

1	MARC PRIEWE, <i>Textualizing Illness: Medicine and Culture in New England 1620-1730</i> , American Studies Monograph Series (vol 249), (Heidelberg: Universitätsverlag, 2014), 408 pp.
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5	Marc Priewe's <i>Textualizing Illness: Medicine and Culture in New England 1620-1730</i> offers an encyclopedic study of early American medicine through an analysis that intersects literary, historical, and medical works. Priewe seeks to identify the "eclectic fusion" of contesting and conflicting perspectives on health, disease, and healing as they are shaped by belief systems, attitudes toward the natural world, and scientific knowledge (68). Because, as he demonstrates, the New World provided a unique opportunity for hybrid knowledge about disease and healing, the works of often-anthologized early American authors (i.e. Anne Bradstreet, Cotton Mather, Edward Taylor, Michael Wigglesworth, etc.) should be reexamined for a better understanding of colonial views on health and disease.
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20	Central to Priewe's discussion are the amalgamated views of health and healing in colonial New England. In addition to the traditional Galenic system of the body where health is achieved by balance of the humors and sickness indicates an imbalance, early Americans integrated Native American cures, European folk healing practices, and new emerging medical science. However, as Priewe points out, these were always tempered by the reigning medical theory: Christianity. Ministers and laypeople alike believed in divine pathogenesis, the notion that the body was affected by one's spiritual condition. For the seventeenth century and the early decades of the eighteenth, most colonists recognized illness "as complicated yet potentially legible signs from God" (351), but as science and religion became more discrete, this medical providentialism became more and more secularized, an evolution that Priewe traces throughout the text.
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40	As Priewe explains, his work is concerned with the "shuttling [...] between God and Galen" (Galen's principles of humoral medicine dominated medical science for centuries) in colonial America (14). This negotiation of the spiritual and the natural or scientific was ongoing and varied from person to person and even from case to case. For instance, Cotton Mather's writings about medicine show a constant conflict between reason and faith. Nonetheless, as Priewe shows, the competi-
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tion between medicine and science that had divisive effects in England in the seventeenth century was less of a problem in early America where the potential for hybrid knowledge and care was possible and even necessary with the dearth of physicians. In addition, the cures described in the authors Priewe studies are a product of transnational information circulation where Paraclesian iatrochemistry (wherein chemical means were used to treat diseases) was mixed with dream healing (the belief that cures could be revealed in dreams). These and other methods were "coexisting, contesting and intermingling" (21). Each chapter investigates a factor in the negotiation of the religious, folk/natural, Native, and medical ways of responding to illness.

For instance, chapter one takes a careful look at the spiritual associations of disease amongst the Puritans and Native Americans and the common ground between them. Native people and Puritans both shared the understanding that illness had a cosmological origin. While some colonists welcomed Native American cures, most disdained them for their ritualism. By the end of the eighteenth century, Native American healing methods "had been relegated to the fringes of an emerging American society and culture" (71). Priewe uses the phrase "medical providentialism" to explain the belief among colonists and some indigenous people that the epidemics that wiped out ninety percent of the native population was God's method of ensuring the Puritans' success in the New World, thus it was part of the emerging national narrative.

Priewe suggests that colonists found ways to negotiate what they learned about disease in sermons with medical sciences and traditional folk methods that met their bodily needs, allowing these discourses to coexist. In the second chapter, Priewe analyzes letters exchanged between patients and physician John Winthrop Jr. as intimate communications about bodily health from across great distances. In this exchange, patients and physicians replicate sickroom conversations in a form that is both private (in subject and address) and public (in circulation). What may surprise the reader, as it did Priewe himself, is that none of the letters he studied directly discussed sickness as an outcome of sin, thus challenging the "official disease etiology" (131). Thus, these letters document a network of medical knowledge formation and circulation.

