

Burning Feathers: A Hint at Hysteria in a Connecticut Witchcraft Case

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Note

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Abstract

In Stamford, Connecticut, in 1692, the teenage Katherine Branch was tormented by visions, fainting spells, convulsions, and crying episodes. She claimed that she was bewitched. Many neighbours came to see her during her affliction, offering their own suggestions and interpretations of what was happening. One woman, Mrs Sarah Bates, suggested that Katherine's affliction resulted from a natural illness, and advised that feathers be burnt under the girl's nose. This article proposes that Mrs Bates supposed that Katherine was suffering from hysteria, or 'suffocation of the mother', a medical diagnosis proposed by English physician Edward Jorden in 1603 specifically to address cases of apparent witchcraft.

Introduction¹

Stamford, Connecticut, 1692. For weeks Katherine Branch, a teenage servant in the house of Daniel Wescott, had been exhibiting unusual and disturbing behaviour: she would cry and fall to the ground, scream in the night, and claim to see and hear things which were invisible to everyone else. She insisted that she was bewitched, being remotely tormented by several women, principally Elizabeth Clawson and Mercy Disborough. Wescott believed her; neighbours were divided. Some thought she was faking, others that her fits were natural, and still others that they were a symptom of legitimate witchery. Some shared strange experiences in her company: they were pricked in the night, or saw mysterious lights floating through the room, or spotted unidentifiable somethings that seemed to disappear just when looked at. Clawson and Disborough were both tried, but ultimately freed. Katherine's fate is unknown. Richard Godbeer (2005) has written the essential modern account of this incident; R. G. Tomlinson (1978, 52–65) earlier provided a detailed but more concise summary. Reprintings of

the related documents are provided with commentary by David D. Hall (1999, 315–54) and earlier, with abridgements, by John M. Taylor (1908, 62–78 and 101–16).

The documentation relating to this case is rich in information about the folk beliefs of the residents of Stamford at the end of the seventeenth century. Daniel Wescott reports that Katherine, beginning two days into her affliction, saw cats who invited her to indulge in fine things with fine folks, and, later, to share in a bountiful feast (Hall 1999, 317).² Thomas Austin had ‘heard say that if a person were bewitched take a naked sword and hold over them and they will laugh themselves to death’ (340).³ And when Mrs Sarah Bates, a local healer, saw Katherine in the throes of a fainting spell, she suspected that it might be a result of natural illness, and ‘advised them to burn feathers under her nose’ (343).

Mrs Bates is usually identified as a midwife steeped in popular healing, but without a connection to professional medicine. I suspect that this has led to insufficient consideration of her suggestion’s significance. This article presents a further exploration of the burning feathers remedy and suggests that Mrs Bates had a specific diagnosis in mind, which would have been clear to her neighbours, that has not been previously supposed: ‘suffocation of the mother,’ a term ‘interchangeable with “hysteria”’ in the seventeenth century (Rousseau 1993, 117). This analysis is supported by the legal opinion signed by ministers Joseph Eliot and Timothy Woodbridge (Taylor 1908, 75–76) in response to a request by the General Court, which has gone misunderstood or unnoticed by recent scholars.

Burning Feathers

The testimony of Mrs. Sarah Bates [.]. She saith that when first the girl was taken with strange fits she was sent for to Daniel Westcott’s house and she found the girl lying upon the bed. She then did apprehend that the girl’s illness might be from some natural cause: she therefore advised them to burn feathers under her nose and other means that had done good in fainting fits and then she seemed to be better with it. . . (Hall 1999, 343–44)

Of the suffocation of the Mother . . . That this disease doth oftentimes give occasion unto simple and unlearned people, to suspect possession, witchcraft, or some such like supernaturall cause. (Jorden 1603, 1r)

In 1602 English physician Edward Jorden spoke at a trial in defense of Elizabeth Jackson, a London shopkeeper who stood accused of bewitching fourteen-year-old Mary Glover. For over two months Glover had been ill — pale, weak, and in pain — and suffering from ‘fittes or passions’ every other day (Swan 1603, 4 and 15–16). She was attended to by a series of physicians and preachers, and it was generally (but not unanimously) decided that she had in fact been bewitched (Swan 1603, 4). Jorden and John Argent, both doctors from the College of Physicians, insisted that Glover’s symptoms arose from a natural illness — hysteria, also known as ‘suffocation of the mother’. (‘Mother’ was a popular word for ‘uterus’.) Despite the men’s expert testimony, Jackson was found guilty.⁴

