

*Ill Composed: Sickness, Gender, and Belief in Early Modern England.*

Olivia Weisser.

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Olivia Weisser's *Ill Composed* contributes to the expanding scholarship on what Roy Porter most famously referred to as the "patient's view." Covering the years between 1630 and 1730, this study views the experience of illness through the lenses of gender, religious and secular theories of disease causation, and social class. Weisser depends on more than forty diaries, fifty collections of correspondence, account books, medical literature, healers' case notes, petitions for relief, and devotional literature to illuminate perceived causes of illness, adoption and performance of the sick role, experience of pain, and the illness narratives of the poor. Most of her evidence comes from middling and upper-status men and women, whom she interchangeably refers to as "patients" and "sufferers." Some of the life writing — Samuel Pepys's diary and Alice Thornton's autobiography, for example — is well used by other historians of ill-health and medicine. Other less frequently explored diaries, including, for example, those kept by Mary Rich, Countess of Warwick, and Sarah Cowper, add welcome range to the large number of voices contributing to this nuanced account of seventeenth-century suffering. The evidence regarding the poor

is taken from formulaic petitions for relief, which, not surprisingly, offer little detail about suffering but emphasize the petitioner's inability to earn.

To identify gender similarities and differences in illness experience, this study focuses on ailments that affected both men and women, deliberately excluding childbearing. As it turns out, the major difference seems to be that women were more likely to relate their own experiences to those of other people, while men "tended to look to their own prior bodily experiences and interpretations" (48). This observation seems to hardly compensate for the loss of the significant amount of attention paid in early modern life writing to pregnancy, birth, and lying-in. It also ignores the extent to which women and their healers conceptualized female bodies and identities in terms of their reproductive functions and experiences. Every now and then, the author departs from her self-imposed restriction, at one point, for example, referring to the belief that strong emotion might make a woman miscarry or mark an unborn child. But, for the most part, this dominant experience goes unexplored.

Weisser agrees with other scholars that early modern English sufferers and healers shared a dominantly humoral view of disease causation and employed related therapeutic approaches. Similarly, she observes astrological, magical, and religious orientations toward life events, including illness and death. Perhaps her greatest contribution is her sophisticated discussion of the relationship between emotion and illness. Women in particular fell ill as the result of strong emotions associated with grief, fear, and troubling speech (e.g., arguments, gossip, curses). Weisser persuasively links emotional upset with a heart-centered physiology that caused or exacerbated a huge range of physical symptoms. She is therefore able to connect emotion with medical practitioners' diagnoses and treatment of "a host of physical alterations, including swellings, headaches, sweats, spots, and even excretions" (86). She extends the same keen perception to the ways alteration of the Galenic six nonnaturals — air, diet, exercise, sleep, emotions, and the retention and expulsion of matter — affected early modern bodies and overall health.

*Ill Composed* is well researched and written. However, it has significant shortcomings. For one thing, despite brief discussion of the scholarship on early modern English medicine and suffering in her introductory chapter, Weisser does not engage thoroughly with that scholarship in the rest of the book. For example, her discussion of death and the *ars moriendi* literature would have been enhanced by reference to research that deals with those issues. Similarly, while she cites Lisa Wynne Smith to the effect that "early modern female patients were more restricted than their male counterparts when negotiating medical treatment," she fails to note or mention the opposite view, that women — particularly gentlewomen — were knowledgeable and respected in healing matters, and often more than held their own when dealing with male medical practitioners.

A related issue that affects the success of *Ill Composed* is its failure to observe and integrate with its discussion of suffering women's normative management of the home-based social sickrooms, birth chambers, and deathbeds of early modern England. As Weisser points out briefly, women of the time were expected to be caregivers. However,

she gives insufficient attention to the central roles of women as healthcare experts, decisionmakers, and primary communicators with paid healers. Surely this reality of daily life, which spanned social classes, affected the gendered illness experience of women, men, and children, as well as shaped the broader health culture of the period.

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