Stories of Disease Written by Patients and Lay Mediators in the Spanish Republic of Letters (1680–1720)

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In a letter written to the well-known royal physician, Don Juan Muñoz y Peralta (1665–1746), a worried husband explains how “about three years ago now, because of all the reading, my dear wife’s head got so hot that it set off a distillation from her head down to her chest.”¹ The historian of medicine must go about the task of interpreting such a compelling source with extreme caution. It is not easy to fathom the network of decisions, negotiations, conflicts, or alternatives lying hidden behind a text of this kind, written as it was by a layman. In this particular case, a patient’s husband is writing to a physician to enquire about his wife’s malady. The letter features rhetoric that broadly typifies the literate culture of the Republic of Letters, borrowing freely from its wide range of forms of expression. Undoubtedly, Don Fernando José de Zuloeta—to call the sick woman’s husband by his name—is drawing from his personal stock of linguistic expression. However, he also resorts in the letter to terms and expressions picked up from linguistic fields beyond his own that might suit this particular form of social address, that of letter writing, terms and expressions that he might have gleaned from forms of social interaction such as a doctor’s house call. It was during such visits that patients, as well as their relatives, friends and acquaintances, servants and neighbors came into contact with a type of cause-and-effect reasoning capable of explaining a particular complaint, expressed in vocabulary belonging to the domain of medical experts with professional knowledge. Here, patients would listen, ask questions, and have their queries answered.

Perhaps, according to her husband, Zuloeta’s wife read more than was wise, but if that were the case, she would have been more than able to

write to the physician herself, something which she did not do. We are thus forced to explain why her husband addressed the physician on her behalf; after all, if she was such an avid reader, she was surely capable of describing her own condition.² Maybe blaming excessive reading for the malady was really her doing, but the diagnosis in the letter seems to have come from her husband, or in any case from one of the doctors or healers consulted by the couple over a three-year period that began when she—or the two of them—first noticed her complaint. It is also possible that during those three years the woman had sought help elsewhere, for he mentions the names of two other physicians, one from Antequera and the other from Sevilla. It might even be that all involved had an equal part in the decision to write a letter to the royal physician, Don Juan Muñoz y Peralta, who had made the leap from his native Sevilla to pursue a prestigious career at court.

Whatever the case, Zuloeta's letter about his wife's condition was not the only one that Peralta received during the years he spent in Madrid. In fact, from the time of his arrival in 1709 to 1721, when the Inquisition imprisoned him and confiscated everything in his home, over three hundred letters had piled up on his desk.

Most of these letters were from other physicians consulting their colleague about particular cases. Consultation by mail had been common in medical practice more or less since the time of its consolidation in Europe in the twelfth and thirteenth centuries, but this mode of communication vastly expanded in later periods, especially in the seventeenth and eighteenth centuries.³ Several dozen of the letters received by Peralta, however, came directly from patients, or from their relatives, friends, or acquaintances. This batch of letters constitutes the basis for this study of stories of disease written from the viewpoint of patients or their lay mediators.

Our main aim is to focus attention on these nonprofessional voices, on the words of patients themselves or those who, like them, were not trained in medicine. The value of analyzing this type of source for cultural-medical history was long ago established by Roy Porter, who proposed that the history of illness be examined from below, adopting the point of view of the patient as opposed to the traditional approach based almost entirely on that of medical practitioners.⁴

The patients' letters written to Don Juan Muñoz y Peralta that we examine, to be sure, cannot be regarded, from a strict standpoint of social history, as having been written from the bottom of the social pyramid. Indeed, it must be acknowledged from the outset that sources such as these

give voice to members of very specific social groups, namely, those of the upper and upper-middle classes, that is, those with the financial and, above all, cultural means to consult one or more physicians by mail about their ailments and health problems, or those of their relatives, friends, and acquaintances. This caveat, however, in no way invalidates the pertinence of this or other analyses of this kind. In the first place, these voices are real and should be taken into account in a cultural history of medicine; and secondly, the frontier separating medical experts from lay practitioners, no matter how blurred and malleable in an earlier era, situates the educated class in the lay camp alongside groups more demographically numerous and culturally “lower down” the social ladder.⁵ The fact is that relying solely on this kind of written source makes an appraisal of the illiterate much more complicated and, indeed, well nigh impossible.⁶ In other words, what makes these voices of the literate sick interesting in themselves, and at the same time lends them precise historical significance, is not that they enable a history of disease from below. Rather, they provide vivid testimony for a cultural history of disease. As Porter has stated, “[I]n important ways, the sick have not just been ‘patient’ but ‘agent’ as well, both looking after their own health, and playing active roles in managing their dealings with medical professionals and the institutions of regular medicine.”⁷

On the other hand, patients’ letters, or those of their mediators, cannot be seen simply to reflect dominant medical thought or to codify presumed notions of “popular” knowledge. Both interpretations err on the side of reductionism and imply a monolithic view of both academic and lay medical culture. As Séverine Pilloud, Stefan Hächler, and Vincent Barras have advised, analysis of what patients’ letters have to say must “shed light on the factors which shape the accounts of laymen, underlining the concrete conditions of discursive production of the illness.”⁸

Approaching our subject through this interpretative framework, we wish to provide an example of medical-cultural analysis that documents voices belonging to patients who were active in considering, interpreting, and treating disease in an effort to have control over their own bodies. Our study also is new in its focus on Spain, in particular Madrid and Sevilla, a geographical setting largely ignored in the historiography of patients’ letters.⁹ Moreover, we focus on the years 1687 to 1721, a period barely considered in studies of this type, which generally concentrate on the later period of the Enlightenment, which saw a similar peak in the genre of letter-writing from patients or their lay mediators to physicians.

Juan Muñoz y Peralta and his patients

From a position that afforded him the privileges of a court physician, Peralta was regarded as the “the protector of Sevillians.”¹⁰ This was the term of address used by Mariano Coste y Cobián, one of the many Sevillian gentlemen who wrote to Peralta in the hope of “being granted favors” such as recommendations related to a wide range of personal, professional, or political affairs, as well as diagnoses, prognoses, healthy diets, or prescriptions for effective remedies against disease. “My Dear Sir,” Cobián writes, “though I was not unaware that you were the protector of Sevillians, the fact has been confirmed to me by my son Manuel, who tells me of your kindness in granting him every possible favor” (4208, 1; Sevilla, Dec. 3, 1720). It is important to highlight Peralta’s Sevillian connections at the court because it helps explain how the map of his patients-correspondents was configured (see fig. 1). As may be seen, a dozen patients sent letters from the area of Sevilla: seven from the city itself and five others from the neighboring towns of Osuna, Carmona, and Arahál, which also happened to be Peralta’s birthplace. A patient from Cádiz fills out the group of patients-correspondents from Andalusia, Peralta’s region of origin. In addition to these thirteen Andalusian patients, a further eight were scattered around several territories of the Crown of Castile, along with two patients living in Paris and fifteen living in Madrid and its surroundings.¹¹

