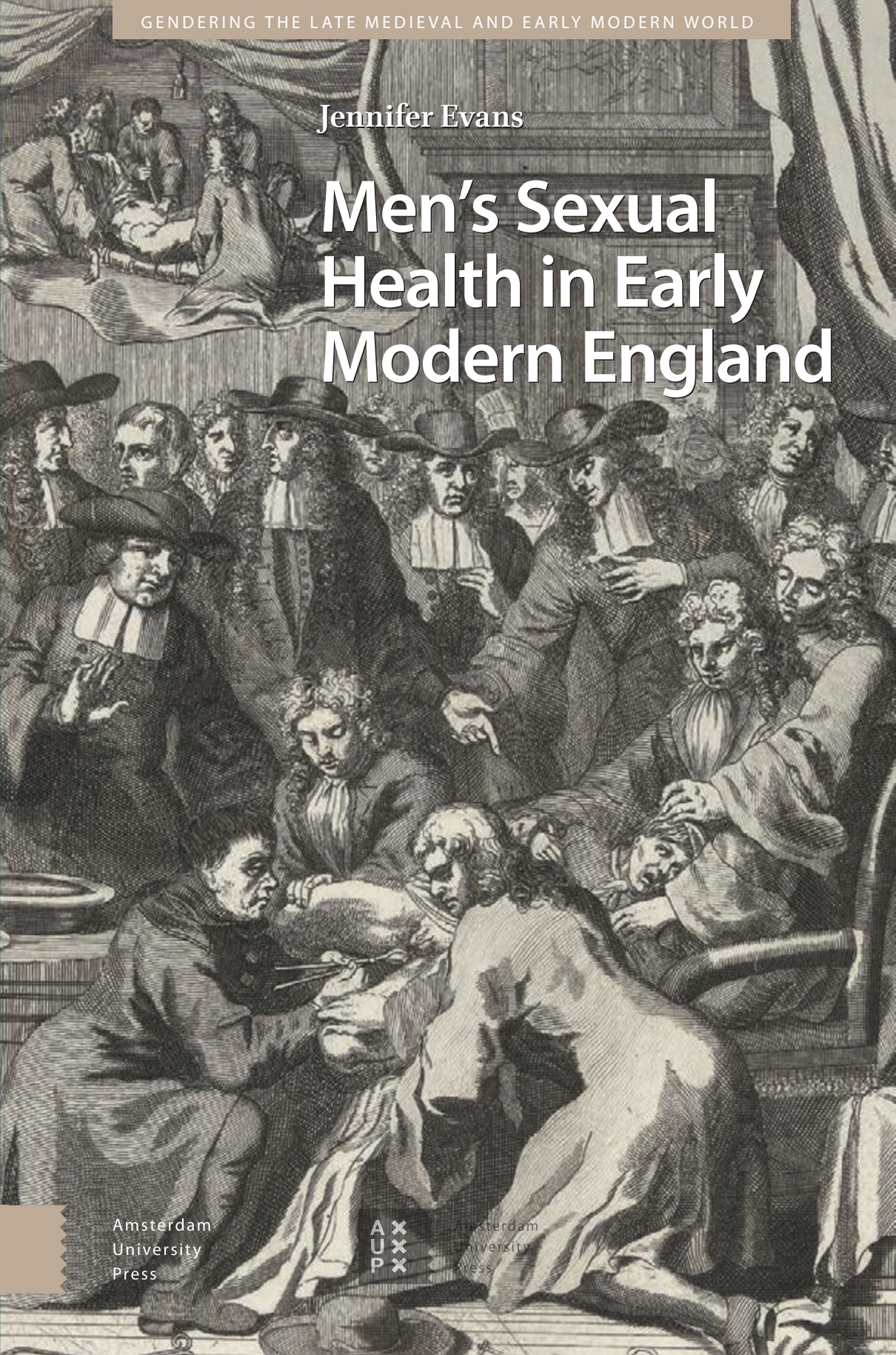
GENDERING THE LATE MEDIEVAL AND EARLY MODERN WORLD

Jennifer Evans

Men's Sexual Health in Early Modern England



Amsterdam University Press

Men's Sexual Health in Early Modern England

Amsterdam
University
Press

Gendering the Late Medieval and Early Modern World

This series provides a forum for studies that investigate the themes of women and gender in the late medieval and early modern world. The editors invite proposals for book-length studies of an interdisciplinary nature, including but not exclusively, from the fields of history, literature, art and architectural history, and visual and material culture. Consideration will be given to both monographs and collections of essays. Chronologically, we welcome studies that look at the period between 1400 and 1700, with a focus on Britain, Europe and Global transnational histories. We invite proposals including, but not limited to, the following broad themes: methodologies, theories and meanings of gender; gender, power and political culture; monarchs, courts and power; construction of femininity and masculinities; gift-giving, diplomacy and the politics of exchange; gender and the politics of early modern archives and architectural spaces (court, salons, household); consumption and material culture; objects and gendered power; women's writing; gendered patronage and power; gendered activities, behaviours, rituals and fashions.

Amsterdam
University
Press

Men's Sexual Health in Early Modern England

Jennifer Evans

Amsterdam University Press

Cover illustration: Pieter van den Berge: Jacob (Jacques) de Beaulieu, the Famous Stone Carver, Performs an Operation for a Group of Surgeons, 1699–1737. Rijksmuseum. Public domain. <http://hdl.handle.net/10934/RM0001.COLLECT.78646>

Cover design: Coördesign, Leiden
Lay-out: Crius Group, Hulshout

ISBN 978 94 6298 648 0
e-ISBN 978 90 4853 776 1
DOI 10.5117/9789462986480
NUR 685

Amsterdam
University
Press

Table of Contents

List of Illustrations 7

Acknowledgements 9

Introduction 11

Part One Sexual Health and the Life Cycle

1. Disrupting Manly Development 39
   Issues in Infancy and Childhood

2. A Moment of Crisis 59
   Flagging Phalluses and Failing Fertility

3. Old Lechers 89
   Ageing Bodies and Manhood in Decline

Part Two Patients and Practitioners

4. Embarrassment and Reticence 121

5. In 'soe much payne he coud not indure it' 147

6. Family Matters 169

7. Unruly Patients 195

Conclusion 223

Bibliography 229

Index 251

Amsterdam University Press

Amsterdam
University
Press

List of Illustrations

Figure 1. Caspar Stromayr: Sewing Wound after Herniotomy, 1559. Credit: Wellcome Collection. Attribution 4.0 International (CC BY 4.0) 72

Figure 2. Ambroise Paré: *The Workes of That Famous Chirurgion Ambrose Parey* (London, 1649) Credit: Wellcome Collection. Attribution 4.0 International (CC BY 4.0) 110

Figure 3. *A Treatise of Lithotomy: Or, of the Extraction of the Stone out of the Bladder / Written in French* [...] *Translated into English by A. Lovell.* Credit: Wellcome Collection. Attribution 4.0 International (CC BY 4.0) 113

Figure 4. Pieter van den Berge: Jacob (Jacques) de Beaulieu, the Famous Stone Carver, Performs an Operation for a Group of Surgeons, 1699–1737. Rijksmuseum. Public domain. <http://hdl.handle.net/10934/RM0001.COLLECT.78646> 117

Figure 5. Anonymous: Bladder Stone of Wynand Corsten, 1696–1700. Rijksmuseum. Public domain. <http://hdl.handle.net/10934/RM0001.COLLECT.47207> 129

Figure 6. This map is based on data provided through www.VisionofBritain.org.uk and uses Historic County Boundaries shapefile data, which is copyright of the Great Britain Historical GIS Project and the University of Portsmouth. 210

Amsterdam University Press

Amsterdam
University
Press

Acknowledgements

This book has taken a long time to come to fruition. I therefore have many people to thank and acknowledge. My first thanks are to Henry French, Sarah Toulalan, and Lauren Kassell who helped me to shape the initial project, and to Sarah for always being there when I need support, advice, and guidance. My most humble thanks and appreciation go to the Society for Renaissance Studies, who supported the project through a fellowship awarded in 2012. A University of Hertfordshire SSAHRI research grant also supported the project in 2014.

My thanks also go to Alun Withey, Michael Brown, Alanna Skuse, Catherine Rider, Amie Bolissian, Victoria Sparey, Katrina Navickas, Sarah Lloyd, Jon Morris, Daphna Oren-Magidor, Owen Davies, and Elaine Smith who have all read and commented on various parts of the research, chapters, and complete manuscript. I owe a debt of gratitude to Louise Duckling, who cast her professional eye over the final manuscript. My thanks also go to colleagues who have discussed ideas and supported my work at various points including Adam Crymble, Leanne Calvert, Eureka Henrich, Ceri Houlbrook, and Daniel Grey. Feedback has also been gratefully received from the generous audience members at various academic gatherings, including talks at the Wellcome Library Pre-Modern Medicine Seminar Series, the Society for the Social History of Medicine, the Social History Society, the University of Exeter's Early Modern Seminar Series, the University of Reading's Early Modern Studies Conference, the University of Edinburgh's Gender History Network and the Centre for Medieval & Renaissance Studies, and the University of Hull's Gender, Place and Memory research cluster, amongst others.