Frustrated by this experience, Jorden wrote *A Briefe Discourse of a Disease called the Suffocation of the Mother* (1603), in order to fight against what he saw as the overwillingness to assign supernatural causes to the ‘strange’ symptoms of ‘natural diseases’ (Jorden 1603, iii). Jorden thus laid out the first English-language case for hysteria (MacDonald 2005, vii). In his work, Jorden noted that the symptoms of this illness were ‘monstrous and terrible to behold’, and that those who were unfamiliar with this disease had ‘sought above the Moone for supernaturall causes: ascribing these accidents either to diabolicall possession, to witchcraft, or to the immediate finger of the Almightye’ (1603, 2r).

Much of Jorden’s work presents longstanding Galenic beliefs regarding this malady, drawn from European and Arabic sources, supported by personal experience and the reports of near-contemporaries (King 1993, 62–63). It was Jorden’s innovation to note, in a text meant for public consumption, that when people unfamiliar with the disease witnessed women in the throes of hysteria, they would frequently misinterpret the symptoms as signs of some supernatural malady, resulting in innocent women being accused of (and executed for) being witches. Additionally, as Jorden’s work was the first on this subject in English, it allowed for knowledge about suffocation of the mother to be dispersed among the general public. Before long, this disease would appear in numerous popular printed works, including the female health-focused almanacs by Sarah Jinner and various other texts discussed below.

It is beyond the scope of this article to untangle the centuries-old web connecting witchcraft and hysteria.⁵ But one of its strands – that which binds Edward Jorden to Katherine Branch – is plucked at in the following discussion.

To treat suffocation of the mother, Jorden reiterates several times that one should ‘apply evil smels to [the patient’s] nostrils’ (23r). He describes the treatment of ‘a woman in the

fit of the Mother, that was besides herselfe, and would sometimes laugh & sometimes crie'. Her attendants 'applied Partridge feathers upon coales unto her nostrilles' (16v). Feathers were apparently a popular choice. Elsewhere in his work, Jorden refers to the Dutch physician Peter Foreest, who wrote in 1599 of a patient whom he treated for '*suffocatio uteri*'. Foreest reported that 'in order that [the patient] breathe in the stench of her own burned hair (since there were no bird feathers to be burnt), I held it up to her nostrils' (Schleiner 2009, 671).

Jorden does not indicate that the unnamed woman was unconscious at the time she was made to inhale coal-burnt partridge feathers. It seems that people who have fainted really can be roused by very strong smells (McCrorry 2006, 559), but what was the reason for exposing bad smells to patients who were awake? Jorden reasoned that the 'breathing in of sweete savours doth commonly procure these fittes', either because the uterus was 'delighted with sweete savoures' or because 'the animall spirites of the braine' were 'thereby stirred up to motion'. 'Evill savoures' were therefore 'a meanes of the shortening of the fit' (22 r).⁶

In fact, this hearkens back to medieval medicine. In the Middle Ages, one widespread treatment for 'uterine suffocation' was 'odiferous therapy'. As explained by Monica H. Green (2001, 23), 'fetid odors (such as pitch, burnt hair, or castoreum) were applied to the nostrils to repel the womb from the higher places to which it had strayed'. This was initially based on the Hippocratic understanding of hysteria, in which the uterus was completely mobile, and its damaging movements against other organs were responsible for the diverse symptoms of hysteria (Green 2001, 22). Galen, 'the late classical Greek source for much of Western medicine' (Henry 1991, 203), rejected on anatomical grounds the notion that the womb might move freely throughout the body. He argued instead that the uterus might be adversely affected by a retention of menses or vaginal discharge, i.e. 'the woman's own semen' (Green 2001, 24).

It is no surprise that Jorden's conception of hysteria was directly in line with Galenic thought: the Royal College of Physicians was described in the seventeenth century as the 'Palace Royal of Galenical Physick' (Henry 1991, 213). Jorden thus rejected the notion of the wandering womb, at least beyond the confines of the abdomen, noting that the disease might be caused by the retention of 'spirit, blood, humors, excrements, &c. whereby this part is apt to be offended' (16v) or by 'externall causes' both inevitable, like 'our meate and drink', and avoidable, like 'baths', 'smells and vapours', or 'biting of venomous beasts' (21r-22v). Jorden (1603, 1r-1v) explained that suffocation of the mother would produce such diverse symptoms because 'of the communitie and consent which this part hath with the braine, heart, and liver .