That Peralta shared his local origins with a clientele geographically remote from a court physician is by no means peculiar. It is well known that maintaining relationships with relatives and associates from the same place of origin is fundamental to the network of client relationships contributing to the social fabric of various societies, including the courts of the *Ancien Régime*. In the specific case of Peralta’s career as a university educated physician, his relationships with fellow Sevillians was vital to building up a clientele of patients which enabled him to make a living for most of his long life, which stretched over a sixty-year period from 1687 to 1746. He began practicing in Sevilla in 1687 after having his university degree ratified, as was required, by the Protomedicato, before moving on to practice in Madrid in 1709 in the middle of the War of Succession. He had been called to Madrid to attend his main patient and patron, Don Francisco María de Paula Téllez-Girón (1678–1716), VI Duke of Osuna. The duke’s patronage was crucial to Peralta’s career.¹² For one thing, the duke sent Peralta other wealthy patients from the clan of clients connected to the house of Osuna, both in Andalusia (mainly around the Sevilla-Carmona-Osuna axis, where Arahál was also located) and in Madrid.

Figure 1.

Map showing the distribution
across Spain of Peralta's

patients-correspondents. Designed
by Matthew E. A. Cornett.

Peralta's special relationship with the Duke of Osuna also accounts for some letters written to Peralta on behalf of a couple of Parisian female patients by their respective mediators. Peralta had moved to Paris in 1713, accompanying the Duke of Osuna, who had been sent there as Ambassador Plenipotentiary of Philip V of Spain to sign the peace treaties concluding the war. However, the duke's death in Paris in April of 1716, one year after the treaties had been signed in Utrecht, obliged Peralta to return to Madrid and set about reestablishing his position there after the loss of his main patron.¹³

There is no explicit evidence that the loss of the duke's patronage directly resulted from the Inquisition charging Peralta for crypto-Judaism, leading to his imprisonment in 1721. The fact is, however, that Peralta's return to Madrid coincided with an inquisitorial *razzia* of considerable proportions. Lasting from 1718 to 1725, it would lead to over a hundred death sentences and the imprisonment of several hundred people, all of whom were accused of moving in various crypto-Jewish circles. These groups had been especially active in Madrid since the 1680s and included mainly descendants

of Portuguese Jews. Apart from Peralta, other court physicians in the service of the royal or noble households were also among those persecuted.¹⁴ Peralta was released after four years in prison but was unable to recover either his good name or his position at court in the remaining twenty-one years of his life. He did manage, however, to rebuild a network of patients that allowed him to make a living from the practice of medicine, although we are not sure just how extensive it was. That is another story, however, as none of his patients' letters in this third and final period of his life have survived.

In fact, had it not been for the Inquisition seizing all of his assets in 1721—his papers and books among them—Peralta's letters would almost certainly have disappeared, as did those which he received after his release from prison.¹⁵ Almost all of the private correspondence between physicians and patients in the sixteenth and seventeenth centuries suffered the same fate. It is for this very reason that any collection of a physician's private correspondence, no matter how small and especially if it predates the Enlightenment, is always valuable as a source of information in scarce supply.

What we should analyze now, therefore, are the characteristics of the thirty-nine patients documented in their surviving letters to Peralta.¹⁶ The geographical relation of these patients to Peralta has been noted, but another distinguishing feature of these patients-correspondents must be pointed out for its implications for our appraisal of the letters' contents and personal remarks about disease: fourteen of the patients were female and twenty-five were male. Six of the fourteen women wrote about their illnesses themselves, while of the eight women who expressed themselves through a mediator, three of them relied on their husbands to mediate, one of them on her father, one on her employer (this particular woman was a wet nurse), and the remaining three on an assortment of servants and relatives. By contrast, only two women put pen to paper as mediators in the illnesses of other people: one on behalf of her husband, the other to ask for help with her father's illness.

The role of mediation in the case of the women is crucial, and any analysis must take this into account. Mediation also plays an important role in the case of the twenty-five men. In the letters which we are analyzing, more than twenty male letter-writers acted as mediator between the patient (male or female) and the physician. In some cases, the task of mediation was not left to one person alone, and the letters reveal a network of interconnected mediations. Most of these male mediators were relatives, not only husbands but also fathers, siblings, cousins, nephews, and grandchildren. On one occasion, it was a parish priest who wrote to Peralta to consult him

about the Duke of Osuna, who had fallen ill in his parish while traveling to Madrid. On another occasion, we come across a Sevillian apothecary, Juan Fernández Lozano, taking advantage of the close commercial relationship he had enjoyed with Peralta for some years to write to consult him about the health of “a friend of mine and relative of my Godmother who finds himself suffering from a quite dreadful case of dropsy” (4208, 1; Sevilla, Jan. 9, 1720).

Among the forty-seven male characters who make their appearance in the letters received by Peralta, we find both patients and mediators who represented society’s privileged estates, starting with the high aristocracy (Castilian and Andalusian) and the high clergy (including two bishops), passing through the lower nobility, and moving down to members of the military, bureaucrats, clergy, and court employees. It is therefore a social sample limited mainly to the upper and upper-middle classes, two social groups which were, generally speaking, highly skilled in spoken and written language. In fact, as some of Peralta’s patients even had servants who could write, there are several examples of servants writing about their masters, as indeed there are of masters writing to consult about the health of one or other of their servants. The most interesting example of the latter type of mediator is, once again, the Duke of Osuna. In an undated dispatch, but one undoubtedly written in Madrid, he wrote to Peralta concerning his wife’s wet nurse:

My Dear Peralta, we have just arrived home to find Joaquín’s wet nurse claiming she has never before felt as she does today. The family physician visited her this afternoon and declared himself unable to find any signs of fever. I have just taken her pulse and my limited knowledge tells me that she is a little out of sorts. Please tell me, if you think we should try to trick the boy into suckling from Niceto’s wet nurse’s bosom. . . . Do tell me what should be done in writing, so that your instructions may be carried out. (4208, 1; [Madrid])

Apart from the obvious familiarity with which the patron addresses the physician, as reflected by the salutation “My Dear Peralta,” it is important to highlight how the duke’s attempted diagnosis, after taking the wet nurse’s pulse, overrides the attending physician’s judgment.¹⁷ The diagnosis is offered with relative confidence to Peralta, who is then informed that a written reply from him will suffice. The duke’s confidence in his own knowledge and

experience when examining his servant and, by implication, taking responsibility for his son's health, is toned down by the use of such expressions of modesty as "my limited knowledge." Yet it is precisely this "knowledge" of educated lay people about the diseased body that emerges in these letters.

