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The Medical Diagnosis of Demonic Possession in an Early Modern English Community

Judith Bonzol

In early modern England both ordinary and learned people believed that certain kinds of illness might be the result of *maleficium* (harmful magic) or demonic possession. While belief in witchcraft and demons may have declined somewhat during the course of the seventeenth century, it remained acceptable to attribute certain forms of disease to the Devil, particularly certain types of mental illness. But complex social factors were also at play. A detailed study of the medical involvement in the possession of Anne Gunter, beginning in 1604, reveals that community and family influences were particularly crucial to the medical diagnosis of diabolical afflictions.

Anne Gunter's troubles began in the summer of 1604 when she 'fell into a series of strange fits'. Anne's mother took her to a doctor, 'one M[aste]r Cheyneye ... of Wallingford'. He suggested that she was 'not sicke of any naturall cause' and administered a purge, but her 'fitts continued & grew to be worse & worse'.¹ Later that year, Roger Bracegirdle and Bartholomew Warner, qualified physicians from Oxford University, were sent samples of Anne Gunter's urine. Warner, Regius Professor of Medicine at Oxford from 1597, insisted that Anne Gunter 'was not sicke of anye naturall cause or infirmitie'.² Bracegirdle, the eighty-year-old fellow of Brasenose College with over thirty years of medical experience, had known the Gunters for several years prior to Anne's illness. He saw her condition improve when the thatch was burned from the cottage of one of the suspected witches, and

1 Public Record Office, London [hereafter PRO], STAC 8/4/10, fol. 201 (deposition of Anne Gunter, wife of Brian Gunter). I have cited from the interrogations and examinations from Star Chamber, preserved in the Public Record Office. Additional information comes from James Sharpe's account, *The Bewitching of Anne Gunter: A Horrible and True Story of Deception, Witchcraft, Murder and the King of England* (New York: Routledge, 2001). There is also an account of the trial in C. L'Estrange Ewen, *Witchcraft in the Star Chamber* (London: private publication, 1938), Chapter 6, 'A Berkshire "Demoniac"', and Brian P. Levack, 'Possession, Witchcraft, and the Law in Jacobean England', *Washington and Lee Law Review*, 52 (1995), 1613–40.

2 PRO, STAC 8/4/10, fol. 156 (deposition of Bartholomew Warner).

he was entirely 'p[er]swaded that the said Anne Gunter was bewitched & so he having no skill to redresse it went his waye'.³ Two years later when Anne Gunter testified in the court of the Star Chamber, she declared that initially she neither claimed nor believed herself to be possessed, but thought that she was suffering from 'the disease called the mother'.⁴ She went on to say that when her illness returned later that same year, her father (Brian Gunter) persuaded her to 'counterfeit herself to be bewitched', and to accuse a neighbour, Elizabeth Gregory, of bewitching her, as he had a long-standing dispute with the Gregory family.⁵

Statements from witnesses at the trial in the Star Chamber reveal that Anne Gunter's symptoms included:

"hysterical passions and paralytical convulsions" ... quivering and shaking, extraordinary stiffness, lameness, change of weight and height, with variations of strength. She lost feeling, had attacks of blindness, deafness, and fearful visions of witches. Her eyes goggled, ... she foamed at the mouth Sometimes she abstained from taking food for ten or twelve days together, and occasionally her pulse ceased to beat. She could tell what money people had in their purses, and describe actions performed in other rooms.⁶

The voiding of foreign objects was one of the most common symptoms of demonic possession, and Anne Gunter not only vomited copious quantities of pins, but ejected them from her nose when sneezing and passed them in her urine. It was the numerous pins that made a vivid impression with contemporary chroniclers and diarists. In October 1605, Walter Yonge wrote of Anne Gunter, 'that in her fits she cast out of her nose and mouth pins in great abundance'.⁷ In his entry for the same year Robert Johnston recorded in his chronicle:

3 PRO, STAC 8/4/10, fol. 141^v (deposition of Roger Bracegirdle).

4 PRO, STAC 8/4/10, fol. 122 (deposition of Anne Gunter, daughter of Brian Gunter). 'Mother fits' were thought to be caused by the suffocation, displacement, or inflammation of the womb, and today the term is usually, although not necessarily accurately, translated as 'hysteria' because of its association with hysterika from the Hippocratic corpus; see Helen King, *Hippocrates' Woman: Reading the Female Body in Ancient Greece* (London: Routledge, 1998), pp. 205–10.

5 PRO, STAC 8/4/10, fols 122–122^v.

6 Ewen, *Witchcraft*, pp. 29–30.

7 *Diary of Walter Yonge, Esq., Justice of the Peace, and M P for Honiton, written at Colyton and Axminster, Co. Devon, from 1604 to 1628*, ed. George Roberts (Camden Society, 41, 1848), p. 12.

To the great wonder of bystanders she lacked all sense of pain when she was stuck with pins. ... Not only was this wonderful in the eyes of those who were present, but she also cast out of her mouth and throat needles and pins in an extraordinary fashion.⁸

Several eye-witnesses, including Drs John Hall and Robert Vilvaine from Oxford University, were equally impressed by Anne Gunter's clairvoyant abilities and believed that she was able to prophesy events, reveal the contents of private conversations, and that her clothing appeared to move of its own accord.

In the families of the English gentry where the majority of the documented cases of demonic possession occurred, doctors played a significant role in interpreting strange and unusual illnesses. It was considered important to first rule out the possibility of natural causation when a supernatural affliction was suspected, and physicians were regarded as crucial in making the distinction.⁹ Numerous published accounts of demonic possession frequently made a point of mentioning that physicians were consulted in the early stages of a perceived demonic illness. While contemporary writers on witchcraft in England, such as Henry Holland, advocated consulting 'learned physicians' in order to find 'the cure of any man, poisoned by Sathan', people more often turned to physicians for interpretation rather than cure.¹⁰ Justices of the peace and grand jurymen were advised that physicians were the ones best qualified to

8 Robert Johnston, *Historia Rerum Britannicarum* (Amsterdam, 1655), cited and translated, Henry N. Paul, *The Royal Play of Macbeth* (New York: Macmillan, 1950), p. 125.

9 However, physicians were not necessarily more inclined to favour natural causes of mental illness than theologians; see especially, Jean Céard 'Folie et Démonologie au XVI^e Siècle', in *Folie et déraison à la Renaissance*, ed. A. Gerlo (Travaux de l'Institut pour l'étude de la Renaissance et de l'Humanisme, Université de Bruxelles, Brussels: Editions de l'Université de Bruxelles, 1976), pp. 129–47.