. . . and the easie passage which it hath unto them by the Vaines, Arteries, and Nerves'. The brain, heart, and liver were held to be the 'seates of the three faculties, which do governe the whole body' (6r). An imbalance in the uterus could thus cause apparently disparate effects, as though one or all of the aforementioned organs were affected. A malfunction in the 'vitall facultie', governed by the heart, is responsible for fainting, 'the very image of death' (9r-9v). Although the Hippocratic rationale for odiferous therapy was dispensed with, Jorden followed Galen in accepting the efficacy of the treatment based largely on practical experience (Green 2001, 24; King 1993, 43).

The diagnosis Jorden advocated became popular in English texts, and the treatments he mentioned survived with modest modification for centuries. In Francis Bacon's 1623 *Historia vitae et mortis* (History of life and death), burning feathers is listed as one of several means of resuscitating those who have fainted as a result of hysteria (392). The 1638 English edition of this text suggests that 'to rayse and recover to life such as faint and fall into a swond [swoon] (in which fits many without helpe would expire) . . . burning feathers and woollin cloath for the mother' (272).⁷ Bacon's work was reprinted well into the eighteenth century, and the feather remedy remained both recommended and gendered into the Victorian era.

A similar fainting remedy, written in Thomas Lodge's *The Poore Mans Talentt* around 1623, is more nuanced. When the fainting is caused by a weakness of the heart, carefully prepared drinks are called for (Lodge 1883, 32). But 'sincope or soundinge', also known as 'the greater faintinge of the harte' and entailing the loss of 'sence and motion thorowe the hole Boddy', necessitated a different treatment: in most cases, cold rosewater was to be sprinkled upon the victim's face; 'except in the soundinge in a woman yt proceedethe from the Mother', which called for one to 'forbeare all sweete things, and applye all stinckinge and filthye things to her Nostrills, as Partridge feathers, burned Castoreum and Assa fatida [assafoetida, a pungent spice]' (34-35).

While the partridge feathers are not specifically burnt in Lodge's treatment, a later chapter explicitly calls for them in treating 'suffocation of the Mother'. Lodge defines this illness as 'a mountinge of menstruall bloude, or Corrupt seede, to the Diaphragma, or midriff, properlie retained in the Mother, which is the cause of womens shortt breathing, paines in the heade, and soundinge of the hearte'. His complex remedy calls for giving the victim a medicinal drink containing wormwood, tying her arms and legs, setting 'cuppunge glasses' on her buttocks, massaging her stomach, applying 'sweete thinges' like cloves and musk

'beneathe', and 'lett[ing] her smell to stinckeinge thinges, such as are Assa foetidæ, galbanū [galbanum, a gum resin], [and] partridge feathers burned' (69). Lodge here presents a modernization of a remedy found in the medieval *Trotula*, 'the most popular assembly of materials on women's medicine from the late twelfth through the fifteenth centuries' (Green 2001, xi). That work's suggestion is largely identical, although it does not call for the woman's appendages to be tied (urging instead that her 'hands and feet . . . be rubbed moderately with laurel oil') and does not mention feathers, instead suggesting 'galbanum, opoponax, castoreum, pitch, burnt wool, burnt linen cloth, and burnt leather' (Green 2001, 85).

In essence, the feather treatment persisted for centuries, especially for women whose swoons were supposed to result from hysteria. One British medical compendium from 1803 notes in the section on this disease that 'if the patient be seized with a violent fit, so that she can swallow nothing, which is frequently the case, it will be proper to apply some strong volatile alkali to her nose; or if that be not at hand, the vapour of burning feathers is sometimes very efficacious' (*The Edinburgh Practice of Physic, Surgery, and Midwifery* 1803, 441).

In the English translation of the German *Enchiridion medicum* (Medical handbook), fainting is said to be caused in part by 'nervous affections (great mental emotion, as fright, joy), nervous fevers, but especially hysteria, and it is therefore of frequent occurrence in this state'. One who has fainted may be roused in a number of ways, depending in part on the cause; 'in hysterical persons the fumes of burning feathers, cut onion, vinegar, acidum aceticum aromaticum [aromatic acetic acid]⁸ to the nose, washing with aromatic spirit, rubbing the extremities, injections, fresh air' (Hufeland 1855, 260.).