Special thanks are reserved for Sara Read who has been a consistent source of moral support, helpful advice, and encouragement. She has read and commented on drafts of chapters and drafts of the manuscript, and her comments and feedback have made the book better. Thank you to Angela Muir for her insightful and positive review of the manuscript. And to Max Dupenois for listening to various parts of the research, reading all things that he is asked to look over with care and considered interest, and consistently supporting my work. Finally, to my mum, Laura, and dad, Dave, for a lifetime of love and support.

The book is dedicated to the various men in my life who lived with painful and uncomfortable medical conditions, who put off receiving medical help, and who reflect, in some small way, some of the men discussed in the book.

Amsterdam
University
Press

Introduction

Abstract: This introduction outlines the scope and key questions driving the study. It situates the findings within the broader historical discussion of men's sexual health and introduces the main bodies of primary source materials used.

Keywords: masculinity; sexual health; men's health; genitourinary conditions; medical texts

In the summer of 1723 Mr Jeffrys of Box in Wiltshire, five miles northeast of Bath, sought the help of the surgeon William Thornhill in Bristol for his troubling bladder stones.[1] He had a stone weighing three ounces and one drachm removed and began the process of recovery.[2] During this time he developed significant chafing of the upper part of the penis and of the scrotum caused by the acridity of his urine which corroded the skin. No topical applications provided relief and eventually he declared that 'he would have chose to be cut every Day rather than bear it, and that it was more intolerable than any Fit of the Stone'.[3] During this time of discomfort Jeffrys decided that the advice he had received was making his condition worse and so prevailed upon his nurse to substitute the 'small Liquors' he was drinking for some wine. He imbibed too freely and became a 'little over-taken with it', causing further pain and uneasiness in his wounds for two days. Following this episode, he saw the error of his ways, adhered to his medical regime diligently, and was eventually sent home 'in a better State of Health than ever he had possess'd in his Remembrance'.[4]

Mr Jeffrys's case would have been familiar to readers of medical texts in the early modern period. He sought help for a condition discussed with

1 John Middleton, *A Short Essay on the Operation of Lithotomy: As it is Performed by the New Method above the Os Pubis* (London: printed for G. Strahan, 1727), p. 28.
2 Ibid., p. 28.
3 Ibid., pp. 29–30.
4 Ibid., p. 30.

Evans, J., *Men's Sexual Health in Early Modern England*. Amsterdam: Amsterdam University Press, 2024
DOI 10.5117/ 9789462986480_INTRO

relative freedom and ease, developed secondary problems as a result of the treatment, attempted to assert authority over his own body and remedies, and finally relented and resigned himself to following the advice of his medical practitioners, resulting in complete cure and lasting health. This book explores the experiences of men like Mr Jeffrys in early modern England who suffered from a range of genitourinary complaints including hernias, venereal disease, and bladder stones. These were relatively common conditions for men in the early modern era, although it can be difficult to establish their prevalence for certain. As Lucinda McCray Beier explained, the bills of mortality obscured the rates of death from venereal disease, where ulcers and consumption were often recorded instead.[5] Failures to accurately record the ailments men experienced obfuscate the historical record and our ability to understand with certainty the rates of disease. Men also suffered from other sexual or genitourinary problems, including testicular tumours and phimosis (a constriction of the prepuce preventing retraction over the glans of the penis); however, it has been argued that these were much less common in the population. Beier notes that only a small number of middle-class diarists recorded experiencing these conditions.[6] While individual conditions, like venereal disease and impotence, have received considerable scholarly attention, these genitourinary complaints have received little concerted interest when grouped together. Only Alison Montgomery has taken the subject as a specific point of focus in her PhD thesis that explored men's health between 1640 and 1780.[7] This lack of interest derives from the lack of sources that explicitly discuss men's experiences of these ailments. However, this shortage of clear evidence may paint an obscured picture of the frequency and relative importance of these conditions. As will be seen in this book, it is suggested in many medical texts that male patients with such problems sought advice from a range of specialists, itinerants, and unorthodox practitioners who left few details in the written record. The inability to access these patients' experiences has been reflected in the arguments made about them. Edward Shorter has argued that these conditions were relatively unimportant, particularly to men's sexual self-image, because they occurred rarely and

5 Lucinda McCray Beier, *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (London and New York: Routledge & Kegan Paul, 2015), p. 137.

6 Ibid., p. 147.

7 Alison Montgomery, '(The) Man, His Body, and His Society: Masculinity and the Male Experience in English and Scottish Medicine c.1640–c.1780' (unpublished doctoral thesis, Durham University, 2011).

when they did occur it was usually early or late in life.[8] Shorter suggested that only two types of conditions affected men at this time: inflammation of the prostate gland and the stone.[9] Narrowing down the types of conditions that are considered to include only those strictly encompassed by a standard modern definition of sexual health, combined with a relative dearth of explicit textual materials, has skewed our picture of male patients and limited our understanding of their experiences. Therefore, a broader approach is necessary that moves discussion of 'sexual health' beyond the obvious experiences of impotence and venereal disease. All of the conditions examined in this book affected the groin, urinary tract, and reproductive organs and so had the potential to impede sexual function and activity. As we will see throughout the first section of the book, at each stage of the life cycle writers connected these conditions to men's sexual prowess and performance. They can, therefore, be considered as part of a broad experience of sexual health in this era. Being more expansive in our categorization of these conditions allows numerous aspects of the experiences of men and practitioners to come to the fore, including the potential sensitivities of treating the genitals, the ability to discuss embarrassing problems with friends, and the willingness of men to use surgeons and physicians.

Scholars have attempted to understand how widespread certain conditions were in this era. Venereal disease (which ambiguously and inconsistently encompassed syphilis and other conditions like gonorrhoea) arrived in Europe during the fifteenth century and was discussed by several medical writers in the sixteenth century.[10] It was prevalent amongst the London poor before 1690.[11] It was also widely discussed and perceived as a disorder afflicting the aristocracy and the well-to-do. Montgomery's detailed quantitative study of male patients argues that venereal disease patients consistently outnumbered those suffering from other genital afflictions.[12] It was therefore a common experience and was certainly commonly talked about. In the eighteenth century, hernias were often kept secret but were acknowledged to be prevalent, particularly amongst labourers

8 Edward Shorter, *A History of Women's Bodies* (Harmondsworth: Pelican Books, 1984), p. 281.

9 Ibid., pp. 281–82.

10 M. A. Waugh, 'Venereal Diseases in Sixteenth-Century England', *Medical History*, 17.2 (1973), 192–99 (p. 192).

11 Kevin P. Siena, *Venereal Disease, Hospitals, and the Urban Poor: London's 'Foul Wards', 1600–1800* (Rochester, NY: University of Rochester Press, 2004), p. 4.

12 Montgomery, '(The) Man, His Body, and His Society', p. 96.

and soldiers.[13] By the eighteenth century they were common enough that the Royal Navy's Sick and Hurt Board ordered large numbers of trusses for their use.[14] Parisian truss manufacturer William Blakey estimated that ten percent of Europeans were afflicted with a rupture.[15] Men suffering from ruptures were the most numerous group of genitourinary patients recorded in medical case books from the era.[16] Kidney and bladder stones also appear to have been a relatively common experience: Francis Harris (nephew of Lady Joan Barrington *c.* 1558–1641), Samuel Hartlib (1600–1662), Samuel Pepys (1633–1703), and wigmaker Edmund Harrold (1678–1721) all recorded that they suffered from the condition.

However, testicular swellings, penile problems including phimosis, and injuries appear to have been rarely treated by medical practitioners.[17] The surgeon John Westover practising in late seventeenth-century Somerset recorded very few male patients suffering from these conditions.[18] Nicholas Gaynsford's manuscript recorded patients being treated by Dr George Willett, who may have been a surgeon-apothecary in the early eighteenth century, with only a few of them being described as having testicular or scrotal swellings.[19] Thomas Willis's genitourinary patients did suffer from conditions relating to the testicles and penis, but these were often connected to other disorders. His 1650–52 casebook records that he treated a nobleman, Robert Wyld, for a range of urinary complaints that also caused nocturnal emissions, prickling feelings in the penis, and mucus discharge; he also treated a 'man of good family' for a penile tumour, but this was a symptom related to venereal disease.[20] Just beyond the remit of this book, William Pulsford, working in Somerset in 1757, treated six patients with venereal disease, four

13 Philip R. Mills, 'Privates on Parade: Soldiers, Medicine and the Treatment of Inguinal Hernias in Georgian England', in *British Military and Naval Medicine, 1600–1830*, ed. by Geoffrey L. Hudson (Amsterdam: Rodopi, 2007), pp. 149–82 (pp. 150–51).