10 Henry Holland, *A Treatise Against Witchcraft* (Cambridge, 1590), sig. H1; Holland was deeply concerned that people frequently consulted magical practitioners when seeking cures for supernatural illness, see especially Chapter III, 'What a dreadfull and fearfull sinne it is to consult at any time or neede, with witches and sorcerers'. For recent discussions on the importance of clergy and spiritual physic in the treatment of mental illness and demonic possession in early modern Europe, see David Lederer, *Madness, Religion and the State in Early Modern Europe: A Bavarian Beacon* (Cambridge: Cambridge University Press, 2006); Jeremy Schmidt, *Melancholy and the Care of the Soul: Religion, Moral Philosophy and Madness in Early Modern England* (Aldershot: Ashgate, 2007).

distinguish between *maleficium* and natural disease.¹¹ This placed university-educated physicians at the forefront of diagnosis of demonic possession in an era that has been described as ‘the golden age of the demoniac’.¹²

People from all levels of society in this period, educated and uneducated alike, believed that it was possible for evil spirits or demons to inhabit the bodies of human beings.¹³ But besides a sincere belief in the reality of demonic possession, physicians were subjected to a variety of influences when they proffered a diabolical diagnosis. The suggestion that physicians diagnosed demonic possession out of ignorance or inadequate medical knowledge is not a satisfactory explanation.¹⁴ As Stuart Clark points out, ‘the diagnosis of demonic illness was done on the basis of *knowledge* (rational knowledge) not on the basis of ignorance, with healers and patients making a choice between – or a mixture of – different explanations and therapeutic suggestions’.¹⁵ This essay explores a variety of influences that were brought to bear on physicians and their patients in some cases of demonic possession from the late sixteenth and early seventeenth centuries. Anne Gunter’s case, in particular, reveals that families and communities played an important role in the medical diagnosis of demonic possession in early modern England.

James Sharpe has noted that almost every recorded case of demonic possession in England in the sixteenth and seventeenth centuries had some level of medical involvement and yet little close historical study has been done in this area, with the exception of Michael MacDonald’s detailed account on Dr Edward Jorden’s involvement in the Mary Glover case of 1602.¹⁶ In

11 Richard Bernard, *A Guide to Grand Jurymen* (London, 1627), 1st Book, Chapter 2.

12 William E. Monter, *Witchcraft in France and Switzerland: The Borderlands during the Reformation* (Ithaca: Cornell University Press, 1976), p. 60.

13 See Stuart Clark, *Thinking with Demons: the Idea of Witchcraft in Early Modern Europe* (Oxford: Oxford University Press, 1999), particularly p. 392.

14 See for example Keith Thomas, *Religion and the Decline of Magic: Studies in Popular Beliefs in Sixteenth and Seventeenth Century England* (London: Weidenfeld and Nicolson, 1971), pp. 535–46.

15 ‘Demons and Disease: The Disenchantment of the Sick (1500–1700)’, in *Illness and Healing Alternatives in Western Europe*, eds Marijke Gijswijt-Hofstra, Hilary Marland, and Hans de Waardt (London: Routledge, 1997), pp. 38–58 (p. 46).

16 J. A. Sharpe, ‘Disruption in the Well-Ordered Household: Age, Authority, and Possessed Young People’, in *The Experience of Authority in Early Modern England*, eds Paul Griffiths, Adam Fox, and Steven Hindle (New York: St Martin’s Press, 1996), pp. 187–212 (p. 193).

his treatise, *A Briefe Discourse of a Disease Called the Suffocation of the Mother*, Jorden argued that irregularities in the womb bred 'vapours' which drifted through the body, initiating physical disorders with symptoms that were often mistakenly attributed to demonic possession.¹⁷ MacDonald's insightful interpretation places *A Briefe Discourse* in a pamphlet war of religious propaganda emerging from the Mary Glover case; he argues that Jorden's apparent skepticism about demonic possession was related to the quest by Church hierarchy to establish religious conformity, rather than any noticeable shift in attitudes about demonology by the medical establishment.¹⁸ Given the amount of propaganda generated by Catholic and Puritan exorcisms in the late sixteenth and early seventeenth centuries, it is not surprising that ecclesiastical exponents were skeptical about possession. The Church's struggle to suppress popular exorcisms was also significant in the Anne Gunter case where Jorden again played a major role. He was enlisted by the ecclesiastical authorities as an observer and gave evidence in Star Chamber where, contrary to the Oxford physicians, he suggested that her fits were feigned. Certainly Anglican politics cannot be ignored in any study of demonic possession in this period, but I will argue that local community influences were also particularly important.

Popular witchcraft beliefs in early modern England were characterized by *maleficium*, the harm caused by the malicious magic of witches, rather than the satanic rituals, witches' covens, and orgies associated with European culture. Most accusations of witchcraft centred on the home, families, farm animals, and food. While there were some instances of possession by demons without the instigation of witches, the link between illness, witchcraft, and demonic possession was particularly strong in England. According to Keith Thomas, 'the epithets "possessed" and "bewitched" came very near to being synonymous',¹⁹ and historians have pointed out that occurrences of witch

17 *A Briefe Discourse of a Disease Called the Suffocation of the Mother* (London, 1603).

18 *Witchcraft and Hysteria in Elizabethan London: Edward Jorden and the Mary Glover Case*, ed. Michael MacDonald (London: Tavistock/Routledge, 1991); see also Thomas Freeman, 'Demons, Deviance and Defiance: John Darrell and the Politics of Exorcism in late Elizabethan England', in *Conformity and Orthodoxy in the English Church, c. 1560–1660*, eds Peter Lake and Michael Quester (Woodbridge: Boydell Press, 2000), pp. 34–63 (pp. 56–61). For a comparative study of demonic possession as religious propaganda and inter-confessional polemic in early modern France and England, see D. P. Walker, *Unclean Spirits: Possession and Exorcism in France and England in the Late Sixteenth and Early Seventeenth Centuries* (London: Scolar Press, 1981).

19 *Religion and the Decline of Magic*, p. 478.

accusations connected to personal illness in England were actually much higher than Thomas suggested.²⁰ From around the middle of the second half of the sixteenth century, in fact, the majority of demonic possession cases in England were connected to accusations of witchcraft made by people reacting to threats against their health, or the health of their families.

Micro-historical accounts have proved particularly useful in illuminating the wider social contexts of witchcraft accusations connected to demonic possession, as well as highlighting the diversity of the religious and social implications of individual cases. Sharpe's account of Anne Gunter's possession locates witchcraft accusations in the context of personal grudges, intra-family relationships, and village tensions.²¹ This, in part, sustains Robin Briggs' interpretation that neighbourhood disputes played a significant part in witchcraft allegations.²² But, as Sharpe says, the bizarre nature of the symptoms of demonic possession indicates that there was far more to witchcraft accusations than neighbourhood disputes and village tensions.²³ His interpretation of the Anne Gunter case raises a number of questions and suggestions for further investigation. The high level of medical involvement certainly makes the role of the medical practitioners worth pursuing in more detail. The possibility that physicians in individual cases of demonic possession were being influenced and manipulated by the families and communities of the demoniacs has been given little consideration by historians. A consideration of early modern medical attitudes towards mental illness and demonic possession, followed by a brief discussion on how medical theory was applied in actual cases of demonic possession will help to clarify the medical position.

20 Ronald C. Sawyer, "Strangely Handled in All Her Lym's": Witchcraft and Healing in Jacobean England', *Journal of Social History*, 22 (1989), 461–85 (p. 466). The medical casebooks of the astrological physician Richard Napier (discussed below) provide numerous examples of the link between mental illness, bewitchment, and witchcraft accusations; see Michael MacDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth Century England* (Cambridge: Cambridge University Press, 1981).

21 Sharpe, *Anne Gunter*, although the lack of citations makes this work inadequate for scholarly research.

22 Robin Briggs, *Witches and Neighbours: The Social and Cultural Context of European Witchcraft*, 2nd ed. (Oxford: Blackwell, 2002).