Communicating illness

One outstanding feature in all these narrations of diseased bodies is the marked social dimension of disease.¹⁸ It is clear that the forms of sociability surrounding the patient were complex, culturally assumed, and played out by various participants. This is the reason for the polyphony of voices which may be heard directly and indirectly in the letters: those of patients, relatives, mediators, neighbors, other healers, and the physician to whom they were addressed.¹⁹ This medical encounter thus displays a complex social dimension that is not always given proper consideration in the historical analysis of the relationship between patients and medical practitioners, a fact so adeptly demonstrated by Mary Lindemann.²⁰

However, over and above—or perhaps beneath—the social dimension pointed to by the vast majority of authors, we believe that the testimonies of patients and mediators contained in the letters to Juan Muñoz y Peralta can be organized around four other main ideas or characteristics. First, the diseased bodies described in the letters seem to be afflicted by almost permanent and long-term illnesses, which are described in various ways (in terms of successive "accidents"). Secondly, in narrating the evolution of particular illnesses, the letters give evidence of some of the *loci communi* characteristic of mainly Galenic-Hippocratic medicine: the humoralistic vocabulary, the account and reasoning of the *sex res non naturales*, the quantitative and qualitative objectification of bodily excretions, the extreme somatization of all diseased bodies, and the radically corporeal nature of illness in which the frontier separating bodily and spiritual effects is barely tangible. Thirdly, the letters describe processes of decision-making, often unproblematic from the patient's point of view, which involved choosing from the different available health resources, while the strain of constant negotiation between patient and physician is centered almost entirely on therapeutic strategy and, more specifically, on the choice of remedies to be applied to the diseased body. The last feature we observe is directly related to the preceding one, and might be defined as the patient's active epistemological role in the formulation and interpretation of his or her own illness, its causes, and its possible remedies.

We shall now examine these ideas, analyzing several significant testimonies from the letters and their relevance to current historiographical debates.²¹

Expressions such as the following give us an indication of how disease was experienced as a long-term process, in some cases as a permanent state: “These ailments that have been troubling me for years”; “This suffering has been with me for so long”; “Last September it had been two years”; “It has been my fate for three long years”; “It has been ten years since, all of a sudden, this accident came my way” (4208, 1).²² These are voices coming straight from diseased bodies, describing themselves as if they are victims of endless turmoil and suffering. Each illness is expressed as if it were singular, personal, unique, unclassifiable in nosological terms; indeed, illness is seen as being separate from and foreign to the body that personifies the ailment.²³ Such formulations are expressed in a language of sensibility that is plural but individualized, not reducible to taxonomic patterns deriving from some physician’s theoretical speculation.²⁴

The female diseased body even more than the male is characterized in women’s letters as regarding diverse accidents, or symptoms, under the umbrella of a single, long-term ailment. This is especially evident in two cases referred to Peralta. The narration by Catalina Larroca, from the Andalusian town of Osuna, goes back four years to the time when “I missed my period.” From that moment on, the illness takes over her body and the “ailments” start:

I am tormented by pain in my waist and hips, and if I move around on two feet, to do some exercise, I get so tired that I take four days to get right, and my blood heats up and I come out in a rash all over my throat and face, just like measles, and on top of all that I feel a pain in my heart enough to tear me apart, and the affliction in it is constant, so that I cannot get my breath, I cannot even climb four steps, I feel like I am choking and I am constantly thirsty. (4208, 1; Osuna, Dec. 11, 1714)

To deal with her thirst, “the physicians” tell her to drink, but this is “painful” and aggravates her heart pains, and doing so brings on “migraine attacks every day.” Tired of four years of suffering, she decides to write to Peralta, whom she had known since the 1690s when he was practicing in Sevilla.

The second case also concerns an old acquaintance of Peralta’s from Sevilla, a fact that allowed the woman to keep the summary of her several years’ suffering brief. She does not focus on an ailment embodied within

her own body but rather on the fruit of her body: her children, who were born strong and healthy, had all died “after about six weeks, give or take a few days.” Josefa Zabalza, the patient who wrote the letter, believed that the explanation for these deaths lay in her body as a mother rather than in external causes which might have appeared in the first weeks of her children’s lives. This tragedy had already befallen her three times and Josefa, pregnant again, writes to demand special and immediate care:

During my pregnancy, and since I will be coming to the end of my fourth missed period by the time I receive your reply, I hope that you will give me your instructions with all due haste, as any solace I might find depends upon them. (4208, 1; Sevilla)

Both women in these two cases express their illnesses in terms that the medical treatises of the day would not have classified under specific nosologic labels, although they both clearly feel that the recipient of their respective letters would comprehend their ailments and know how to help them. In this sense, their cases differ from that of Zuloeta’s wife, the woman whose “head got so hot” from all the reading, because her husband focuses his narration on a particular complaint, depicted as “a distillation from her head down to her chest,” which has been going on for three years. Although he admits that his wife appeared at one time to have regained her health (an impression based on the return of a “heavy” period and the fact that she had put on weight), he believes that her new symptoms manifest a regression to the original illness.

In fact, these patients’ belief that they were experiencing a state of disease that might be termed chronic stemmed directly from the Galenic-Hippocratic conception of the reciprocal processes of falling ill and healing. These patients’ accounts, and in general those by lay people, describe how the diseased body feels rather than speculate about which disease is causing the suffering. They are thus much closer to the classical vision of health and illness as humoral balance and imbalance than to the modern notion of the specificity of causes and a medical profile. They regard the long duration of the recovery process as something inherent and partly inevitable, given the complex set of causes always involved in the origin of imbalance. Though present in nearly all cases, this basic conception is not always easy to detect. The reason for this is the use of an explanatory strategy that tends to present the whole process as a series of symptoms (“accidents” in Galenic terms) organized chronologically (though not always) and mixed with allusions to

remedies used and their effects. All this complicated even further the already intricate cause-and-effect reasoning of humoralist medicine.