14 David M. Turner and Alun Withey, 'Technologies of the Body: Polite Consumption and the Correction of Deformity in Eighteenth-Century England', *History,* 99.338 (2014), 775–96 (p. 782).

15 Ibid., p. 782.

16 Montgomery, '(The) Man, His Body, and His Society', p. 101.

17 Ibid., pp. 93–134. For afflictions of the scrotum, testicles, and penis, see p. 96.

18 Somerset Heritage Centre (SHC), DD/X/HALW 4, The Casebook of John Westover of Wedmore, Surgeon 1687–1700, transcribed by William G. Hall December 1992, revised July 1999; Somerset Heritage Centre (SHC), DD/X/HKN 1, Dr John Westover his Journal 1686–1700.

19 Wellcome Library, MS 6919, Nicholas Gaynsford His Boke Jan ye 18: 1711/12. For more on Gaynsford's book, see: Keith Moore, 'Illustrations from the Wellcome Institute Library, Nicholas Gainsford: His Book', *Medical History*, 37 (1993), 442–47.

20 *Willis's Oxford Casebook (1650–1652)*, ed. by Kenneth Dewhurst (Oxford: Sandford Publications, 1982), pp. 69, 88. Willis also treated a twenty-five-year-old man in June 1650 for an itchy scrotum and penis accompanied by involuntary ejaculation; see p. 123.

patients with hernias, two cases of phimosis and paraphimosis (when the foreskin becomes trapped in a retracted position forming a constricting band), one hydrocele (watery hernia), and two cases of suppressed urine, out of 334 patients.[21]

Yet, despite the scarcity of cases recorded in English case notes, medical texts recited an abundance of narratives like Mr Jeffrys's that covered a panoply of genitourinary conditions. In contradiction to Shorter's assertion that these diseases were unimportant to men, medical texts presented a cultural spectre of the male body in crisis and created an intellectual milieu in which men feared the potential vulnerability of their bodies. This book captures the ways in which medical texts, practitioners, and patients constructed and responded to concerns about male experiences of ill health. In scrutinizing the stories told, and the observations recited about male genitourinary complaints, this study offers further insight into uniquely male experiences of sickness. It challenges the idea that these conditions were of little importance to men's framing of their bodies and identities because they occurred relatively rarely. Rather, it argues that as a collective group that encompassed common and more rarely seen ailments, these conditions were afforded considerable interest in the textual spaces of medical discussion and thereby permeated social ideas about the male body and its vulnerability. In their discussions, authors and medical practitioners reinforced the centrality of virility and fertility to constructions of manliness and male health.

The men described in this book were bound by the frameworks of manliness and masculinity that shaped early modern men's interactions with the world.[22] However, they are in some ways timeless. This project was inspired

21 Irvine Loudon, *Medical Care and the General Practitioner 1750–1850* (Oxford: Clarendon Press, 1986), p. 75, shows that Mr John Wright, Surgeon at Nottingham Hospital, between 1795 and 1797 treated one strangulated hernia and performed one orchiectomy. For cases treated by William Pulsford, see p. 78.

22 For discussions of how manliness was framed in this era see: Elizabeth A. Foyster, *Manhood in Early Modern England: Honour, Sex and Marriage* (Abingdon: Routledge, 1999); Alexandra Shepard, 'From Anxious Patriarchs to Refined Gentlemen? Manhood in Britain, circa 1500–1700', *Journal of British Studies*, 44.2 (April 2005), 281–95; Lisa Wynne Smith, 'Remembering Dr Sloane: Masculinity and the Making of an Eighteenth-Century Physician', *Journal for Eighteenth-Century Studies*, 42.4 (2019), 433–53. For more on physical/embodied manhood see: Joanne Begiato, 'Between Poise and Power: Embodied Manliness in Eighteenth- and Nineteenth-Century British Culture', *Transactions of the Royal Historical Society*, 26.2 (2016), 125–47; Karen Harvey, 'Men of Parts: Masculine Embodiment and the Male Leg in Eighteenth-Century England', *Journal of British Studies*, 54.4 (2015), 797–821; Matthew McCormack, 'Tall Histories: Height and Georgian Masculinities', *Transactions of the Royal Historical Society*, 26.2 (2016), 79–101.

by the magazine articles and charity campaigns in the 2000s that questioned men's responses to their health and, notably, their sexual health.[23] Media representation suggested that men were less likely to monitor their sexual health and less likely to seek medical help in a timely fashion. As we have moved into the 2020s, documentaries are indicating a shift in attitudes that makes it more acceptable for men to discuss their fertility, virility, and sexual health more openly.[24] This behaviour more closely reflects that of the men described in this book, whose relative openness with their friends and family about their bodies can provide further support to the drive for modern men to embrace opportunities to speak about their bodies. Men in the early modern period were embedded within a culture that encouraged people to actively monitor their health and wellbeing. Men and women scrutinized their bodily flows to maintain humoral balance and pre-emptively purged and bled the body to ensure continued health and wellbeing.[25] However, as will be demonstrated throughout this book, men's responses to sexual, reproductive, and urinary health were complex. Early modern men, like their twenty-first century counterparts, were concerned that genitourinary ill health enveloped the body in a moment of crisis in which it might be rendered sterile, impotent, or incontinent. Yet they did not always or ubiquitously express these concerns to medical practitioners.[26] They resisted the scrutiny, gaze, and interventions of medical practitioners but often shared their concerns and conditions with friends and family. Then, as now, medical practitioners responded in calculated ways to encourage men to become more willing and more pliable patients. We can only hope that men, like Mr Jeffrys, found some relief in their encounters with the

23 For examples see: Tom Geoghegan, 'Why Are Men Reluctant to Seek Medical Help', *BBC News Magazine* (2009), <http://news.bbc.co.uk/1/hi/magazine/8154200.stm> [accessed 15 June 2020]; Kathleen Doheny, 'Most Men with ED Don't Seem to Get Treatment', *Web*MD, <https://www.webmd.com/erectile-dysfunction/news/20130506/most-men-with-erectile-dysfunction-dont-seem-to-get-treatment#1> [accessed 15 June 2020]; Debra Kalmuss and Karen Austrian, 'Real Men Do … Real Men Don't: Young Latino and African American Men's Discourses Regarding Sexual Health Care Utilization', *American Journal of Men's Health*, 4.3 (2010), 218–30. Campaigns for testicular cancer and prostate cancer also tried to encourage men to take an active role in monitoring their health, discussing issues, and seeking medical attention.

24 See, for example, 'Me, My Brother and Our Balls' aired on BBC One, 5 October 2020, 9pm.

25 Michael Stolberg, 'Keeping the Body Open: Impurity, Excretions and Healthy Living in the Early Modern Period', in *Lifestyle and Medicine in the Enlightenment: The Six Non-Naturals in the Long Eighteenth-Century*, ed. by James Kennaway and Rina Knoeff (Abingdon: Routledge, 2020), pp. 205–22 (p. 210).

26 For further discussion of men's reticence see: Montgomery, '(The) Man, His Body, and His Society', p. 93.

medical practitioners, family members, and friends who helped them, and that they did indeed enjoy better health than they had before possessed.

Work discussing men's sexual health has been relatively scarce. Analysis of French and Spanish hermaphrodites has demonstrated that embodied masculinity was fragile and uncertain, laying the foundations for a broader consideration of men's bodies and illness.[27] Lisa Smith has shown that male illness could cause embarrassment and that men were expected to be active participants in household medical care.[28] More specifically, Montgomery's study has revealed that treating men's genitourinary problems did not constitute a considerable part of medical practitioners' activities and that men's responses to these conditions were not always straightforward.[29] Other discussions of men's experiences, as mentioned, have tended to downplay the necessity of exploring this subject in detail because of the relative scarcity of real-life cases.[30] As has been noted, men sought help from a range of healers, not all of whom left records. Moreover, as will be discussed below, case notes survive sporadically and printed volumes were edited; the materials we have therefore do not accurately reflect lived experiences. This book looks beyond the lack of cases extant in the record to show the ways in which observations, narratives, and medical theory reported and repeated in printed works spoke to men's concerns about their health, both as practitioners and as patients. While men's experiences of genitourinary conditions have been relatively overlooked in the scholarship, cultural constructions of impotence have been the subject of much scrutiny.[31] Angus McLaren has, for example,

27 Cathy McClive, 'Masculinity on Trial: Penises, Hermaphrodites and the Uncertain Male Body in Early Modern France', *History Workshop Journal*, 126.68 (2009), 45–68 (p. 48); Edward Behrend-Martínez, 'Manhood and the Neutered Body in Early Modern Spain', *Journal of Social History*, 38.4 (2005), 1073–93.

28 Lisa Wynne Smith, 'The Body Embarrassed? Rethinking the Leaky Male Body in Eighteenth-Century England and France', *Gender & History*, 23.1 (2011), 26–46; Lisa Wynne Smith, 'The Relative Duties of a Man: Domestic Medicine in England and France, ca. 1685–1740', *Journal of Family History*, 31.3 (2006), 237–56. Studies have also been conducted on specific ailments; see Mills, 'Privates on Parade'.

