Dis/embodied Body: Representation of Plague in Thomas Nashe’s “A Litany in Time of Plague” and Thomas Dekker’s London Looke Backe

Khandakar Shahin Ahmed
Assistant Professor, Department of English, Dibrugarh University
ORCID: https://orcid.org/0000-0003-0482-4835. Email: shahenahmed252@gmail.com

Abstract

Understanding of disease is not merely confined to the pathological perception of the somatic symptoms. Instead, a society’s understanding and management of disease may necessarily also take recourse to ideas referring outside and beyond the human body. The explanation of the plague in early modern England, an era marked by the rapid recurrence of the epidemic, is a notable event in this regard. The plague-ridden body of the early modern times is located in a state of pre-medicalization of the human body, and in the absence of a medicalized narrative, the understanding of the epidemic is not based on the somatic paradigm. The incipient state of the medical study precipitates the ground for understanding the epidemic in the light of religious discourse. From a reading of Thomas Nashe’s “A Litany in a Time of Plague” and Thomas Dekker’s London Looke Backe it can be deciphered that the plague-infected body is perceived as a site of divine justice. In interpreting the epidemic as vengeful God’s rage inflicted upon the sinful humanity, the early modern explanation disembodies the diseased body from its somatic dimension. In doing so it resurfaces the problematic dichotomies of body and soul, medical science and religion. In taking cognizance of the fact that the understanding of a disease is largely determined by the socio-cultural ‘constructs’ of the disease, this paper, through a reading of the above-mentioned works, attempts to explore how the diseased body is caught in a complex network of contesting ideas and beliefs in early modern England.

Keywords: epidemic, somatic, medicalization, gaze

Introduction

Perception of a diseased body is largely determined by the socio-cultural explanations of a disease. It is pertinent to say that identifying anatomical disorder in the body and its remedy may not necessarily, depending on the sanctioned medical knowledge of a given time, confine to the somatic symptoms; rather the somatic symptoms of a disease at a given time can also be comprehended by taking recourse to ideas beyond and outside the ailing body. The diseased or ailing body being a reflection of something else resurfaces the dichotomies and interrelationships of body and soul, somatic and spiritual. Disease in the form of pandemic or epidemic, a bodily misfortune, is subject to socio-culturally constructed explanations across ages. On the part of the state, management of a pandemic/epidemic involves discursive formations of medical knowledge on the nature of the disease, the ways of infections, the somatic symptoms, the precautionary measures, the remedy, and significantly the rationale of death. A look into the history of pandemics or epidemics brings to the fore narratives of legitimising both the measures of containing the disease and justifying the
failure of mitigating the havoc caused by the disease as well. Therefore, explanations and narratives of a pandemic/epidemic disease, hinged upon the ideological interventions of the state, rationalise and legitimise measures of withstanding the disease with a tacit motive of containing fear, anxiety, and dissent of the mass. It is not erroneous to assert that an ailing body becomes a site of dominant discourses of a given time, and any society’s understanding and explanation of a disease is constituted by the power dynamics and beliefs. Early modern England of the sixteenth and early seventeenth century, an era of pre-medicalization of the human body, witnesses plague-ravaged years between 1520 and 1625. Though canonical literature of the era limns a flimsy picture of the plague experience, lesser-known texts like Thomas Nashes’ poem “A Litany in Time of Plague” (1600) and Thomas Dekker’s pamphlet London Looke Backe (1630) enunciate the medical context of the plague – in what ways a plague-infected body is perceived and located within the socio-cultural and political fabric. Devoid of the consolidation and institutionalised specialization of medical knowledge, early modern England perceives the plague-ridden body as a site of God’s rage caused by human sins. The plague as a manifestation of vengeful God’s rage on sinful human souls becomes a dominant narrative of rationalising the large-scale decimation of human lives, and the plague as a disease is caught in a deep chasm of body and soul, science and faith. As result the ailing body is disembodied of the somatic symptoms of the disease, rather the symptoms are embedded with spiritual and scriptural inscriptions. In the medical gaze of the Renaissance context, the symptoms of an ailing body is not confined to the body itself, instead, the symptoms are disembodied and relocated within the domain of soul and spiritual interventions. Nashe and Dekker’s texts testify to the understanding and management of the sick body during Renaissance England. Written as a fervent plea to God, Nashe’s poem “A Litany in Time of Plague” elucidates the necessity to perceive the epidemic through the lens of faith and divinity, and Dekker’s pamphlet is a justification of the epidemic as ways of God to man during a time when remedy of a disease resides in a fuzzy zone between medicine and faith, science and religion. In reading Nashe’s “A Litany in Time of Plague” and Dekker’s London Looke Backe, this paper attempts to explore how the plague-ridden body becomes a site of complex intertexture of medical, religious and social discursive formations in the late sixteenth and early seventeenth century England.

