of North America in 1524, described the indigenes of Narragansett Bay as "the most beautiful and have the most civil customs that we have found on this voyage. [...] They live a long time, and rarely fall sick; if they are wounded, they cure themselves with fire without medicine; their end comes with old age."<sup>6</sup> The myth of the lithe and healthy Native body

<sup>5</sup> For the encounter between Native people and Europeans in New England, see Francis Jennings, *The Invasion of America: Indians, Colonialism, and the Cant of Conquest* (Chapel Hill: U of North Carolina P, 1975); Alden T. Vaughan, ed., *New England Encounters: Indians and Euroamericans, ca. 1600-1850* (Boston: Northeastern UP, 1999). Native dispossession and English appropriation of land is investigated in, for instance, Jean M. O'Brien, *Dispossession by Degrees: Indian Land and Identity in Natick, Massachusetts, 1650-1790* (Cambridge: Cambridge UP, 1997); Stuart Banner, *How the Indians Lost their Land: Law and Power on the Frontier* (Cambridge, MA: Harvard UP, 2005); Gesa Mackenthun, *Metaphors of Dispossession: American Beginnings and the Translation of Empire, 1492-1637* (Norman: U of Oklahoma P, 1997).

<sup>6</sup> Giovanni da Verrazano, "The Written Record of the Voyage of 1524 of Giovanni da Verrazano as Recorded in a Letter to Francis I, King of France, July

was repeated time and again by accounts prepared by early seventeenth-century sailors, fishermen, and traders as well as by English settlers after 1620.<sup>7</sup> More often than not, European reports attempted to remedy a dominant sense of oddity about, and unintelligibility of, indigenous physique by linking it to preconceived conceptions of health and beauty drawn from ancient Greek and Roman images of corporeality. Such a conscious effort was often necessary as authors sought to modify “New World” conditions in order to legitimize their voyages and to acquire funding for further explorations and/or settlement.

The realities of Native health prior to contact are difficult to assess, however.<sup>8</sup> Although it is sketchy and inconclusive, skeletal evidence from many regions of North America indicates that, because of famines, wars, and illnesses, the average indigenous life expectancy ranged only between 21 and 37 years—similar to that of Europeans at the time.<sup>9</sup> Other archeological findings, as well as ethnographic research, suggest that Indian health in what was to become New England rested on a nutritious and balanced diet, small population numbers, and a way of life that included the isolation of the sick, which prevented the spread of

8th, 1524,” trans. Susan Tarrow, *The Voyages of Giovanni da Verrazzano, 1524-1528*, ed. Lawrence C. Wroth (New Haven: Yale UP, 1970) 138-140.

<sup>7</sup> Howard S. Russell, *Indian New England Before the Mayflower* (Hanover: UP of New England, 1980) 35-39.

<sup>8</sup> For an overview of pre-contact Native health and disease in the Americas, see Martha Robinson, “*They Decrease in Numbers Daily*”: *English and Colonial Perceptions of Indian Disease in Early America*. Diss., U of Southern California, 2005, 5-50. Given the dearth of first-hand knowledge about health practices and conditions in New England before cultural contact, scholars have to rely on reports by English observers supplemented by archaeological evidence. In many instances, the inventory of Native curative practices that emerges from these sources is full of inaccuracies, misconceptions, lacunae, and biases. For some of the methodological problems and difficulties involved in portraying Native New England cultures, see Kathleen J. Bragdon, *Native People of Southern New England, 1500-1650* (Norman: U of Oklahoma P, 1996) xix.