29 Montgomery, '(The) Man, His Body, and His Society'. For discussion of numbers of cases, see pp. 93–98.

30 Shorter, *A History of Women's Bodies*, pp. 281–82.

31 For examples see: Pierre Darmon, *Trial by Impotence: Virility and Marriage in Pre-Revolutionary France*, trans. by Paul Kegan (Hogarth Press: London, 1985); Jeffrey Merrick, 'Impotence in Court and at Court', *Studies in Eighteenth Century Culture*, 25 (1996), 187–202; Judith C. Mueller, 'Fallen Men: Representations of Male Impotence in Britain', *Studies in Eighteenth-Century* Culture, 28 (1999), 85–102; Catherine Rider, *Magic and Impotence in the Middle Ages* (Oxford: Oxford University Press, 2006); Edward Behrend-Martínez, *Unfit for Marriage: Impotent Spouses on Trial in the Basque Region of Spain 1650–1750* (Reno: University of Nevada Press, 2007); Angus

revealed that many people in the early modern period found the subject of impotence funny.[32] Slurs of impotence were a means to humiliate and disempower rivals, and it was feared that male impotence would inevitably lead to social disorder and disrupted dynastic inheritance.[33] Infertility has also increasingly been considered by scholars who acknowledge the subtle differences in reputational damage that afflicted the childless.[34] These studies reveal that sexual reputation was important to men during their adolescence and middle age. This book reconnects these concerns to broader discussions about health and underlines the fact that various conditions threatened impotence and infertility.

In exploring descriptions, understandings, and discussions of male genitourinary patients, the book also provides balance to the substantial attention that has been given to women's experiences and reproductive health.[35] As the (in)famous aphorism suggested, it was widely believed that '*the Womb* [...] *was the cause of six hundred miseries, and innumerable Calamities*'.[36] Thus, it has been suggested that medical ideas about women's

McLaren, *Impotence: A Cultural History* (Chicago and London: University of Chicago Press, 2007); *Cuckoldry, Impotence and Adultery in Europe (15th–17th Century)*, ed. by Sara F. Matthews-Grieco (Abingdon: Routledge, 2014).

32 McLaren, *Impotence*, p. 50.

33 Ibid., p. 58.

34 Helen Berry and Elizabeth Foyster, 'Childless Men in Early Modern England', in *The Family in Early Modern England*, ed. by Helen Berry and Elizabeth Foyster (Cambridge: Cambridge University Press, 2007), pp. 158–83; Catherine Rider, 'Men and Infertility in Late Medieval English Medicine', *Social History of Medicine*, 29.2 (2016), 245–66; Jennifer Evans, '"They Are Called Imperfect Men": Male Infertility and Sexual Health in Early Modern England', *Social History of Medicine*, 29.2 (2016), 311–32; Sarah Toulalan, '"Elderly years Cause a Total dispaire of Conception": Old Age, Sex and Infertility in Early Modern England', *Social History of Medicine*, 29.2 (2016), 333–59.

35 For examples see: Susan Broomhall, *Women's Medical Work in Early Modern France* (Manchester: Manchester University Press, 2004); Wendy D. Churchill, *Female Patients in Early Modern England: Gender, Diagnosis, and Treatment* (Farnham: Ashgate, 2012); Patricia Crawford, 'Attitudes to Menstruation in Seventeenth-Century England', *Past & Present*, 91 (1981), 47–73; Barbara Duden, *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany* (London and Cambridge, MA: Harvard University Press, 1991); Audrey Eccles, *Obstetrics and Gynaecology in Tudor and Stuart England* (London: Croom Helm, 1982); Mary E. Fissell, 'Gender and Generation: Representing Reproduction in Early Modern England', *Gender and History*, 7.3 (1995), 433–56; Bethan Hindson, 'Attitudes Towards Menstruation and Menstrual Blood in Elizabethan England', *Journal of Social History*, 43.1 (2009), 89–114; Cathy McClive, *Menstruation and Procreation in Early Modern France* (Abingdon: Routledge, 2015); Sara Read, *Menstruation and the Female Body in Early Modern England* (Basingstoke: Palgrave, 2013); Edward Shorter, *Women's Bodies: A Social History of Women's Encounter with Health, Ill-Health, and Medicine* (New Brunswick and London: Transaction, 2009).

36 Lazare Rivière, Nicholas Culpeper, Abdiah Cole, and William Rowland, *The Practice of Physick, in Seventeen Several Books* (London: Peter Cole, 1655), p. 400.

bodies and health in this era were informed by the perceived dominance of the uterus. Medical treatises therefore ubiquitously included chapters on the diseases of women and their reproductive systems. In response scholars have described and explained attitudes towards women's sexual and reproductive health issues and the experience of female patients. Nonetheless, a substantial portion of the patients attended by early modern medical practitioners, particularly surgeons and those operating in university towns, were male.[37]

Understanding men's experiences of genitourinary conditions can add new insights to our conceptualization of the patient–practitioner interaction.[38] Historians' detailed examinations of the medical marketplace have allowed patients' understandings, choices, and agency to be written into the picture of medical practice at this time.[39] The ways in which medical practitioners constructed authority and identity have been a key preoccupation of the existing scholarship. The extent to which the work of early modern physicians could be described as a profession has been questioned. Harold J. Cook has pointed out that whether or not we define this group's activities as a profession, physicians thought of themselves in the sixteenth century as professional and linked their authoritative identity to two key concepts: judgements and advice.[40] Likewise, surgeons in this era drew upon notions of brotherhood, civic duty, propriety, and completion of the requisite education

37 Churchill, *Female Patients,* pp. 48–53.

38 Joan Lane, '"The Doctor Scolds Me": The Diaries and Correspondence of Patients in Eighteenth-Century England', in *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*, ed. by Roy Porter (Cambridge: Cambridge University Press, 1985), pp. 205–48; Robert Weston, 'Men Controlling Bodies: Medical Consultation by Letter in France, 1680–1780', in *Governing Masculinities in the Early Modern Period: Regulating Selves and Others*, ed. by Susan Broomhall and Jacqueline Van Gent (Farnham and Burlington: Ashgate, 2011), pp. 227–46; Smith, 'Remembering Dr Sloane', p. 436; Olivia Weisser, '"Poxt and Clapt Togeather": Sexual Misbehaviour in Early Modern Cases of Venereal Disease', in *The Hidden Affliction: Sexually Transmitted Infections and Infertility in History*, ed. by Simon Szreter (Rochester, NY: University of Rochester Press, 2019), pp. 68–89.

39 For examples see: Roy Porter, 'Introduction', in *Patients and Practitioners: Lay Perceptions of Medicine in Pre-industrial Society*, ed. by Roy Porter (Cambridge: Cambridge University Press, 1985), pp. 1–22; Margaret Pelling, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (Harlow: Longman, 1998); Deborah Harkness, '*Nosce Teipsum*: Curiosity, the Humoural Body and the Culture of Therapeutics in Late Sixteenth- and Early Seventeenth-Century England', in *Curiosity and Wonder from the Renaissance to the Enlightenment*, ed. by R. J. W. Evans and Alexander Marr (Aldershot: Ashgate, 2006), pp. 171–92; *Medicine and the Market in England and its Colonies, c. 1450–c. 1850*, ed. by Mark S. R. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007).

40 Harold J. Cook, 'Good Advice and Little Medicine: The Professional Authority of Early Modern English Physicians', *The Journal of British Studies*, 33.1 (1994), 1–31.

to join the barber-surgeons guild as means of asserting their status.[41] The identities fostered by these groups interacted with one another and operated within the wider medical marketplace.[42] The concept of the medical marketplace has therefore framed explorations of how authority and agency were constructed and negotiated between practitioners and patients. This discussion has sometimes emphasized the economic relationships between parties that created the ability to negotiate authority. The competition between practitioners and the ability of patients to choose medical services underlined that patients were afforded agency in this model. Cook has illustrated that, despite their desires, physicians in the seventeenth century were increasingly unable to assert their authority based on sound judgement, as the client economy emphasized the provision of medical commodities.[43]

In the medical encounter practitioners sought to direct and counsel their patients, while patients sought to assert their own desires for remedy and relief. Literate patients were well-informed and negotiated with practitioners based on their own sense of what ailed them and what treatment best suited their situation. Men with genitourinary complaints were not unique in this sense, but their behaviour was perhaps exaggerated because of the embarrassment and uncertainty that these conditions threatened. While patients were potentially open about their ailments with family members and friends, they were reluctant to seek the help of a medical practitioner. This reticence had numerous causes, depending upon individual circumstance, wealth, and temperament towards medical interventions. However, as this book will demonstrate, medical texts were useful as a means to try and encourage patients to seek out medical services. These texts not only acted as repositories of knowledge for students of the medical arts or interested gentlemen, but they also allowed medical practitioners and authors to assert their authority and establish the appropriate course of action that should be taken in disorders of this kind.

