

PREMODERN HEALTH, DISEASE, AND DISABILITY



Edited by Mari Eyice and Charlotta Forss

Health and Society in Early Modern Sweden

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Premodern Health, Disease, and Disability

Premodern Health, Disease, and Disability is an interdisciplinary series devoted to all topics concerning health from all parts of the globe and including all premodern time periods: Antiquity, the Middle Ages and Early Modern. The series is global, including but not limited to Europe, the Middle East, the Mediterranean, and Asia. We encourage submissions examining medical care, such as health practitioners, hospitals and infirmaries, medicines and herbal remedies, medical theories and texts, care givers and therapies. Other topics pertinent to the scope of the series include research into premodern disability studies such as injury, impairment, chronic illness, pain, and all experiences of bodily and/or mental difference. Studies of diseases and how they were perceived and treated are also of interest. Furthermore, we are looking for works on medicinal plants and gardens; ecclesiastical and legal approaches to medical issues; archaeological and scientific findings concerning premodern health; and any other studies related to health and health care prior to 1800.

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Mari Eyice and
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Cover illustration: Jacob Elbfas, *Vädersolstavlan*, Storkyrkan, 1636. Oil on panel, 1630 × 1100 mm. Image: Göran Fredriksson, Stockholms Stadsmuseum. The painting portrays halos that were seen in Stockholm on April 20th 1535 and interpreted as portents. It is one of the earliest depictions of the city of Stockholm, seen from the South. This image is a copy made in 1636 by Jacob Elbfas, the original 16th century painting has been lost.

Cover design: Coördesign, Leiden

Lay-out: Crius Group, Hulshout

ISBN 978 94 6372 429 6

e-ISBN 978 90 4855 752 3

DOI 10.5117/9789463724296

NUR 680

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Acknowledgements

The initial idea for this volume developed before health in society became everyone's top concern. Our project has since been formed by the Covid-19 pandemic and the reshaping of the academic and social interactions that followed from it. In January of 2020, we decided to collaborate on the topic of health and society in early modern Europe with scholars from around Europe. Once the pandemic had hit, our collaboration moved online and the extraordinary circumstances created an added sense of relevance and urgency to our enterprise. We would like to thank all of our colleagues for inspiring discussions during the initial phase of the project.

The chapters of this volume originate from a selection of the topics discussed in this initial phase. We developed our individual topic ideas collaboratively during online authors' sessions and presented the project at the Nordic Historians' meeting in Gothenburg in 2022, once the acute phase of the pandemic was over. We would like to thank everyone who participated in these events for their valuable comments and insights.

The book brings together ten authors who are affiliated with six different Swedish and Finnish universities and who work in the disciplines of history, history of science and ideas, and economic history. It has been a pleasure to work so closely with our colleagues throughout this project, and our work as editors has been made easy through your conscientious (and might we add, unusual and precious respect for deadlines. Your readings of each other's chapters at various stages of the work process have also been immensely valuable.

The whole project has been supported by the Department of History, Stockholm University, which we would like to thank for both practical support and for an inspiring research milieu. Karin Sennefelt suggested that we should publish an edited volume: thank you, Karin, for planting this seed. Alan Shima has done excellent work with language editing; all remaining errors are our own. Josef Eskhult has been extremely generous with his knowledge of the period and especially his insights on Georg Stiernhielm. Thank you, Josef, for your help and support!

We would like to thank our anonymous peer reviewer for valuable feedback. The editors at Amsterdam University Press have been enthusiastic and supportive throughout the whole work process: thank you, Wendy Turner and Shannon Cunningham. The editorial and research work for this volume have been carried out within the framework of our respective fellowships from the Swedish Research Council (2018-06765 and 2019-06278).

Finally, this volume is not only a product of academic labour but also a social endeavour. The editorial work has been carried out in between our respective parental leaves. We dedicate the book to Charlotta's son Axel and Mari's son Essa, who have been present at editorial meetings since their births, and for whom health in early modern society is mother's milk.

Mari Eyice and Charlotta Forss
Stockholm, July 2023



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1. Meanings of Health in Early Modern Sweden

Charlotta Forss and Mari Eyice

Abstract

This introduction outlines a conceptual framework for analysing the historically situated nature of 'health.' While previous historical research has elucidated conceptions of illness as changeable over time, it is our contention that the meaning of health is often taken for granted. We examine the semantic field of 'health' (Swe. *hälsa*) and associated terms as they were used in early modern Sweden, showing health as a multifaceted concept with connotations to bodily and mental well-being, prosperity, politics, and religion alike. The individual chapters of the volume are situated in the broader account of early modern medicine, which highlights how a focus on a contextual understanding of health can inform the history of medicine and the broader account of early modern history.

Keywords: health, early modern history, social history of medicine, conceptual history

Introduction

In a poem entitled 'Hälsa-Prijs' (Eng. 'In praise of health'), the Swedish seventeenth-century poet, scholar, and civil servant Georg Stiernhielm concluded that 'all is nothing, where health is not.'¹ To Stiernhielm, money, power, and worldly honours were all useless if he was not healthy. He explained that the person who is favoured with health 'lives happy in daily

¹ Georg Stiernhielm, 'Hälsa-Prijs.' On Stiernhielm, see Olsson, 'Georg Stiernhielm.' All translations into English in the introduction as well as in the chapters of the volume are the authors' own, unless otherwise stated.

joy, without sorrows,' until the day he falls ill, and then all good fortune is lost. To Stiernhielm's early modern reader, the poem 'Hälse-Prijs' would have been recognisable as a reference to the literary theme that fortune is fickle: it is well to remember that riches can vanish quickly.² To the modern reader, the poem appears to express familiar present-day sentiments regarding how highly we value good health. Yet this is also a poem that raises questions.

