Hysteria, the Medical Hypothesis, and 
the “Polymorphous Techniques of Power”:
A Foucauldian Reading of Edward Jorden’s A Briefe
Discourse of a Disease Called the Suffocation of the Mother

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Abstract
Published in 1603, Edward Jorden’s A Briefe Discourse of a Disease Called the Suffocation of the Mother is generally recognized as the first English text on hysteria. Jorden’s treatise takes on decisive gender-epistemological significance in its hysterizing of “women” as an object of knowledge, and in making possible a medical science of “hysteria” understood as complex processes and attributes that can be diagnosed, compared, and generalized. The purpose of this paper is not only to challenge the prevailing view of Jorden’s achievements as a medical pioneer but also to analyze his medical treatise on hysteria as a contingent discourse, one embedded in a field of power/knowledge networks. We will employ Michel Foucault’s insights into discourse analysis and the analytics of power/knowledge relations to help us navigate the landscape of hysteria in Elizabethan England and shed light on Jorden’s Briefe Discourse. This paper, then, is not primarily an attempt to clarify Jorden’s definition of hysteria or discuss his position in the history of hysteria. Rather, it is concerned with “how” power/knowledge relations are exercised in Jorden’s discursive practice, and with the varied and complex ways in which hysteria as “truth” is formulated.

Keywords
hysteria, Foucault, discourse analysis, power, knowledge, Jorden,
the suffocation of the mother, witchcraft
A briefe discourse of a disease called the suffocation of the mother. Written upon occasion which hath beene of late taken thereby, to suspect possession of an evill spirit, or some such like supernaturall power. Wherein is declared that divers strange actions and passions of the body of man, which in the common opinion, are imputed to the Divell, have their true naturall causes, and do accompanie this disease.

—Edward Jorden

One of the most celebrated obscure physicians in medical history. The author of just two brief books, he has been widely hailed by modern scholars as a key figure in medical opposition to superstition and in the development of the concept of hysteria.

—Michael MacDonald

Published in 1603, Edward Jorden’s *A Briefe Discourse of a Disease Called the Suffocation of the Mother* is generally recognized as the first English text on hysteria. Besides this treatise, Jorden (1578-1632) published *A Discourse of Natural Bathes and Mineral Waters* in 1631. Compared to the 1603 treatise on hysteria which was never reprinted, this 1631 treatise went through 5 editions and was, according to Michael MacDonald, “far more influential than the former tract” (viii). However, it is the 1603 treatise that has won an enduring reputation for Jorden in the history of medicine.

The full version of the title of Jorden’s treatise tells us allusively that the work was “written upon occasion which hath beene of late taken thereby, to suspect possession of an evill spirit, or some such like supernaturall power.” Obviously, the treatise was written particularly to counteract the tendency to blame female madness on diabolic possession, but Jorden curiously withheld any details about his involvement in the Mary Glover case, including the fact that he testified his testimony at Elizabeth Jackson’s trial. In the treatise, Jorden claims that Glover is not possessed or bewitched, and that what she has experienced is a natural disease called “the suffocation of the mother.” In court, however, his argument was slighted and ridiculed by the judge, Lord Anderson.

Why did Jorden withhold all the details about the case and the trial? What

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1 In their much celebrated book, *Three Hundred Years of Psychiatry*, Richard Hunter and Ida Macalpine consider Jorden’s treatise as the first work that introduces the concept of hysteria into English medicine. As they remark, it “was the first book by an English physician which reclaimed the demonically possessed for medicine” (68).
motivated Jorden to write the treatise? Is the *Briefe Discourse* “Jorden’s response to the humiliating repudiation of his testimony” (MacDonald x)? Is it an effort to restore his credibility as a doctor by engaging in pseudo-scientific reasoning? MacDonald claims that at Jackson’s trial, Jorden and Argent, who testified on Jackson’s behalf, “were unable to make a convincing case for their diagnosis” and “Jorden in particular was fatally evasive and indecisive” (xvii). Yet we are curious to know in what ways Jorden was “fatally evasive and indecisive.” In order to pursue the issue further, we will ask the following questions: What is the nature of “Jorden’s hysteria” as discussed in his treatise? Is Jorden a humanitarian physician who initiated the move to “reclaim the demonically possessed for medicine” (68), as Hunter and Macalpine have claimed? Is he the one who relocated the pathogenesis of hysteria from the womb to the brain, and instituted “a major turning point in the history of hysteria” as Ilza Veith has suggested? Is Jorden’s *Briefe Discourse* “a work of religious propaganda” (MacDonald ix), or a mouthpiece of the Anglican Church? How do we evaluate Jorden’s *Briefe Discourse*? What place does the treatise have in light of the power/knowledge relations of its time?

Clearly Jorden’s treatise is related to a contested site of different forces. In other words, it is organized around the “occasion” or “aporia” (to use the Derridean term) of his involvement in a highly controversial event—the Mary Glover case—a polymorphous “juridico-discursive” (Foucault, *The History of Sexuality* 82) event of power/knowledge relations.

Thus Foucault’s discourse analysis and analytics of power/knowledge relations are invaluable in helping us find our bearings in Elizabethan England’s landscape of hysteria and in shedding light on Jorden’s *Briefe Discourse*. This paper, then, by employing a Foucauldian approach, will not only challenge the prevailing view of Jorden’s achievements as a medical pioneer but also analyze his treatise on hysteria as a contingent discourse that is embedded in a field of power/knowledge networks. It will also attempt to locate the form(s) of power/knowledge relations; that is, to reveal the channels power/knowledge takes, the discourses power/knowledge permeates, and the juridico-discursive practices related to Jorden’s treatise in all their complexity and density.

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2 In this paper, I am deeply indebted to MacDonald for his detailed accounts of the case of Mary Glover, the trial of Elizabeth Jackson, and Jorden’s role in the whole event. For details, see his superb “Introduction” in *Witchcraft and Hysteria in Renaissance England*.

3 According to Veith, “Jorden’s transfer of the seat of all hysterical manifestations from the uterus to the brain constituted a major turning point in the history of hysteria” (123).
Jorden’s medicalization of hysteria is achieved through the complex interconnections of forces and events. It is at once a Foucauldian “emergence” produced through a particular staging of forces⁴ and a Foucauldian “event” which usurps the power of demonization.⁵ It shows that hysteria and women’s bodies were thought to be fundamentally linked; this is the “hysterization of women’s bodies” proposed by Foucault in The History of Sexuality (104). Foucault notes that this “hysterization of women’s bodies” turns hysteria into a favored object of medical, moral, and aesthetic discourses; such bodies become “targets and anchorage points for the ventures of knowledge” (The History of Sexuality 105). Indeed, Jorden’s treatise takes on a decisive gender-epistemological significance in hysterizing “women” as an object of knowledge, and in making possible a medical science of hysteria understood as complex processes and attributes that can be diagnosed, compared, and generalized.