This book is concerned with the ways in which male genitourinary conditions were presented and described in the medical intellectual

41 Celeste Chamberland, 'Honor, Brotherhood, and the Corporate Ethos of London's Barber-Surgeons' Company, 1570–1640', *Journal of the History of Medicine and Allied Sciences*, 64.3 (2009), 300–332; Celeste Chamberland, 'From Apprentice to Master: Social Disciplining and Surgical Education in Early Modern London, 1570–1640', *History of Education Quarterly*, 53.1 (2013), 21–44; Celeste Chamberland, 'Between the Hall and the Market: William Clowes and Surgical Self-Fashioning in Elizabethan London', *Sixteenth Century Journal*, 41.1 (2010), 69–89 (pp. 69–71).
42 Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners, 1550–1640* (Oxford: Clarendon Press, 2003).
43 Cook, 'Good Advice and Little Medicine', pp. 21–22.

milieu of the seventeenth and early eighteenth centuries. Andrew Wear has clearly demonstrated that shifts were occurring in medical theory around 1680 with the rise of chemical and mechanical models of the body.[44] However, changes in medical practice were much slower. This slow pace of change in medical practice allows us to investigate case studies throughout the seventeenth and early eighteenth centuries as largely comparable sources. Although occasional patient notes and cases are referenced from beyond 1740, the materials used here are largely selected using 1740 as an end date. The book therefore considers the era before the widespread adoption of nerve theory and the relative relegation, although not abandonment, of humoral medicine.[45] Another reason why this book does not consider the period after the middle of the eighteenth century is that relationships between patients and practitioners began to change at this point. Catherine Crawford has argued that, by the mid-eighteenth century, medical practitioners were far less likely to agree to be paid on the basis of results.[46] In previous centuries medical practitioners were sometimes paid for some of their work at the time and paid another sum once a cure had been effected. Many irregulars advertising in handbills in the seventeenth century offered 'no cure, no fee' services.[47] This turn in the eighteenth century marked, according to Crawford and Anne Digby, a significant shift in the relationship between the two parties as patients' bargaining power was diminished.[48]

Sources

The scope of the investigation is also dictated by the availability of printed medical literature, published collections of medical cases, and manuscript

44 Andrew Wear, *Knowledge and Practice in English Medicine, 1550–1680* (Cambridge: Cambridge University Press, 2000), pp. 353–473.

45 Other studies of early modern surgery have also taken this date as an appropriate end point; for example, see Katherine A. Walker, 'Pain and Surgery in England, circa 1620–circa 1740', *Medical History*, 59.2 (2015), 255–74.

46 Catherine Crawford, 'Patients' Rights and the Law of Contract in Eighteenth-Century England', *Social History of Medicine*, 13.3 (2000), 381–410 (p. 390).

47 For example, see: British Library, Collection of Medical Advertisements, C.112.f.9 [6]; C.112.f.9 [32]; British Library, Collection of Medical Advertisements, 551.a.32 [12]; 551.a.32 [46]; 551.a.32 [54]; 551.a.32 [89]; 551.a.32 [157]; 551.a.32 [164].

48 Crawford, 'Patients' Rights and the Law', pp. 390–91; Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720–1911* (Cambridge: Cambridge University Press, 2002), p. 17.

case books. Printed materials discussing medicine and the body flourished from the mid-sixteenth century.[49] From costly folios to cheap palm-sized editions, books were available in a way that they had not been before. In the sixteenth century the publication of materials was regulated by the London Company of Stationers, chartered in 1557.[50] Further expansion of the medical book trade occurred in the seventeenth century set against the turbulent backdrop of the Civil Wars and the Protectorate, at which time there was a backlash against medical elitism and the availability of medical self-help literature increased rapidly.[51] While there was some disruption to censorship regulation that potentially facilitated this increase, Parliament launched its own censorship and licensing act in 1643.[52] This legislation aimed to replace the censorship regulated by the Star Chamber (which had been abolished in July 1641) with a new state-controlled machinery. In particular, the Ordinance tried to remedy the production of 'false, forged, scandalous, seditious, libellous, and unlicensed Papers, Pamphlets, and Books to the great defamation of Religion and Government'.[53] Shortly after the Restoration, Charles II signed a Licensing Act modelled on the 1637 Star Chamber decree, thereby reinforcing stringent print regulation.[54] This act lapsed at the end of the century, but print continued to be restricted by libel and blasphemy laws as well as by the moral censorship created by the societies for the reformation of manners.[55] After 1662 charges only appear to have been brought against works that were seditious as well as unlicensed.[56] This allowed for the flourishing of works in areas like medicine, although the Royal College of Physicians continued to keep a watchful eye on what

49 Irma Taavitsainen and others, 'Medical Texts in 1500–1700 and the Corpus of Early Modern English Medical Texts', in *Medical Writing in Early Modern English*, ed. by Irma Taavitsainen and Paivi Pahta (Cambridge: Cambridge University Press, 2011), pp. 9–25 (pp. 9–10).

50 Elizabeth Lane Furdell, *Publishing and Medicine in Early Modern England* (Rochester, NY: University of Rochester Press, 2002), p. 39.

51 Laura Gowing, *Common Bodies: Women, Touch and Power in Seventeenth-Century England* (New Haven and London: Yale University Press, 2003), p. 17.

52 'June 1643: An Ordinance for the Regulating of Printing', in *Acts and Ordinances of the Interregnum, 1642–1660*, ed. by C H Firth and R S Rait (London: His Majesty's Stationery Office, 1911), pp. 184–86. Available at *British History Online* <http://www.british-history.ac.uk/no-series/acts-ordinances-interregnum/pp184-186> [accessed 4 August 2020]. I am grateful to Sara Read for her advice on the complexities of this topic.

53 Ibid., p. 184.

54 Randy Robertson, *Censorship and Conflict in Seventeenth-Century England: The Subtle Art of Division* (Pennsylvania, PA: The Pennsylvania State University Press, 2009), p. 4.

55 Ibid., pp. 4–5.

56 Ibid., p. 9.

was published in the medical field.[57] Between 1649 and 1699, 282 books on medical-chemical and astrological themes alone were registered with the Stationers' Company.[58] Even though large and heavily illustrated tomes were very costly, some medical texts were relatively widely read.[59] Numerous medical texts were sold at auctions for lower prices and so circulated more widely than brand new copies.[60] Purchasing books through the second-hand trade made them available to a wider cross-section of society.[61] Mary E. Fissell has argued that print represented an important area of change in the medical marketplace, as the boom in print allowed a range of medical practitioners to advertise their practices more extensively than ever before.[62] Nonetheless, despite print being the vehicle for novel medical ideas and innovations, the second-hand market ensured that medical treatises had a long shelf-life, which helped to create a medical culture where changes to medical thinking and practice were slow to occur. As will be seen throughout this book, the reliance on such texts presents a picture that emphasizes the synchronic rather than the diachronic. The book suggests that men at the start of the seventeenth century shared much in their experiences with men in the later seventeenth and early eighteenth centuries. This picture is perhaps artificially static, obscured by the conventions of medical texts and the lack of first-hand accounts recorded in any detail, as will be discussed below.

Medical treatises were published in both Latin and the vernacular languages of Europe. This book focuses on vernacular editions, as these were more accessible to a broader readership than those in Latin. Elizabeth Lane Furdell has described how medical texts in seventeenth-century England disseminated popular health advice by gathering recipes, translating, and interpreting information for a lay audience and rearranging texts to suit a range of purposes.[63] The translation of medical texts allowed them to be shared across Europe and many of the works used in this analysis were

57 Kit Heyam, 'Paratexts and Pornographic Potential in Seventeenth-Century Anatomy Books', *The Seventeenth Century*, 34.5 (2019), 615–47.

58 Mary Rhinelander McCarl, 'Publishing the Works of Nicholas Culpeper, Astrological Herbalist and Translator of Latin Medical Works in Seventeenth-Century London', *Canadian Bulletin of Medical History*, 13.2 (1996), 225–76 (p. 230).

59 Sachiko Kusukawa, *Picturing the Book of Nature: Image, Text, and Argument in Sixteenth-Century Human Anatomy and Medical Botany* (Chicago: Chicago University Press, 2012), p. 50.

60 Mary E. Fissell, 'The Marketplace of Print', in *Medicine and the Market in England and its Colonies, c. 1450–c. 1850*, ed. by Mark S. R. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007), pp. 108–32 (p. 112).