23 *Witchcraft in Seventeenth-Century Yorkshire: Accusations and Counter Measures*, (University of York Borthwick Paper no. 81, 1992), p. 6.

I

Towards the end of the fifteenth century, printing presses began producing a proliferation of medical texts, allowing a more liberal interchange of ideas, and the stimulation of medical thought and investigation. The improved understanding of anatomy and physiology, associated with the Renaissance, enabled European physicians, such as Vesalius in the 1540s, to dispute the classical medical texts; however in England, Galen continued as the unchallenged authority for professional physicians, at least at the official level, well into the seventeenth century.²⁴ Edward Jorden, who argued against demonic possession in Anne Gunter's case, had studied at the University of Padua, but was considered by the London College of Physicians in 1595 to have insufficient knowledge of Galen. He was required to read several works before he was officially admitted.²⁵

Galenic medical theory comfortably accommodated the notion that bodily humours could be manipulated by evil spirits, allowing supernatural disorders to be treated in much the same way as natural illnesses – by restoring the balance of the humours with medicines, purging, and bleeding. But classical medical tradition did not necessarily attribute mental disorder to supernatural causes. On the contrary, the Hippocratic corpus insisted on a physiological explanation for epilepsy and Galen continued this tradition, attributing some mental disorders to an imbalance of bodily humours rather than diabolical interference.²⁶ For instance, melancholia, a generic term for a myriad of mental disturbances, was blamed on an excess of black bile. Furthermore, Alan Macfarlane's detailed study of witch prosecutions in Essex found little evidence to suggest a ready acceptance that madness was caused by the Devil.²⁷ The

24 For the importance of Galen for university-educated physicians in England, see especially Andrew Wear, *Knowledge and Practice in English Medicine, 1550–1680* (Cambridge: Cambridge University Press, 1981), pp. 35–40.

25 Sir George Clark, *A History of the Royal College of Physicians of London*, vol. 1 (Oxford: Clarendon Press, 1964), p. 165. The College of Physicians was not known as the Royal College until the end of the seventeenth century. It was established early in the sixteenth century and, with the granting of licences, sought to promote the professional status and raise the standards of medical practice in London; see Margaret Pelling, 'Medical Practice in Early Modern England: Trade or Profession?', in *The Professions in Early Modern England*, ed. Wilfred Prest (London: Croom Helm, 1987), pp. 90–128 (p. 95).

26 Simon Kemp and Kevin Williams, 'Demonic Possession and Mental Disorder in Medieval and Early Modern Europe', *Psychological Medicine*, 17 (1987), 21–29 (p. 22).

27 *Witchcraft in Tudor and Stuart Essex: A Regional and Comparative Study* (London:

astrological physician Richard Napier, who practised in Buckinghamshire from 1590 to 1634, had numerous patients who were ‘troubled in mind’. Michael MacDonald’s detailed analysis of Napier’s case notes reveals that he frequently attributed mental disturbances to stress and anxiety. Napier recorded many cases of psychological disturbance that he believed were caused by marital troubles, disputes with neighbours, economic problems, and bereavement rather than any form of demonic intervention.²⁸ Many of the medical writings from the period show a similar level of understanding.

Indeed, many medical writers in the Elizabethan period discussed mental disturbances without any mention of demonic possession or bewitchment. Philip Barrough (*d.* 1600), wrote extensively of ‘Frensie’, ‘Falling sickness’, ‘Dead sleep’, ‘Apoplexy’, ‘Madness’ and ‘Melancholie’ with no suggestion of demonic possession or supernatural intervention.²⁹ His *Methode of Phisicke*, first published in 1583, went through seven editions and offered descriptions of illness and suggested remedies based on many years of practical experience.³⁰ Barrough’s description of ‘Melancholie’ covered an array of unusual, bizarre symptoms that could well have been mistaken for demonic possession; but instead of expelling demons, he prescribed thin white wine, gentle exercise, warm baths, plenty of sleep, ‘moderate carnall copulation’, and soothing music, with blood-letting and purging to be used in more extreme cases.³¹

Another physician to advocate a natural theory of mental illness was John Cotta (1575?–1628), who obtained a medical degree from the University of Cambridge and established a large and successful practice at Northumberland around 1600. Cotta explained that there were many illnesses with strange and bizarre symptoms that could easily be mistaken for demonic possession, and in his medical practice he insisted on a high standard of proof of bewitchment before attributing diabolical causes. However, while Cotta was convinced that

Routledge and Kegan Paul, 1970), p. 183; see also Clark, *Thinking with Demons*, pp. 188–89.

28 MacDonald, *Mystical Bedlam*, Chapter 3, ‘Stress, Anxiety, and Family Life’.

29 *The Methode of Phisicke Conteyning the Causes, Signes, and Cures of Inward Diseases in Mans Body from the Head to the Foot* (London, 1583), pp. 17, 24, 25, 31, 34, 35.

30 See the discussion of Barrough by Margaret Pelling and Charles Webster in ‘Medical Practitioners’, in *Health, Medicine and Mortality in the Sixteenth Century*, ed. Charles Webster (Cambridge: Cambridge University Press, 1979), pp. 165–235 (p. 195).

31 *Methode of Phisicke*, pp. 35–36; for a recent discussion of the association of demonic possession with melancholic thought and behavior, see Schmidt, *Melancholy*, particularly Chapter 6.

far too many natural illnesses were blamed on witchcraft by those unqualified to make such judgments, he went on to describe ‘most certaine and chiefe proofes of witchcraft & divellish practices upon the sick’. These included speaking in strange languages and ‘prophecie [of] things to come, above humane capacatie’.³²

Cotta did in fact believe that witches were capable of afflicting people with diseases or causing their death, and he cited *Witches of Warboys* as an authoritative text on the subject.³³ This was a famous case of demonic possession (1589–1593) where witches were blamed for the possession of the Throckmorton children, and Drs Barrow and Butler from Cambridge University made the initial connection between Jane Throckmorton’s illness and witchcraft. There are at least two historians who believe that this Dr Barrow and Philip Barrough, author of *Methode of Phisicke*, were the same person, but this is by no means certain.³⁴ Either way, family connections, as in the Anne Gunter case, may well have had some bearing on this diagnosis. There was an established link between the Throckmorton family and the Cambridge physicians, as Mr Throckmorton and Dr Barrow evidently had an ‘auncient acquaintance’.³⁵ Several members of the Throckmorton family were, in fact, Cambridge graduates.³⁶ Here we can see some of the influences that may have been operating on Cotta’s judgement. Firstly he would have

32 *A Short Discoverie of the Unobserved Dangers of Severall Sorts of Ignorant and Unconsiderate Practisers of Physicke in England* (London, 1612), pp. 66–67.

33 *The Triall of Witch-craft, Shewing the True and Right Methode of the Discovery* (1616), p. 77.