And Walter Hayle Walsh's (1873) *A Practical Treatise on the Diseases of the Heart and Great Vessels* defines syncope as 'a state of apparent lifelessness, in which failure of the heart's propulsive action forms the first link in the chain of events tending to somatic death. . . . The conditions which appear to *predispose* to syncope are the female sex, early adult age, nervous and especially hysterical temperament, spanæmia [poor blood], general weakness and idiosyncrasy' (183; italics in the original). Syncope may be treated in part by 'stimulant impressions on the nerves,—on those of the nostrils and lungs by ammonia, strong acetic acid, the fumes of burning feathers' (192).

Even into the twentieth century, the remedy remained well known as a treatment for female fainting, although it is less clear whether its explicit tie to hysteria remained. It was

often invoked as common knowledge, as is demonstrated in a passage from a 1904 short story by Ella Howard Bryan, a popular author who used the pen name Clinton Dangerfield:

She had fainted.

This caused much greater excitement. Advice, command, and comment filled the air:

‘Burn feathers under her nose. When my sister-in-law—’ (Dangerfield 1904, 797)

Fevers & Distemper

But burning feathers have been used to address other illnesses as well. These other remedies should be considered in trying to evaluate what malady it was that Mrs Bates had in mind. For example, in her *Nebraska Folk Cures*, Pauline Monette Black records the following remedy: ‘If a person is in bed with a fever, burn black feathers in a pan under the bed to cure him’ (1935, 38). The same remedy is reported in Vance Randolph’s *Ozark Magic and Folklore*, written in the early 1940s. Randolph notes that ‘many people think it is a good idea to burn feathers from a black hen under the bed of a fever patient. I have seen the feathers of black chickens dried and saved in little paper bags for this purpose’ (1964, 146).⁹ American treatments were perhaps influenced by Indigenous medicine: Virginia Vogel writes that ‘for afterbirth pains, the Rappahannocks put fowl feathers in a pot and burned them with yellow pine splints. The fumes from these were breathed by the confined woman’ (1990, 236).

Burning feathers were prominent in veterinary treatments as well. In Texas, horses suffering from bronchitis might inhale the smoke of burning tar and chicken feathers; elsewhere, this mixture was used to treat anthrax (Cavender and Ball 2016, 326-27). Randolph writes that some people ‘claim to cure distemper [a serious viral disease] by burning chicken feathers in a paper sack and holding the sack over a dog’s head so he is forced to inhale the fumes’ (1964, 51). The following remedies for distemper in horses were recorded in Nebraska by workers with the Federal Writer’s Project sometime in the late 1930s (Welsch 1984, xvi):

Make a good smoke, preferably of pine tar and feathers, and let the horse inhale it.

Burn feathers and tar in a tin can and hold it under the horse’s nose. This is also used to cure distemper in cattle. (Welsch 1984, 374)

In the American context, then, the explicit connection to hysteria fell away. It is clear that by the twentieth century at least, feather-burning could be used to treat women, men, and animals alike. But was this the case in early modern New England? Apparently not. I consulted several seventeenth-century texts concerned with medical and veterinary treatments. Bacon (1623, 1638, 1670) only refers to burning feathers to address hysteria, and Coelson (1656) does not refer to burning feathers at all. J. F. Smithcors writes that ‘prior to 1800, only about 20 works of any sort relating to the diseases of animals and their treatment were published in America’ (1958, 174). The first, *Husband-man’s Guide*, was not published until 1710 (Austin 1961, 110). Its second section, containing ‘choice physical receipts for divers dangerous distempers in men, women and children’, does not mention burning feathers (but was missing many pages in the copy I read). Its third part, ‘The Experienced Farrier’, concerned with animals, does not mention them either (27–45). I consulted a complete version of the second edition of the book, published in 1712; it also mentions no burning feathers.

Using Louise Hill Curth (2007a) as a guide to early modern veterinary texts printed in England, I consulted the 1534 edition of John Fitzherbert’s (1882) *The Booke of Husbandry*, Partridge (1595), Markham (1614 and 1616), C. H., B. C., & C. M. (1657), and Lovell (1661). As far as I could tell, none of these showed any treatment similar to the later American folk remedies. In other words, in Stamford in 1692, burning feathers in a medical context suggested an exclusively female, exclusively human, illness.