61 Ibid., p. 112.

62 Ibid., p. 110.

63 Furdell, *Publishing and Medicine*, p. 29.

originally written and published on the continent. As Fissell has shown, by the 1650s readers in England were consuming works produced at home, but these still sat alongside the many works produced originally in Latin, German, or French.[64] These books, as she points out, were both translated and transmuted for English audiences.[65] Medical texts produced by English authors often reused materials, sometimes verbatim, from earlier continental works. For example, the author of *The Midwives Book* copied substantial sections of the book from Nicholas Culpeper's *A Directory for Midwives* and his translation of Daniel Sennert.[66] Similarly, Jacques Guillemeau's 1612 work was the basis for William Sermon's *The Ladies Companion*.[67] Therefore, the observations reprinted in English-language works were not restricted to English cases but repeated continental examples wholesale for English audiences.[68] Despite differing religious and legal contexts and even though specific cases might not have been directly comparable to customs or experiences in England, authors and translators expected these examples to resonate with English readers and in some cases implored their readers to accept the knowledge they presented despite it '*being the Product of a foreign Country*' .[69] In this context English texts were inextricably bound to continental works, theories, and patient observations. They did not sit apart from the rest of Europe, although there may well have been divergent understandings and approaches adopted in other countries that are beyond the scope of this book. A range of texts produced by both English and European authors are thus relevant to understanding English audiences' conceptions of genitourinary health and their expectations about prognosis and treatments.

Surgical texts reflected both book learning and experiential knowledge as many were written by practitioners-turned-authors.[70] These works, like their physician-authored counterparts, offered advice on a range of illnesses and conditions, outlined relevant treatments and responses, and in surgical

64 Mary E. Fissell, *Vernacular Bodies*: *The Politics of Reproduction in Early Modern England* (Oxford: Oxford University Press, 2004), p. 8.

65 Ibid., p. 8.

66 Jane Sharp, *The Midwives Book*, ed. by Elaine Hobby (Oxford and New York: Oxford University Press, 1999), pp. xvii–xviii.

67 Ibid., p. xix.

68 For more on medical texts and translations see: Furdell, *Publishing and Medicine*, p. 50; James Raven, *The Business of Books: Booksellers and the English Book Trade 1450–1850* (New Haven and London: Yale University Press, 2007).

69 Henri-François Le Dran, *Observations in Surgery: Containing One Hundred and Fifteen Different Cases… Translated by J.S. Surgeon* (London: printed for J. Hodges, 1739), p. vi.

70 Elaine Leong, 'Learning Medicine by the Book: Reading and Writing Surgical Manuals in Early Modern London', *British Journal for the History of Science Themes*, 5 (2020), 93–110 (pp. 94–95).

texts explained the premise of surgical interventions. Medical literature was therefore a form of prescriptive literature, but it is not evident how far the admonitions and advice offered in these texts was followed.[71] Despite the inability to understand readers' responses to these texts, they present ideas that were largely representative of broad medical knowledge. As Doreen Evenden Nagy has shown, there was no clear division between lay and academic or elite medical knowledge.[72] Moreover, as Elaine Leong has demonstrated, texts responded to readers' needs.[73] The medical landscape was composed of a variety of healers and medical practitioners who drew on a range of theories and ideas including Galenic theory, astrology, folklore, chemical medicine, and, later in the period, nervous medicine. Printed works mediated these discussions and divisions. The discussions presented in printed medical texts aimed at both university-educated practitioners and others provide an overview of the medical perception of genitourinary and reproductive conditions in men.

Some medical works discussed genitourinary conditions in a general sense focusing on theory and describing the causes, signs, prognostics, and treatments for various ailments. Later in the period, though, medical observations were often included in these texts.[74] Medical cases were shaped by conventions, like all sources from the era. They rarely included patients' biographies and avoided descriptions of behaviour that suggested illnesses were religious portents.[75] The cases were selected and edited: William Salmon explained in *Paratērēmata; or, Select Physical and Chyrurgical Observations* (1689) that the 'following History of Cures (such as was performed by my self) is a short Collection (under the most usual Diseases) out of a vastly greater number'.[76] The choice and framing of the cases was important. Printed editions of originally manuscript collections, like that of John Hall who worked in Staffordshire in the 1630s, were similarly curated and edited.[77] The inclusion

71 Digby, *Making a Medical Living*, p. 69.

72 Doreen Evenden Nagy, *Popular Medicine in Seventeenth-Century England* (Bowling Green, OH: Bowling Green State University Popular Press, 1988), p. 2.

73 Leong, 'Learning Medicine', p. 95.

74 Duden, *The Woman Beneath the Skin*, p. 63.

75 William J. Ryan, '"A New Strange Disease": The Feeling of Form in Hans Sloane's Case Studies of English Jamaica', *The Eighteenth Century*, 59.3 (2018), 305–24 (p. 306).

76 William Salmon, *Paratērēmata; or, Select Physical and Chyrurgical Observations* (London: George Conyers, 1689), sig. A2^{r}.

77 John Hall, *Select Observations on English Bodies; or, Cures Both Empericall and Historicall, Performed upon Very Eminent Persons in Desperate Diseases …*, trans. by James Cooke (London: John Sherley, 1657); see also Theodor Turquet de Mayerne, *Medicinal Councels, or Advices: Written Originally in French, by Dr. Theodor Turquet de Mayerne* […] *Put Out in Latine at Geneva*

of certain observations served to illustrate specific philosophies or treatment techniques and to emphasize observational practice and were a means to gather, describe, and organize the materials of experience.[78] Observations appeared in books produced by both physicians and surgeons. These were not always the observations of the author, as narratives were reused and presented in multiple texts.[79] Salmon included observations of his own alongside those of 'men of great Fame and Reputation in their Generation, Men of Learning and Integrity'.[80] Treatises, both medical and surgical, were used to enhance practitioners' reputations and relate to both profits and competition with other healers.[81] These narratives do not then provide unfettered access to patients' experiences or understandings of their ailments. Nor do they unproblematically reveal what practitioners thought about male genitourinary patients. However, they do indirectly illuminate how practitioners endeavoured to treat patients and how men may have sought help for such problems. Cases relating to male genitourinary conditions, which were not a common part of practice, emphasize the cultural and social importance attached to these ailments. Moreover, observations reveal the tense relationships between practitioners and patients. Medical practitioners often faced frustrations when treating these men that were induced by patients' reticence to seek help and their obstructive attitudes towards treatment.

Medical texts had a diverse audience that included medical students and literate laymen and women. Medical and surgical practitioners read medical texts as part of their ongoing learning and education. The commonplace book of Robert Mustow, a surgeon, reveals that he owned numerous medical and surgical texts in 1663: Walter Bruel's *The Physicians Practise*, William Clowe's surgical treatise, Thomas Bonham's *Chyrurgians Closet*, a selection of Culpeper's works, and a copy of the *Pharmacopoeia Londinensis,* amongst others.[82] Women in elite and middling households were expected to become

by Theoph. Bonetus, M.D. Englished by Tho. Sherley, M.D. Physician in Ordinary to His Present Majesty (London: N. Ponder, 1677).

78 Ryan, '"A New Strange Disease"', p. 306; Churchill, *Female Patients*, p. 13.

79 For example, M. de La Vauguion, *A Compleat Body of Chirurgical Operations, Containing the Whole Practice of Surgery. With Observations and Remarks on Each Case. Amongst Which Are Inserted, the Several Ways of Delivering Women in Natural and Unnatural Labours* (London: Henry Bonwick. T. Goodwin, M. Wooton, B. Took, and S. Manship, 1699) includes observations recited from Fabricius Hildanus, Bartholin (it is not made clear if this refers to Thomas Bartholin or Caspar Bartholin), and Lazare Rivière.

80 Salmon, *Paratērēmata*, sig. A3^{r}.

81 Pelling, *Medical Conflicts*, p. 227.

82 British Library, Sloane MS 2117, Paper, in Quarto, ff. 399, XVII Century. Common-Place Book Kept by Robert Mustow, fols 1^{v}–3^{v}.

proficient housewives. To do so required a knowledge of *physick* and thus required, for some at least, the reading of medical treatises. Elizabeth Walker (1623–1690), for example, had copies of the works of Lazare Rivière and other translations and works published by Culpeper.[83] Leong has amply demonstrated that not only did women read medical and botanical works, but they also developed distinctive reading strategies.[84] Female readers looking to develop their medical knowledge were encouraged to read Rivière, Culpeper, Jean Riolanus, and others.[85] Yet improvements to literacy rates from the Tudor era onwards were irregular and inconsistent.[86] Debates continued in the seventeenth century over the necessity of literacy to salvation, with some divines encouraging parents to teach their children to read to help their piety.[87] Furdell explains that literacy was also specific to certain occupations and so reading was more likely amongst the gentry, professionals, government officials, retailers, and skilled tradesmen.[88] As previously mentioned, while costs could be prohibitive, the second-hand book trade extended the audiences of medical treatises. Books could also be borrowed and shared. In addition to reading books from his father's library, the merchant Samuel Jeake of Rye borrowed books from his friends. The lawyer and medical practitioner Philip Frith likely loaned him volumes on medicine and the natural sciences, and he bequeathed several to him on his death.[89] This circulation of books offered medical texts a relatively wide, but obviously limited, audience.