Other traces left by humoralism in the language used in the letters, however, are easier to detect. This is certainly the case for the repeated appearance of blood, phlegm, melancholy, or bile as terms in the patients' accounts.²⁵ These substances are mentioned above all at two moments, first, when they attempt to describe their temperament or constitution, specifically their humoral constitution. One clear example is that of the friar who starts his letter to Peralta as follows:

Taking my bilious, sanguine constitution, the fact I am forty-eight years old and that for thirty years of my life I have lived on crass, salty, and spicy food, which is common in the order, despite all that I have remained robust, with just a nasty sty in the right eye and some very occasional stomach pains. (4208, 1; [Bilbao], [1720])

We shall return shortly to the frequent observations about diet in the patients' letters, but we turn to the second occasion when humoralist language appears explicitly in the letters, this time in the patients' description of the effects of humoral imbalance in their bodies. In some cases, there is no doubt that the intervention of other physicians influences how the patient explains these effects:

the indisposition which I suffer from is not having enough vigor in my stomach for necessary digestion; as my ailment stems (according to what the physicians were able to feel) from a severe choler, I am convinced that you will understand it and apply your science in the knowledge of repair that I am in need of. (4208, 1; Campo de Calatrava, June 9, 1711)

More often than not, however, abundant references to these humors ("my chest fills up with phlegms," "my blood heats up," "this awful humor stops food from getting through," "the melancholic affect which I suffer from," etc.) are mixed in with references to the management of the *sex res non naturales*, or the six physical qualities—not guaranteed to be supplied adequately by nature alone—involved in balancing the humors to create a healthful harmony in the body: air, eating and drinking, waking and sleeping, exercise and rest, excretion and repletion, and the passions and their moderation.

Indeed, references to habits of eating and drinking and to irregular patterns of sleep, exercise, and rest are incessant in nearly all of the letters. In orthodox academic method, the orderly description of lifestyle habits was compulsory practice, as may be observed in the consultations sent to Peralta by other physicians. But establishing whether the presence of this kind of information in the letters from lay people can be attributed to a preestablished requirement is a more complicated matter.²⁶ To put it another way, it is unclear whether representing how their own bodies felt originated in the linguistic ingenuity of patients or whether this approach to medical description derived from having learned what the physician expected to read in consultations sent to him. The absence of any clear structure in the accounts found in the patients' letters compared to the almost standard lay-out of consultations written by physicians suggests that the latter explanation is more likely. If this is the case, we can attribute this use of medical language to the patients' skillful appropriation of the Galenic concept of *Regimen sanitatis*, the maintenance of health through practices of moderation. After several centuries of interaction between lay knowledge and experience and university medicine that had been gaining social legitimacy, lay people had come to assimilate the concept of *Regimen sanitatis*, which enabled them to correlate two crucial aspects of their lives: their everyday bodily habits and anxieties about their health.²⁷

In all the Galenic medical textbooks, one of the *res non naturales* is the interaction of excretion and retention, in which good health requires the proper management of bodily excretions. This idea can be observed in the patients' almost obsessive precision with quantifying and evaluating their bodily excretions. Examining urine and feces, for instance, was habitual. The friar from Bilbao, for example, writes:

it should be said that there has never been any grit, stones, or any sign of the aforementioned ailment in the urine, though the latter is in such a sorry state that I believe there is an interior ulcer. (4208, 1; [Bilbao], [1720])

In another letter sent the following year, also from Bilbao, Nicolás de Gaicitua gives a detailed account of his patterns of defecation, in keeping with nearly all of Peralta's patients:

after eight days I enjoyed great relief, not producing more than two or three stools at eight o'clock in the evening and four o'clock in the morning. (3946, 4; Bilbao, Feb. 2, 1721)

In other cases, we find just as detailed accounts of other evacuations, though with relatively little speculation about what to make of them:

finding myself since the month of April to the present moment with the novelty of frequent gut pains . . . these tribulations being accompanied by a large amount of wind, which appears to come from the stomach, where, feeling it battering, I experience insufferable burning . . . and, as neighbors, the belly and spleen groan equally. (4208, 1; Sevilla, Oct. 8, 1720)

Juan Manuel Esquivel, the author of the letter, uses a rather colloquial register when addressing his “companion and friend” Peralta. This tone helps explain the originality of the metaphors used to refer to the piles that torment him, (“impertinent ticks,” “fiery messages”), and the level of detail in his description of the therapeutic resources and strategies he has resorted to:

I have used countless medicines, among which have figured thick-leaved broom rape mashed between two pebbles placed on the affected area, which causes terrible pain; and I kept it there for thirty-six hours, though it was excessively punishing; and I was unable to sit down for ten or eleven days. (4208, 1; Sevilla, Oct. 8, 1720)

In fact, the ongoing negotiation between Peralta and his patients about healing remedies is closely linked to the lay reformulation of knowledge and practices developed by medical experts.²⁸ The description of therapeutic strategy typical of Galenism (“the realm of the purge and bleeding,” to use the well-known expression of the era) was generally accompanied in the letters by thinly veiled criticism of both its ineffectiveness and the discomforts and suffering it caused. Catalina Larroca wrote to Peralta:

They have bled me five times in three months, they have drained me of my strength . . . they have opened up two of my veins to let blood . . . they have prescribed me a poultice . . . and they have prescribed an ointment for my kidneys. . . . I do everything they tell me but find little relief. (4, 1; Osuna, Dec. 11, 1714)

In this case, as in that of Esquivel above and several others, the typical polypharmacy of Galenic therapeutics is depicted as a torment. In the patients’ accounts, “the horde of remedies” (as one patient puts it) comes across as a

tyrannical torture of the diseased body, which patients sometimes submitted to but on other occasions rebelled against. In most cases, they end up making their own decisions after comparing their own opinions with those of their physicians. Once again, the account by the friar from Bilbao provides an excellent example:

some agreed that it was nephritic pain . . . others disagreed, claiming instead that it was a rheumatic congestion of the muscles in the abdomen and peritoneum. . . . everybody concurred in blaming the liver, as I was giving off more warm humors, bitter and biting serums. . . . they agreed upon bloodletting, which was performed nine times on my arms and ankles, and some of them were still not satisfied. After the bleeding, serums and tiger nut milk were used, together with other soothing remedies. So I, more drained than healed, gave up all the remedies and started to do a little exercise and . . . that way found relief and no longer felt the burning in the passage. (4208, 1; [Bilbao], [1720])

Such initiative on the patient's part is not restricted only to cases when Peralta's help is sought after other physicians had prescribed unsatisfactory treatment. Sometimes recommendations by Peralta himself are the subject of negotiation. This is apparent, for example, in a letter from Pighetti, the Italian servant of a lady whom Peralta had treated in Paris and for whom he had prescribed some pills:

My ailing Lady . . . finished her six envelopes of pills. As she felt they were not quite having the desired effect, she instructed me to have some more sachets prepared, increasing the pills by a third compared to the first time. But as this time the effect seemed rather violent to her, having exasperated her and irritating the ulcer because of the acute pain she felt, she has stopped taking them and instructed me to reduce them in size and weight. (3946, 4; Paris, May 15, 1716)