Given that the case of Mary Glover was a central motivating force in Jorden’s writing of his Briefe Discourse, and was indeed essential to the evolution of witchcraft and hysteria in Renaissance England, it merits in-depth discussion in this paper. We will argue that the Mary Glover case was highly provocative with its spectacle of fits and starts, its theater of exorcisms, and its proliferation of discourses—that with its examinations and interrogations it presents us with a rich field of signs to be read and interpreted. It was this continuous incitement to discourse that gave birth to Jorden’s treatise on hysteria.

I. Power, Knowledge and Discourse: Foucault’s Discourse Analysis

⁴ As Foucault maintains in “Nietzsche, Genealogy, History”:
Emergence is thus the entry of forces: it is their eruption, the leap from the wings to center stage, each in its youthful strength […]. Emergence designates a place of confrontation, but not as a closed field offering the spectacle of a struggle among equals. Rather, as Nietzsche demonstrates in his analysis of good and evil, it is a “non-place,” a pure distance, which indicates that the adversaries do not belong to a common space. Consequently, no one is responsible for an emergence; no one can glory in it, since it always occurs in the interstice. (84, 85)

⁵ For Foucault, “[a]n event consequently, is not a decision, a treaty, a reign, or a battle, but the reversal of a relationship of forces, the usurpation of power, the appropriation of a vocabulary turned against those who had once used it, a feeble domination that poisons itself as it grows lax, the entry of a masked ‘other’” (“Nietzsche, Genealogy, History” 88).
Foucault develops his theory of discourse analysis mainly in *The Archaeology of Knowledge*, originally published in 1969, but he employs it in all of his writings. Discourse analysis focuses on discursive formations and on how discourses function within different regimes and institutions; though associated mainly with his method of archaeology, it forms the basis of Foucault’s move to a “genealogical” form of analysis. Foucault often addresses certain issues by analyzing specific discourses or historical events. His project claims to be a “pure description of discursive events” (*The Archaeology of Knowledge* 27) which will make possible an entirely new way of setting up and grouping discourses, independent of all the old and only seemingly self-evident unities such as the book and the oeuvre.

Foucault’s sheer enthusiasm for historical discourses, or his “archive fever,” is plain throughout his writings—in his archaeologies of the human sciences, in his genealogies of power, knowledge, and sexuality, and in his studies of the “techniques of the self.” Although Foucault’s way of addressing historical topics and events has been received with a mixture of indifference, skepticism, and downright hostility, it has exerted a great impact on the writing of history. The Foucauldian method of discourse analysis focuses on radical discontinuities, concrete details, power/knowledge relations, and complex genealogies. Foucault perceives the peculiar complicity between power and knowledge. As he argues, “[o]nce knowledge can be analyzed in terms of region, domain, implantation, displacement, transposition, one is able to capture the process by which knowledge functions as a form of power” (*Power/Knowledge* 69). Here the complicity of power/knowledge is comprehended in terms of networks and relations; that is, it is through networks and relations that the power/knowledge double is able to operate.

Foucault pays special attention to the notion of “power.” He critiques the traditional conception of “power” as hegemonic, hierarchical, sovereign-centered; for

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6 Foucault uses different concepts to discuss the notion of discontinuity—threshold, rupture, break, mutation, and transformation.
him power is all-pervasive and radically decentered. Foucault’s notion of power is developed through his interpretive method of genealogy in *Discipline and Punish* and *The History of Sexuality*. In “Nietzsche, Genealogy, History,” Foucault lays the foundation for the notion of genealogy as well as power. Briefly, the Foucauldian power is always plural. It must be understood as the multiplicity or heterogeneity of power relations. In a sense, to Foucault, power is nothing but relations. It is an open-ended, more or less coordinated “cluster of relations” (*Power/Knowledge* 199). Thus in the essay, “The Deployment of Sexuality” in *The History of Sexuality*, Foucault writes: “The aim of the inquiries that will follow is to move less toward a ‘theory’ of power than toward an ‘analytics’ of power: that is, toward a definition of the specific domain formed by relations of power, and toward a determination of the instruments that will make possible its analysis” (82). Foucault’s “analytics” of power is always an attempt to map out networks of power relations that have evolved through time.

In *The Archaeology of Knowledge*, Foucault proposes that “mental illness was constituted by all that was said in all the statements that named it, divided it up, described it, explained it, traced its developments, indicated its various correlations, judged it, and possibly gave it speech by articulating, in its name, discourses that were taken to be its own” (32). Apparently, for Foucault, the example of madness is a complex and potentially controversial one because the sense and validity of “madness” depends on its cultural context and interpretation(s). And the meaning of “hysteria,” as a species of the genus “madness,” is just as historically contingent or variable. In the present investigation, Foucault’s insights into the interlinking relationship between power, knowledge, and discourse will shed light on the writing and effects of Jorden’s treatise on “hysteria” on two fronts. On the one hand, Jorden’s contribution to the theory of hysteria is simply a “medical hypothesis” and one facet of wider power/knowledge relations. On the other hand, the very “formation” of Jorden’s treatise manifests the polymorphous techniques of power/knowledge. This paper finally shows

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7 He is cautious in formulating the notion of power and tries very hard to shun all pitfalls embedded in the traditional notion of power—the ideas of the metaphysical, ontological, teleological, logocentric, dualistic, hermeneutic, anthropological, Hegelian, Marxist, and Heideggerian.

8 He also discusses power extensively in the interviews and lectures collected in *Power/Knowledge* and *Foucault Live*. The text, “The Subject and Power,” collected in *Michel Foucault: Beyond Structuralism and Hermeneutics*, is also something we cannot ignore.

9 As Foucault writes, “power is born out of a plurality of relationships which are grafted onto something else, born from something else, and permit the development of something else” (*Foucault Live* 187).
that Jorden’s medicalization of hysteria is not necessarily repressive because his “hysterization of women’s bodies” takes part in the wider proliferation of discourses.

II. The Medicalization of Hysteria: A Medical Hypothesis

This disease is called by diverse names amongst our Authors, Passio Hysterica, Suffocatio, Praefocatio, and Strangulatus uteri, Caducus matricis, etc. In English the Mother, of the Suffocation of the Mother, because most commonly it takes them with choaking in the throat: and it is an affect of the Mother or wombe wherein the principal parts of the bodie by consent do suffer diversly according to the diversitie of the causes and diseases wherewith the matrix is offended.