34 See Philip C. Almond, *The Witches of Warboys: An Extraordinary Story of Sorcery, Sadism and Satanic Possession* (London: I. B. Tauris, 2008), p. 19 and Leland L. Estes, ‘The Medical Origins of the European Witch Craze: A Hypothesis’, *Journal of Social History*, 17 (1983), 271–84 (p. 281, n. 20). This raises some interesting questions about the nature of the relationship between medical theory and practice, but it is not possible to make the connection with any certainty. There is at least one other Cambridge medical graduate, Isaac Barrow (Philip’s brother), who was probably at Cambridge University at the time of the Warboys case, and, as Barrow was a fairly common name, there may have been others; see John and J. A. Venn, *Alumni Cantabrigienses: A Biographical List of all Known Students, Graduates and Holders of Office at the University of Cambridge from Earliest Times to 1900*, Part 1 (Cambridge: Cambridge University Press, 1922).

35 Anon., *The Most Strange and Admirable Discoverie of the Three Witches of Warboys ...* (1593), sig. B2.

36 George Lyman Kittredge, *Witchcraft in Old and New England* (New York: Russell & Russell, 1958, c1929), p. 304.

been reluctant to challenge the diagnosis of demonic possession as it had been made by physicians from Cambridge University, who, Cotta said, were properly qualified to determine the difference between genuine and fraudulent claims of possession.³⁷ Secondly, the Throckmortons were a wealthy and influential family with courtly connections – three people had been executed on their evidence and *Witches of Warboys* had been written by members of the family to validate the court verdict³⁸ – it would have been entirely inappropriate for a mere physician to challenge the outcome. In actual cases of demonic possession, then, physicians were subjected to influences other than scientific principles.

The cost of medical treatment was another contributing factor to the diagnosis of demonic possession by physicians. William Birken says that one of the greatest criticisms levelled against the medical profession at this time was ‘greed and the accumulation of great wealth through the exploitation of human sickness’.³⁹ Dr Barrow felt it was pointless prescribing more medicine for Jane Throckmorton as it would be expensive and have no benefit.⁴⁰ He wanted to spare Mr Throckmorton expense because they were old acquaintances, but in 1594 Mr Starkie of Lancashire, reportedly spent the staggering amount of over two hundred pounds on medical treatment for his two children, who were suffering from ‘strange & extreame fittes’.⁴¹ He was forced to abandon medical treatment and employ a local ‘cunning man’ to look after his children, and it was determined, at this stage, that they were possessed. The diagnosis of children was particularly problematic. In Mary Lindemann’s opinion, doctors in the early modern period paid little attention to the mental health or distress of children. She says they were regarded as ‘little more than animals’, not yet capable of reasoning.⁴² Furthermore, the

37 Cotta, like Isaac Barrow, was a Fellow of Trinity College.

38 Although the work was published anonymously historians agree that it was written, at least in part, by members of the Throckmorton family; see Anne Reiber DeWindt, ‘Witchcraft and Conflicting Visions of the Ideal Village Community’, *The Journal of British Studies*, 34 (1995), 427–63 (pp. 440–41).

39 ‘The Social Problem of the English Physician in the Early Seventeenth Century’, *Medical History*, 31 (1987), 201–16 (p. 212).

40 *Witches of Warboys*, sig. B2.

41 George More, *A True Discourse Concerning the Certaine Possession and Dispossession of 7 Persons in one Familie in Lancashire ...* ([Middelburg], 1600), p. 12.

42 *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press: 1999), p. 35.

high cost of medical consultation meant that people were more inclined to resort to magical practitioners who gave demonic afflictions greater credence.

II

The diagnosis of possession enabled some individuals to understand their experiences and obtain support from religious practices. As MacDonald points out, the origins of mental disorders were difficult to understand, and the 'quest for therapy was sometimes merely a pragmatic search for remedies that worked'.⁴³ Napier tended to treat mental disturbance and bewitchment in much the same way, and used a wide range of treatments for both, such as herbal remedies, bleeding, and purging to restore the humoral balance, as well as astrological amulets and talismans, prayer, and exorcism.⁴⁴ Dr Jorden suggested a variety of cures for hysteria including 'fasting and prayer', the Puritan method of exorcism, which he felt would soothe and calm the patient.⁴⁵ Once a person had been labelled as possessed there was a culturally prescribed structure in place to deal with the problem.

The suggestion by physicians or clergy that demonic possession was the cause of illness initiated a pre-determined course of events. Dr Jorden made the observation that once *maleficium* had been offered as a cause for illness, the symptoms of demonic possession immediately became stronger and more obvious. As an example he cited 'an Essex Gentlewoman of good note', who was suffering from convulsions and mysterious swellings in her body over a period of fifteen years, and when she was persuaded 'by a stranger Physition that she was bewitched, her fits increased upon her, and grew to bee stronger than before'.⁴⁶ There was no mention of the Throckmorton children expressing revulsion to prayer, 'with such terrible scriches and strange neesings so wonderfully tormented, as though they should have beene torne in peeces', until after bewitchment had been medically determined.⁴⁷ As H. C. Eric

43 Michael MacDonald, 'Religion, Social Change, and Psychological Healing in England, 1600–1700', in *The Church and Healing*, ed. W. J. Shiels (Oxford: Blackwell, 1982), pp. 101–26 (p. 109).

44 Michael MacDonald, 'The Career of Astrological Medicine in England', in *Religio Medici: Medicine and Religion in Seventeenth-Century England*, eds Ole Peter Grell and Andrew Cunningham (Aldershot: Scolar Press, 1996), pp. 62–90 (p. 73).

45 Jorden, *Briefe Discourse*, p. 24.

46 Jorden, *Briefe Discourse*, p. 17.

47 *Witches of Warboys*, sig. C.

Midelfort points out, ‘a patient may not display all the expected symptoms of a mental illness until he knows he has one. The “mentally ill,” ... often seem remarkably able to conform their illnesses to cultural expectations’.⁴⁸ Similarly, in many cases of demonic possession, the classic symptoms, such as the voiding of pins and nails and bizarre bodily contortions, did not occur until after the suggestion of demonic possession had been proffered.

Sharpe believes that early modern physicians, like other people in the community, were neither overly skeptical nor credulous, but were somewhere in between, willing to judge each case on its merits. But doctors with some previous experience or personal interest in demonic possession, as well as a sincere belief in *maleficium*, may have been actually anticipating its occurrence. Dr Barrow in the Throckmorton case, for instance, stated that ‘he himself ... had some experience of the mallice of some witches’.⁴⁹ Paul Kocher, in his research on scientific and religious thought in the Elizabethan period, accepted that the Devil was a last resort in Elizabethan medical diagnosis and concluded that ‘most doctors never got around to using him at all’.⁵⁰ While documented cases of demonic possession do not support this, it is unlikely that many cases where doctors did not consider the notion of demonic possession would have been recorded simply because there was no controversy. The medical writings of physicians, such as Barrough, Cotta, and others, suggest that there must have been numerous occasions when doctors were confronted with unusual and bizarre symptoms without resorting to accusations of bewitchment.

It is possible that some physicians feared their professional competency would be questioned if they could not diagnose a natural disease or prescribe a cure. Rather than confess to ignorance and failure it would have been much simpler to blame the Devil. Religious belief would have been a crucial factor in the diagnosis of diabolical origins of peculiar maladies. Grell and Cunningham make the important point that the early modern physician was ‘terrified of atheism (in himself or others) and greatly concerned with religion and religious orthodoxy, both in his life and in his medicine and it could be said that his religion spilled

48 ‘Madness and the Problems of Psychological History in the Sixteenth Century’, *Sixteenth Century Journal*, 12.1 (1981), 5–12 (p. 11).

