E2. Madness, Medicine, and Materiality Across the Atlantic World

E2:1 Olivia Weisser, *The Dreaded Pox and Household Medicine in Early Modern England*

My paper explores how stigma can seep into the treatment and experience of having a disease, even in the most seemingly private spaces. The pox, or venereal disease, was rampant in early modern England and valuable scholarship has looked to institutional records to show how ordinary people treated it. Yet hospitals can offer only a slice of the picture, as many patients who could afford to do so chose instead to purchase ready-made remedies or hire private healers. Many, too, were too ashamed to go out in search of a cure, and so chose to treat themselves at home. My paper opens the doors to kitchens and closets to recover stories of patients as consumers and producers of venereal treatments at home -- a dimension of the pox that has largely remained obscured from view. Using 193 handwritten recipes spanning the late 1600s to mid-1700s, my talk uncovers the tedious and often costly labor of sourcing ingredients and making anti-venereals at home. Marginal notes show that patients tried and tested these household remedies, and a careful look at language and ingredients show the moral assumptions embedded in the logic of how they were presumed to work. Consuming homemade treatments tended to be a lengthy and elaborate enterprise, one that drew on deep-seated assumptions about the moral fitness of those who purportedly benefited from them. Many homemade treatments involved seclusion, fasting, and physical endurance that drew on long-enduring beliefs about the benefits of ritualistic cleansing and repentant self-denial. Long before the establishment of English reforming institutions in the 19th-century, moral redemption was presumed to be a key ingredient of the disease's cure.

Learning Outcomes

- To show how stigma can shape experiences and conceptions of disease and its treatment
- To analyze recipes as sources for examining the history of disease and household medical practices
- To demonstrate new approaches to the history of venereal disease

E2:2 Francesca Gibson, *Hysterical Conceptions: Madness, Reproduction, and Race in the Early Modern British Atlantic World*

This paper examines how Enlightenment medical and philosophical discourses of reason and the passions shaped racialized and gendered understandings of reproduction in the early modern British Atlantic world. Between the mid-seventeenth and late eighteenth centuries, ideas about madness and rationality circulated between metropole and colony alongside the consolidation of Atlantic slavery and the institutionalization of colonial medicine. I argue that these intellectual and medical exchanges produced a framework in which women—particularly enslaved women—were simultaneously cast as productive yet irrational subjects, central to imperial economies but incapable of self-governance.

By situating the history of hysteria and reproductive medicine within a transatlantic context, this project links the intellectual construction of madness to the material regulation of women's bodies. Drawing on medical treatises, patient records, legal proceedings, and correspondence from British and colonial archives, including the Bodleian Library, the Wellcome Collection, and the Old Bailey, I trace how anxieties surrounding childbirth, infanticide, and reproductive agency informed medical and moral debates about women's nature and capacity for reason.

Building on the social histories of madness and childbirth developed by Michael MacDonald and Philippa Carter, and extending the analyses of gendered labor and reproduction advanced by Jennifer Morgan, Kathleen Brown, and Sasha Turner, this paper situates early modern medical thought within the racial and imperial logics of slavery. By bridging these historiographies, this work reveals how Enlightenment definitions of reason and disorder underwrote emerging biopolitical regimes of reproduction. Ultimately, the project excavates the early modern roots of the enduring association between rational capacity and reproductive autonomy, illuminating how the medicalization of women's bodies helped define the boundaries of humanity and self-possession in the Atlantic world.

<u>Learning Outcomes</u>

- Develop an historically informed sensitivity to the diversity of patients (including appreciation of class, gender, socio-economic status, ethnicity, cultural, spiritual orientations)
- Recognize the dynamic interrelationship between medicine and society through history
- Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning

E2:3 Evan Ragland, *Disease, Pathological Anatomy, and the Question of Causes in Early Modern Europe*

How did premodern physicians think about disease, the causes of disease, and symptoms? And how did the rapid expansion of post-mortem dissections or autopsies in early modern Europe interact with these categories? This talk first demonstrates that, contrary to common narratives that focus on humoral imbalance, the physicians' definitions of disease from Galen and medieval Arabic and Latin sources through the early modern period centered on conditions of body parts that impaired functions. The establishment of judicial post-mortem dissections in the later 1200s, and especially the spread of post-mortem dissections in the later 1500s and 1600s finally made visible the geography of disease so long imagined. Physicians performed pathological dissections in private, public, and clinical or hospital settings to reveal the hidden causes and histories of disease and death. University medical faculties increasingly made pathological anatomy an important part of medical education and research. These programs of instruction and investigation led to important new pathological knowledge, such as the gradual development of tubercles in patients' lungs as the immediate cause of pulmonary consumption.

But questions and controversies remained. How could physicians, and their surgeon and medical student collaborators, make reliable inferences from the static snapshots revealed in pathological dissections to the historical process of a disease? And how could they distinguish between natural, everyday causes and the miraculous cures or forces of witchcraft alleged by lay folks and physicians alike? I use selected texts from across the 1500s and 1600s, notably from Italy and the Netherlands, to argue that the anatomy-centered, naturalistic models of explanation established in the Hippocratic and especially Galenic traditions continued in productive tension with accounts of divine and demonic causation, but the naturalistic approaches came to dominate medical education by the 1600s.

<u>Learning Outcomes</u>

- To develop better understanding of professional values through appreciating the long development of pathological anatomy to highlight its hard-won value and the complexity of its interpretation.
- To enhance pathological thinking through the recovery of the primary importance of anatomical thinking for pre-modern disease theory, which brings premodern physicians, surgeons, and lay patients into close conversation with modern pathological thinking.
- To develop a more reflective sense of professional identity and values through understanding the historical importance of medical education in shaping categories of disease and the causes of disease.