—Edward Jorden

Jorden’s treatise, adopting the Hippocratic notion of “hysteria” and the Galenic notion of “humors,” de-demonized or naturalized hysteria and sought to discipline hysteria in the name of medicine. What Hippocrates (460-377 B.C.) provides is not just a weapon against the hammer of witch-hunters and exorcists but also a consistent medical theory that can clarify the disturbing symptoms of hysteria. Hippocrates was the first to use the term: “hysteria” is derived from the Greek word hystera, meaning “uterus.” He explains why the disease can be caused by sexual continence: the uterus dries up, loses weight, and consequently is able to “migrate in search of moisture.” The pressure of the dislocated womb, along with its obstruction of other organs and passages, produces the symptoms that the Egyptians had first recorded. Foremost among the remedies prescribed by Hippocrates are marriage and pregnancy. Galen (130-201 A.D.), who exerted an even greater influence on Jorden, recognizes the

10 “To establish his case for uterine debility as the major cause of hysteria, he drew heavily upon ancient authority, especially the Hippocratic and Galenic ideas with which he was familiar” (Rousseau 18).

11 Written medical documents from Egypt date back to 1900 B.C. The oldest of these, the Kahun Papyrus, deals specifically with the subject of hysteria, which is described as a disease of women caused by “starvation” of the uterus or by its upward dislocation with a consequent crowding of the other organs (Veith 3). The physician’s efforts are directed toward nourishing the hungry organ or returning it to its original home.
stationary and fixed position of the womb but nevertheless believes it is responsible for hysteria. A major proponent of “humorism,” he believes that continence causes retention of the seminal humor in the womb, and that this in turn corrupts the blood and irritates the nerves. Alternatively, retention of the menses has the same effect.12

In Renaissance England hysteria was often mis-recognized or mis-interpreted by religious extremists, such as the Roman Catholics and Puritans, as a form of demonic possession and witchcraft.13 However, as Veith argues, “a careful study of the fantastic document reveals beyond doubt that many, if not most, of the witches as well as a great number of their victims described therein were simply hysterics who had suffered from partial anesthesia, mutism, blindness, and convulsions, and above all, from a variety of sexual delusions” (61). In many ways, Jorden is deemed a pioneer in the re/medicalization of hysteria.14 His treatise has been described as a major turning point in the history of both hysteria and the medical attitude towards witchcraft.15 In the history of psychiatry or madness, as MacDonald points out, Jorden is often portrayed as “the leading early precursor of Thomas Willis and Thomas Sydenham in the development of medical understanding of hysteria” (vii). Veith, in her classic Hysteria: The History of a Disease, even claims that Jorden “was the first to advise anything resembling psychotherapy for hysteria” (123). By saying thus, she makes Jorden’s theory of hysteria a precursor of the modern psychoanalytic treatments of this “disease.”

In his treatise, Jorden tried very hard to present an objective view and a clear,

12 In Galen’s time, female sexuality was often referred to in masculine terms, as in the references to the secretions of the Barthelin glands as “semen” or “seed.” As Galen writes:

[I]t is generally agreed upon that this disease mostly affects widows, and particularly those who have previously menstruated regularly, had been pregnant and were eager to have intercourse, but were now deprived of all this. Is there a more likely conclusion from these facts than that in these patients the retention of menstrual flow or of semen causes the so-called uterine condition by which some women become apnoic, suffocated or spastic? And possibly, this affliction is made worse by the retention of semen [...]. It became evident to me that a badly composed semen has a greater power to inflict damage to the whole body than does menstrual discharge. Consequently, a widow could have her monthly flow by retention of troublesome and damaging semen can still occur. (184-85)

13 F. David Hoeniger in his ingenious study, Medicine and Shakespeare in the English Renaissance, mentions this phenomenon: “Yet in the Middle Ages and still in Shakespeare’s time, epileptic and other suffocating fits were commonly confused and the symptoms often attributed to possession by devilish spirits, from which the unfortunate victims needed to be exorcised, after appropriate repentance” (199).

14 As Mark Micale, a historian of medicine, observes, “Edward Jorden in England attempted to recapture the disease from the realms of religion and magic by arguing forcefully that hysteria was a medical pathology with naturalistic causes” (21).

15 As Micale writes, “Jorden has subsequently been lauded as a pioneering medical rationalist and his book canonized in the history of hysteria” (48).
rational argument while studiously avoiding any direct reference to the case of Mary Glover. In his account, hysterics are not possessed by the devil but are tormented by hysteria or “the mother.” For Jorden, the supposed signs of possession—tics, convulsions, anesthesia, swoonings, hypnotic trances—are the symptoms of hysteria or “the mother” rather than the stigmata or marks of the devil. As he argues:

One of their signes is insensibilitie, when they doe not feele, being pricked with a pin, or burnt with fire, &c. Is this so strange a spectacle, when in the Palsie, the falling sickness, Apoplexis, and diverse other diseases, it is already observed? And in these fits of the mother it is so ordinaire as I never read any author writing of this disease who doth not make mention thereof. (“Introduction” A4)

Although his analysis is limited by the contemporary assumption that female hysteria is located in the uterus (or “mother”), Jorden attempts to relocate the etiology of hysteria in the brain or the mind. He also remarks that other parts of the body suffer “by consent.” This may occur, he says, in two ways: either some noxious substance, such as “vapors,” may reach the secondary organ from the afflicted womb, or there may be a sympathetic interaction between the two organs which makes the second one a “partaker of griefe.”

Taking the Galenic theory of humors as his medical hypothesis, Jorden de-emphasizes the notion that hysteria may be caused by the “wandering womb,” and focuses instead on how “perturbations of the mind” can be factors in hysterical attacks. Yet his real purpose in proposing this medical hypothesis is to call people’s attention to the desires and passions of the women and take the right to “cure” them out of the hands of the witch and exorcist. He thinks that the perturbations of the mind need to be moderated by reason and persuasion. As Jorden argues, “the affections of the mind doe beare such rule in this disease, [...] which being by policie or good instructions and perswasions removed, this disease is easily overcome” (Chapter 7: 26).

16 When the mother imparts its offence unto its neighbors like fellow mourners, the neighbors have “mutual compassion” and partake of its grief. As Jorden explains, “wherein the part consenting receiveth nothing from the other, but yet is partaker of his griefe, either for similitude of substance or function, which causeth mutual compassion [...], or for neighborhood or vicinitie, whereby one part may offend another” (Chapter 2: 8).