49 *Witches of Warboys*, sig. B2.

50 Paul H. Kocher, *Science and Religion in Elizabethan England* (New York: Octagon Books, 1969), p. 138.

over into his medicine and helped shape it'.⁵¹ Even Dr Jorden, in his attempt to repudiate supernatural causes of illness, was not prepared to deny outright that diabolical possession and bewitchment were possible.⁵² Denial of the existence of the Devil would have been tantamount to atheism and created unnecessary problems. Moreover, adherence to the pagan doctrines of Galen and Hippocrates left physicians particularly vulnerable to allegations of atheism.⁵³ It was not unheard of for physicians themselves to be accused of witchcraft.⁵⁴

Even so, demonic possession was not necessarily a diagnosis to be used without deliberation. This is immediately apparent from Richard Napier's case notes. He was consulted by thousands of patients of all social ranks during the height of English anxieties about witchcraft.⁵⁵ From his extensive notes it is possible to determine that of the 2843 patients who consulted him fearing demons and bewitchment, Napier determined that only 164 were actually demoniacs. The rest he thought were either suffering from a variety of mental disorders, such as melancholy or religious anxiety, or dismissed their fears as 'strange fancies' or 'conceits'.⁵⁶ In some cases, MacDonald says, Napier was openly skeptical about the stories his clients told him, and thought that genuine supernatural diseases were very difficult to detect.⁵⁷ When he was consulted about thirteen-year-old Elizabeth Jennings, who was manifesting the symptoms of bewitchment, he declared that the charges of witchcraft were 'all false' and named the illnesses 'Epileptica Matricis and Morbus Matricis' as the cause of her illness.⁵⁸ Thus, even a doctor like Napier, who believed magic and science to be compatible systems of belief and regularly prescribed astrological amulets to his patients to ward off evil spirits, exercised caution when diagnosing *maleficium*. Napier 'seldom issued a diagnosis of bewitchment unless the patient or the patient's family had already focused on

51 Ole Peter Grell and Andrew Cunningham, 'Medicine and Religion in Seventeenth-Century England', in *Religio Medici*, pp. 1–11 (p. 2).

52 See Jorden, *Briefe Discourse*, sig. A3.

53 Wear, *Knowledge and Practice*, p. 34.

54 Macfarlane, *Witchcraft in Tudor and Stuart Essex*, pp. 117–18.

55 Jonathan Andrews, 'Napier, Richard (1559–1634)', *Oxford Dictionary of National Biography*, eds H. C. G. Matthew and Brian Harrison (Oxford: Oxford University Press, 2004) [hereafter *ODNB*].

56 MacDonald, *Mystical Bedlam*, pp. 199–201.

57 MacDonald, *Mystical Bedlam*, pp. 211–12.

58 BL, Add. MS 36674, fol. 137; see also MacDonald, *Mystical Bedlam*, p. 211; epilepsy and hysteria are an approximate equivalent of the illnesses that Napier detected.

that cause'.⁵⁹ For Napier, as with many other physicians, the patient's family was an important influence on the medical diagnosis of demonic possession.

The position that physicians adopted on demonic possession, then, varied depending on the circumstances in individual cases. There were obviously many influences at play on their diagnoses other than medical scrutiny. In some cases physicians espoused a contrary position: some disputing and others supporting the diagnosis of diabolic illness. This became increasingly apparent in the seventeenth century in cases where medical expertise was called upon in witch trials involving demonic possession. The beginning of the Stuart era, under James I, saw an increasing number of investigations into possible fraudulent claims of demonic possession. In these cases physicians were regularly called upon to examine the demoniac and make a judgement regarding the legitimacy of the possession. The Anne Gunter case was one of several such cases⁶⁰ and not only reveals the intricacies of medical involvement in demonic possession cases but also highlights the complexity of community and family influences on the medical diagnosis of possession in early modern society.

Involvement of the medical profession in Anne Gunter's case was predominant from the outset, throughout the two years of the possession, and during the trial where some of Oxford's most distinguished physicians and members of London's College of Physicians argued for and against the reality of the possession. As with so many cases of demonic possession in early modern England, the case began with a natural illness. Anne Gunter's possession followed a familiar pattern and once the doctors suggested that the illness was not natural her fits grew worse. According to Anne Gunter's statement, Doctor Bracegirdle told her parents they would be wasting their time to consult any more doctors. In fact, he said they would be better off to consult 'cunning men'. Magical practitioners, as James Sharpe points out, 'were taken seriously not just by the peasantry but also by the educated and affluent of rural and small town society'.⁶¹

59 Sawyer, 'Strangely Handled', p. 466.

60 See for instance, 'two maids suspected to be bewitched' examined by physicians at Cambridge University in 1605, *Historical Manuscripts Commission Calendar of the Manuscripts of the most Honourable the Marquess of Salisbury preserved at Hatfield House Hertfordshire*, Part xvii (London: HMSO, 1938), pp. 222–23, and the case of Katherine Malpass which went before Star Chamber in 1621, PRO, STAC 8/32/12.

61 Sharpe, *Anne Gunter*, p. 58.

Anne Gunter's father was keen to enlist the support of Oxford physicians to garner evidence for his accusations of witchcraft. The doctors' acknowledgement that Anne Gunter's illness was supernatural could well have given her the incentive for the counterfeit. Sharpe suggests a possible scenario:

An important initial step would be that youthful demoniacs, whether suffering from a natural ailment or simulating in the hope of getting attention, would be diagnosed by physicians and clergymen as suffering from a supernatural malady; they would then find themselves ensnared in a situation where they had no alternative but to act as though they *were* possessed. As this situation progressed, the sufferers ... would find themselves developing techniques for simulating their torments, displaying symptoms of increasing facility in order to meet the expectations of their audience.⁶²

The belief that the Devil was more likely to manifest in cases of genuine illness where the patient was vulnerable, and therefore more susceptible to diabolical manipulation, further complicated the doctors' diagnoses.

Some of Anne Gunter's behaviour can certainly be explained in terms of mental disturbance. She confessed at the trial to concealing pins in her mouth. However, it has been noted by the late-nineteenth-century witchcraft historian Henry Charles Lea that

Among hysterics the swallowing of indigestible objects, especially of needles, is extremely common, and it is not unusual for them to insert them in other orifices and to stick them in the skin, especially in the breast ... we find among endless hysterics the desire to attract attention and on that account to deceive the physician and those around them. We constantly find the recurrence of swallowing needles, bits of glass etc., and then vomiting them⁶³

While this may be a somewhat dated view of hysteria, it is conceivable that Anne Gunter's craving for attention encouraged her to deceive the physicians deliberately. Her desire to be noticed could well have been exacerbated by her relationship with her father. One neighbour reported that Brian Gunter 'cared lesse for his daughter Anne when she was well then for any of the rest of

62 Sharpe, *Anne Gunter*, p. 167.

63 *Materials Toward a History of Witchcraft*, vol. 3, collected by Henry Charles Lea, arranged and edited by Arthur C. Howland (New York: Thomas Yoseloff, 1957), p. 1047. Lea is from the liberal-rational school of witchcraft scholarship, determined to show that witchcraft beliefs were an irrational delusion.

his children, and when she began to fall into her fits ... he made exceeding much of her'.⁶⁴ Another saw Gunter dragging his daughter through the street on her stomach. Such behaviour is reminiscent of an earlier case. In 1586, seventeen-year-old Katherine Wright, admitted to faking the symptoms of demonic possession after suffering several years of physical abuse from her step-father. She said when she 'did pretende to bee troubled with ... fancies and apparitions, and in her fits of swelling, did voluntarily make her selfe to seem worse then indeed she was by scriching, casting her armes abroad, ... and sometimes by falling downe, as though she had swooned', it altered her step-father's 'usage towards her' and he 'made much of her'.⁶⁵ Some of Anne Gunter's fits may well have been genuine symptoms of an illness, but the role of demoniac placed her at the centre of attention and gave her the undivided attention of her father, as well as engendering a sense of empowerment from deceiving the physicians.