Stiernhielm was born in Dalecarlia in central Sweden in 1598, and he died in Stockholm in 1672. He lived in a time and a society without antiseptic surgery, extensive healthcare, welfare institutions, or modern notions of cleanliness, for that matter.³ In light of this, we cannot assume that 'health' was understood the same way to Stiernhielm as it is conceptualised today.⁴ What did Stiernhielm actually praise in his poem? When was a person considered healthy in early modern society, and when were they deemed ill? Furthermore, where did Stiernhielm understand good health to reside? In the poem, he speaks of bodily health and pain in one's foot or hand, but the poem also notes that an 'aching heart' and a miserable soul are the results of failed health. Clearly, health was not only a matter of bodily and mental well-being to Stiernhielm: instead, health affected, and was affected by, all facets of life.

The poem 'Hälse-Prijs' suggests that health was a complex matter in early modern society, yet it does not, despite its clever wordplay, elaborate on this complexity. However, where the poem leaves off, this volume continues the analysis. The chapters collected here take as their point of departure the conviction that the meaning and significance of health, as an idea and as a set of practices, has changed over time, and that it is an important task for historians to consider the historically specific notions and perceptions of health. More specifically, the volume consists of a set of case studies that explore health as a concept and a social practice in early modern Sweden.

2 This sentiment is also seen in Sparman, *Sundhetzens speghel*, 4. For an analysis of the fickle nature of fortune in learned discourse in early modern Sweden, see Savin, *Fortunas klädnader*; see also Nilsson, *Lyckans betydelse*, 218–219, for more popular views.

3 On early modern cleanliness, see North, *Sweet and Clean?*; Smith, *Clean*; Van Bavel, 'The Economic Origins of Cleanliness in the Dutch Golden Age.' On notions of health and cleanliness at the brink of modernity, see Annola, Drakman, and Ulväng eds., *Med tvål, vatten och flit*.

4 By posing open-ended questions concerning what 'good health' has meant historically, we do not negate the fact that there are very significant differences between and within societies with regards to access to healthcare today. On the contrary, it is our conviction that historical reflection can serve as a starting point for scrutiny of the conceptual categories we take for granted today. On conceptual history as a method to understand history, the present, and the ways in which historians approach both, see, e.g., Koselleck, *The Practice of Conceptual History*; Williams, *Keywords*.



These studies examine conceptions of healing in rural communities and matters of health in more densely populated areas. They explore topics such as how health was understood in Swedish society in relation to mental and physical disability, to food and leisure, and to the emergence of medical professions and changing notions of the body. Methodologically, they span between detailed biographical studies and analyses of long-term change.

Through this multilayered approach, the volume showcases how meanings of health were shaped by the specific cultural and social settings in which they were performed, and, conversely, how the meanings people attributed to health had a social significance beyond the realm of medicine. This approach addresses the social and cultural history of medicine, which, during recent decades, has brought attention to the importance of societal contexts for understanding past medical practice.⁵

However, the volume's contributors equally shed light on the opposite phenomenon, namely, how notions of health affected early modern society outside of the medical field, in the spheres of politics, consumer patterns, institutional developments, and social relations between people in their daily lives. While the history of medicine increasingly has taken societal developments into consideration when analysing medical history, there is still a tendency to think of the history of medicine as a separate field, and of understanding medical thought and practice as the end goal for historians of medicine. This is unfortunate. It is our starting point in this volume that the study of issues commonly understood as the traditional realm of the social history of medicine – including themes such as medical practitioners and their patients, the ailing and healing body, places of healing, and conceptions of health and illness – can lead to a better understanding of the broader narrative of early modern history.⁶ Like the poet Stiernhielm, we approach health as an integral aspect of how people in early modern society lived their lives.

In this introduction, we present the two central themes of the volume – health and society – and discuss the respective chapters of the volume in relation to each of these themes. First, we consider how historians and

5 Swedish contributions include: Bergqvist, *Läkare och läkande*; Johannisson, *Medicinens öga*; Ling, *Kärringmedicin och vetenskap*. On broader European trends, see: Lindemann, *Medicine and Society in Early Modern Europe*; Gentilcore, *Food and Health in Early Modern Europe*, and the contributions in Kalof and Bynum, eds., *A Cultural History of the Human Body*; Carrera, ed., *Emotions and Health*; Ritchey and Strocchia, eds., *Gender, Health, and Healing*.

6 For an inspiring recontextualisation of health in early modern society, see, e.g., Van Bavel, 'The Economic Origins of Cleanliness.' For an early, formative approach to the social history of medicine, see Porter, 'The Patient's View.'



historians of medicine have previously understood ‘health.’ We emphasise the importance of contextualising health as a historical concept with changing meanings, and we point to areas where the individual chapters of this volume contribute to and enrich earlier research. Through this account, we begin to sketch how people in early modern Sweden understood health, a discussion that continues throughout the volume. Second, we survey the geographical area and the historical developments that constitute the framework of the volume, and place the contributions within this sociocultural context. While Sweden (including today’s Finland) constitutes the main historical setting for the issues discussed here, this is a porous site in which people, ideas, and even institutions continually traverse and upend geographical as well as conceptual borders.

The early modern period, which constitutes the chronological framework for this volume, is likewise a porous construct.⁷ The chapters stretch from the very beginning of the sixteenth century to the end of the nineteenth, tracing long-term development as well as highlighting moments of change. With this move, we have strived to go beyond modern periodisation to capture both continuities and breaks that otherwise tend to remain obscure. This is particularly relevant for the Swedish context where considerable scholarly attention in recent years has been devoted to – otherwise highly relevant – developments in the nineteenth and twentieth centuries.⁸

Highlighting the two central themes of the volume in relation to the individual chapters that make up the analysis, the introduction aims to provide a framework for considering historically situated meanings of health as a central aspect of early modern history, within and beyond the social history of medicine.

A conceptual history of ‘health’ in early modern Sweden

Health was a signifier of the good life in premodern societies. Within the concept of health resided ideas about ‘tranquillity, happiness, and virtue,’ according to Gideon Manning.⁹ Barbara Duden has contended that health as an individual’s strife for medical well-being was not commonplace in the

7 While the early modern period is usually defined as beginning around 1450 in most of Europe, Swedish historians tend to locate the end of the Middle Ages to around 1500.