<sup>9</sup> Gerald N. Grob, *The Deadly Truth: A History of Disease in America* (Cambridge, MA: Harvard UP, 2002) 23.

communicable diseases.<sup>10</sup> Despite these health measures, pre-contact Native people in the Northeast often suffered from arthritis, rheumatism, and respiratory disorders due to a physically demanding way of life and cold winters. In addition, contacts with animals during hunting season most likely caused a variety of viral and bacterial infections, which, along with other environmental illnesses such as fungal infections, seem to have shaped health realities before the arrival of the Europeans.<sup>11</sup>

The assumption that Algonquians were more disease-prone than early reports indicate is further supported by English descriptions of Native healing knowledge and traditions.<sup>12</sup> According to a number of reports, local indigenes knew how to cauterize wounds, treat fractures and bone dislocations, used sweat baths for cleansing and as a panacea, applied animal oils for skin protection, and were experts in applying plants for medicinal purposes. Although medical practices differed among tribes, the aboriginal botanical repertoire, built during centuries of trial and error as well as through knowledge exchanges among tribes, included remedies for coughs, colds, fevers, digestive disorders, and syphilis; various plants, roots, and barks were used as antiseptics,

<sup>10</sup> John Duffy claims that before sustained contact, New England Natives “were exempt from malaria, typhoid, typhus, smallpox, measles, scarlet fever, diphtheria, venereal diseases and the host of other disorders besetting Europeans.” *The Healers: A History of American Medicine* (Urbana: U of Illinois P, 1976) 2.

<sup>11</sup> Virgil J. Vogel, *American Indian Medicine* (1970; Norman: U of Oklahoma P, 1990) 161; Grob 21.

<sup>12</sup> In the following, I use the referent “Algonquian” to designate the New England indigenous population as a whole. Although the term encompasses Native people from the Northeastern region of the present-day United States and Canada, and even though it tends to obliterate cultural differences among New England tribes (including Wampanoag, Pawtucket, Massachusetts, Nipmuck, Pocumtuck, Narragansett, Pokanoket, Niantic, Mohegan, Abenaki, Pequot, and others), it is useful when describing certain commonalities or when cultural specificities can no longer be traced. For more information on individual tribes and Native groups in New England, see *The Gale Encyclopedia of Native American Tribes. Vol. 1: Northeast, Southeast, Caribbean*, ed. Sharon Malinowski and Anna Sheets (Detroit: Gale, 1998).

emetics, cathartics, diaphoretics, narcotics, stimulants, and astringents.<sup>13</sup> This and other medical knowledge was mostly acquired, applied, and disseminated by elderly women, herbalists, and powwows (medicine person, shaman or priest-healer). During specific times of the year these tribal healers collected medicinal plants, boiled or pounded them into concoctions, and administered them orally, locally or rectally against common ailments. If a disease proved more serious, the patient or his/her family would ask the powwow to apply his special knowledge of, and connection to, the supernatural realm in order to facilitate recovery from illness.<sup>14</sup>

Native conceptualizations of health, illness, and medicine were, as with the Puritans, intimately tied to beliefs about humanity's role in, and relation to, the cosmos.<sup>15</sup> Its central components—the sky or upper realm, the middle or natural world, and the under(water) domain—were regarded as being intricately intertwined, as suffused by an impersonal force, often referred to as *manitou*, and described as non-human beings, guardian spirits, and mythical heroes. New England Natives believed in two main spirit beings that resided in the upper and the under(water) domains respectively and that significantly affected the course of health: Cautantouwit (or Keihtan) and Abbomocho (or Hobbomok). While the former was seen as the source of human existence, and the place to

<sup>13</sup> H. Russell 39; Barrie Kavasch, "Native Foods of New England," *Enduring Traditions: The Native Peoples of New England*, ed. Laurie Weinstein (Westport: Bergin & Garvey) 10-11, 16-19. For a supplementary perspective, see William N. Fenton, "Contacts between Iroquois Herbalism and Colonial Medicine," *Annual Report of the Smithsonian Institution for 1941* (Washington, DC, 1942) 503-526.

<sup>14</sup> For the traditional division of medical roles in Central and Western Algonquian societies, see Ake Hultkrantz, *Shamanic Healing and Ritual Drama: Health and Medicine in Native North American Religious Traditions* (New York: Crossroad, 1992) 23-42.