Peralta's own prescriptions actually enjoyed great acceptance. Since the 1690s in Sevilla, his medical prestige had derived from the use of chemical pharmacopeia, which had garnered the loyalty of a large clientele for his "private prescriptions," although it had also led to disputes with Galenist physicians. Peralta's commercial alliance with the Sevillian apothecary Juan Fernández Lozano was central to his pharmacopeic methodology. One of Peralta's pop-

ular “private prescriptions” was a concoction made with quinine powder. Over and again, we find letters and notes requesting a well-known remedy of his, “that powder which you have for fevers” (4208, 1; Medina del Campo, Oct. 10, 1716), which Diego Benzaño requested for his friend Alonso Carrillo, brother of the Count of Montemar. Or the remedy was sought in pill form, as Agustín de Arana reminds Peralta:

You offered me a prescription of pills, which you claimed were ideal for the condition that has tormented me and brought me to death’s door. (4208, 1; Laredo, May 7, 1718)

While a prescription of quinine powder or pills was on its way from Madrid, however, patients would occasionally take matters into their own hands or make adjustments after taking into account the physician’s directions. Tomás de Vera, for example, had forgotten “some remedy or other for Gallic humor” that Peralta had prescribed for him, so while waiting for the prescription to arrive, he took it upon himself to “use some of the canned rose” and drink only water that had been “boiled with black salsify, as I have forgotten what you told me to drink it with” (4208, 1; Zamora, Feb. 8, 1718).

It is not even hard to find criticisms of a remedy’s effectiveness, as can be seen in Nicolás de Gaicitua’s letter:

The little pills have had some effect, though not in the way you had indicated to me, as it has been necessary to take them all and I still find myself with lingering traces of the ailment. (3946, 4; Bilbao, Feb. 9, 1721)

The fact is, however, that the patient’s role (and by implication that of her or his mediators) was not solely to negotiate the therapeutic strategy to which the body was to be subjected. The most outstanding feature of many of the letters is the way in which the patients, men or women, appear as active coproducers of medical knowledge. That is, they actively collaborate in developing specific knowledge about disease, its cause, and both its diagnosis and prognosis. They were also well aware of this capacity, something which not even expressions of modesty or their acceptance of the physician’s opinion can hide.

An excellent example of this is once again provided by Zuloeta, the ailing reader’s husband. After diagnosing his wife, identifying the cause of her ailment, and showing unfailing confidence in his knowledge about it, he writes, “as you know, I know little about medicine, so my account

will be expressed in layman's terms, and you may make up for my rough explanation" (4208, 1; Osuna, May 15, 1716). Zuloeta was not the only one to describe himself as a "layman" and then go on to express confidently his own opinion about the causes of the disease and the remedies to be applied, or to issue a veiled criticism about a treatment's ineffectiveness. Antonio Díaz, for example, who was closely monitoring the progress of the disease of his daughter, María Teresa, reports that after giving her "the serums and powder" prescribed by Peralta,

it has been a shock to see the novelty of her experiencing distress, bouts of indigestion and very bad wind at night, which then subside during her waking hours. Although a layman, it occurs to me [that all this] might be a new development for you, and because in a very short while I await the mercy of nature I felt it necessary to notify you. (4267, 8; Madrid, May 30, 1720)

In the letters to Peralta, we may discern a negotiation between different constituencies — physicians, patients, relatives — that the letter-writers coordinate as a strategy for imposing their personal judgment about their illnesses, which clearly demonstrates the patients' active role in the construction of knowledge. The Marquis of Castellón, for example, not only disagrees with his physicians, but he actually formulates an alternative explanation for the causes of his ailment and poses a cure for it:

these gentlemen [his physicians] pay no heed to my ailment every single day, since they fail to get me well. . . . As I am separated from Holy Matrimony and am extremely careful with my food, these gentlemen, in their wisdom, have declared the root of my trouble to be obstructions. . . . I believe that obstructions are partly to blame but that, given my weak stomach, it is rather more a case of having used up my natural heat and that, once this is remedied, it will vanquish any other humor. (4267, 8; Sevilla, Apr. 12, 1718)

Castellón's inclusion of salient biographical detail, which may not belong to a diagnosis based strictly on the *res non naturales*, indicates very graphically the epistemologically active role of the patient or the lay mediator in coming to terms with an illness. An "individual from Cádiz," about whom we have no more information, writes to Peralta begging him for one of his "personal"

remedies, in this case, for sexual impotence, which he himself has diagnosed in very precise terms:

I now find myself in the unhappy position of not being able to fulfill my matrimonial duties. The fault is only in my member. Since with regard to substance, there is a lot—even an excess—of it, I believe that [the problem] must lie in the nature of the part itself, as I have never suffered from illness in all my life, and have not even been purged. (4208, 1; Cádiz)

Many more examples could be given: the patient who explains why “I have decided to suspend said cure” (4208, 1; Laredo, May 7, 1718); the female patient who claims to be sure that her whole ailment is in her stomach and that her remedy depends solely on eating rather more than the physicians have told her to; or (as we have already seen) the husband who explains with great coherence how his wife’s excessive fondness for reading has led to a distillation in her chest. Zuloeta is also able to explain why the local physician is mistaken about his wife; and, while in one breath he attempts to arouse Peralta’s interest by praising him, in the next he indicates to him the diagnostic avenues which he should not pursue if he wants to be the right physician for someone who has meticulously put together his own explanation:

I brought my wife to Antequera and our Parrilla [the local physician] has purged and bled her and made up certain ointments and burnt some foul-smelling stuff, convinced as this Parrilla is that these accidents [symptoms] are uterine vapors. She did show some improvement with these remedies, either because these medicines that I have described are specially indicated for these accidents, or because the causes of these accidents disappeared with the arrival of her period, . . . and it appears to me that there must be medical remedies which would cure these accidents at their root and, if there are, you are the only one who might know. (4208, 1; Osuna, Sept. 30, 1716)

In these letters to Peralta, the knowledge arrived at by the patients or their mediators is compared with that of the physician. Only through negotiation between the two parties could a result emerge that would be acceptable to the person who had taken the initiative to write the letter.

Once the realm of preternatural causes figures into this complex

collaboration between physicians, patients, and relatives all trying to establish reliable knowledge about disease, the notion of personal agency in gaining control over illness becomes more pronounced. However paradoxical it might seem, the appearance of the preternatural can have the effect of heightening confidence in the patient's personal opinion about his or her illness and in the corresponding power to make decisions about remedies. Consequently, the patient's control over the diseased body increases.²⁹ This is especially clear in the case of the female patient we have chosen for analysis in the closing pages of this essay, a case in which nearly all the features discussed so far also happen to be present.