8 As exemplified in the recent special issues on the history of medicine in *Historisk Tidskrift* 143, no. 3 (2023) and *Historisk Tidskrift för Finland* 105, no. 4 (2020). For earlier studies with a wider chronological scope that situate meanings of health and illness in Swedish culture, see the works by Karin Johannisson, including *Medicinens öga* and *Kroppens tunna skal*.

9 Manning, ‘Health in the Early Modern Philosophical Tradition,’ 181.



early modern period.¹⁰ The understanding of health in the early modern period was thus much broader and more diffused than the modern definition of health as bodily and mental well-being.¹¹ Studying health in this broad, early modern sense offers excellent opportunity to comprehend how people related their experiences of well-being or disease to daily practices, ideals, and the societies in which they lived.¹²

The social history of medicine has taken important steps in reading disease historically, paying attention to medical practice within as well as outside of medical institutions. However, previous scholarship has tended to focus its attention more on disease and illness, and less on contextualising health as a historical concept. Although David Harley had as early as 1999 pointed to the importance of studying health as socially constructed, less attention has been paid to the importance of historically contextualising the culturally embedded meaning and significance of 'health' than that of 'illness.'¹³ Significant work has been undertaken in this regard in relation to the medieval period, but there is a need to take this discussion forward in time and to explore the understanding of health as a concept and a set of practices in the early modern period, as well as considering long-term change and continuity beyond the periodisations around which historians too often structure their analyses.¹⁴

When discussed in research, health as a concept is often seen in relation to disease or illness, and indeed, the etymological root of the words for health in Indo-European languages emphasise health as wholeness: health being the absence of injury, disease or illness.¹⁵ That said, it is our contention that

10 Duden, *The Woman Beneath the Skin*, 16–19.

11 The World Health Organization constituted in 1946 that 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.' See *World Health Organization*, 'Constitution.'

12 This focus highlights the quotidian practices and ideas of different people in various positions in society. Consequently, medical institutions and their impact on societal health form a backdrop rather than a focal point in this volume. For insights into the impact of various societal healthcare institutions in the early modern period in Sweden, see, e.g., Petersson, *Vadstena krigsmanshus*, Unger, *Makten och fattigdomen*, Blom, *Hospitalshjon och fribröder*, Blom, *Tiggare, tidstjuvar*. For an overview of early modern public healthcare in Norway and Denmark, see Moseng, *Ansvarret for undersåttens helse*.

13 Harley, 'Rhetoric and the Social Construction of Sickness and Healing,' 420. Exceptions include Thomas, 'Health and Morality.'

14 On the medieval period, see essays in Ritchey and Strocchia, *Gender, Health, and Healing*. For an example of analysis stretching across traditional periodisation, see Foscati, *Saint Antony's Fire*.

15 Caplan, 'The Concepts of Health, Illness and Disease,' 239; Kontturi, 'Läkande, botande och bilden av den kompetenta medicinaren,' 503. On the etymology of health see Mallory and Adams, *Encyclopedia of Indo-European Culture*, 262.



health and illness should not be approached as having opposite meanings by default.

In philosophical discussions about the meaning of health, the early modern period has been pointed out as the moment in time when thinking about health changed into a matter of bodily well-being, largely following the French philosopher René Descartes, who emphasised a division between that which belongs to the body and that which belongs to the mind. It has been argued that the Cartesian division between mind and body led to the modern medical tradition, which focuses mainly on the well-being or disease of the body, while disregarding any effects the state of the body might have on the mind or spirit or vice versa, let alone the societal effects of bodily well-being or disease. Nevertheless, as Manning has pointed out, the early modern period was still firmly set in the ancient tradition, where the more holistic view of health described above was still influential.¹⁶ Similarly, historians of the body and medicine have emphasised the degree to which mental states were understood to have bodily causes, and vice versa, in early modern society.¹⁷ It seems, then, that the early modern period harboured both older and newer notions of health.

The confluence of older and newer conceptions of health is evident in the semantic variations of words used for health in the early modern period, and it can be exemplified through a survey of Swedish language use. The word for health in Swedish (Swe. *hälsa*) appeared in printed material in the early sixteenth century as a wish for the prosperity or welfare of a person. *The Swedish Academy Dictionary (SAOB)* notes a similar usage here to the Latin word 'salus.' Both terms were used as phrases of well-wishing that opened letters or other formalised statements. In this usage, the word *hälsa* referred to a person's prosperity or good fortune well beyond the medical sphere.¹⁸

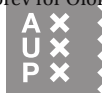
At the same time, *hälsa* was used to refer more specifically to body and mind functioning in a satisfactory manner. For example, when, in 1527, King Gustavus Vasa granted an estate to 'his loyal subject' Olof Hattorsi, he noted that he expected Hattorsi to continue to show support 'as long as his health lasts.'¹⁹ The king presumed that Hattorsi would be prepared to prove his loyalty as long as he was able. *SAOB* notes that from the seventeenth century, *hälsa* was used to refer in a related sense to the more general well-being of body and/or mind. It is significant that these usages were not altogether

16 Manning, 'Health in the Early Modern Philosophical Tradition,' 181–183.

17 Rublack, 'Fluxes'; Weisser, *Ill Composed*; Newton, 'Inside the Sickchamber.'

18 *SAOB*, 'hälsa subst.'

19 Gustavus Vasa, 'Förläningsbrev för Olof Hattorsi på hans fädernegård,' 125.



separate from health signifying prosperity. Indeed, in Stiernhielm's poem 'Hälsa-Prijs,' health as the satisfactory state of body and mind is tied to the broader question of a person's prosperity.

Several words overlapped in meaning and usage with *hälsa*. One example of this is seen in the first Swedish translation of the Bible from 1541. The Book of Sirach 30:14 in the Swedish sixteenth-century version reads: 'It is better to be poor and to be healthy [Swe. *helbrägda*] and healthy [Swe. *frisk*], than rich and unhealthy [Swe. *osund*].'²⁰ Three words, near synonymous yet distinct, are used here to refer to health as a concept. The passage also expresses the sentiment we have already encountered in Stiernhielm's poem, namely that bodily and mental well-being is essential for a person's welfare, indicating the longer tradition that Stiernhielm was building on.