<sup>15</sup> Vogel points out the different meanings and uses of the word "medicine" in European and Native cultures. In addition to signifying the practice or property of curing illnesses, Native Americans generally ascribed magical and supernatural powers, something that remains inexplicable and unaccountable, to the term "medicine" (26).

which souls would return after death, the latter (Abbomocho), who often appeared as an eel, a snake or an other under(water)world dweller, was seen as having a more direct impact on matters of health. As Edward Winslow, one of the first English settlers to record the history of colonial New England, notes:

Him [Abbomocho] they call upon to cure their wounds and diseases. When they are curable, he persuades them he sends the same for some conceived anger against them, but upon their calling upon him, can and doth help them; but when they are mortall and not curable in nature, then he persuades them *Kiehtan* is angry, and sends them, whom none can cure; insomuch as in that respect onely they somewhat doubt whether hee be simply god, and therefore in sicknesse never call upon him.<sup>16</sup>

Winslow's description of how indigenous people considered illness as a result of disrespect for spiritual forces illustrates primarily the cultural biases and lacunae in English depictions of indigenous medicine: colonial observers frequently recorded the actions of Native healers but generally failed to provide insight into their thought structure and cultural principles underlying their approaches to healing. For instance, in the above-cited passage the speaker suggests a correspondence between Cautantouwit and God as well as between Abbomocho and Satan.<sup>17</sup>

The Algonquian belief in disease etiology proved more complex than the divine anger suggested by Winslow and other observers. It drew on animism, the conviction that a greater power or supernatural spirits reside in all natural things on earth, a view which caused most Natives to proceed with caution when hunting animals or harvesting crops and

<sup>16</sup> Edward Winslow, *Good Newes from New England, or a True Relation of Things Very Remarkable at the Plantation of Plimoth in New-England* (1624; Early English Books Online, STC 25856) 53. For a similar description, see John Josselyn, *An Account of Two Voyages to New-England* (1674; Early English Books Online, J1091) 132-134.

<sup>17</sup> Bragdon points out, however, that instead of the good/evil dichotomy inherent in Western thought, the Natives described by Winslow regarded Cautantouwit as a benevolent deity with little influence in their daily lives, whereas Abbomocho combined forces of good and evil (190).

plants. Once offended, they believed, spirits might hide animals, destroy the harvest or intrude human bodies, causing illnesses. To be healthy thus meant to maintain the cosmological balance and to interact wisely with natural and supernatural beings.

New England Natives also ascribed illnesses to a person's dream soul, *Cowwéwonck*, which was thought to leave the body during sleep and illness, requiring powerful guardian spirits for protection and recovery. The help of denizens of the spirit world could be enlisted at certain natural places that were seen as points of fluid transition within the tripartite Native cosmos. Watery places such as the ocean, lakes, springs, or swamps, but also trees, which symbolically manifested the interrelation between sky world, surface world, and underworld, could serve as thresholds between different parts of Algonquian cosmography. These thresholds were frequently crossed by dream souls, shamans in non-human form, and various guardian spirits (often in animal shape). The spiritual power gained from travel and transformation in and by these places was considered essential for a person's health and well-being.<sup>18</sup>

In order to guide the dream soul toward recovery or to deploy friendly spirits for healing purposes, powwows—the intermediaries between the natural and the spiritual domains—had developed specific rituals. Captain Daniel Gookin, who served as English Superintendent of the Indians of Massachusetts Bay from 1661 to 1678, observed that

[t]here are among them certain men and women, whom they call powows. These are partly wizards and witches, holding familiarity with Satan, that evil one; and partly are physicians, and make use, at least in show, of herbs and roots, for curing the sick and diseased. These are sent for by the sick and wounded; and by their diabolical spells, mutterings, exorcisms, they seem to do wonders. They use extraordinary strange motions of their bodies, insomuch that they will sweat until they foam; and thus continue for some hours together, stroking and hovering over the sick.<sup>19</sup>

<sup>18</sup> Bragdon 186, 192-193.

<sup>19</sup> Daniel Gookin, *Historical Collections of the Indians in New England. Of Their Several Nations, Numbers, Customs, Manners, Religion and Government, Before the English Planted There* (1674; Boston: Belknap & Hall, 1792) 14.