What Mrs Bates Meant

The documentation of Mrs Bates’ suggestion is incomplete. (What exactly were the ‘other means that had done good in fainting fits’ that she tried?) But the only remedy that is specifically noted is the burning of feathers — a remedy prescribed, at the time, for women whose fits resulted from hysteria. This adds a dimension to Mrs Bates’ suggestion that is not immediately obvious to the modern reader. It is most likely that the ‘natural cause’ that she thought responsible for Katherine’s state was ‘suffocation of the mother.’

It must be noted that the concept of hysteria would change drastically from then to today, just as it had from antiquity to the seventeenth century (Rousseau 1993; Green 2001, 217). The disease was exclusively gendered and individually suffered — modern notions of ‘mass hysteria’ are alien to early modern medicine. And while its symptoms were extreme and often seemed supernatural, the cause of the illness had been identified chiefly in physical

disturbances of the womb for centuries; it was innovative for Jorden to note that ‘some passion of the minde’ may also cause one to fall ‘into these fits of the Mother’ (Jorden 1603, 25r).

By the standards available to her, Mrs Bates’ suspicion was well founded. Jorden had specified that ‘maidens and widowes’ were most likely to have this condition, owing to ‘the want of the benefit of marriage’ (1603, 15r). Katherine, an unmarried seventeen-year-old, would have fit neatly into the former category. In an almanac focused on women’s health, Sarah Jinner likewise noted that ‘if the Patient be a Maid, a husband is the best medicine, if she can get one’ (1659, 29). Sex, it was thought, would provoke a release of the woman’s built-up ‘semen’, the retention of which was believed to be a major cause of the condition (Green 2001, 85). Among the many symptoms that Jorden outlined were ‘frenzies, convulsions, hickockes, laughing, singing, weeping, [and] crying’ (1603, 2r). Katherine displayed nearly all of these behaviours. She frequently sang; at one incident, observed by many, ‘she fell into a fit singing songs and then tunes’ for the amusement of the witches whom only she could see (Hall 1999, 330). She often screamed and made unusual sounds, including a ‘terrible screeching noise’ (328) and ‘a great rattling in her throat’ (338). Contortions, too, were symptoms: the body could be ‘bowed backward’, the back ‘crookt in some part of it’, or the appendages bent (Jorden 1603, 14v). In one episode, Katherine’s head was ‘bent backwards down to her back’; she later shook ‘so terribly hard it much affrighted’ the men who were present (Hall 1999, 328–329). Even the visions that she had could be chalked up to the illness, which might cause one to ‘imagine, judge, or remember thinges that are not as if they were’ (Jorden 1603, 13r).

I suspect that Mrs Bates’s suggestion has received insufficient attention because her expertise has been relegated to the hazy realm of popular medicine. Richard Godbeer (2005, 16) identified her as a savvy, skeptical ‘midwife’ with ‘no formal training as a medical practitioner’, her skills ‘grounded in centuries of herbalist tradition’. But in the early modern English-speaking world, the boundary between professional medicine and popular practice was highly permeable (Curth 2007b, 17). ‘Professional’ medical information was widely disseminated among the public in print, and healers elite and quotidian largely ascribed to the same basic beliefs regarding health and illness, firmly rooted in Galenic humoral theory (Curth 2007b, 27–28; Gentilcore 2004, 158–59). The medicine practiced by university-educated physicians was itself heavily informed by age-old herbal traditions — it is illustrative that Edward Jorden, a member of the College of Physicians, prescribed some ‘traditional herbs and natural medicines’ (Rousseau 1993, 120). Finally, medical care was commonly administered by

‘generally female . . . laypeople’ (Curth 2007b, 19). By discarding the somewhat romantic image of Mrs Bates as a midwife-herbalist, and understanding her instead as a mainstream healer, we can demystify her treatment and arrive at a more complete understanding of what, exactly, an informed, skeptical healer might have thought of a patient supposedly being tormented by supernatural forces.

Fainting Fits and the Falling Sickness

Godbeer suggested that Mrs Bates may have suspected epilepsy, ‘the falling sickness’ (2005, 17). Tomlinson also noted that Katherine ‘exhibited signs of an epileptic seizure’ (1978, 54), and Taylor characterized Katherine as ‘subject to epileptic fits and hysterics’ (1908, 72), but neither suggested that this may have been what Mrs Bates had in mind. Respectfully, I suggest that there is less evidence that Mrs Bates thought epilepsy to be the cause of Katherine’s aberrant symptoms. Hysteria and epilepsy were understood to have much in common; Samuel Collins described a ‘Hysterick Woman, who labored with violent convulsive motions (the retinue of the falling sickness) ending in a fatal storm’ (1685, 1180), and Thomas Sydenham noted that hysteria could manifest with convulsions ‘that very much resemble the epilepsy’ (1724, 6).