The first of the terms used to refer to health in the Book of Sirach is *helbrägda*. This word, uncommon today, was used in the early modern period primarily in the narrower sense of well-being in opposition to illness or injury, and sometimes as an adjective specifically denoting a contrast to a person or body part that was or had been unwell.²¹ For instance, in a Swedish translation of the Icelandic historical epos *Heimskringla* from 1700, a character notes that 'I am still well [Swe. *helbrägd*] in my hands, yet weak in my feet.'²² Here, the weakness of the feet is contrasted with the health of the hands.

SAOB also notes that *helbrägda* could be used to refer to a person who was 'unharmed.' This usage is seen in an anonymous account describing the reign of King Charles XII (1697–1718), written around the year 1750. In a passage that details the king's somewhat raucous evening entertainments, taking place when he was staying for a period in the southern Swedish town of Kristinehamn early in 1718, the reader is told that 'the ladies were happy when they escaped unharmed [*helbrägda*] from the game, and there was great perturbation about bruises on Princess Ulrica [Eleonora's] beautiful arms and hands.'²³ In this passage, *helbrägda* refers to the avoidance of harm, rather than a specific illness – a usage we will see recurring in several case studies in the present book. Moreover, while Charles XII's sister, later Queen Ulrica Eleonora (1719–1720), obtained bruises on her arms and hands, she is still described as having 'escaped unharmed.' How should we understand this comment? In this context, the term *helbrägda* more likely referred

20 *Biblia*, Syr 30:15. The Book of Sirach was translated into Swedish from the German Lutherbibel, and seems to have been popular in sixteenth century Sweden. Friesen, 'Inledning,' iii–ix.

21 SAOB, 'Helbrägda ssg'; 'Helbrägda sbst'; 'Helbrägda adj.'; 'Helbrägda v.'

22 Snorre Sturlason, *Heimskringla*, 2:202.

23 Anonymous, 'Facta till Revolutionens Historien,' 242.

to the ladies who had partaken in the games escaping with their virtue intact, rather than escaping bodily harm. Again, this is health as wholeness, though here referring to an intangible attribute – virtue – rather than to a bodily feature.

The association between health and virtue was expressed explicitly in Stiernhielm's monumental poem *Hercules*, where he asked: 'What is virtue, when virtue is the health [*hälsa*] of the soul?', answering that 'virtue is loving ones God / to keep his commandment and laws.'²⁴ In this instance, Stiernhielm used the concept health metaphorically to express the sentiment that virtue is the essential good for the human soul, and from there connecting virtue to living life as a good Christian. In contrast, in the case of the carousing Princess Ulrica Eleonora and her accompanying noblewomen, the word *helbrägda* referred more concretely to the women's virtue being intact, rather than to health as a metaphor for a good outcome.

The adjective *sund* was used in opposition to ill health.²⁵ Indeed, we get an indication from this in the biblical passage Sirach 30:14, where *sund* is used with the preposition 'o-', which has a negating meaning. In addition, however, both *sund*, *helbrägda*, and *hälsa* were used to refer to the quality of the surrounding environment, rather than to the human body.²⁶ Thus, the prominent civil servant Casten Feif commented to the architect Nicodemus Tessin about the streets of Stockholm that 'I find the air where I live much healthier [Swe. *sundare*] than up in the city among the narrow streets.'²⁷ The parts of the city Feif found healthy (Swe. *sunda*) were contrasted with those that were unhealthy (Swe. *osunda*), again delineating health as the opposite of ill health.

Of the three synonyms to the term *hälsa* that were used in the 1541 Bible translation, *frisk* was, and is, used with the most variation in meaning.²⁸ In early modern Swedish texts, *frisk*, related to English 'fresh,' could be used to describe something newly discovered or something unspoiled, as well as to refer to a person, item, or environment that was deemed to be in good condition. Similar to *sund*, *frisk* was used to refer to healthy air, as seen in a 1675 travel account that describes how the inhabitants of the city Carthagenia in South America 'enjoy fresher [Swe. *friskare*] and healthier [Swe. *hälsosammare*] air, than those in surrounding locations.'²⁹ In this

24 Stiernhielm, *Hercules*, 36. This statement echoes conceptions of health and virtue in ancient philosophy. See Allen, 'The Soul's Virtue and the Health of the Body in Ancient Philosophy.'

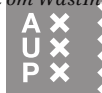
25 SAOB, 'sund adj.'

26 See f.ex. SAOB, 'Helbrägda adj.'

27 Feif, 'Presidenten Frih. Casten Feifs Bref,' 147.

28 SAOB, 'frisk adj. 2.'

29 Anonymous, *Kort Berättelse om WästIndien*, 15.



passage, the word *frisk* is paired with health (Swe. *hälsosam* meaning 'being of good health'). Likewise, *frisk* was coupled with *sund*, as seen in the (now outdated) saying 'he is sound [*sund*] and fresh [*frisk*] like a fish,' used to describe a person who was particularly healthy.³⁰

Similar to the usages sketched out above, *hälsa*, *helbrägda*, and *sund* – though not *frisk* – all had clear religious connotations. For example, the term *hälsa* was used as a metaphor to describe the nature of God as a saviour and his relationship to Christian believers as the salvation. Thus, Ephesians 5:23 in the first sixteenth-century Swedish translation of the New Testament reads, 'Christ is the head of the congregation, and he is the health of the body.'³¹ Similarly, a sixteenth-century hymn declared that 'Jesus Christ is our health, who will save us all.'³² In these examples, 'health' is a proxy for that which is good, to be compared with the same biblical passage in the King James Bible that uses 'saviour' in lieu of health. And indeed, Stiernhielm employed the word in its double religious meaning of saviour and salvation, when he described God as 'our eternal health' ('vår evige hälsa') at the end of the poem 'Hälsa-Prijs.'³³