17 As Rousseau points out, “[t]he originality of Jorden’s analysis of hysteria lay in his grasp of the power of the mind over the body” (120).
While stressing the importance of the mind, Jorden also emphasizes that mind and body work together and play a major role in hysteria. He shows a penetrating awareness of the scope of psychosomatic illness and works within a familiar theory of humors that sees no reason to polarize the organic (body) and the mental (mind). For Jorden, the physical characteristics unique to women—colder and moister humors, menstruation, the womb and its diseases—and women’s “humoral” nature make them an easy prey to hysteria.¹⁸

For many, Jorden is an innovative theorist, able to draw examples and cite cases not only from Hippocrates and Galen but also from more recent scholars such as van Forrest, Amatus Lusitanus, and Andreas Vesalius.¹⁹ His “medicalization” of hysteria was a milestone; it enabled people to recognize that hysterics are not witches who need to be detected, tried, and burned at the stake. After Jorden’s medicalization of hysteria, there was no significant new insight into the nature of this condition until the advent of Thomas Willis (1621-75) and Thomas Sydenham (1624-89). Willis, the foremost neuroanatomist of his time, in his *Affectionum quae dicuntur hystericae et hypochondriaceae* (1670) proposes that the site of hysteria is the brain and spinal cord.²⁰ Sydenham, the most profound theorist of hysteria in England during the early modern era, is renowned in medical history for his brilliant observational powers, and for his comments on hysterical disorders in his *Epistolary Dissertation* of 1681/1682 and the posthumously published *Processus Integri* of 1693. Sydenham establishes what may properly be called the first neurological model of hysteria.²¹

In a word, Jorden’s treatise marks the moment of hysteria’s medicalization at the turn of the seventeenth century and its removal from the murky discursive domain of “witchcraft.” His tract is not a polemical text but a short research document with lots of quotations and references, one putting together ideas old and new. And yet to read it

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¹⁸ According to Rousseau, there is nothing “psychogenic” about the theory of the “suffocation of the mother” because *Briefe Discourse* “was conventionally couched within the framework of the then current humoral medicine in its perception that all manners of disorders arose from a concurrence of certain physical complaints with the passions and senses” (121).

¹⁹ As Helen King observes:

What is most striking about this work, in which he sets out to show “in a vulgar tongue” that symptoms “which in the common opinion are imputed to the Devil” are in fact due to the suffocation of the womb, is not the use of authorities such as Hippocrates, Galen, Pliny, and Ibn Sina, but his citation of recent cases seen and reported by men such as van Forrest, Amatus Lusitanus, and Andreas Vesalius. (62-63)

²⁰ For basic information about Thomas Willis’s general achievement and theory of hysteria, see Veith 131-36.

²¹ “His contemporaries honored him with the designation ‘English Hippocrates’” (Veith 137). For basic information about Sydenham’s general achievement and theory of hysteria, see Veith 137-47.
as a medical treatise only is inevitably one-sided because Jorden and his treatise on hysteria are important for reasons which are much more complex than those hitherto alleged from the purely medical perspective. Thus the claim that Jorden’s achievement is the medicalization of hysteria is a mere “medical hypothesis.”

**III. The Suffocation of the Mother: The Politics of Hysteria**

Jorden’s book is in the first instance a work of religious propaganda. It grew out of an episode in a bitter and protracted struggle between the church hierarchy and its Catholic and Puritan opponents.

—Michael MacDonald

In the years between Elizabeth’s ascension in 1559 and the beginning of the Puritan revolution in 1640, England confronted and negotiated profound changes in virtually all aspects of its economic, political, religious, and social fabric. These changes were registered to a large extent in competing, often contradictory, claims for a person’s, especially a woman’s, spiritual, physical, and mental state. Of these changes, the decline of witchcraft and the rise of “the suffocation of the mother” were a two-in-one singular “event” in the Foucauldian sense, with unique characteristics and the most acute manifestations. This event was set against the background of the religious strife in Renaissance England. As F. W. Brownlow points out, “[t]hroughout the reign of Elizabeth I, the reformed Church of England found itself engaged in a war of words and sometimes of deeds on two fronts at once, against Protestants who were eager for further reformation and against Catholics who were hoping for an end to the schism with Rome” (49).

In April of 1602, after Mary Glover, the fourteen-year-old daughter of a London shopkeeper named Timothy Glover, had a violent argument with Elizabeth Jackson, an eccentric and ill-tempered charwoman dwelling in the same parish, Glover suffered a series of fits resembling the nervous symptoms of hystero-epilepsy, which included convulsions, loss of sight and speech, swelling of her neck and throat, and a lack of sensation on the entire left side of her body. As Glover’s convulsions worsened, Jackson was accused by the Glover family of being a witch who had cast a spell over

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the afflicted girl and bewitched her. The Mary Glover case showed how witchcraft in England, so often regarded as the product of neighborly tensions among villagers, could also become a theatricalized event “performed” by different religious groups.

It brought forth a series of remarkable theatrical fits, rituals, and trials which were executed or enacted through, to put it in Foucault’s words, the “polymorphous techniques of power” (The History of Sexuality 11). Glover herself went through a series of standard tests for witchcraft, first administered by John Croke, the city’s chief legal officer, and later by Sir Edmund Anderson, the Chief Justice of the Court of Common Pleas. It was Anderson, a notorious “hammer” of witches, who presided over the trial of Elizabeth Jackson.

On November 13, 1602, some of London’s leading doctors from the College of Physicians (among them Thomas Moundeford, seven times President of the College of Physicians) were brought in to examine Glover who was exhibiting most of the symptoms of hystero-epilepsy and supposed to be enchanted by Jackson. On the other hand, Jackson was examined by one of the girl’s relatives, William Glover, who was an alderman of London and a former sheriff. Opinions were divided between those who believed Mary Glover to be possessed and a skeptical faction which included the Bishop of London, Richard Bancroft. Although at the level of routine trials for witchcraft, doctors were not very often involved in the legal procedure, in the Jackson trial, the doctors from the Royal College of Physicians were called in as witnesses in the court.

22 The documents about the Mary Glover case and the trial of Elizabeth Jackson are excellently introduced by MacDonald. We also can locate extant documents in a large manuscript in the British Library (Sloane MS 831). The content of the documents is summarized by C. L’Estrange Ewen in his Witchcraft and Demonianism.

23 Stephen Greenblatt, in his seminal article, “Shakespeare and the Exorcists,” included in Shakespearean Negotiations, discusses the “explanatory model” Harsnett adopted to expose the fraud of exorcism and “Harsnett finds that explanatory model in theater” (106). Greenblatt writes:

Exorcisms, Harsnett argues, are stage plays, most often tragic-comedies, that cunningly conceal their theatrical inauthenticity and hence deprive the spectators of the rational disenchantment that frames the experience of a play. The audience in a theater knows that its misrecognition of reality is temporary, deliberate, and playful; the exorcist seeks to make the misrecognition permanent and invisible. Harsnett is determined to make the spectators see the theater around them, to make them understand that what seems spontaneous is rehearsed, what seems involuntary carefully crafted, what seems unpredictable scripted. (106)

24 According to MacDonald, “Anderson’s role in the trial is important, because his power was vast and his opinions were strongly against Elizabeth Jackson. Anderson had been the presiding judge in many witchcraft trials, including two involving victims who had been exorcised by the famous Puritan thaumaturgist, John Darrell. Anderson was something of an expert inquisitor” (xvi).