One of the medical roles in cases of demonic possession was to carry out and observe the results of a series of tests to determine if the possession was feigned. Anne Gunter was subjected to tests using 'firebrands, candles, horns, and drums', and she was frequently pricked with pins to test her insensitivity to pain.⁶⁶ Various other tests were carried out to authenticate her clairvoyant skills. While the doctors appeared convinced of the legitimacy of her possession, there were several non-medical witnesses who were skeptical about Gunter's bewitchment and reported that some of her so-called supernatural abilities were obviously faked. She could read when blindfolded, for instance, but not in the dark, and she also practised the magician's art of distraction: 'While standing in a dark doorway, [she] would cry out and beat the wall or doorframe with her head or hand to create a distraction while she secretly undid her garters and loosened her hose.'⁶⁷ If others were able to detect her sleight of hand, it is surprising that the physicians did not at least consider the possibility of pretence.

Frederick Valletta believes that many cases of demonic possession were

64 PRO, STAC 8/4/10, fol. 89 (deposition of Alice Kirfoote)

65 Recorded in Samuel Harsnett's, *A Discovery of the Fraudulent Practices of John Darrell* (London: 1599), p. 298; an anti-Puritan polemic written to discredit the exorcisms of John Darrell.

66 Ewen, *Witchcraft*, p. 31.

67 From the deposition of Sir Francis Stuart, Huntington Library, Ellesmere Papers, MS EL 5955, paraphrased here by Sharpe, *Anne Gunter*, p. 113.

faked because bewitchment accusations gave people an opportunity for reprisal against unpopular figures in the community.⁶⁸ But it should be kept in mind that confessions of counterfeiting by demoniacs (just like confessions of witchcraft) were often given in the hope of avoiding punishment or reprimand. A confession of fraud did not necessarily mean that they did not believe their possession to be genuine. Previous cases of apparent fraudulent possession had been well publicized. In 1574, two young girls, Agnes Brigges and Rachel Pinder, publicly admitted, under pressure from the Church, that they had faked demonic possession and falsely accused an elderly woman of bewitching them. Agnes Brigges admitted that she hid pins and other objects in her mouth and ‘on purpose disfigured her selfe with divers straunge countenances, faigning divers straunge voyces and noyses by her counterfeyt’.⁶⁹ Another famous case of demonic possession, Marthe Brossier in France, was recorded by the French physician Michel Marescot, translated into English in 1599, and widely circulated. The translator, Abraham Hartwell, one of Archbishop Whitgift’s chaplains, argued in his ‘Epistle Dedicatorie’ that Marescot’s treatise vindicated the belief that the symptoms of possession were due to natural afflictions and not caused by demons.⁷⁰

The Brossier case was deeply embroiled in religious propaganda and political turmoil.⁷¹ Marescot’s negative account of the Brossier case had in fact been commissioned by Henri IV, who was concerned that the vast public exorcisms were provoking anti-Huguenot feeling to an incendiary level. Marescot recorded that after Brossier had undergone numerous tests, the majority of the physicians declared ‘*Nothing of the Devill: Many things*

68 Frederick Valletta, *Witchcraft, Magic and Superstition in England, 1640–70* (Aldershot: Ashgate, 2000), p. 45.

69 Anonymous, *The Disclosing of a Late Counterfeyted Possession by the Devil in Two Maydens within the Citie of London* [1574], sig. A[8]v.

70 Abraham Hartwell, ‘The Epistle Dedicatorie’, in Michel Marescot, *A True Discourse, Upon the Matter of Martha Brossier of Romorantin, Pretended to be Possessed by a Devill*, trans. Abraham Hartwel (London, 1599), sigs. A2–A3v. The translation was rushed into print as an important weapon in the attack on the Puritan exorcist John Darrell by the episcopal hierarchy; see Freeman, ‘Demons, Deviance and Defiance’, pp. 47–48.

71 See Sarah Ferber, *Demonic Possession and Exorcism in Early Modern France* (London; New York: Routledge, 2004), Chapter 3; Anita M. Walker and Edmund H. Dickerman, ‘“A Woman under the Influence”: A Case of Alleged Possession in Sixteenth-Century France’, *Sixteenth Century Journal*, 22 (1991), 534–54; Walker, *Unclean Spirits*, pp. 33–42.

*counterfeited: and a few things of sicknesse.*⁷² Other physicians mustered by Brossier's supporters, though, claimed that the possession was authentic. Sarah Ferber's account of the Brossier case argues: 'Doctors came almost always to take sides firstly along the lines of patronage, however subtly demarcated, and only secondarily – and not consistently – for reasons of what might be called scientific conscience.'⁷³ There are some obvious parallels here with the Anne Gunter case.

All the doctors originally consulted from Oxford University argued to legitimate Anne Gunter's possession. In his deposition to the Star Chamber, Doctor Warner, for instance, expressed fascination with her garters and stated that even though he had tied them on himself very tightly, 'they came off strangely'.⁷⁴ Doctors Vilvaine and Hall, neither of whom were fully qualified at the time, may possibly have allowed themselves to be misled to avoid having their professional competency questioned.⁷⁵ Vilvaine was at a loss to explain Anne Gunter's apparent change in weight and lack of pulse when she was convulsing. Certainly, some of her symptoms were too bizarre to be accounted for in anything other than supernatural terms. Hall related that he had witnessed Anne Gunter's gift of second sight, particularly her ability to recount conversations that had occurred in her absence. She later admitted that Agnes Kirkfoote had listened in on the conversations and then passed on the details. Vilvaine and Hall may have readily validated Anne's possession in order to detract attention from the inadequacies of their knowledge and treatment. This would explain why Vilvaine reported that Anne Gunter seemed to stretch to 'almost 12 inches longer than usually she was'.⁷⁶

But more importantly and probably of greatest significance is the added complication of the Oxford physicians' personal acquaintance with the Gunters. Brian Gunter's son-in-law was Thomas Holland, the Regius Professor of Divinity at Oxford University, and his colleagues may well

72 Marescot, *A True Discourse*, p. 5.

73 Ferber, *Demonic Possession*, p. 57.

74 PRO, STAC 8/4/10, fol. 157.

75 Vilvaine had been practising medicine since 1600 and went on to take the degrees of BM and DM at Oxford in 1611. See W. P. Courtney, 'Vilvain, Robert (*bap.* 1576, *d.* 1663)', rev. Michael Bevan, *ODNB*.