In the references to Christ as the health of the congregation, we see a collective dimension of the concept of health. Here, health is not a question of the well-being of the individual, but rather, of the community. As Margaret Healy notes, society-wide illnesses such as the bubonic plague were often understood to have collective causes in early modern society and connected to failings of upholding Christian morals, while other illnesses were seen to have more individually attributable causes.³⁴ A collective aspect of 'health' is also noted in the realm of politics. Research on European political discourse and with regards to early modern Sweden has noted the use of health as a metaphor in politics, for example describing society as a body, or the king's body as a metaphor for society, and understanding political revolts as illnesses or dysfunctional limbs.³⁵

30 Sparman, *Sundhetzens speghel*, 103.

31 *Thet nyia Testamentit på Swensko*, Ephesians 5:23. The same passage in King James version reads 'For the husband is the head of the wife, even as Christ is the head of the church: and he is the saviour of the body.'

32 [Olaus Petri]. 'Jesus Christus är wor helsa.' The psalm is Olaus Petri's Swedish translation of Luther's 'Jesus Christ, unser Heiland,' which in turn is a revision and expansion of the medieval hymn 'Jesus Christus, nostra salus.' We are grateful to Josef Eskhult for bringing our attention to this point.

33 Stiernhielm, 'Hälsa-Prijs.'

34 Margaret Healy, 'Why Me? Why Now? How?'

35 Rönnqvist, *Der königliche Vater*, 141–155; Sennefelt, 'A Pathology'; Healy, *Fictions of Disease*. On the intersection between health, religion and kingship, see Brogan, *The Royal Touch in Early Modern England*.

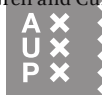
A more comprehensive analysis of the meanings of health in the early modern period needs to pay attention, then, both to health as a concrete state of prosperity or the well-being of body and/or mind, and to health as a metaphor for good, often carrying political, moral, and religious overtones. Health was located in the individual person (in healthy hands but not in weak feet), in social relations (in the relation between two correspondents, and in the welfare of the political body or the Christian congregation), in the surrounding world (on the broad street more than on the narrow). Bearing this in mind, the tendency among scholars to problematise health to a lesser extent than illness, or simply use health as a contrasting state of being to illness, seems too limited for a comprehensive understanding of what health signified in the early modern period.

Moreover, when we probe the meaning of health, it is apparent that health is not necessarily a question primarily for medical practitioners, but an equally central matter in other areas of people's lives. None of the examples discussed in this short survey of the term come from medical practitioners or medical discourse, yet they were all part in conceptualising health in early modern society. It is our contention here that examining the historical meaning of health can be a way to further integrate the history of medicine into early modern history.

In this volume, the religious aspect of health is central in **Gabriela Bjarne Larsson's** and **Riikka Miettinen's** chapters. In her biographical study of a spice merchant turned Brigittine nun, Bjarne Larsson explores the complex relationship between parallel interpretative systems for understanding health at the end of the medieval period. Moving forward in time, Miettinen demonstrates how mental health was part of a religious discourse in rural communities in seventeenth- and early eighteenth-century Sweden. Through Miettinen's analysis, mental illness is revealed as something to be treated through religious guidance and ritual, the treatment often equally engaging kinship networks and local clergy. In both Miettinen and Bjarne Larsson's studies, religiously informed ideas and practices were central to how people conceived health, and the authors show how these ideas were intertwined with other knowledge regimes of healing.³⁶

Another important paradigm for how people thought about health in early modern Sweden was the tradition of Galenic/Hippocratic medicine. The medical context in early modern Europe, in all its complexity, is highly influential as a conceptual framework for the analyses in this volume. In

36 On religion and medicine, see also Park, 'Medicine and Magic'; Grell and Cunningham, eds., *Medicine and the Reformation*; Grell and Cunningham, eds., *Medicine and Religion*.



the early modern period, scholarly inclined Europeans as well as the general populace largely adhered to the ideas of Galenic/Hippocratic medicine. In this tradition, a person was healthy when the four humours – blood, black bile, yellow bile, and phlegm – and their associated qualities were in balance in her body. Conversely, ill health resulted from an excess or lack of one or more of the humours. This theoretical framework led to therapies that aimed at adjusting a person's humoral balance, such as blood-letting, sweating, and purging. It also led to the widespread belief in preventive regimens governing daily activities like sleeping, eating, drinking, and exercising. These regimens emphasised moderation in all things, with the belief that this would help preserve a beneficial humoral balance. From the perspective of Galenic medicine, a healthy body was a body in balance.

This paradigm of thought remained influential throughout the seventeenth and well into the eighteenth century in Sweden, and some ideas and practices continued to be important at an even later date. For example, the abandonment of miasmatic medicine and climate theory – both important elements of Galenic/Hippocratic medicine – has been located to the mid-nineteenth century in Sweden.³⁷

At the same time, the early modern period also saw the introduction of new medical paradigms for understanding health.³⁸ One such system was the chemically informed view of the Paracelsian iatrochemists, who understood sulphur, mercury, and salt, rather than the humours, to be essential to medicine. This understanding resulted in an increased influence of chemical remedies in learned medicine.³⁹ Another important viewpoint was the iatromechanic understanding of medicine, in which the body was thought of as a functioning or dysfunctioning machine.⁴⁰

These medical theories continually influenced each other in the learned debate of the period and were often combined in pragmatic ways.⁴¹ Several of the chapters in this volume offer insights into how these theories were discussed and applied in various contexts. The iatromechanic understanding of medicine is usually portrayed as a theoretically informed standpoint, yet in his contribution to this volume, **Anton Runesson** shows how similar ideas about health and illness were held among the broader populace in early

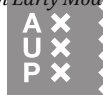
37 Drakman, *När kroppen slöt sig och blev fast*, 19.

38 Murphy provides a view of what this could mean for an individual practitioner, see Murphy, 'Common Places and Private Spaces.'

39 On Paracelsian ideas in Sweden, see Karlsson, *Götisk kabbala och runisk alkemi*, 95–97; Lindroth, *Paracelsismen*, for influence on medicine, especially 447–468.