Recounting the experience of the 1592 London plague, Nashe’s “A Litany in Time of Plague” situates the perishable body against the perennial soul. This six-stanza poem, originally part of Nashe’s play Summer’s Last Will and Testament and later on widely anthologised, depicts the predicament of English society in the face of the bubonic plague. Though suffers from plague-like fever and eventually dies in 1603, Nashe in his poem avoids graphic descriptions of the physical sufferings of sores, blisters, swelling lymph nodes and fever of the plague, however, his poem testifies to the ways the English society of the late sixteenth century perceives and explains the epidemic. Resonating Shakespearean sonnet tradition’s dominant ideas of mutability and impermanence of beauty, wealth and life, the poem limns the dismal and docile resignation to God in the onslaught of the plague:

ADIEU, farewell, earth’s bliss;
This world uncertain is;
Fond are life’s lustful joys;
Death proves them all but toys;
I am sick, I must die.

Lord, have mercy on us!   (Nashe, 1986, p. 156)
In voicing the agony of an ailing body the persona of the poem, in close proximity of death, expresses with dreadful conviction ‘I am sick, I must die’, and with resignation seeks the mercy of God ‘Lord, have mercy on us’. The half-dozen stanzas of the poem end with the unrhymed couplet reiterating the havoc ushered by the epidemic and the inevitability of death. The last line of each stanza affirms the mercy of God as the last and only resort. Worldliness and ‘life’s lustful joys’ are ‘but mere toys’ in the face of the epidemic, and it is God’s mercy that can only ensure the transcendence of bodily misfortune. During the plague-ravaged years in England the phrase ‘Lord have mercy’ occurs as inscriptions on doors indicating plague victim and his family is in isolation. Joseph P. Byrne in Encyclopaedia of Black Death (2012) observes that in cities and towns shut doors, during plague epidemic, carry significant symbolic connotations of social isolation of the plague victim and containment zone:

During plague epidemics, doors played important real and symbolic roles. In towns and cities, shut residential doors could indicate family members were sick, the residents had died, or the family had relocated. In certain cities like London and Amsterdam, residential doors marked with such symbols as a red cross, bundle of straw, and/or such a phrase as “Lord have mercy” told all a plague victim—and probably his family—was locked inside. Men with halberds guarded some doors to isolate such unfortunates even further. (Byrne, 2012, p. 123)

The phrase ‘Lord, have mercy on us’, the ending line of all the six stanzas of the poem, encapsulates deeper implications of the Renaissance discourse of plague. Devoid of a body of officially sanctioned knowledge on diagnosis and cure of the somatic morbidity caused by the epidemic, significant indeed to know that Renaissance England takes recourse to practices like isolation and social distancing. These practices are essentially fraught with the revival of classical Galenic models of medical prescriptions. In her book Fictions of Disease in Early Modern England: Bodies, Plagues and Politics (2001) Margaret Healy remarks that Galenic legacy is “bequeathed to the Renaissance” (Healy 19), and:

...according to the Galenic model, body and mind, man and the elements were intimately associated and any one of these parts of nature could become disordered, transmitting its chaos to the others. (Healy, 2001, p. 20)

Though Galenic discourse professes the necessity of reciprocal balance between the human anatomy and outer elements, however, it postulates neither an explanation of ‘cause and effect’ related to plague infection nor it proposes a remedy. Galenic prescriptions are mostly based on precautionary measures emphasizing the necessity of hygiene, sanitization, and social isolation. It does not conceive the diseased body as a site of specialized medical gaze, and in this connection Healy observes:

In sixteenth-century England the majority of interpreters of bodily misfortune were not learned physicians. Indeed, we might even conclude that attempting to separate medical writings into a distinct category – a practice inevitably encouraged by modern disciplinary boundaries – is a contentious and extremely problematic exercise when applied to this period. (Healy, 2001, p. 6)

The phrase ‘Lord, have mercy on us’, constituting the last line of all the six stanzas, typifies Nashe’s awareness of the sixteenth century understanding and management of the epidemic. In this connection it is noteworthy that Queen Elizabeth I suffers from small pox in 1562, and in 1563 when plague revisits England the Queen constitutes a forum to streamline activities and movements of the mass during the pandemic. Rebecca Totaro and Ernest B. Gilman in Representing the Plague in
Early Modern England (2011) demonstrate the introduction of the Galenic model to fight the epidemic in Elizabethan England:

The 17 orders complemented the 1563 A fourme by prescribing secular practices for plague control; in them, sanitation replaced prayer, Galenic bodily regimens aimed at balance replaced religious fasting, quarantine replaced mandatory church attendance, and the orders were enforced by justices of the peace not clergy. In less than two decades, security in England moved from locally conceived to nationally mandated, from religious to predominantly secular, from protecting the sovereign’s body to managing the bodies of all people in England. (Totaro, 2011, p. 11)

Attempts have been made to disengage the diseased body from the religious dictums, however, the limitations of the Galenic model concerning the pathological explanation of the disease and its cure eventually relegate such attempts to residues. The Galenic model proves to be mere ways of escaping and suspending the infection, and since it fails to explain the ‘whys’ and ‘hows’ related to the infection and cure, therefore, the collective approach towards the epidemic is predominantly determined and controlled by the religious and scriptural explanations of the bodily misfortune.