76 PRO, STAC 8/4/10, fol. 173 (deposition of Robert Vilvaine).

have been reluctant to question the family's credibility.⁷⁷ Physicians at this time were desperate to establish themselves as superior to their numerous medical rivals, and while their number included some of the best-educated secular men in England, their social status was not particularly high.⁷⁸ In their struggle for respectability, acceptance, and social status, the physicians in the Gunter case may have thought it expedient simply to tell their client what he wanted to hear. Brian Gunter's personality would have been a factor here as well; he appears to have been a litigious, violent, and formidable man, and certainly not one to be easily challenged.⁷⁹ But whether or not he actually forced Anne Gunter to fake the possession as she claimed in her confession is open to contention.⁸⁰

Another factor that may have influenced the physicians' diagnosis of demonic affliction was the strong sense of community involvement in Anne Gunter's possession. Many of the residents of North Moreton witnessed her afflictions and the 'sick chamber became thronged with sympathizers'.⁸¹ Her condition proved contagious; fear and suspicion spread through the village as people began to attribute all their troubles and indispositions to the Devil. This was a community already traumatized after losing fifty people to bubonic plague only a few months before Anne Gunter's illness. Refusal by the Anglican bishops to allow an exorcism was surely a failing by the Church to meet the therapeutic needs of its parishioners. A dispossession could have released tensions in the village and provided an opportunity for catharsis.

77 It is worth noting that the Oxford clergy were not as unanimous or as candid in their support of Anne Gunter's possession as the Oxford physicians. Thomas Holland is on record as supporting the Church's skeptical position on demonic possession. He kept a low profile throughout the Gunter case and was not questioned in Star Chamber; see Sharpe, *Anne Gunter*, p. 93.

78 Birken, 'Social Problem', p. 213; see also Margaret Pelling, 'Compromised by Gender: The Role of the Male Medical Practitioner in Early Modern England', in *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands, 1450–1800*, eds Hilary Marland and Margaret Pelling (Rotterdam: Erasmus Publishing, 1996), pp. 101–33.

79 Several of Brian Gunter's neighbours made allegations of violence against him, see Sharpe, *Anne Gunter*, pp. 37–38, 38–39, 50–53.

80 Sharpe's account was written to appeal to a general audience; he tends to romanticize Anne and accept her version of events. For an alternative view see Lena Cowen Orlin, 'Review Article: Rewriting Stone's Renaissance', *Huntington Library Quarterly*, 64 (2001), 189–230.

81 Ewen, *Witchcraft*, p. 29; see also pp. 34–35 for a list of witness names and residences.

It was the intensely public nature of Anne Gunter's possession that attracted considerable attention and resulted in her confession of counterfeit. Early in 1605, Richard Vaughan, the Bishop of London, requested members of the College of Physicians, Edward Jorden and John Argent, to examine Anne Gunter and determine if her bewitchment was genuine: 'they found nothing but naked fictions and manifest simulations'.⁸² Anne Gunter's fits and accusations of witchcraft continued even after the two accused women had been acquitted, and she was taken from her own house and placed into the care of Henry Cotton, the Bishop of Salisbury. He consulted Dr Richard Haydock, another Oxford medical graduate, who had recently set up a practice in Salisbury.⁸³ Haydock tackled the problem by marking pins and it was later discovered that Anne later 'vomited' or 'sneezed up' the same pins, which was regarded as proof that she was faking her bewitchment. The women who were caring for Anne Gunter at this time believed she 'used some sleight or other with her finger to put them up higher into her nose or further into her mouth & then fell a sneezing & so void them out at her nose and mouth'.⁸⁴

Shortly before the Star Chamber hearing, Anne Gunter spent some time under the observation of Dr Edward Jorden. His cautious testimony in the Star Chamber made no mention of 'suffocation of the mother' as a possible cause of Anne's condition. He referred to 'sundrye feyned fyttes' in which 'she caste & tumble abrode her armes boddye and legges & to shew pynnes betwixt her teethe & to speake certain wordes of prayer for release of her paynes'.⁸⁵ He said she had her last fit 'near aboute a fortnight before Mich[aelma]s day last'.⁸⁶ and testified that while staying in his house, she did not 'voide any pynnes in [her] urine or otherwyse nor swallowe downe any pynn or pynnes or fall into any fytt or fyttes, trance or trances'.⁸⁷ A brief biography of Jorden, written in 1667 by the eminent physician Thomas Guidott, suggests that Jorden did more than simply observe

82 Clark, *College of Physicians*, p. 198.

83 John H. Raach, *A Directory of English Country Physicians 1603–1643* (London: Dawsons of Pall Mall, 1962), p. 55.

84 PRO, STAC 8/4/10, fols 19–22 (depositions of Joan Greene, servant to Richard Haydock, and Joan Spratt).

85 PRO, STAC 8/4/10, fol. 57 (deposition of Edward Jorden).

86 Levack places this around September 15, 1605, 'Possession', p. 1629 (n. 62).

87 PRO, STAC 8/4/10, fol. 57.

Gunter's behaviour. He 'made her believe that she had taken Physick, by the use of which, she said, she had found great benefit'.⁸⁸ He also read the Lord's Prayer and the Creed to her in English and Latin; the English version appeared to disturb her, but the Latin version had no effect. But although Jorden referred to 'feigned fits' in his deposition, he also said that he had found 'several pynnes' and 'three pieces of glasse' in her stools while she was in the care of Samuel Harsnett.⁸⁹ He suggested that she may have swallowed them during her fits, which seems to indicate that he also thought she was suffering from a natural illness.⁹⁰

The Church was anxious to dismiss the authenticity of the possession. The College of Physicians, with the backing of the monarch, was united in its support for the Church's position. James I had developed a penchant for exposing frauds since becoming the King of England, and had taken a personal interest in the Anne Gunter case. The extent to which the success of the careers of Jorden and Argent was directly related to their support of the Anglican cause would be impossible to prove, but Argent had a highly prestigious career in the College of Physicians and became President from 1625 to 1633.⁹¹ Dr Jorden established a very successful career in Bath where his clients were predominantly the wealthy aristocracy.⁹² Dr Haydock had a particularly expedient reason to support the King. He had gained a reputation for preaching anti-Catholic, puritanical sermons in his sleep, but had been exposed as a fraud the year before the Star Chamber hearing. When Haydock confessed, the King offered forgiveness and preferment in the church, but Haydock chose instead to continue as a physician in Salisbury.⁹³ He would surely have been anxious not to jeopardize his career further by taking a contrary stance on the Anne Gunter case.

But Vilvaine and Hall also had successful careers and do not appear to have been particularly disadvantaged by their acceptance of Anne Gunter's

88 Thomas Guidott, 'Preface to the Reader' in Edward Jorden, *A Discourse of Natural Bathes and Mineral Waters*, 3rd edn (London, 1669).

89 Harsnett was the Bishop of London's chaplain at this time and a loyal supporter of the Anglican cause.

90 PRO, STAC 8/4/10, fol. 57.

91 William Munk, *The Roll of the Royal College of Physicians of London*, vol. 1, 1518–1700, 2nd edn (London: Royal College of Physicians, 1878), pp. 112–13.