25 According to Ewen, this trial is the earliest record in England of medical evidence being called in
were inclined to the view of supernatural causes, Edward Jorden and John Argent (already a Censor and eight times President of the College in the 1620s and 1630s), along with a divine, Dr. Meadowes, insisted on natural explanations. Among these doctors Jorden, a prominent member of the London College of Physicians, played a leading role in the case.

During the trial on December 1, 1602, Jorden argued that Mary Glover’s symptoms had natural causes. Lord Anderson then pressed him to answer directly:

“What do you call it?” quoth the judge. “Passio Hysterica,” said the doctor. “Can you cure it?” “I cannot tell: I will not undertake it, but I think fit trial should be made thereof.” Lord Anderson: “Do You think she counterfeit?” Dr. Jordan [sic]: “No, in my conscience, I think she doth not counterfeit.” Lord Anderson: “Then, in my conscience, it is not natural; for if you tell me neither a natural cause of it, nor a natural remedy, I will tell you that it is not natural. [...] You talk of the mother; I pray you, have you ever seen or heard of the mother that kept it course unchangeably every second day and never missed, and yet that changeth his course upon the presence of some one person, as this doth at the presence of this woman? Divines, physicians—I know they are learned and wise, but to say this is natural and tell me neither the cause nor the cure of it—I care not for your judgment; give me a natural reason and a natural remedy, or a rush for your physic!” (Rosen 314-15)

Jorden’s appearance for the defense had been a failure. Chief Justice Anderson, “an adamant foe of witchcraft” (MacDonald xlvi), kept questioning Jorden’s positions because he offered no definitive diagnosis and prescribed no effective remedy, and the trial ended with the conviction of Elizabeth Jackson. The jury found Elizabeth Jackson guilty of witchcraft and Jackson was eventually sentenced to a year’s imprisonment and forced to confess her crime four times in the pillory. Mary Glover was later court to assist in examining a case of possession (Witchcraft in the Star Chamber 122).

26 Both Herring and Spencer affirmed in court that Glover’s disease had “stranger effects than either the mother or any other natural disease hath ever been observed to bring forth” (Ewen, Witchcraft in the Star Chamber 132).

27 As MacDonald informs us, Jackson’s punishment “was the maximum penalty she could have received for a first offence under the witchcraft statute of 1563. Witchcraft that did not result in the victim’s death was not made a capital crime until 1604” (xviii).
cured through an exorcism conducted by clergymen in the family home. The much publicized event of Glover’s final “dispossession,” about a fortnight after the conviction of Jackson with no fewer than six ministers present, was seen as a battle between the forces of good (Godly preachers) and evil (the devil) for the soul of the girl. It was a session of fasting and prayer, “the only method of exorcism approved by any Protestant theologians,” with the aim of casting out the Satanic spirit. It finally brought Glover’s possession to an end on December 14, 1602 (MacDonald xix).

This dispossession through fasting and prayer became “a dramatic confirmation of Bancroft’s fears of the practice as a rallying point for the Puritans” (Brownlow 63). Likewise, Catholic priests also “exploited that demand, performing well-publicized exorcisms” (MacDonald xix). Here both Catholic missionaries led by Father Weston, and Puritan specialists such as John Darrell, were claiming that their ability to drive out devils showed that they represented the true church; such supernatural powers were the sign that God was with them. The dramatically performed exorcism was a strategy by which both religious groups tried to confirm the authority of their churches and attract converts. As a result, the rite of exorcism became a contested site among different configurations of power/knowledge—The Church of England, The Catholic Church, and the Puritans. In the end, the popularity of the Catholic and Puritan séances, with their attendant publicity, worried the authorities greatly and exposed a dangerous crisis of power, because this phenomenon showed that the official position of the Anglican Church—that the age of miracles had passed—had little popular appeal. As Brownlow points out, Bancroft, the Bishop of London, then “mobilized every weapon he had: the press, the medical profession, the resources of his and Archbishop Whitgift’s ecclesiastical establishments, the Paul’s Cross pulpit, the University of Cambridge, the court of High Commission, and finally, the new King himself, James I” (63).

The exploits of Catholic and Puritan exorcists at the end of the sixteenth century led the Anglican Church to adopt a highly skeptical position that was then reinforced by the new king, James I, who was eager to search out fraud. The whole “event,” including the case and the trial as well as the conviction and the exorcism, was acted out in a highly politically-charged atmosphere. The Church of England was being challenged by Puritan and Catholic exorcists who claimed to have the power to cast

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28 As Barbara Rosen notes in her “Introduction” to Witchcraft in England, 1558-1618, “Catholics, secure in the rites of exorcism, declared themselves the true Church on the strength of their cures of possessed girls—cases which made a great impression on the heretical majority” (33).
out devils. Thus, the event of the Mary Glover case needs to be seen not only in the more specific context of the doctors’ struggle to enhance their intellectual respectability, thus their professional standing and authority over rivals, but also in the wider context of religious and political power/knowledge contention among several groups.

Occasioned by the loss of the highly controversial Glover case in 1602, Jorden’s treatise, written in 1603, was “almost certainly commissioned” (MacDonald viii) or “licensed” (Brownlow 63) by the Bishop of London, Richard Bancroft, who was known for his vicious hatred of both Catholics and Puritans. This “occasion” of a “licensed” commission showed that Jorden’s treatise was involved in the power/knowledge relations at that time and was employed as a strategy to provide scientific justification for the Anglican hierarchy’s intervention in future “possessions” and “dispossessions,” which Catholics and Puritans were then exploiting in order to win public approval and make converts. Jorden’s treatise was then more than merely a defense of his disputed diagnosis of Glover’s symptoms. Like Harsnett’s move to theatricalize exorcism, it was a strategic move to reinforce the Anglican Church’s decision to abandon exorcism of any type. Thus, while the “politics of exorcism” of both the Catholic Church and the Puritans was practiced in order to challenge the Church of England and to attract converts, Jorden practiced a “politics of hysteria” in writing the treatise in order to question the existence of witchcraft and diabolical possession. Behind Jorden’s “will to medical knowledge” of hysteria was the “will to power” of the Anglican establishment which was determined to assert its control over the ambitions of Puritan enthusiasts and Catholic faithfults. Jorden’s act of writing about hysteria thus exemplifies a certain complicity of power and knowledge, one which creates technologies of discipline that, though often promoted in the name of “de-demonization” or “civilization,” in reality consolidates administrative authority, bureaucratic regulation, phallogocentrism, and hegemonic control.