Collections of manuscript case notes and casebooks also offer evidence of men's experiences of hernias, testicular swellings, venereal disease, and urinary disorders.[90] The practice of recording medical observations or records spread from Italian universities in the 1550s amongst learned physicians.[91] These collections appear as medical observations, diaries, and records of

83 Jayne Elisabeth Archer, 'Women and Chymistry in Early Modern England: The Manuscript Receipt Book (c.1616) of Sarah Wigges', in *Gender and Scientific Discourse in Early Modern Culture*, ed. by Kathleen P. Long (Farnham: Ashgate, 2010), pp. 191–216 (p. 199).

84 Elaine Leong, '"Herbals she Peruseth": Reading Medicine in Early Modern England', *Renaissance Studies*, 28 (2014), 556–78.

85 Ibid., p. 557.

86 Furdell, *Publishing and Medicine*, p. 126.

87 Ibid., p. 126.

88 Ibid., p. 126.

89 *An Astrological Diary of the Seventeenth Century: Samuel Jeake of Rye 1652–1699*, ed. by Michael Hunter and Annabel Gregory (Oxford: Clarendon Press, 1988), p. 42.

90 For detailed discussions of casebooks see: Churchill, *Female Patients*, pp. 17–27; Lauren Kassell, 'Casebooks in Early Modern England: Medicine, Astrology, and Written Records', *Bulletin of the History of Medicine*, 88.4 (2014), 595–625.

91 Kassell, 'Casebooks', pp. 602–3.

payment. These were not simply records of the medical encounter. Lauren Kassell has clearly demonstrated that these textual documents were a material part of the medical encounter that served to bolster the authority of medical practitioners.[92] Such collections are not unproblematic, since they rarely consistently record patient details such as age, socio-economic status, and occupation.[93] They were also in many cases selected or edited documents that did not record all patients. Many manuscripts have also been lost, such as the '1400 Observations for my own private use' recorded from his encounters with patients that is mentioned by William Drage, a physician in Hitchin.[94] Observations, as will be seen, describe men of different social standings and occupations, including fishermen, military men, and the nobility. Yet they rarely include the very poor. The paucity of records and lack of detailed information can make it hard to distinguish clearly between the experiences of different groups of men and serves to flatten detailed analysis. However, as Wendy D. Churchill has argued, despite being piecemeal this information is illuminating and suggestive for social historians of medicine.[95]

Beyond the main body of published medical texts and manuscript case notes, this analysis is supplemented where appropriate by reference to personal letters sent to friends, family, and medical practitioners; diaries; manuscript recipe collections; and popular literature. Working across a collection of disparate sources has limitations; however, it overcomes the difficulty of analysing a subject that has left few traces of real-world experience.[96] There are difficulties with these sources. Letters, for example, were sometimes formulated according to conventions that may have prevented honest and open communication. Joan Lane has suggested that medical details were only disclosed to the closest of correspondents, and people would write about the health of others at length but rarely reveal details of their own predicaments.[97] For example, Henry More wrote to Anne Conway in December of 1674 that his cousin was suffering from the strangury (slow and painful emission of urine), and he described, rather graphically, how 'He

92 Ibid., p. 599.

93 Churchill, *Female Patients*, pp. 11–12.

94 William Drage, *A Physical Nosonomy; or, a New and True Description of the Law of God* (*Called Nature*) *in the Body of Man* (London: J. Dover, for the author, 1664), p. 28.

95 Churchill, *Female Patients*, p. 12. David Gentilcore also points out that historians are limited by what survives in these sources, but he advises that studying different genres together overcomes some of these issues. David Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester: Manchester University Press, 1998), p. 177.

96 Joan Lane has shown how such fragments can be used alongside a range of sources to illustrate eighteenth-century medical practice; see Lane, '"The Doctor Scolds Me"', p. 212.

97 Ibid., p. 210.

says his water is so hott and sharp that it makes those parts sore and swell'.[98] Self-censorship is a particular concern in this book given that discussions of illnesses that afflicted the genitals might have been considered immodest, vulgar, or shameful. Yet concerns about modesty did not always restrict discussion of these ailments and people did record details of friends and relatives. It may be that because these discussions were inherently about health and wellbeing, they circumvented notions of modesty and appropriate inter-gender discussion.

Diaries were composed for a range of reasons. Spiritual diaries were common in the seventeenth century but were a minority in the eighteenth century.[99] The pious preoccupations of a diarist restricted the amount of time and energy devoted to explaining bouts of ill health and, importantly, to recording responses to illness. Spiritual diaries, because of their use in understanding providence and salvation, focus more clearly on piety and repentance as responses to ill health, often praising God for recovery.[100] Some offer little in the way of detail about the condition experienced, treatment, or engagement with the medical practitioner. In the eighteenth century, diaries were predominantly kept by highly literate adult men of the middle or upper social ranks.[101] The evidence provided by these sources therefore does little to illuminate the range of experiences across the socio-economic landscape.

Recipe collections contain numerous examples of remedies designed to treat genitourinary conditions.[102] As such they hint at the openness with which some of these issues were discussed by those of elevated social status. They do

98 *Conway Letters: The Correspondence of Anne, Viscountess Conway, Henry More, and their Friends, 1642–1684*, ed. by Marjorie Hope Nicolson (London: Oxford University Press, 1930), p. 398.
99 Lane, '"The Doctor Scolds Me"', p. 206.
100 See: Hannah Newton, *Misery to Mirth: Recovery from Illness in Early Modern England* (Oxford: Oxford University Press, 2018).
101 Lane, '"The Doctor Scolds Me"', p. 212. Diaries have been used to consider gendered responses to illness; see, for example, Olivia Weisser, *Ill Composed: Sickness, Gender, and Belief in Early Modern England* (New Haven and London: Yale University Press, 2015).
102 For more information about recipe collections see: Elaine Leong, *Recipes and Everyday Knowledge: Medicine, Science, and the Household in Early Modern England* (Chicago: University of Chicago Press, 2018); Elaine Leong, 'Collecting Knowledge for the Family: Recipes, Gender and Practical Knowledge in the Early Modern English Household', *Centaurus,* 55.2 (2013), 81–103; Catherine Field, '"Many Hands Hands": Writing the Self in Early Modern Women's Recipe Books', in *Genre and Women's Life Writing in Early Modern England*, ed. by M. M. Dowd and J. A. Eckerle (Aldershot: Ashgate, 2007), pp. 49–65; Sara Pennell, 'Perfecting Practice? Women, Manuscript Recipes and Knowledge in Early Modern England', in *Early Modern Women's Manuscript Writing*, ed. by Victoria E. Burke and Jonathan Gibson (Aldershot: Ashgate, 2004), pp. 237–58; Edith Snook, '"The Women Know": Children's Diseases, Recipes and Women's Knowledge in Early Modern Medical Publications', *Social History of Medicine*, 30.1 (2017), 1–21.

not show us explicitly the ways in which these conversations took place, and in many cases the author of specific remedies within a collection cannot be identified. However, people eagerly exchanged medical information in taverns and at the dinner table and recorded this knowledge in their collections.[103] This information included details of men who suffered with urinary conditions and remedies for a range of testicular swellings, venereal disease presentations, and urinary problems. It is well documented that sharing recipes formed networks of social knowledge and bonds of reciprocal exchange.[104] Anne Stobart's analysis of seventeenth-century recipe books, predominantly from the west of England, demonstrates that named contributors were slightly more common than unnamed contributions in relation to remedies for urinary conditions.[105] Men were more likely to be associated with remedies designed to ease urinary, digestive, and respiratory conditions.[106] A quantitative survey has not been conducted for the purposes of this study as its focus is on the nature of responses to these conditions and interactions with the medical practitioner. However, the existence of such recipes attests to the fact that patients may have attempted to treat their conditions in a domestic setting, perhaps exacerbating the annoyance of medical practitioners, who objected to patients who avoided paying for the services of a physician or surgeon and who obfuscated the truth of their conditions. Recipe collections also offer a glimpse into the gendered nature of treatments and medical interactions. Collections attributed to women contained remedies applicable to the intimate parts of the male body. This does not mean that women were viewing or touching men's bodies, but it demonstrates that the boundaries of modesty were flexible, with women being applied to for advice and recommendations for conditions that threatened the male body.

Overview

The first portion of this book is structured around the male life cycle. It charts vernacular medical discussions of men's genitourinary and sexual ill

103 Leong, *Recipes and Everyday Knowledge*, p. 2.

104 Elaine Leong and Sara Pennell, 'Recipe Collections and the Currency of Medical Knowledge in the Early Modern "Medical Marketplace"', in *Medicine and the Market in England and its Colonies, c. 1450–c. 1850*, ed. by Mark S. R. Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007), pp. 133–52.

105 Anne Stobart, *Household Medicine in Seventeenth-Century England* (London and New York: Bloomsbury, 2016), p. 37.

106 Ibid., p. 37.

health through puberty, adulthood, and into old age. Chapter One argues that boys' bodies were considered vulnerable to conditions that might impede the development of adult manliness. The moist temperaments of prepubescent boys meant that hernias were common. This created a cultural spectre of childhood castration that robbed adult men of their potency and vigour. As puberty approached, the precariousness of boy's ripening was emphasized by genitourinary ill health. Disruption caused by hernias, bladder stones, urinary difficulties and swellings could all consign a man to remain forever on the cusp of manhood, beardless, with a squeaking voice, and lacking the means to engage in sexual activity and to father children.