A female diseased body and the Sevillian "duende"

The author of this letter, whose name we do not know as neither the letterhead nor the closing remarks have been conserved, must have sent several copies of her account—all written by the same hand—to different physicians. Indeed, Peralta himself kept two practically identical copies in his desk (4208, 1; [Sevilla]). From the text, we may deduce that she lived in Sevilla and that, sick of the "leading physicians of Sevilla and other places" not being able to find a cure for her condition, she had decided to put her feelings in writing and circulate her letter among various physicians at the Madrid court. This fact alone demonstrates the patient's capacity for initiative, which taken together with her remarkable skill in expressing her feelings, reasoning, and suffering in immediate human terms, makes her testimony a paradigmatic case of what the collection of letters from Juan Muñoz y Peralta's patients has to offer to a cultural history of medicine.³⁰

She is one of the patients who stresses most clearly the singularity of her illness, as well as the extraordinary nature and rarity of both her suffering and its evolution and manifestations. She constantly returns to the "particular and exquisite effects" on her of "an ailment which is as sensitive as it is particular and rare." Among these symptoms figures "a particular fatigue so strange in nature that I cannot describe how sensitive it is," a situation that persuades her to try "through this medium" (i.e., by writing the letter) to find a solution for "this exceedingly strange, particular, and severe form of suffering."

The precision with which this female patient describes her condition runs right through the four-page letter, despite her modestly claiming that "it is impossible to totally explain either my suffering or its cause and effects." Her descriptions cover the exact cause of its origin, its physical loca-

tion, and the therapeutic strategy she employs to obtain relief: “if I could lower this fatigue and obstruction which I have in my stomach down to my bowels, I would be fine.” Her descriptions of her pains, of her spells of fatigue and suffering, are rich in detail, precise and efficient:

I very commonly feel a movement on the inside of my stomach, very slow and phlegmatic, but so sensitive that if my experience did not tell me I was not dying, I would judge it so. . . . a laxity spreads all over my body so great that I am left breathless, with a sorrow and sadness so particular that I would not have thought it possible. . . . I also feel as if I were being pulled in from my eyes with ropes, so much so that there are times when I am unable to open them wide . . . and, at the same time, deep down, a sorrow, sadness, and a lowering of spirits. . . . at other times, I feel something akin to little jumps, so repetitive that they normally come thirty or forty at a time. . . . I also very often suffer and feel very sharp, violent blows from my navel to my stomach and in part of my chest, which leave me shattered. . . . I was forgetting to mention that my sleep is hardly worthy of the name, as it is never more than drowsiness which I can only manage when exhausted from my constant suffering, but since I was cursed by this ailment I do not know what a deep sleep is.

She also shows herself, however, to be very familiar with other people's ailments and is able to particularize her own in terms of what makes her condition different, expressing no doubts about her ability to distinguish this based on her own experience:

It is also certain, since I have been suffering such a tyrannical ailment, that something as incredible as it is true has been happening to me, for having experienced it leaves me not the slightest doubt. Whereas everyone at times of sorrow, fright, or something of the sort immediately feels the effects of the aforementioned causes in the heart (as is only natural), I myself suffer them first in the stomach, so that whereas everyone else feels the heart to be afraid, discouraged, and finally moved . . . in my case it is in the stomach, inside it, where any shock, sorrow, and weakness strikes first.

Beyond this remarkable capacity for analysis and reasoning, it is when she issues her judgments that we find the best examples of an epistemologically

active attitude and total awareness in the construction of knowledge of the diseased body:

According to what I feel and recognize in my body, the whole cause of my ailment lies in my stomach. . . . I know, with definite proof and without the slightest doubt, where all my suffering comes from and from where it flows, because its effects are innumerable and as sensitive as any.

She is aware of the need to defend such bold claims about her abilities and to ward off criticism of her status as a *femme savante*. She organizes her defense around the skilful use of original rhetorical and literary resources. One example involves, as we have just seen, establishing a direct link between her knowledge and her feelings. Elsewhere in her letter, she makes even clearer use of this resource, to which she adds an apposite biblical simile in defense of female knowledge:

It is as certain that there is a single cause and that it is always rooted in the stomach in the manner I have stated, as is the particular and varied nature of its effects, so innumerable that I could never get to the end of them, even were I to know more than I feel and were a Solomon.

The patient then incorporates a new element in the etiological outline of her condition, this time locating the cause of her illness in the preternatural sphere. It is important to remind ourselves here that in Aristotelian natural philosophy, any phenomenon that takes place in the *physis* is bound by the dictates of a complex multicausal system consisting of a three-tier structure of causes, whether natural, nonnatural, or preternatural. While a phenomenon might be explained in terms of any of these three causal levels, however, they form part of the same natural system of causes, separate from that of supernatural causes, a sphere of influence exclusive to God.³¹ This female Sevillian patient, then, finds an explanation of her illness in terms of the etiological category of the preternatural, as can be seen in the detailed description of her diseased body:

Since, as I have already said, the cause is always rooted in the stomach, I infer or fear that it stems from some spell, poison, or something of the sort, as I have failed to find the slightest relief for my suffering, despite so many remedies.

That is to say, the preternatural cause (the “spell”) appears within a system of inference perfectly consistent with inductive logical reasoning that seeks to identify a cause from the effects. Later in the letter, the spell is more precisely identified as a *duende*, or an elf:

I know the reasons for this type of scare: the movement of this elf which I feel in my stomach, or humor or whatever. It seems to me to be more of a living creature than a humor, which particularly horrifies and alarms me.

Aware of the need to underpin her argument with solid evidence, she continues to argue that the effects in her body can be convincingly explained by a cause of this nature:

In case it might lead to finding the cause of this bad humor (or living being, as its movements would indicate) that I have in my stomach, I might say that I have had a much bigger appetite since I have been suffering this than before, for I ate little then and a lot more now, and know for sure that it is this elf that I feel in my stomach who requires food, and it is he therefore who consumes it.