It is in this context the penultimate line of each stanza – ‘I am sick, I must die’ – carries loaded implications in comprehending the plague discourse of the early modern England. On the one hand, it reaffirms the inevitability of death in the face of the ‘medically incurable’ epidemic, and on the other hand in resurfacing the impermanence of beauty, health and other worldliness, it tacitly posits the ailing body against the perennial soul, the mutable world against the everlasting heaven:

Rich men, trust not wealth,  
Gold cannot buy you health;  

...  
Beauty is but a flower  
Which wrinkles will devour;  
Brightness falls from the air;  
Queens have died young and fair;  
Dust hath closed Helen’s eye.  
I am sick, I must die.  
Lord, have mercy on us.  
(Nashe, 1986, p. 156)

Since whatever is worldly/bodily is subject to decay and death, the epidemic is seen as a means of emancipating the soul from the corporeal incarceration to transport it to the eternal and imperishable heaven: “Heaven is our heritage,/Earth but a player’s stage;” (Nashe, 1986, p. 156). The unflinching conviction in the assertion ‘I am sick, I must die’ leads to the sober resignation ‘Heaven is our heritage’ – within this framework of explanation, the epidemic is not comprehended in its bodily manifestations. The religiously-charged understanding of the plague transforms the ailing body into a transit point for the soul to exit the world and take refuge in heaven. In mapping the trajectory of the plague discourse of early modern England, Nashe’s poem delineates the locationality of the plague-ridden body in an era before the medicalization of the human body.
Michel Foucault in his seminal essay “The Birth of the Social Medicine” postulates the idea of medicalization of the human body, a process, Foucault observes, that brings the human body, behavior, and existence within the well-defined gamut of medical knowledge:

...starting in the eighteenth century human existence, human behavior, and the human body were brought into an increasingly dense and important network of medicalization that allowed fewer and fewer things to escape. (Foucault, 2002, p. 135)

The network of medicalization engenders the medical gaze to perceive the human body as the site of pathological explanations and cure. Eighteenth century medicalization of the human body is a significant event in marking “the birth of the social medicine” (Foucault, 2002, p. 136), a social practice of medicine initiated by the state for the “acquisition of a specific body of knowledge” (Foucault, 2002, p. 138) for observing, diagnosing, and prescribing dedicated cure of sickness, and more significantly administering the entire process. Foucault observes that in the absence of the ‘social medicine’ and medicalization of the human body infectious diseases like plague break out and disappear without any proper medical explanation of the disease’s nature of infection and cure:

We know that various infectious diseases disappeared from the West even before the introduction of the twentieth century’s great chemical therapy. The plague – or the set of diseases given that name by chroniclers, historians, and doctors – faded away in the course of the eighteenth and nineteenth centuries, without our really knowing either the reasons of, or the mechanisms of, that phenomenon, which deserves to be studied. (Foucault, 2002, p. 134)

The ending unrhymed couplet of all the six stanzas of the poem brings to the fore the attempts to rationalize the epidemic-caused death in the pre-medicalization era of the human body through the rhetoric of embedding the somatic within the network of religious connotations. Evoking the situation of lack of pathological interpretation of the epidemic, the expression “I am sick, I must die” hints at the deeper issue concerning the confusion over the construction of socio-culturally accepted explanation of the disease. The last line “Lord, have mercy on us” is a tacit indication of the process of fostering the plague discourse that envisages relocating the bodily manifestation of the disease in the realm of faith and religion.

In a paradoxical fusion of circuitous and explicit asseverations Nashe’s “A Litany in a Time of Plague” marks the emergence of a religiously oriented understanding of the epidemic, and whatever has been suggested in Nashe’s poem is conclusively articulated by Thomas Dekker in his famous plague pamphlet of its time, though less known in contemporary times, London Looke Backe (1630). Having perceived the plague as the manifestation of divine justice incurred by the sins of man, Dekker’s pamphlet disseminates the spawning of the early modern plague/epidemic discourse from a religious grounding. Nashe’s poetic representation of the plague experience, hence, can be seen in parallel terms with Dekker’s assertive and categorical postulations on the epidemic in his pamphlet. In this sense both the texts can be read as participating in and fuelling from the same socio-culturally constructed understanding of the epidemic. Being reciprocal and complementary to one another both the texts stand as crucial cultural documents of early modern England in highlighting the pre-medicalized management of the epidemic. In narrating the experience of the 1625 bubonic plague of London, Dekker categorically perceives the epidemic as vengeful God’s retribution on the sins of mankind: “...that Nimble executioner of the Diuine Justice: (The Plague or Pestilence) hath for the singularity of the Terrors waiting vpon it, This title; THE SICKNESS” (Dekker, 1971, p. 181). Essentially viewed as divine justice, the cause of the epidemic is located in the sins of humanity. It can be undoubtedly said that:
...every culture’s system of medicine is required to meet two ends: first to provide convincing explanations of bodily misfortune; and secondly to attempt to control the underlying processes, to re-establish order. (Healy, 2001, p. 10)