92 J. F. Payne, 'Jorden, Edward (d. 1632)', rev. Michael Bevan, *ODNB*.

93 Sarah Bakewell, 'Haydock, Richard (1569/70–c. 1642)', *ODNB*.

possession. There is, however, no record that Hall ever completed his medical degree. The year after giving evidence in the Star Chamber, he moved to Stratford where his patients came from all levels of society, including the ‘grandest aristocracy’.⁹⁴ His case notes from this time contain no mention of demonic possession, even though several of his patients were clearly suffering from mental disturbances. There are many references to ‘the mother’, for instance, for which Hall applied enemas, emetics, and herbal remedies.⁹⁵ Patients diagnosed with melancholic conditions received similar treatments, with the additional application of leaches. One entry reveals: ‘Mrs. Swift ... aged about 20, was miserably afflicted with the Mother, Convulsion of the mouth, as also of the Arms and Hands. She had been well purged by expert physicians, and many other Medicines fruitlessly used.’⁹⁶ Though her condition displayed the typical signs of demonic possession, Hall treated her condition as a natural malady. He administered several purges and herbal treatments and noted that she completely recovered.⁹⁷ Either Hall had learnt a salient lesson from his experiences at North Moreton or there were extenuating circumstances in the Gunter case. His connection to the Gunter family may well have influenced his diagnosis.

Dr Hall’s uncertain position on demonic possession encapsulates the stance taken by the medical profession during the early modern period. Despite the regular exposure of so-called frauds, the pattern of demonic possession continued throughout the seventeenth century and doctors continued to be called as expert witnesses in witch trials. In 1664, two women were sentenced to death at Bury, St Edmunds for bewitching some children who were thought to be diabolically afflicted. The eminent physician Sir Thomas Browne was called as an expert witness at the trial. Browne, according to one account of the trial, stated that he thought the children were suffering from a natural illness, namely ‘the mother’, but that the disease had been

94 Joan Lane, ‘Hall, John (1574/5?–1635)’, *ODNB*. John Hall was most likely the same man who married Shakespeare’s daughter in 1607; see Sharpe, *Anne Gunter*, p. 100.

95 John Hall, *Select Observations on English Bodies of Eminent Persons in Desperate Diseases*, trans. James Cook (London, 1679), pp. 36, 82, 114, 148.

96 Hall, *Select Observations*, pp. 161–62.

97 Hall always noted that his patients recovered, even when they died a few weeks later; see Michael Schoenfeldt, ‘Aesthetics and Anaesthetics: The Art of Pain Management in Early Modern England’, in *The Sense of Suffering: Constructions of Physical Pain in Early Modern Culture*, ed. Jan Franz van Dijkhuizen and Karl A. E. Enenkel (Leiden; Boston: Brill, 2009), pp. 19–38 (p. 22).

‘heightened to a great excess by the subtilty of the Devil, co-operating with the malice of these which we term witches’.⁹⁸ Here, Browne’s belief in the ability of the Devil to accentuate natural illness with the collusion of witches had devastating results for the accused women, but as George Kittredge points out, ‘there is nothing unreasonable or unscientific in it, if one merely grants the actuality of demonical obsession and possession, which was then to all intents and purposes an article of faith’.⁹⁹ Browne’s ambiguous position on the relationship between demonic possession and mental illness can be seen in his famous work, *Religio Medici*, first published in 1642: ‘I hold that the Devil doth really possess some men, the spirit of Melancholy others, the spirit of Delusion others’.¹⁰⁰ His conviction reflects the early modern nexus between natural disease, mental illness, and supernatural causes, neatly accommodated within Galenic medical principles.

The Anne Gunter case highlights the need for detailed study of individual cases of demonic possession to determine the influences on medical diagnosis. Not least is the pervasive impression that Jorden, Argent, and Haydock were being manipulated by the hegemonic interests of the Church of England. The burgeoning medical skepticism towards demonic possession occurred only in conjunction with intervention from Church hierarchy. On the other hand, the doctors initially consulted from Oxford University clearly did not base their diagnosis on medical factors alone, and the public response to the possession had a considerable impact. The individual doctor-client relationship was particularly significant in determining the stand taken by some physicians. Brian Gunter was clearly pursuing his own agenda in persisting with witchcraft accusations. Therefore the nature of the relationship between the Oxford physicians and Gunter family appears to be particularly pertinent to the initial medical diagnosis of demonic possession in this case.

98 *A Tryal of Witches at the Assizes held at Bury St. Edmonds for the County of Suffolk; on the Tenth Day of March, 1664 [i.e 1665]. Before Sir Matthew Hale, Kt., then Lord Chief Baron of His Majesties Court of Exchequer / Taken by a Person then Attending the Court* (1682), pp. 41–42; see also Garfield Tournay, ‘The Physician and Witchcraft in Restoration England’, *Medical History*, 16 (1972), 143–55 (p. 147).

99 *Witchcraft in Old and New England*, p. 334.

100 Sir Thomas Browne, *Religio Medici*, 8th edn (London, 1682), p. 70.

III

In 1616, William Harvey referred to Anne Gunter in one of his anatomical lectures and suggested that she formed a callus to make herself insensible to pain.¹⁰¹ With the advent of physiological discoveries in the seventeenth century, such as the circulation of the blood, it is tempting to suggest that medical skepticism was increasing in line with anatomical advances. But throughout the seventeenth century approaches to mental illness continued to ‘reflect the traditional fusion of magic, science, and religion that typified the thinking of laymen of every social rank and educational background’.¹⁰² As Stuart Clark explains, it was not until after the end of the seventeenth century that the belief that devils could inhabit humans was abandoned by a substantial portion of the literate classes of Europe, including the medical profession.¹⁰³

Belief in the reality of demonic possession in early modern England was certainly an article of faith, but this study reveals a vast array of social, cultural, economic, and religious factors that influenced the medical diagnosis of demonic possession. The role played by the demoniac, the social status of physicians, the nature of the doctor-client relationship, the cost of medical consultations, patronage, and Anglican hegemony were some of the factors that played a part. While early modern medical discourse reveals some enlightened understanding of mental illness and a preference to attribute unusual and bizarre symptoms to natural causes, the reality of possession cases was another matter. The continued adherence by the medical profession in early modern England to Galenic principles and practices comfortably accommodated demonological beliefs, since doctors could adhere to the principles of humoral imbalance, while at the same time accepting the manipulation of the bodily humours by witchcraft under the instigation of the Devil.

Community and family expectations and fears over demonic possession and witch accusations were crucial factors in the medical prognosis. While there was recognition that some demoniacs were feigning or deluded from melancholy, attempts to treat the condition in purely medical terms inevitably failed or actually made the situation worse. Once possession was diagnosed,

101 Richard A. Hunter and Ida MacAlpine, ‘William Harvey: His Neurological and Psychiatric Observations’, *Journal of the History of Medicine*, 12 (1957), 126–39 (p. 132); Clark, *College of Physicians*, p. 198.

102 MacDonald, *Mystical Bedlam*, p. 2.

103 *Thinking with Demons*, pp. 390–91.

responsibility for the demoniac could be passed on to the community. The documented cases all reveal a high degree of family and communal care and concern. So while the continued acceptance of demonology and witchcraft throughout the seventeenth century may well have served a useful social purpose in helping people to understand the inexplicable forces that threatened their health and sanity, the relationships and networks within and between families were particularly significant in contributing to the medical diagnosis of demonic possession.

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