Jorden’s “hysteria” was prompted, therefore, by compelling circumstances and fashioned by the polymorphous techniques of power. It was deeply embroiled in the

29 MacDonald gives us a detailed account to argue for his point:
There are several bits of evidence that suggest the Bishop commissioned Jorden’s pamphlet. Jorden himself announces on the first page of A Brieve Discourse, “I have not undertaken this business of mine owne accord,” and as Bradwell insists, Bancroft is the most likely person to have urged him on. Moreover, Bancroft passed the book himself, an act that was somewhat unusual; censorship was a task he frequently delegated to subordinates. (xxiii)
religious politics of late Elizabethan England. His work is anything but a general, disinterested “medical” tract against “unreason.” MacDonald is keen to argue that “Jorden’s book is in the first instance a work of religious propaganda. It grew out of an episode in a bitter and protracted struggle between the church hierarchy and its Catholic and Puritan opponents” (viii). Accordingly, Jorden’s treatise offers itself to us as a text which is “about” not only the phenomenon of witchcraft but also the formation of hysteria as a medical condition in Renaissance England. In studying this “medical” treatise we are able to investigate the polymorphous techniques of power/knowledge regarding possession and witchcraft, just as in studying a possession case like that of Mary Glover we are led to probe into the formation of the discourse of and about “hysteria.”

For Jorden, the real importance of the treatise was that it established him as a close ally of Bancroft, with whom he helped to win the battle for the ear of King James in the crucial first stage of that King’s new reign. Later, as Rosen notes, “Dr. Jordan [sic] remained in favour with King James and supervised the Queen’s treatment at Bath” (313). MacDonald also makes similar comments that Jorden [...] hoped to advance a political religious cause and to win the favour of powerful men, both of which he accomplished. [...] The Mary Glover case was not the end of his career as a semi-official government sceptic, and he was able to impress his opinion that much apparent witchcraft and possession was caused by hysteria on the new king. (liv, xlviii)

In 1605 King James sent Jorden to investigate the case of Anne Gunter, a young Berkshire woman who was allegedly possessed. Jorden proved that Gunter was faking and her symptoms were relieved by the medicine prescribed by Jorden. This time the diagnosis of hysteria mixed with fraud was triumphantly successful. Gunter was also interrogated by James in person and confessed to her deceits. The case of Anne Gunter was one of numerous cases during the reign of James in which similar frauds were exposed, encouraging the attitude of practical skepticism about witchcraft which had become widespread among the English elites.30 After ascending the English throne, James “abandoned or greatly moderated his earlier enthusiasm for witch-hunting and turned Grand Inquisitor, delighting in uncovering false claims of bewitchment”

30 For more detailed information regarding the case of Anne Gunter, please consult the following sources: MacDonald xlviii-li; Larner 3-22; Clark 156-81; Ewen, Witchcraft in the Star Chamber 28-36.
(MacDonald xlviii-xlxi). Under the influence of Jorden, Bancroft, Harsnett, and others, James changed “rapidly from an enthusiasm for demonology to limited skepticism” (MacDonald xlix). Obviously James’s change of position and attitude was a change in favor of the Anglican Church, the state, and the throne. Given this mindset, Catholic and Puritan exorcisms were deemed practices which threatened not just the authority of the Church of England but also the sovereign power of the state and the king.

In many ways, Jorden could be considered a pivotal figure who helped foster James’s newly cautious attitude toward witchcraft, accelerate the waning of witchcraft prosecutions during James’s reign, promote the medicalization of hysteria and, most important of all, solidify the newly-established “trinity power” of the Church, the State, and the King. Although on the personal level, Jorden’s writing allowed him to procure political power in the name of science and reason, the newly medicalized hysteria had become not just an ally of the Anglican Church but a contested site of power/knowledge relations.

A Foucauldian reading of Jorden’s treatise on hysteria, then, raises questions about the networking(s) of power, knowledge, and discourse. It shows that political, clerical, judicial, and medical forces at that time found their most highly-organized expression through the triple agencies of the Church, the State, and the King, which underwent drastic and dramatic changes during the reigns of Elizabeth and James, and acted out their authority through various discursive practices. If the Mary Glover case and the Elizabeth Jackson trial were two events which coincided in a complex give-and-take of power relations at every level (from the national to the local, from medical specialists to religious “divines”), Jorden’s treatise achieved a kind of “epistemic” breakthrough that sparked a proliferation of discourses and discursive practices.

IV. Hysteria and the Proliferation of Discourses

[...] we are dealing less with a discourse on sex than with a multiplicity of discourses produced by a whole series of mechanisms operating in different institutions.

—Michel Foucault, The History of Sexuality
When we look back over the English Renaissance, an era when the claim of the physical world intruded upon the religious, we see a veritable discursive explosion around and apropos of anatomy, melancholy, witchcraft, hysteria, and female madness in general. At this time, England produced exceptionally rich witchcraft literature, covering the religious, judicial, medical, and sociological facets of the subject with remarkable thoroughness. This extensive proliferation of discourses fostered greater sophistication on the part of national and local elites and institutions. Jorden’s medical treatise was, at best, only one of the effects of this drive toward power/knowledge.

In England, before Reginald Scot’s *Discoverie of Witchcraft*, published in 1584, came on the scene, there had been a constant valorization of the discourse of (and on) witchcraft from abroad, with multiple effects: the confrontation, intensification, re-orientation, suspicion and modification of female madness, sexuality, and desire. Of these discourses, Johann Sprenger and Heinrich Kraemer’s *Malleus Maleficarum* (*The Witches’s Hammer*) was probably the most notorious. In 1484, these two German Dominican friars obtained the authority of Pope Innocent VIII to produce the work that was to have an immense influence on the persecution of witches in much of Europe for the next 150 years. As James Sharpe notes, “[i]ndeed, in the late fifteenth century the witch trials and demonological speculation had borne fruit in one of the key tracts in the witch-hunting canon, the *Malleus Maleficarum*” (21).

Then under the influence of Johann Weyer, an independent and scientific-minded Dutch Physician, Scot, the most important sceptic in England, published his own defense of witches in *The Discoverie of Witchraft*. Skeptical of witchcraft and exorcism, Scot’s *Discoverie* was the Renaissance text situated right at the origin of both the enlightened critique of witchcraft belief and the fully developed psychological explanation of the witchcraft phenomenon. Scot made his theme perfectly plain in the

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31 Sharpe further elaborates his argument by offering us three reasons which illustrate the significance of the work:

Its significance in the history of witchcraft is threefold. Perhaps most importantly, it acted as a summary of both theological theorizing about witchcraft and the knowledge that had been gathered on the subject at the time of its publication in 1487. Second, as feminist writers have emphasized, the *Malleus* was a key text in linking witchcraft with women: some passages at least are marked by a prurient misogyny. And third, the *Malleus* was important in encouraging the secular authorities to accept that they, and not just the ecclesiastical powers, had a duty to extirpate witchcraft. To that end, about a third of the book was devoted to informing judges how to try and punish witches. (21)

32 As Robin Briggs writes, “[i]t was the small group of skeptical writers on witchcraft, notably Johann Weyer and Scot, who picked on the fact that many of the accused were pathetic old women whom their neighbours found obnoxious” (21).
opening sentences of his book:

The fables of witchcraft have taken so fast hold and deepe root in the heart of man, that fewe or none can (nowadaies) with patience endure the hand and correction of God. For if any adversitie, greefe, sicknesse, loss of children, corne, cattell, or libertie happen unto them; by and by they exclaine upon witches. (1)

Scot attributed the symptoms of bewitchment to natural diseases and malevolent guile and devoted much of his book to exposing the fraudulent tricks of professional magicians, conjurors, and Popish priests. Indeed in the late Elizabethan and early Jacobean periods, the problems of how to interpret possession and decide what to do about it were rendered all the more urgent for the Church of England because Roman Catholic priests, who entered the country illegally but in increasing numbers from the 1570s onward, claimed the power to exorcise evil spirits. This “crisis of exorcism” drove many of the Anglican Church hierarchy to various degrees of skepticism regarding demonic possession and the exorcism practiced by the Catholic clerics and Puritan preachers.