40 Dunér, 'Maskinen människa.'

41 Gentilcore, *Food and Health in Early Modern Europe*, 35–36.



modern Sweden.⁴² Rather than seeing this as a top-down spread of certain ideas, Runesson shows how the notion of health related to the importance of being able to work in the local community. Moreover, by exploring how the reading difficulties of the Swedish King Charles XI were dealt with, **Andreas Hellerstedt** highlights a pragmatic approach to Galenic theory: the young king's teacher mitigated the fact that Charles XI lacked certain talents expected from a king by renegotiating the theory of the temperaments. By analysing the case of Charles XI, Hellerstedt highlights how the meaning of health had importance in early modern politics and pedagogy.

The significance of social relations located in specific places of healing is further highlighted in **Charlotta Forss's** study of the sauna as a place people visited when they felt unwell. She shows how people considered the act of using the bathhouse, or sauna, as a means of preserving or restoring health. This embedded notions of health in everyday life, since sweat baths were also a widespread social pastime in early modern Sweden and Finland. Moreover, **Maria Sjöberg** and **Hedvig Widmalm** give examples of how health was tied to gendered social relations. Widmalm makes an important point in highlighting how the conceptual associations between hair and health changed over time, and that gender was a crucial component for these changes. While several contributions of the volume highlight the importance of holistic ideas of health in the period, Widmalm's study shows how the conception of health could equally be tied to a particular body part. Sjöberg instead approaches early modern understandings of health through examining the changing nature of the medical marketplace. In so doing, she highlights the centrality of gendered ideas of work in the way healthcare professions emerged.

In his revisionist account of the role and status of Swedish physicians in the eighteenth century, **Hjalmar Fors** probes our conceptions of the early modern medical marketplace from a different perspective. He shows how social relations beyond the medical sphere were central for practitioners, for example in the networks of patrons that physicians drew on, and in the way the state related to physicians as one among many groups of civil servants. This view is a reminder that health practices did not circulate in a closed-off sphere. Quite the contrary: notions of health were conceptualised in relation to myriad relations, practices, and institutions that filled people's lives.

Together, the contributions in this volume offer rich insights into the different social contexts in which the meanings of health were shaped in

42 In a study of post-partum narratives in early modern England, Lea Astbury similarly emphasises the importance of the functionality of the body in daily life for early modern conceptions of health. See Astbury, 'Being Well, Looking Ill.'

early modern Sweden. They testify to the multitude of traditions, norms, and ideas that informed the understanding of health and to the diverse set of practices that aimed at maintaining or improving it. They show how the notion of health was omnipresent in early modern society and made up a framework for living a good life.

Health and healthcare in early modern Sweden

In this section, we outline some important features of early modern Swedish society in relation to health and healthcare, and situate the chapters of the volume within this framework. Late medieval and early modern Sweden, including present-day Finland, constitutes the chronological and geographical framework of this volume. The sixteenth century, where the volume begins, saw Sweden emerge as a fledgling independent state. During the next two hundred years, Sweden grew in terms of territory as well as in terms of its military and political ambitions. At the height of influence, in the second half of the seventeenth century, Sweden was a Baltic superpower, and the country was deeply involved in the struggles for dominance on the continent. The dawn of the eighteenth century saw a reversal of fortunes in the Great Northern War (1700–1721), and by necessity, Sweden took on a less expansionist role in the following century.⁴³

These political developments make for a dramatic backdrop to our set of chapters. For some – like Andreas Hellerstedt’s study of the reading difficulties of King Charles XI – the political framework is highly relevant for interpreting how notions of health were understood and used. In other contributions, processes such as religious life after the Reformation – in Riikka Miettinen’s chapter – or changing consumer patterns in the late eighteenth and early nineteenth centuries – in Hedvig Widmalm’s – are of greater import. For all authors, contextual readings have proven crucial for understanding the developments they study.

That said, while the focus of the volume is on Sweden, the historical understanding of health is in no way solely dependent on a national context but rather emerges through a network of influences.⁴⁴ Throughout the early modern period, Sweden was closely connected to surrounding areas in terms

43 See further Lindkvist, Sjöberg, Hedenborg, and Kvarnström, *A Concise History of Sweden*; Villstrand, *Sveriges Historia*; Lockhart, *Sweden in the Seventeenth Century*.

44 On the importance of cross-cultural transmissions for the history of medicine, see Alberts, Fransen, and Leong, eds., *Translating Medicine across Premodern Worlds*.

of movement of peoples and ideas. For example, though it was possible to study medicine at Swedish institutions of learning in the early modern period, many students conducted part of their studies abroad, at German, Dutch, and, in the eighteenth century, French universities. A doctorate degree in medicine was offered in Sweden only from 1737.⁴⁵ When it came to scholarly literature on medicine and medical advice books (Swe. *läke- och örteböcker*) aimed at a broader audience, most medieval Swedish volumes were translations of German and Danish works. Well into the seventeenth century, much of the Swedish-language advice literature on healing drew on German and French publications.⁴⁶

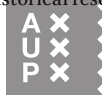
Still, the books written with a Swedish audience in mind were not simply translations. Indicating the local adaptations and the significance given to local conditions by historical actors, the present volume brings an often-overlooked perspective on ideas and practices of healing in Northern Europe to the discussion of early modern European health. For instance, Charlotta Forss considers how early modern Swedish medical authors argued that they adjusted their advice to local contexts, so that it would be efficiently useful for people ‘in these Northerly lands.’ In contrast, Widmalm highlights how eighteenth-century Swedish critics of wig-wearing worried that the new fashion had *not* been localised and thus would endanger health. Together, these chapters capture how historical actors themselves made use of a localised understanding of health to promote their own agenda.