It is certainly no easy task to unravel the combination of belief, illness, and reasoning interwoven in this woman’s letter. This woman’s effort to describe her disease in writing, to interpret the causes of her suffering, and to assess ways that she might be cured are inseparable from the medical culture that patients and practitioners had shaped in late-seventeenth- and early-eighteenth-century Europe. A more surprising aspect of this case is that we find ourselves before someone endowed with a remarkable ability to express in words the whole complex system of ideas which this particular medical culture employed in the quest for reliable knowledge of how to interpret the body, its state of health, and how it became diseased. However, while acknowledging the striking expressiveness of this Sevillian lady in literary terms, we must insist that the interest of her case does not lie primarily in its extraordinary nature. Rather, the value of this case lies in the contribution of this and all of the letters briefly examined here to helping us understand each and every one of the agents, in all their complexity, who participated in the construction of a common culture surrounding the body, health, and pain.³²

Notes

- 1 Letter from Fernando José de Zuloeta to Juan Muñoz y Peralta, Osuna, Sept. 30, 1716, in Madrid, Archivo Histórico Nacional, Inquisition Section, bundle 4208, file 1. Translations are our own. Further citations will be given parenthetically in the text using bundle and file numbers, along with place and date of letters if known.
- 2 Mediation between patients and doctors, both the point of view of those mediating and the type of mediation in question, is a key issue. For further analysis, see Willem de Blécourt and Cornelia Usborne, "Medicine, Mediation, and Meaning," in *Cultural Approaches to the History of Medicine: Mediating Medicine in Early Modern and Modern Europe*, ed. Willem de Blécourt and Cornelia Usborne (Basingstoke, Hampshire: Palgrave Macmillan, 2004), 1–10.
- 3 Over the past few decades, many studies have dealt with medical consultation by letter from both traditional perspectives and from those of cultural-medical history. See the pioneering study by Guenter B. Risse, "Doctor William Cullen, Physician, Edinburgh: A Consultation Practice in the Eighteenth Century," *Bulletin of the History of Medicine* 48.3 (1974): 338–51. A later work by Laurence W. B. Brockliss, "Consultation by Letter in Early Eighteenth-Century Paris: The Medical Practice of Etienne-François Geoffroy," in *French Medical Culture in the Nineteenth Century*, ed. Ann La Berge and Mordechai Feingold (Amsterdam: Rodopi, 1994), 79, signalled a historiographical landmark. Brockliss has also published and studied the correspondence of Calvet (1728–1810), another French doctor from the generation following Geoffroy: Laurence W. B. Brockliss, *Calvet's Web: Enlightenment and the Republic of Letters in Eighteenth-Century France* (New York: Oxford University Press, 2002). For a more recent appraisal, see Hubert Steinke and Martin Stuber, "Medical Correspondence in Early Modern Europe: An Introduction," *Gesnerus* 61 (2004): 139–60.
- 4 See Roy Porter's seminal article, "The Patient's View: Doing Medical History from Below," *Theory and Society* 14 (1985): 175–98. Porter's collection of essays, *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge: Cambridge University Press, 1985), has been the starting point for many studies of lay perceptions of health and disease in early modern European society. See also Roy Porter and Dorothy Porter, *In Sickness and in Health: The British Experience, 1650–1850* (London: Fourth Estate, 1988).
- 5 The separation of patient and physician was a great deal more blurred than in the nineteenth and twentieth centuries. See Bernadette Bensaude-Vincent, "Les savants et les autres," *Diogenes* 169 (1995): 136–55; and Roger Cooter and Stephen Pumfrey, "Separate Spheres and Public Places: Reflections on the History of Science and Science in Popular Culture," *History of Science* 32 (1994): 237–67. For medicine in particular, see Michael Stolberg, *Homo patiens: Krankheits-und körpererfahrung in der frühen Neuzeit* (Köln: Böhlau, 2003), although Stolberg's thesis regarding the homogeneity of medical culture between physicians and patients has been partially "problematized" by Séverine Pilloud, Stefan Hächler, and Vincent Barras, "Consulter par lettre au XVIIIe siècle," *Gesnerus* 61 (2004): 232–53.
- 6 Andrew Wear, "Interfaces: Perception of Health and Illness in Early Modern England," in *Problems and Methods in the History of Medicine*, ed. Roy Porter and Andrew Wear (London: Croom Helm, 1987): 230–55, 231; Lucinda McCray Beier, *Suffer-*

- ers and Healers: The Experience of Illness in Seventeenth-Century England* (London: Routledge and Kegan Paul, 1987). It should be remembered that throughout the early modern period, access to reading and writing gradually increased. On writing habits outside of the upper classes, see James S. Amelang, *The Flight of Icarus: Artisan Autobiography in Early Modern Europe* (Stanford, Calif.: Stanford University Press, 1998). On other popular writing habits, see Antonio Castillo, *Entre la pluma y la pared: Una historia social de la cultura escrita en los Siglos de Oro* (Madrid: Akal, 2006).
- 7 Roy Porter, "The Patient in England, c. 1660–c. 1800," in *Medicine in Society: Historical Essays*, ed. Andrew Wear (Cambridge: Cambridge University Press, 1992): 91–118, 91.
 - 8 Pilloud, Hächler, and Barras, "Consulter par letter," 241. On the rhetorical and discursive aspects of letters and their analysis as a specific genre of medical literature, see Wayne Wild, *Medicine-by-Post: The Changing Voice of Illness in Eighteenth-Century British Consultation Letters and Literature* (Amsterdam: Rodopi, 2006).
 - 9 Not without exceptions, however. An excellent recent example is Alfons Zarzoso, "Medicine through Private Letters: The Eighteenth-Century Catalan Medical World," in *Cultural Approaches to the History of Medicine*, ed. Blécourt and Osborne, 108–26.
 - 10 Peralta's position involved neither the actual practice of medicine in the royal court nor any form of financial reward. It was simply an honorary title, though one which guaranteed two things vital to survival in the medical marketplace of Madrid: (1) access to a clientele of aristocratic patients and the service nobility in charge of the various institutions of the royal administration; and (2) entry into the lower ranks of royal physicians. With luck and patience, given that experience was the key criterion in this ranking, it would then be possible to climb to the upper rungs of the professional ladder. The prize at the end of the long climb was one of the six posts of court physician and one of the three posts in the Protomedicato Tribunal, the pinnacle of the medical profession. For further detail about the career of a member of the Madrid court in this era, see José Pardo-Tomás and Àlvar Martínez-Vidal, "El Tribunal del Protomedicato y los médicos reales (1665–1724): Entre la gracia real y la carrera profesional," *Dynamis* 16 (1996): 59–89.
 - 11 The total absence of letters from the former territories of the Crown of Aragon (Aragon, Catalonia, Valencia, and Mallorca) should be noted. The exception of the letters from Tarazona confirms the total *castellanización* of Peralta's clientele, as they were written by the Galician Mercedarian García Pardiñas, who was living in Madrid when he was named bishop of this see on the Aragon-Castile border.
 - 12 The Duke of Osuna was not Peralta's only patron. It is important, however, not to overestimate the importance of patronage to a doctor's career in this period. See Micheline Louis-Courvoisier and Séverine Pilloud, "Consulting by Letter in the Eighteenth Century: Mediating the Patient's View?" in *Cultural Approaches to the History of Medicine*, ed. Blécourt and Osborne, 71–88, 75–76.
 - 13 This turn for the worse in Peralta's fortunes was aggravated by the fact that the duke's heiress, María Dominga Téllez-Girón y Velasco, was stripped of her titles and privileges, which passed to a lateral branch of the family.
 - 14 We have dealt with this question in depth elsewhere, in relation to Diego Mateo