Of all the exorcists, the Puritan John Darrell was the most infamous. A university-educated preacher, he made exorcism increasingly political. Darrell conducted by prayer and fasting a series of spectacular cures of allegedly possessed persons, first in Derbyshire in 1586; he then came under attack by the ecclesiastical authorities in the 1590s. Eventually, “he was convicted by the High Commission as an imposter who had trained his patients to simulate the now conventional symptoms of disorder in order to demonstrate his curative skill” (Thomas 483). As Keith Thomas elaborates, “[t]he initiative in hounding down Darrell seems to have been taken by the leaders of the Arminian party, newly emerging within the Church of England, and it was they who made the issue of possession a political shibboleth” (484).33 Bishop Bancroft of London took the lead in organizing a counter-offensive. He encouraged his

33 Thomas gives us a detailed account of the Arminian party:
Those involved on the Arminian side included Richard Bancroft, Bishop of London, and future Archbishop of Canterbury; Richard Neile, Dean of Westminster, and later Archbishop of York; and William Barlow, Archbishop Whitgift’s chaplain and later Bishop of Lincoln. But the most prominent figures were the pamphleteers, John Deacon and John Walker, and the future Archbishop of York, Samuel Harsnett, then Bancroft’s chaplain. (484-85)
chaplain Samuel Harsnett to strike out against the enemies in both factions in a work entitled *A Discovery of the Fraudulent Practices of John Darrell, Bachelor of Artes* (1599), which demolished four earlier pamphlets by Darrell and his supporters that had publicized his cures and defended their genuineness. Darrell himself was suspended from the ministry and briefly imprisoned by the court of High Commission after his patient, William Somers, had been induced to confess that his fits were fraudulent. 34

The case of Mary Glover in 1602 was the most notable one before the Darrell affair had died down. It involved over half a dozen Puritan clergymen. Clearly the Church of England could not afford to ignore the case of Glover, which became a battlefield in the ideological struggle to establish the right and true religion. Bishop Bancroft and Harsnett’s campaign against the exorcists engaged two enemies—Catholic clerics and Puritan extremists—at once. As Thomas points out, “Harsnett was a disciple of Reginald Scot and bitterly denounced the whole concept of witchcraft. Bancroft also seems to have seen skeptical” (489). Their disbelief in miracles and prophecies also forced them to give up the doctrinal authority that accompanies exorcism. By denouncing exorcism or the ability to cast out devils, Harsnett, Bancroft and the Anglican clergy “had renounced one of the most impressive ancient manifestations of clerical power” (Thomas 489). Instead, they kept deploying discursive power to publicize their suspicion and hatred of exorcism. 35 As a result books by Harsnett and Jorden were published in 1603, which served as the mouthpieces of the Church of England. 36 Each book represented a particular point of view. While Harsnett approached the issue from the theological perspective, Jorden provided the medical interpretation to discredit Mary Glover. Nevertheless, they shared the same goal: to secure the release of Elizabeth Jackson and to depict Glover’s exorcism as a fraudulent act.

In *A Declaration of Egregious Popish Impostures*, Harsnett mocked the fraud. He insisted that contemporary cases of witchcraft and possession were sheer fakery.

34 “It was Harsnett who exposed Darrell’s ‘fraudulent practices’ in a powerful tract denouncing the whole affair as a Puritan imposture. With Deacon and Walker he declared categorically that all exorcisms were vain, because miracles had ceased. Prayer and fasting could never expel devils and anyway corporeal possession was a thing of the past” (Thomas 485).

35 G. L. Kittredge, in his influential study of witchcraft, insists that Bancroft’s campaign is “ecclesiastical, not humanitarian,” and it aims “not to save witches, but to crush exorcists” (300).

36 Richard Bancroft “almost certainly commissioned” (MacDonald viii) or “licensed” (Brownlow 63) Jorden’s treatise for printing. “There is even less doubt about who was behind Harsnett’s pamphlet. Harsnett was Bancroft’s assistant, and he was producing what was, in effect, a sequel to his earlier blast against Darrell on the Bishop’s behalf. *A Declaration of Egregious Popish Impostures* was published by order of the Privy Council in 1603 and reissued in 1604 and 1605” (MacDonald xxiii-xxiv).
Exorcism was a Popish plot to establish a “false religion.” In this and his former books, Harsnett launched vigorous attacks on both Puritan and Catholic exorcists, just as in his *Briefe Discourse* Jorden defended his earlier position in court and naturalized the unusual symptoms of witchcraft. Yet unlike Scot who attributed the unusual symptoms of witchcraft to melancholy, Jorden ascribed them to hysteria or the “suffocation of the mother.” Jorden’s treatise was deeply enmeshed in the “juridico-discursive” power/knowledge relations and politics of late Elizabethan England. The fact that Jorden’s arguments against supernatural interpretations were adopted explicitly to justify the claims of the Anglican Church showed that Jorden played a decisive role in enhancing the decline of witchcraft and instituting an “épistémè shift” in the history of madness in Renaissance England.

Nevertheless, the publication of both Harsnett’s and Jorden’s texts did not end the heated controversy. They incited their opponents to produce two more books in the same year. Stephen Bradwell, a licentiate though not a fellow of the Royal College, published a lengthy refutation, *Mary Grovers Late Woeful Case* (1603), which was “a defence of the truthe againste D.J. his scandalous Impugnations” (1). Bradwell considered that Jorden had framed his discourse, especially the symptoms of hysteria, arbitrarily in order to encompass Mary Glover’s symptoms and fight “against the cause of Marie Glover” (32). He was unable to accept Jorden’s sweeping assertion that “whatsoever straunge accident may appeare in any of the principall functions of mans bodie, either animall, vitall, or naturall, the same is to be seene in this disease” (Chapter 1: 2). Obviously, Bradwell allied himself with the conservative voices in medicine who still pointed to supernatural agencies for Biblical cases of epilepsy, dumbness and blindness, and who thought Satan did his work through the manifestation of illness. He insisted that Mary Glover, who had shown remarkable and distinctive symptoms, was actually bewitched.