As far as I can tell, the symptom that Mrs Bates meant to treat, ‘fainting fits’, is not mentioned in contemporary literature as a symptom of the falling sickness — but it is a very often-mentioned symptom of hysteria. It is notoriously difficult to prove the non-existence of something. I consulted a range of sources from the seventeenth through nineteenth centuries: Bacon (1638 and 1670), Coelson (1656), *Pharmacopœia Londinensis* (London pharmacopoeia) (1661), Collins (1685, 1175–84), Sydenham (1724), *The Edinburgh Practice of Physic, Surgery, and Midwifery* (1803), Andrew Duncan (1819), Christoph Wilhelm Hufeland (1855), Walsh (1873), and Lodge (1883). There were many similarities between hysteria and epilepsy, in both symptoms and treatment, but fainting fits are only ever listed as a symptom of the former. In these sources, discussions of fainting, lipothymia, apoplexy, syncope, and asphyxia often mention hysteria as a cause (e.g. Hufeland 1855, 260–261), but never epilepsy.

Additionally, several treatments for the falling sickness and suffocation of the mother did overlap in the contemporary medical literature, such as wearing mullein and inhaling the fumes from bitumen (*Pharmacopoeia Londinensis* 1661, 16 and 32). But the only reference I could track down to the use of burning feathers to treat epilepsy was in a simile on futility: ‘It is in vain to admonish or reprehend when the passion is violent; for at best, ‘tis but as burning

feathers under the nose of one in a fit of the falling sickness; which may perhaps raise him up, but cannot cure him' (Walker 1677, 91). This is important, because numerous written treatments for both the falling sickness and hysteria survive. The fact that burning feathers were often mentioned as being used to treat hysteria, and virtually never epilepsy, suggests that Mrs Bates had hysteria in mind when she made her suggestion.

Further support for this analysis comes from a legal report. Mercy Disborough and Elizabeth Clawson faced a joint trial for bewitching Katherine. The trial was marked by considerable difficulty, due to juror disagreement and official uncertainty. Without getting too mired in the specifics of the case, it is sufficient to note that the General Court requested a council of ministers in Hartford to review the evidence against the suspected witches and to provide a report to the court (Hammersley 1897, 486–87). This report, signed by Joseph Eliot and Timothy Woodbridge, lists several deficiencies in the case against the two women. Of relevance to us is point three:

Respecting ye evidence of ye afflicted maid we find some things testified . . . that plainly intimate her trouble from ye mother which improved by craft may produce ye most of those strange & unusuall effects affirmed of her. . . . (Taylor 1908, 75)

The ministers thus clearly implicate hysteria in causing at least some of Katherine's symptoms. In fact, one nineteenth-century summary of this case even gives a parenthetical clarification: ' . . . trouble from the mother (i.e., hysteria)' (Hammersley 1897, 487). This shows that hysteria was on the minds of Hartford residents as a possible cause of Katherine's illness. If ministers were thinking of it, it is quite possible that Mrs Bates was as well.

This has gone unrecognized, in part, because of modern unfamiliarity with historical terminology. For example, throughout *Escaping Salem*, Godbeer modernizes the seventeenth-century text to make its meaning clearer to modern readers (2005, 134). But in this instance, one such modernization obscures the actual meaning. Where the original text notes that some of the girl's apparent symptoms 'plainly intimate her trouble from ye mother', Godbeer writes that they 'plainly intimate her trouble as coming from her mother' (2005, 117). But trouble coming from 'the mother' was entirely different from trouble coming from 'her mother'. The ministers never suggested that Katherine's own mother was causing her symptoms, but that her uterus was.

Conclusion

The history of witchcraft prosecution in colonial New England is multifaceted, marked by alternating periods of earnest terror and institutional skepticism (Woodward 2003, 16). But at no time was the population of this famously prickly region monolithic. At every stage, whatever the prevailing sentiment, some people held opinions and attitudes to the contrary. It is already clear that Mrs Bates was a skeptic, doubting that Katherine's affliction, characterized by chronic fainting and convulsions, had a supernatural cause. What is now clarified is that Mrs Bates, in all likelihood, suspected that Katherine suffered from suffocation of the mother.

