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).

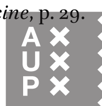
59 Sachiko Kusukawa, *Picturing the Book of Nature: Image, Text, and Argument in Sixteenth-Century Human Anatomy and Medical Botany* (Chicago: Chicago University Press, 2012), p. 50.

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.



Amsterdam
University
Press

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).

Amsterdam
University
Press

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. A2r.

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*

Amsterdam University Press

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).

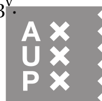
78 Ryan, '"A New Strange Disease"', p. 306; Churchill, *Female Patients*, p. 13.

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}.


Amsterdam University Press

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.

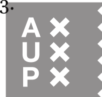
87 Ibid., p. 126.

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.



Amsterdam University Press

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.

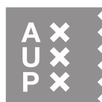
93 Churchill, *Female Patients*, pp. 11–12.

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.


Amsterdam
University
Press

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.

Amsterdam University Press

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

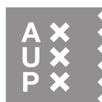
The first portion of this book is structured around the male life cycle. It charts vernacular medical discussions of men's genitourinary and sexual ill

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.

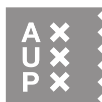

Amsterdam
University
Press

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.


Amsterdam
University
Press

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.

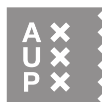
The second section of the book explores men's responses to these conditions and their interactions with those who could provide medical aid and succour. Chapter Four argues that despite the potential for these conditions to undermine men's physical manliness, embarrassment and shame were not automatic 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

Amsterdam University Press

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.

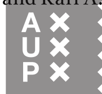

Amsterdam
University
Press

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.


Amsterdam
University
Press

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.