One more publication in 1603 related to the Mary Glover case was John Swan’s *A*...
True and Briefe Report, of Mary Glovers Vexation, and of Her Deliverance by the Meanes of Fastinge and Prayer. Swan, a divinity student, gave a lively and interesting account of exorcism in his book. He delineated in detail the scenes of the fits, the proceedings, and the frenzied fanatical atmosphere in which exorcisms were conducted. The name of God was mentioned on almost every page and his book ended in giving thanks to God:

Now to our mightie and eternall God, our good, gratious, and mercifull Father in Jesus Christ, to God onely wise, be yealded from all Saints in all ages, through the workings of the blessed spirit, three persons and one true and ever livinge God, all power, majestie, glorie, wisdome, prayse and thanks-givinge, forever and forever, Amen Amen. (71)

Both Bradwell and Swan insisted on the supernatural character of Mary Glover’s possession and celebrated the victory that they had achieved in the end—a triumph over Satan that demonstrated the righteousness of their cause.

Bradwell and Swan quoted King James’s *Daemonologie* and Swan even dedicated his work to the King. James had published his *Daemonologie* six years before he assumed the English throne in March 1603, just after the death of Elizabeth. At that time he was still James VI, the Scottish monarch. In *Daemonologie*, he taught people how to recognize a “possessed creature” and bid the beholder note his or her “incredible strength” and “the speaking of sundrie language [...] and that with an uncouth and hollow voice” (70-76). He also professed that the book was written in the face of “the fearefull abounding [...] of these detestable slaves of the Divel, the witches or encounters” and also to “resolve the doubting heartes of many” (91). Judging from the attitude toward witches revealed in his book, the accession of James was thought to have started a more severe persecution of witches in England. The passing of a stricter law against witchcraft in 1604 strengthened people’s impression of James as a witch-hunter. However, as monarch, James I, having been influenced by people like Bancroft, Harsnett and Jorden, intervened to save more witches than he convicted.

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38 King James’s *Daemonologie* was first published in Edinburg in 1597. The writing of the book was prompted by James’s recent experience of a treasonable plot against him by alleged witches which had resulted in mass trials and numerous executions between 1590 and 1591. Two English editions of the book followed in 1603.

39 King James’s work on witchcraft is discussed in Clark and Larner, Chapter 1, “James VI and I and Witchcraft.”
Jorden, then, combined his learning in anatomy, theory of humors, and medicine with his religious belief and political ideology in the formulation of his notion of hysteria, that is, in his discursive practice. Being just one of the blasts in a bitter discursive battle, Jorden’s classic medical tract of 1603 was truly an “occasional” piece, prompted by the polymorphous techniques of power and deeply steeped in the discursive practices of the late sixteenth and early seventeenth century. Thus, as a particular discursive mechanism of power/knowledge centering on female sexuality, Jorden’s “hysterization of women’s bodies” created hysteria as sexual/gender metaphor and power/knowledge construct:

[...] not a furtive reality that is difficult to grasp, but a great surface network in which the stimulation of bodies, the intensification of pleasures, the incitement to discourse, the formation of special knowledges, the strengthening of controls and resistances, are linked to one another, in accordance with a few major strategies of knowledge and power. (The History of Sexuality 105-06)

V. Conclusion

Hysteria is no longer a question of the wandering womb; it is a question of the wandering story, and of whether that story belongs to the hysteric, the doctor, the historian, or the critic.

—Elaine Showalter

The doubts we have regarding the medical reading of Jorden’s Briefe Discourse are aimed less at showing it to be mistaken than at putting it back within a general economy of discourses on “hysteria” in Renaissance England. Why has hysteria been so widely discussed, and what has been said about it? What were the effects of power generated by what was said? What are the links between these discourses, these effects of power? What knowledge was formed as a result of this linkage? Our purpose, in short, is to map out the network of power/knowledge that sustains the discourse on hysteria. Our method is that of Foucauldian “genealogy” which is “gray, meticulous,
and patiently documentary,” operating “on a field of entangled and confused parchments, on documents that have been scratched over and recopied many times” (“Nietzsche, Genealogy, History” 76). The central problem, then, is not to determine whether one says “yes” or “no” to hysteria, whether one formulates permissions or prohibitions, whether one asserts its importance or denies its effects, or even whether one refines the words one uses to designate it; it is to account for the fact that “hysteria” is spoken about, to discover who does the speaking, the positions and viewpoints from which they speak, the institutions which prompt people to speak about it and which store and distribute the things said. What is at issue, briefly, is the over-all “discursivity,” the way in which hysteria is “put into discourse.”

After all, Jorden helped hysteria gain its new “momentum” more by what he wrote than by what he did. In writing his treatise, Jorden employed the medical language and stereotypical image of hysteria—“the suffocation of the Mother”—to formulate his notion of this condition. He tried very hard to make hysteria a pure object of medical knowledge. In his definition of hysteria he also accommodated or invented new theories to justify his own beliefs to confront the current “juridico-discursive” conflicts. Jorden’s act of writing about hysteria, a translation of hysteria into words, was caught up in a web of “discourses”—which, Foucault tells us, are always “interlocking, hierarchized, and all highly articulated around a cluster of power relations” (The History of Sexuality 30). That is, through manifold discursive mechanisms, Jorden’s “hysteria” had incited further writings on the subject and eventually turned itself into an institution as well as “a supreme mode of expression.”

The transformation of the image of hysteria from a manifestation of the demonic to a medical malady runs its full course in Jorden’s process or praxis of writing. Ultimately, what has emerged in Jorden’s discourse of hysteria is a network of power/knowledge relations. In many ways, his treatise is at once a “rupture” and an “event.” It disrupts the continuous accumulation of knowledge about witchcraft and forces “hysteria” to enter into a new age. In a word, Jorden’s medicalization of hysteria, while moving away from the medieval worldview, religion, and superstition, ushers in a new round of ideological and symbolic exchanges—it marks an épistémè shift in

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40 As Louis Aragon and André Breton claim, “[h]ysteria is not a pathological phenomenon, and can in every way be considered as a supreme mode of expression”; qtd. in Micale 194. Originally from Aragon and Breton, “Le Cinquantenaire de L’hystérie (1878-1928),” most accessible in Maurice Nadeau, ed., Histoire du Surréalisme: Documents Surréalistes (Paris: Seuil, 1948) 127. Micale makes a similar comment that hysteria is “not a disease; rather, it is an alternative physical, verbal, and gestural language, an iconic social communication” (182).
Renaissance England. Thus a medical term such as hysteria does not exist in a vacuum. It is not a product of medicine alone and should not be analyzed from the perspective of medical history only. On the contrary, it is firmly rooted in its historical context. It invites a Foucauldian genealogical analysis, one which will permanently change our view of Jorden’s treatise.

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