That Mrs Bates was aware of medical advice first published in English about a century earlier speaks to the dissemination of medical knowledge through the early modern Anglosphere, where the latest medicine worked its way into local folkways, thoroughly blurring the line between popular and professional practices.

It may seem surprising that relatively cutting-edge medical information should have been absorbed by a lay healer in colonial Stamford. But in the early modern era, medical knowledge had not yet been 'established as the specialist preserve of a professional elite' (Henry 1991, 199). Professional physicians existed, of course, but they were not necessarily regarded as any more authoritative than a lay healer might be. Success at effecting cures was valued more than schooling by the pragmatic public. John Henry writes that, at this time, 'everyone was ultimately responsible for their own health' (1991, 199). As a result, a basic medical knowledge was seen as essential by people of all social strata. In that context, it is pertinent that Mrs Bates was brought in particularly as a healer. She must have been regarded as having knowledge and talent that went beyond a rudimentary knowledge of humours and plasters. She would likely have sought out medical knowledge, and may, as Godbeer (1005, 16–17) indicates, have been immersed in a culture of healing.

It is noteworthy that Jorden, himself as elite and professional a physician as one could hope to find, saw it as important to share medical information with the general public in the unrefined English language. There is no doubt that Jorden's work was written explicitly for public readership: at several points in the text, he indicates that he has left out information which would be inappropriate to discuss in English and with non-physicians. Nowhere is this clearer than in his final chapter, where he notes that 'concerning the cure also I thinke it not meete to say more then may concerne the friends and assistants unto the patient to look unto: referring Physitions works unto Physitions' (16v). Mrs Bates was not a 'Physition', a term that

denoted academic training and a professional status, but she was a medically interested, publicly minded healer: exactly the sort of audience that Jorden wrote for.

Mrs Bates, then, was not merely dubious about Katherine's purported bewitchment. She was also medically informed, characterizing a larger shift in perspective from one of faith in the supernatural to one guided by science. While Jorden failed in his defense of Mary Glover, it seems that his publication was successful in helping to gradually sway public sentiment.

Notes

¹ I would like to thank this article's anonymous reviewers and Jessica Hemming for their help in improving this piece. Dedicated to my wife, Rebecca.

² This resembles traditional British beliefs about supernatural entities' wonderful unearthly possessions and mysterious foods. For some examples, see Thomas Keightley (1850, 281–85 and 404–406).

³ He tried once, and Katherine laughed. This satisfied him, but when it was pointed out that she may have been aware of the sword and the nature of the test, he performed the experiment again, more discreetly. This time, 'she did not laugh at all nor change her countenance' (Hall 1999, 40). I have not encountered this test elsewhere, and it may have been a local belief.

⁴ Mercifully, she was quickly freed from prison, perhaps receiving a royal pardon (MacDonald 2005, xviii–xvii). For more on the Glover-Jackson case, see Michael MacDonald (2005). This Mary Glover should not be confused with the Mary Glover executed for witchcraft in Boston, Massachusetts, in 1688 (Godbeer 2005, 140).

⁵ G. S. Rousseau (1993) discusses hysteria extensively in relation to witchcraft, with particular consideration given to Jorden.

⁶ Others supported completely dissimilar remedies for 'a woman troubled with the Mother', like one involving a complicated brew made of assorted herbs, seeds, roots, raisins, and wine, advocated by Lancelot Coelson (1656, 111).

⁷ The phrase I quote here may seem ambiguous — is it just the woollen cloth that is meant to treat 'the mother'? — but Bacon's other works make his meaning clear. In his *Sylva Sylvarum* (Collection of collections), for example, it is noted, 'They do use for the Accident of the Mother to burn Feathers' (1670, 204).

⁸ 'Acidum aceticum aromaticum' is described elsewhere as 'a pleasant solution of essential oils in vinegar' made of rosemary, sage, lavender flowers, cloves, and weak acetic acid, macerated for a week and then filtered through paper. It had historically been used to prevent plague and other ailments, but by this time was understood to be more useful in 'correcting bad smells, than in preventing fever' (Duncan 1819, 555). Evidently, the treatment had transformed over time from calling for 'evil savoures' to strong smells, whatever their quality.

⁹ Black animals in general were esteemed to have unusual or supernatural qualities (Randolph 1964, 147).

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