- Zapata (1664–1745), a friend and coreligionist of Peralta from 1687 to their arrest on March 1, 1721; see José Pardo-Tomás, *El médico en la palestra: Diego Mateo Zapata (1664–1745) y la ciencia moderna en España* (Valladolid: Junta de Castilla y León, 2004), 9–126.
- 15 The only surviving letters from this period are those conserved in Archivo Histórico Nacional, *Inq.*, leg. 1505, 1, and *Consejos*, leg. 5813, 43. In any case, these letters have nothing to do with Peralta's medical practice, but refer to his efforts to secure the return of his titles, privileges, and benefits after his release from prison.
 - 16 The complete list of inquisitorial files containing documents referring to Juan Muñoz y Peralta is as follows: Archivo Histórico Nacional, *Inq.*, leg. 1505, 1; leg. 2511, 4–5; leg. 3736, 2; leg. 3946, 4; leg. 4208, 1; and leg. 4267, 8. The correspondence found in his desk when he was arrested in 1721 is concentrated mainly in the last three files.
 - 17 At the time, a change in pulse was regarded as the main symptom of a temperature; see Àlvar Martínez-Vidal and José Pardo-Tomás, "Un siglo de controversias: La medicina española de los novatores a la Ilustración," in *La Ilustración y las ciencias: Para una historia de la objetividad*, ed. Joseph Lluís Barona, Javier Moscoso, and Juan Pimentel (València: Universitat de València, 2003), 107–35, 125–26. The term *family physician* should be taken as a reference to one of the so-called Family Physicians of the House of Burgundy, the group of royal physicians responsible for caring for court employees considered "Servants of His Majesty," as well as the staff of their respective houses. See Pardo-Tomás and Martínez-Vidal, "El Tribunal del Protomedicato," 63–66.
 - 18 Andrew Wear, "Interfaces," 233, noticed this social dimension twenty years ago.
 - 19 Pilloud, Hächles, and Barras, "Consulter par lettre," 242–45.
 - 20 Mary Lindemann, *Health and Healing in Eighteenth-Century Germany* (Baltimore: Johns Hopkins University Press, 1996), 352–58.
 - 21 Philip Rieder, "L'histoire du 'patient': aléa, moyen, ou finalité de l'histoire médicale?" *Gesnerus* 60 (2003): 260–71.
 - 22 These fragments of letters are from, respectively, Catalina Larroca (Osuna, Dec. 11, 1714), Francisco García (Arahal, Jul. 7, 1716), an anonymous friar (Bilbao, 1720), Fernando José de Zuloeta (Osuna, Sept. 30, 1716), and an undated letter from an anonymous patient in Sevilla.
 - 23 "I yearn to know the reason and cause of such a sensitive ailment, as particular as it is strange" wrote, for example, the same patient who had been suffering from her illness for ten years (4208, 1; Sevilla). The singularness of disease should be considered in relation to the personification of disease as if it were a third actor in the interaction between patient and healer. See Blécourt and Osborne, "Medicine, Mediation, and Meaning," 5, critiquing Charles Rosenberg's "Framing Disease: Illness, Society, and History," in *Explaining Epidemics and Other Studies in the History of Medicine* (Cambridge: Cambridge University Press, 1992), 305–18.
 - 24 Wild, *Medicine-by-Post*, 10.
 - 25 Though our local context is different from the English context of Wild's work, and we deal with a chronological period rather earlier than what he studies, we are inevitably drawn into debate over the rigid interpretative framework with regard to the "reflection" of medical speculation in the rhetoric of the patients presented by Wild,

- Medicine-by-Post*, 19, 61, 67, 252, and *passim*. By contrast, the interpretation by Pil-loud, Hächler, and Barras, “Consulter par lettre,” 234 and 252, is more flexible and shows greater awareness of the long-lasting influence of the humoralist substrate underlying other theoretical speculations stemming from iatrochemical, iatromechanical, and vitalist medical systems. See Reider, “L’histoire du ‘patient,’” 263, where he also criticizes Porter for not organizing analyses chronologically, something which tends to disguise the precise extent of continuities and/or ruptures.
- 26 Bear in mind that we are dealing with a period prior to the emergence of the genre of medical literature typical of the popularization of medicine during the Enlightenment. See Antoinette Emch-Dériaz, “The Non-natural Made Easy,” in *The Popularization of Medicine, 1650–1850*, ed. Roy Porter (London: Routledge, 1992), 134–59.
 - 27 For more on anxieties about health, see Roy Porter, “More than Foreword,” in *Cultural Approaches to the History of Medicine*, ed. Blécourt and Osborne, x–xvii, xi.
 - 28 It is not enough here to appeal to a notion of “eclecticism,” which most studies do when referencing the common habit of physicians resorting to a wide range of remedies and therapeutic strategies. See, for instance, Wild, *Medicine-by-Post*, 26; and Pil-loud, Hächler, and Barras, “Consulter par lettre,” 241.
 - 29 For an analysis of the “preternatural” and its fundamental role in early modern European culture, see Lorraine Daston and Katharine Park, *Wonders and the Order of Nature, 1150–1750* (New York: Zone Books, 1998), 14–16.
 - 30 For a complementary example, see Raymond A. Anselment, “The Want of Health: An Early Eighteenth-Century Self-Portrait of Sickness,” *Literature and Medicine* 15 (1996): 225–43. While Anselment’s case differs from ours in some obvious ways, his analysis of Elizabeth Freke’s autobiographical account, written between 1702 and 1714, is highly instructive.
 - 31 Thus, for example, the acts of demons, angels, elves, etc. belonged entirely to the preternatural realm, not that of the supernatural. See Daston and Park, *Wonders and the Order of Nature*, 120–26; Stuart Clark, “The Rational Witchfinder: Conscience, Demonological Naturalism, and Popular Superstitions,” in *Science, Culture, and Popular Belief in Renaissance Europe*, ed. Stephen Pumfrey et al. (Manchester: Manchester University Press, 1991), 222–48; and Andrew Keitt, “Religious Enthusiasm, the Spanish Inquisition, and the Disenchantment of the World,” *Journal of the History of Ideas* 65 (2004): 231–50.
 - 32 Pain which, as David Morris rightly notes, should be understood as “not just a biological fact but an experience in search of an interpretation.” David B. Morris, *The Culture of Pain* (Berkeley: University of California Press, 1991), 38. See also Roselyne Rey, *Histoire de la douleur* (Paris: La Découverte, 1993); and Javier Moscoso, ed., *Pain: Passion, Compassion, Sensibility* (London: The Wellcome Trust, 2004).