Chapter Two emphasizes that once in adulthood genitourinary conditions were a moment of crisis that exposed the body to impotence and infertility. Disorders in the genitals and urinary system threatened the physical pillars that substantiated claims to manhood. In medical literature the damage that could be wrought to potency and fertility were clearly emphasized to readers. Surgical texts in particular foregrounded these concerns, as damage to the testicles was understood to be a key danger in surgical treatments for hernia and bladder stones. Surgeons writing about their practices were, therefore, careful to point out that their own skill was attested by their ability to retain men's potency and fertility while completing such treatments. This chapter also emphasizes that, although impotence and infertility could be concealed, keeping such a secret was difficult when damaged potency was the result of genitourinary ill health. The standing of facial hair as a marker of manliness throughout the sixteenth and seventeenth centuries was tied to men's experiences of certain genitourinary conditions.[107] Several conditions, notably venereal disease, caused the beard to fall out. Thin and patchy facial hair thus signalled to the world the crisis that male patients were experiencing. It underlined that while certain aspects of this masculine crisis, like impotence and infertility, could be hidden from peers and friends, some ailments were easily read on the body.

Chapter Three follows men into old age. This was a time of life where the physical pillars of manliness were expected to crumble. Men's potency was supposed to decline, and their fertility was supposed to slowly diminish. In print and popular culture, elderly men who continued to try and compete on the sexual market and who tried to marry younger brides were derided and scorned. Fumblers and teasers who attempted to regain their vitality and vigour through aphrodisiacs and stimulants were considered

107 Will Fisher, 'The Renaissance Beard: Masculinity in Early Modern England', *Renaissance Quarterly*, 54.1 (2001), 155–187.

laughable or problematic. Yet in reality the expectations and acceptance of bodily decline were more complex. Men's sexual prowess might be expected to diminish but when it was affected by a genitourinary health condition male patients were not scorned or ignored. Men, particularly in their fifties and sixties, were treated for a range of conditions and were given stimulating medicines. Medical practitioners met their clients' needs without appearing derisive when discussing their cases in print. The bodies of older men were supposedly more difficult to cure, with their lack of vital heat and moisture contributing to dryness and coldness that undermined recovery. Medical writers were careful to note that although older men endured lengthy treatments, this was to no avail in many instances. The difficulties in treating older men's bodies also shaped discussions of leakiness and incontinence. While it has been suggested that men's leaks were increasingly moralized in the eighteenth century, this chapter contends that across the seventeenth and eighteenth centuries, the evident weakness of older men's bodies meant that their sexual health problems were not inevitably viewed as moral failings. Incontinence was expected in older men who were thought to enter a second childhood. But again, lived reality was complex as men sought treatments to restrain uncontrolled flows and attempted to combat incontinence. However, genitourinary ill health posed considerable risks, and conditions and treatments could both result in fistulas that oozed matter and urine. These symptoms were not framed as failures of men's self-regulation or restraint. This was incontinence that could only be managed with varying degrees of success. The smell and moistness of these elderly men, some in their seventies, was understandably offensive to those around them, but those men of good social standing were pitied. Throughout the stages of the life cycle men's experiences of genitourinary ill health shifted, but all phases retained a focus on potency and vigour.

The second section of the book explores men's responses to these conditions and their interactions with those who could provide medical aid and succour. Chapter Four argues that despite the potential for these conditions to undermine men's physical manliness, embarrassment and shame were not automatic responses to having a genitourinary complaint. Instead, responses were contingent on social situation and position in the life cycle. Not all ailments were liable to induce the same degree of shame. While venereal disease could be very embarrassing, bladder stones were physically uncomfortable but not uncomfortable to talk about. The number of men who suffered from bladder stones diminished their potential to cause embarrassment, even though they could cause bouts of disordered

urination and fertility problems. Vernacular medical literature did describe men as being embarrassed but configured this as a specific component of the relationship between medic and patient. Men were open and honest with friends and relatives who provided a source of information, remedies, and introductions to healers. However, they were not open with medical practitioners, whom they avoided in favour of these domestic solutions, irregulars, and quacks. Patients' actual reasons for avoiding medical men were complex based on status, wealth, work and family responsibilities, and access. Physicians and surgeons, though, emphasized embarrassment, as this problem was potentially more easily overcome as an obstruction to paid medical services. Having emphasized the dangers these conditions posed to the manly body, medical writers deployed embarrassment and shame as a means of advertising their own services and securing clients. They mingled shame and embarrassment with negligence, emphasizing that a failure to seek appropriate medical help at an early stage exacerbated symptoms and further threatened the reproductive organs. Moreover, they made strategic use of anonymity in their observations to accentuate their own abilities to be discreet during treatment. Men with nocturnal emissions, swollen testicles, and other conditions were left unidentified in published materials, referred to only as gentlemen or by their initials. These attempts to obscure identity might not always have been effective. But they reveal that writers played upon men's concerns about the embarrassing nature of these disorders to gain paying clients.

Chapter Five engages with the argument that genitourinary ailments were not important in the construction of men's sexual self-identities. It counters this suggestion by illustrating that the pain experienced by men with these disorders facilitated the creation of emotional communities with family members and friends who responded to their distress.[108] Vernacular literature ubiquitously described genital complaints and urinary difficulties as some of the most painful men could experience. The pain these patients felt shaped their relationships and engagements with those around them, as they utilized their pain to underline the obligations of care and support owed to them by friends and family. In line with increased attention to the mechanisms of pain in medical texts from the 1660s, medical practitioners' practices were also increasingly shaped by their patients' pain. In contradiction to scholarship that has suggested that physicians and surgeons thought little about their patients' pain, it is evident that those treating disorders in

108 Barbara H. Rosenwein, *Emotional Communities in the Early Middle Ages* (Ithaca, NY: Cornell University Press, 2006), p. 2.

the male body most associated with pain attempted to provide analgesics.[109] In some cases, providing pain relief was the central feature of attempts to manage a condition.

Chapter Six considers further the relationships between men and their family and friends. While Chapter Four considered the degree to which men were open about sexual health problems with friends, this chapter argues that within the sickroom attendants were bound by gendered conceptions of modesty. Women, despite being core figures in domestic medical treatment and nursing, were not a ubiquitous feature in the sick chamber of genitourinary patients. Their presence was dictated by the life cycle. Mothers and other female relatives were prominent in the care of prepubescent bodies but as the body aged into manhood women's presence diminished. Wives might be called on to care for their husbands, particularly if they were female practitioners, but the male body was shielded from the gaze of other female relatives. Instead, men were often described as being accompanied by 'friends', a term that implied a much more masculine space and gendered discussion. Understanding these dynamics provides a balance to existing scholarship that has concentrated on the gendered relationships between male practitioners and female patients by showing that modesty bound not just women's access to care but men's also. Modesty was not an absolute barrier to seeking help but had to be negotiated and, where women's presence was deemed unsuitable, offset and supplemented by the support of friends.

Chapter Seven argues that genitourinary patients' interactions with medical practitioners were often fraught. Following in the footsteps of scholarship that has explored the ways in which tensions and authority were negotiated, this chapter illustrates that one important weapon in a patient's arsenal was space and place, which was manipulated to gain control of the medical encounter. Medical consultations and treatment occurred in a variety of spaces ranging from the tavern to the bed chamber. These locations shaped the relative ability of practitioners to enforce their regimens and treatment plans. When practitioners visited men in their homes, they were only a sporadic authority figure who was often ignored. Practitioners thus lodged patients in specific houses to keep watch on them and monitor their treatment and progress. Patients used space to gain the treatments they desired and to avoid practitioners who overstepped by implying a

109 Michael Schoenfeldt, 'Aesthetics and Anesthetics: The Art of Pain Management in Early Modern England', in *The Sense of Suffering: Constructions of Physical Pain in Early Modern Culture*, ed. by Jan Frans van Dijkhuizen and Karl A. E. Enenkel (Leiden: Brill, 2009), pp. 19–38.

venereal complaint or suggesting an unwanted remedy. The use of space was just one part of men's attempts to gain authority over their bodies and the medical encounter which framed them, in the eyes of medical writers, as obstinate and unruly patients.

The book resituates and reframes our understanding of men's health. By exploring a collection of ailments that impeded men's sexual abilities we can more clearly comprehend how male patients interacted with those around them. We can understand how they created communities of friends and family who provided emotional support, who helped negotiate interactions with practitioners, and who sought out useful remedies and medical resources. We can determine how they negotiated authority with practitioners by delaying consultations and rejecting treatments, by physically relocating away from practitioners, and by indulging their desires for food and concupiscence. Exploring a range of ways in which disorders specific to the male body were responded to and discussed deepens our knowledge of male patients and suggests that there is more to be done to understand men's embodied experiences of health care at this time.