Missing from this network, however, are the records of the many female medical practitioners in colonial America. Priewe explains, in chapter three, that women were the practitioners of lay, folk, or natural medical treatments: “they planted the medical herbs, prepared poultices and concoctions, nurtured the ill, attended childbirth and functioned as links between patients and doctors when domestic treatment of illness proved insufficient” (68). Medicine, therefore, provided women with the agency they were otherwise denied. This was especially true during epidemics. Epidemics offered unique opportunities for female practitioners to extend their scope of influence and interaction as they provided emergency “states of exception,” allowing women to participate even more widely in administering medical care. Conversely, as this chapter explains, women were also linked to pathologies relating to spirituality or morality. Priewe offers Anne Hutchinson’s antinomianism and the accused Salem witches as examples of women’s role in circulating “contagions.”

Textualizing Illness engages most directly with the religious implications of disease in the fourth chapter. Here, Priewe shows the significance of illness in conversion narratives as a link between the spiritual and the bodily world of the convert/sufferer. Authors discussed in this chapter include John Elliot and Edward Winslow who cite cases of Indian conversion precipitated by disease. These tracts about the conversion of Indians typically demonized the practices of the shaman or powwow, thus undermining natural healing strategies practiced by Native Americans.

Cotton Mather, the focus of Priewe’s sixth chapter, perhaps best signifies the negotiation of religion, medical science, and folk/natural medicine as his own views on pathology underwent an evolution over a three-decade period (in the years from 1698-1728, Priewe identifies 1712 as a point of shift for Mather). Although he initially adhered to a “doctrine of theological pathogenesis,” Mather came to incorporate contemporary medical science and practices from Native Americans and Africans, the most famous being Onesimus, the man who taught Mather about inoculation. In his earlier works on illness, Mather emphasized patience and humility while the latter works proffer practical means of easing symptoms (295). However, his letters to the Royal Society of London, an institution that led the way in early modern scientific and medical

innovations, showed Mather’s engagement with the latest healing strategies, anatomical knowledge, and medical theory (299). Nonetheless, Mather’s vision of illness and health was shaded by a “scientific-theological double lens” that permitted him to venture into contemporary medical science while maintaining a sense of wonder at the unexplainable and, therefore, providential.

We can see the most literal examples of “textualizing illness” in the penultimate chapter (chapter five) where Priewe explores how poets like Michael Wigglesworth, Edward Taylor, and Anne Bradstreet used words for “medicinal devices” to heal both the poet and the reader (240). Illness represented a rupture between God and humanity that poetry, for these authors, could attempt to heal. Disease was not just a sign of personal spiritual failure but a community’s failure to fulfill its covenant with God; however, it also provided the opportunity for redemption/healing. Chronic or recurring illness, like that experienced by the poets Priewe discusses in this chapter, represents a colonist’s “constant circling back and forth between doubt and assurance” (260). While contemporary perspectives on disease tend to privilege the danger of contact between people, early Americans saw disease as a means of coming in contact with the divine.

This chapter on illness poetry best addresses the question Priewe asks in his introduction: “How did the meaning-endowment of bodily conditions by men and women living in New England affect literary and other textual productions?” (18). By production, he means the production of imaginative ideas documented in writing, not the production of the material forms themselves most of which were not circulated generally in print or manuscript form in the periods they were written. Priewe cites Cristobal Silva’s *Miraculous Plagues* (2011) as making a valuable contribution to the literary historiography of health and illness in early America, but Priewe believes there remains a need for “textualizing illness” or relating principles of health and healing to textual forms. While this is a key focus in the first chapter on Winthrop Jr.’s medical letters and somewhat in the chapter on Bradford’s and Wigglesworth’s poetry about illness, it isn’t as consistent a thread as we might suppose.

Textualizing Illness is more in dialogue with Silva and Kelly Wisecup’s *Medical Encounters* (2013) than works that focus purely

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on medical science in early America, like Oscar Reiss's *Medicine in Colonial America* (2000), more classic texts like John Duffy's *Epidemics in Colonial America*, or Richard Harrison Shyrock's *Medicine and Society in America: 1660-1860* (1960). Nonetheless, his methods resemble Reiss's extensive, technical and encyclopedic research while he also uses the story-telling strategies highlighting personal experiences that we see in Silva and

Wisecup. For instance, Priewe's analyses of Bradstreet, Mather, and Winthrop Jr. are exceptional. In many ways, *Textualizing Illness* enacts the same negotiations it documents as the book is an interdisciplinary wellspring of insight and information about the individual authors and their relationships with religious, occult, and scientific views on the body.

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