This attention to how the understanding of health was localised is a valuable contribution to a broader discussion about health in early modern Europe. To begin with, the case studies in this volume provide points of comparison with developments elsewhere, thus nuancing and enriching our understanding of what health was and could be in different societal contexts. Moreover, the chapters draw attention to the analytical potential of focusing on how knowledge about the human body was made and legitimated. We see time and again how social practices – like working or bathing – were central to how early modern people conceptualised health itself. The history of knowledge has pointed to the importance of looking at processes through which knowledge was made and vocalised.⁴⁷ This volume

45 Maaniitty, ‘Befolknings- och folkhälsofrågornas framväxt,’ 443; See also Hult, ‘Frankriket i svensk medicin.’

46 Christenson Nugues, ‘Skolmedicinen i det medeltida Sverige,’ 71; With regards to almanacs (a genre which often included medical advice), see Nordenmark, *Naturvetenskapernas historia i Sverige*, 73.

47 See, e.g., Daston, ‘The History of Science’; Lässig, ‘The History of Knowledge.’ For the history of knowledge in Scandinavian historical research, see Östling et al., ‘The History of Knowledge.’



provides case studies of how this tenet can be set into practical use within the field of health and illness.

The importance of studying health beyond present-day geographical borders can also be seen when considering networks of people and institutions. In a biographical study that problematises the methodological nationalism inherent in a study of health and society in early modern Sweden, Gabriela Bjarne Larsson takes the example of Maihingen in Southern Germany. Bjarne Larsson demonstrates that the institutional framework of the Brigittine order, with its central node in Swedish Vadstena, was as important a reference point for the healing practices that were carried out at the convent as the local culture in Maihingen. She shows how different knowledge regimes for interpreting health and combating illness were combined through the personal experiences and resources of individuals entering the Brigittine convent. At the same time, she makes clear that the religious institution, the Brigittine monastery, created a framework for interpreting health in the period.

Bjarne Larsson's study is set at the cusp of the early modern period, in the early sixteenth century. In the following decades, the Reformation restructured private devotion and the institutions for healing in Sweden and much of Europe.⁴⁸ Religious houses and monasteries in the Swedish realm, as well as the houses of healing tied to monasteries (Swe. *helgeandshus*), were closed in the wake of the Reformation. Secular institutions that provided care, so called *hospitals*, became more important in cities and towns.⁴⁹ The defining factors for receiving care at a hospital were, first, whether a person was in need of help for their survival, and, second, if they followed the rules of proper behaviour set out by the institution. As noted by earlier research, this meant that the old, the very young, the disabled, and those suffering from severe illnesses were grouped together conceptually and institutionally.⁵⁰

There were a number of different persons, places, and institutions that people in early modern Sweden turned to when looking for the treatment of bodily or mental symptoms of ill-health. In Stockholm and the larger towns of the realm, several groups of medical practitioners complemented and competed with each other.⁵¹ One group of healthcare practitioners which has

48 Grell and Cunningham, 'The Reformation and Changes in Welfare Provision,' 1–41.

49 Broberg, 'Liten svensk medicinhistoria,' 14.

50 Sandén, 'I livets skuggdalar,' 49–72; Nordström, *Vården och staten*, 45.

51 On early modern Swedish medical professions, see, e.g., Lindberg, *Peregrinatio medica*; Lindberg, *Kirurgernas historia*; Vainio-Korhonen, *De frimodiga*; Fors, 'Medicine and the Making of a City'; Bergqvist, *Läkare och läkande*.



received plenty of attention, but whose roles at the early modern medical marketplace still remain a point of contention, are university trained physicians. In Sweden, the 1663 founding of the Collegium Medicum, which had oversight duties for other medical professions for most of the early modern period, has traditionally been seen as an important point in the gradual professionalisation of physicians as the foremost providers of care.⁵² Hjalmar Fors's chapter makes an important contribution to this debate by not only situating the physicians in relation to other healthcare practitioners, but also comparing their roles to other groups of actors associated with the state bureaucracy, which, from the seventeenth century, grew in scope as well as personnel. Viewed in this light, the role of the Swedish physicians in the eighteenth century appears much less exceptional. Physicians comprised one group among many who performed functions in the state. Compared to other groups, such as the civil servants of the Bureau of Mines (Swe. *Bergskollegium*), the mandates and status of the physicians appear unimpressive.

These insights are interesting not least in relation to the broader account of early modern medical history. Earlier research has noted that, with regards to institutional developments in healthcare, early modern Sweden appears to have been somewhat behind general European trends. This is not least because medical professionalisation developed there later than in many other parts of Europe.⁵³ This circumstance constitutes another argument for including the early modern period in its widest possible sense, as is done in this volume.

Another way to contextualise early modern medical practitioners is to consider how their practice was structured in relation to important forces at work in society at large. In a close examination of how gender norms shaped the medical marketplace, Maria Sjöberg points to the household as an important institution for healthcare practitioners at the beginning of the early modern period, arguing that 'a barber's activity was perceived as based on marriage and family.' As such, women most likely figured as healthcare providers to a greater degree than the formal, and male-coded, regulations indicate. Sjöberg traces the history of the barber-surgeons up to around 1900, a move that allows her to map out long-term changes in the gender coding of the work of the barber-surgeons. She observes that while women were allowed to formally train to become barber-surgeons in the nineteenth century, this coincided with the occupation's loss of status. Her

52 See Hjelt, *Svenska och finska medicinalverkets historia*, 1:3; Wolff, 'Kirurgerna och förnyelsen av läkarvetenskapen,' 470–496; Stolberg, 'Learning from the Common Folks,' 649–667.

53 Bergqvist, *Läkare och läkande*.

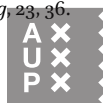


chapter highlights the significance of regulation, both in creating a space for female healthcare practitioners and also, paradoxically, in setting the stage for control and curtailing the activities of women. Taken together, Hjalmar Fors and Maria Sjöberg's chapters provide a more historically sensitive reading of the role and status of early modern medical practitioners.