Gookin has been known for his unsympathetic view toward Native Americans but also for his relatively intimate knowledge of indigenous cultural practices. His commentary is typical of official New England discourse because it expresses a deep-rooted skepticism about shamanistic practices that is accompanied by a profound interest in them. Gookin's observation that "they seem to do wonders" indicates that some English commentators did not discard Native therapeutic practices as useless. In fact, one reason for the vociferous English rejection of Indian healing methods was precisely the recognition that there existed uncanny parallels between medical practices imported from Europe and those of the indigenous: both groups attached similar symbolic meaning to illness by placing it within a larger cosmos crowded with supernatural forces that intervened in the course of health.<sup>20</sup> Based on this belief, many colonists feared that the shaman's "diabolick skills" could afflict their own physical and/or spiritual well-being.<sup>21</sup> As one result, "the colonists could not rest easily until the Indian medicine men no longer had power to use against the English," as Karen Kupperman sums up a point that will be discussed in further detail in chapter four of this study.<sup>22</sup>

Largely due to their cultural prejudices, English commentators by and large condemned indigenous rituals as a heathen practice and thus fueled a more general process of satanizing the Native population. That

<sup>20</sup> William S. Simmons, *Spirit of the New England Tribes: Indian History and Folklore, 1620-1984* (Hanover: UP of New England, 1986) 37, 43.

<sup>21</sup> Cotton Mather, *Magnalia Christi Americana; or, The Ecclesiastical History of New England, Vol. II* (1702; Hartford: Andrus, 1853) 426. Even the most sympathetic English observers displayed their condemnation of what they considered witchcraft or devil worship. John Josselyn, for example, being both appalled and intrigued by shamanistic rituals, called New England shamans "Craftie Rogues, abusing the rest at their pleasure, having power over them by reason of their Diabolical Art in curing of Diseases, which is performed with rude Ceremonies" (*Two Voyages* 134).

<sup>22</sup> Karen Ordahl Kupperman, *Settling with the Indians: The Meeting of English and Indian Cultures in America, 1580-1640* (Totowa: Rowman and Littlefield, 1980) 118.

is, they recognized the healing abilities of certain powwows but discursively fixated their rituals as devil worship and thus sought to provide further evidence that the indigenous inhabitants of America were un-civilized and in dire need of proselytizing. This process at once positioned the Natives as Other and, at the same time, integrated them into the orbit of Puritanism: by attributing satanic qualities to Indian medical practices, English commentators could postulate the necessity for missionizing and acculturating New England's aboriginal inhabitants.<sup>23</sup>

Rather than "holding familiarity with Satan," as Gookin puts it, New England powwows claimed to deploy the support of Abbomocho and other spirit helpers through visions, trance or dreams, attempting to control the forces that were presumed to cause and cure illness. The diagnosis often began by consulting an animal oracle, designed to determine the chances of the patient's recovery. If certain death was predicted, no cure was administered; if healing was to be expected, the shaman collected a fee for his services and proceeded with the curing ceremony. Often equipped with charms, herbs, and medical tools, and his face smeared with black ashes to symbolize the liminal state of the afflicted between life and death, the powwow performed healing rituals that included drumming, chanting, singing, and dancing.<sup>24</sup> Once arrived in a state of trance, the powwow was believed to communicate with the spirit world and to gain access to metaphysical knowledge about the

<sup>23</sup> English colonists had inherited the notion that Native Americans were, individually and collectively, in cahoots with the devil from the writings of sixteenth-century Spanish explorers and conquerors. As David Lovejoy points out, the discursive relegation of Natives to the realm of Satan reached its peak with the arrival of Puritan settlers in New England and was prompted by the newcomers' self-righteousness about their exceptional position within human history. David S. Lovejoy, "Satanizing the American Indian," *New England Quarterly* 67.4 (1994): 603-621.

<sup>24</sup> "Letters of Samuel Lee and Samuel Sewall Relating to New England and the Indians," ed. George L. Kittredge, *Publications of the Colonial Society of Massachusetts* 14 (1912): 151; C. Keith Wilbur, *The New England Indians* (Chester: Globe Pequot, 1978) 71; William Wood, *New England's Prospect: A True, Lively, and Experimentall Description of that Part of America, Commonly Called New England* (1634; Early English Books Online, STC 25957) 83.