Focusing on the place rather than the performers of healing, Charlotta Forss's chapter examines the role of the sweat bath, or sauna, in early modern Sweden. Her analysis highlights that visiting the sauna was a way to enact health or illness. Expressing the wish to take a bath could be used as evidence of illness, but the actual bath was also considered to treat a number of ailments and to prevent a person from falling ill. With this perspective, Forss brings much-needed attention to one of the places where people sought healing in early modern society. In the bathhouse, a person feeling unwell could receive advice and treatments from trained physicians, barbers, or bathers, but equally, they could be treated by a person in the local community who was considered to be knowledgeable in healing, or they could be helped by friends or family, or, indeed, engage in self-care. Focusing on the places where healing was conducted helps bring new depth to the well-established fact that early modern people drew on health advice from several different groups of actors and knowledge regimes. In addition, Forss's perspective emphasises a situational understanding of health through highlighting how health was defined both in relation to the bathhouse as a place, and in relation to the characteristics of the bodies who frequented the bath.

In their respective chapters, Riikka Miettinen and Anton Runesson challenge the bias of giving interpretative primacy to the urban environment over the rural setting found in earlier research. The countryside was, after all, the arena where most people in early modern Sweden lived out their lives. Indeed, earlier research has noted that, with regards to Sweden, studies of rural conditions and of everyday practices of medicine have to date been only partial.⁵⁴ Both authors make use of court records, as does Charlotta Forss in her study of health in the bathhouse, as a means to gain insight into health practices beyond the learned elite. Miettinen's chapter deals with responses to mental illness in rural communities during the seventeenth and eighteenth centuries. Through her analysis, it becomes apparent that notions of health and well-being were deeply immersed in communal life. The health or ill-health of members of the community was a matter of importance for family and friends. Moreover, the clergy seems to have taken an active role in supporting those who suffered, as

54 Drakman, *När kroppen slöt sig*, 23, 36.



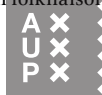
well as administering treatments that were understood to have a healing or alleviating potential. These treatments could consist of prayers or the administration of sacraments.

Runesson focuses less on healing activities and more on how people in rural communities spoke about bodily health. Specifically, he makes use of witness testimonies in court protocols to tease out the conceptualisation of illness among a stratum of the population who are not normally heard. Runesson emphasises the importance of recognising that rural communities understood illness as a lack of ability to perform one's usual tasks. Bodily ailments were related to a person's position in the local community and to the importance of providing sustenance, rather than to humoral conceptions of the causes and effects of disease or injury. Here, we see a parallel to the function of an early modern Swedish hospital, which, literally and symbolically, brought people who could not provide for themselves together under one roof.

Not all symptoms that are today regarded as part of the medical sphere were considered as such in early modern worldviews, although they were informed by humoral thinking about the human constitution. In his chapter, Andreas Hellerstedt argues that the learning difficulties of King Charles XI were *not* considered a question of health. Rather, the young king's teacher, Edmund Gripenhielm, interpreted Charles's reading difficulties as a natural variation of temperament. In part, this conclusion could be reached through reasoning about the variance of the composition of the four humours which gave every person their individual character. Despite the young king's inability to succeed in the ambitious education commensurate with a monarch's role, the political impossibility of declaring the king mentally slow or stupid was evident and shaped Gripenhielm's reasoning about the four humours. Gripenhielm needed to come to the conclusion that the king was too talented, rather than not talented enough or lacking in some area. Hellerstedt demonstrates how this political reality influenced the interpretation of medical theory.

In the eighteenth century, a growing priority of the state to manage its population was paired with new scientific ideals and interests in investigating the human body and mind. These combined forces led to, among other things, the founding of new institutions to investigate, educate, and manage health. Of particular concern to the eighteenth-century Swedish elite was the fact that the country was so sparsely populated.⁵⁵ *Serafimerlasarettet*, a teaching hospital, was founded in 1752, and attempts were made to gather

55 Maaniitty, 'Befolknings- och folkhälsofrågornas framväxt,' 441–469.



information about the health of the population through yearly reports from physicians and from parishes.⁵⁶ Carolus Linnaeus, in addition to his classifications of plants, animals and humans, provided classifications of illnesses.⁵⁷

Consumer patterns shifted and evolved in the eighteenth and nineteenth centuries. One area where this is evident is hair fashion, and in her chapter, Hedvig Widmalm takes us through the fascinating elements of thought and practice in how people in Sweden related to their hair in the period 1740 to 1840. She shows how wigs – primarily worn by men of the elite in Sweden – were considered a dangerous and potentially unhealthy influence by critics in the late eighteenth century. In contrast, an emerging genre of cosmetic advice books in the nineteenth century emphasised the connection between, on the one hand, female hairstyles, and, on the other, ideals of beauty and attractiveness. Consequently, with regards to hair, health became a question of gender. Widmalm demonstrates how this gendering of health through hair came about through changing fashion trends and consumer patterns. Focusing on hair also allows her to highlight the porous borders between questions of health, food, beauty, and ideas about good householding in the early modern period, as advice books tended to treat these topics in tandem.

Taken together, the chapters that make up this volume bring attention to an array of societal factors that were instrumental for shaping early modern medical practice. And conversely, the contributors show how ideas and practices that have been related primarily to medical history had an import well beyond that sphere. The classical narrative in European history of early medicine and health is broadened and at times challenged by the focus on Sweden. Institutional developments occurred at a different pace in the northern peripheries of Europe, and the specific societal context influenced the formation of medical professions as well as the conceptual framework of how health was understood.

Finally, the question raised in the beginning of this introduction – what is health? – has a bearing far beyond the early modern period. In her concluding epilogue, **Helena Tolvhed** uses the early modern conceptions of health outlined in the chapters of this volume as a starting point for reflecting about the meaning of health in the twentieth and twenty-first centuries. She shows how the holistic understanding of health that was prominent in the early modern period has much in common with the

56 Broberg, 'Liten svensk medicinshistoria,' 17–19.

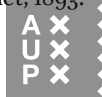
57 Broberg, 'Liten svensk medicinshistoria,' 17–18.

present-day discourse. Equally important, Tolvhed reveals how societal change continuously redefines the relations between health and society, even to this day.

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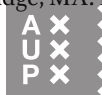
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