In the absence of a proper pathological explanation of the disease, the religiously manufactured and circulated narrative of the epidemic finds wider dissemination in regimenting and containing the fear, anxiety, and dissent of the mass:

When our Sinnes were in full Sea, God call’d in the waters of our punishment, and on a sudden our miseries ebb’d: When the Pestilence struck 5000, and odd-in a Weeke into the Graue; an Angell came, and held the sword from striking; so that the waues of Death fell in a short time, as fast as before they swelld vp, to our confusion: Mercy stood at the Church doors, and suffered but a few coffins to come in… (Dekker, 1971, p. 180)

Within this framework of understanding, the epidemic’s somatic apparatus is shifted to the domain of soul, and cure is sought not in medicine but in God’s mercy. This discursive formation on the epidemic marks, in erasing the corporeal visibility of the disease, the dissipation of the bodily infirmities and morbidities within the realm of invisible/transcendental sinning soul.

In identifying the cause of the disease in the sins of man, Dekker’s pamphlet puts forward an altogether different understanding of the bodily symptoms. The spots, blisters and other bodily infirmities caused by the epidemic are perceived as reflections of an ailing/corrupted soul. Dekker limns this aspect with the image of a house where the door represents the diseased body and the inner space of the house denotes the soul. The bodily manifestation of the disease is visible in the body/door, but the cause of the disease lies within the malfunctioning inner space/flawed soul: “the spots were the signes that hung at the Doors, but the Pestilence dwelt within” (Dekker, 1997, p. 179). Within the ambit of this interpretation of the epidemic the bodily symptoms are embodied with the sins of a corrupt soul, and what emerges from such an understanding is a plague/epidemic discourse that is caught in a chasm between the symbolic/body and real/soul, pathology and religion. The epidemic is, therefore, seen as an event issued forth and controlled by a divine design. The design involves realization of the sins on the part of the human community, and realization of the sins can ensure God’s mercy for mitigating bodily suffering. The bodily inflictions afflicted by the disease are understood as a way of restoring humanity to the path of God. Having suspended the somatic paradigm to fringes, the religiously fraught explanation of the epidemic locates repentance and God’s mercy as its locus. Sins of man engendering the havoc of epidemic constitutes the prevalent plague narrative of early modern England, and Rebecca Totaro and Ernest B. Gilman in their book Representing the Plague in Early Modern England (2011) observe that the blisters and spots of the plague are the marks of God’s judgment, and early modern England perceives the epidemic as vengeful God’s wrath on human sins:

The marks of plague were marks only of judgment, in no way to be read as badges of honor or signs of God’s love; moreover, they were signs of judgment, common to all, not particular to any individual and all the more clearly signs of God’s great, just wrath… When God’s word of wrathful judgment took shape on the human body, its clearest manifestation was as the plague. (Totaro, 2011, p. 8)

Having perceived the epidemic as the manifestation of divine justice, the cure from the morbidity is found in repentance: “Repentance is a Siluer Bell, and soundes sweetly in the Eare of Heauen” (Dekker, 1971, p. 191). Repentance can act, in ensuring God’s mercy, as a heavenly potion in terminating the devastation of the epidemic. In the face of this overwhelmingly convincing religious explanation of the diseased body the legacy of medical knowledge of Galen, Hippocrates,
and Paracelsus handed down to Renaissance England is completely relegated to periphery as something obsolete and incomprehensible:

...my Patients in the end, shall confess: That Gallen, Hyppocrates, Parcelsus, nor all the great Maisters, of those Artes, did ever lay downe sounder prescriptions. And here come my Medicines marching in (Dekker, 1971, p. 189).

In considering repentance as the most potential medicine of the epidemic, Dekker urges the Londoners, who survive the epidemic, to look back with penitence at their sins:

To Looke Backe, at our sinnes, begets a Repentance: Repentance is the Mother of Amendment; and Amendment leads vs by the hand to Heauen: So that if wee looke not Backe, ther's no going forward... (Dekker, 1971, p. 175)

The religious lens of perceiving the epidemic transforms the diseased body into a site of divine justice, and in doing so it problematizes the boundaries of body and soul, medical science and religion. Reading the bodily characteristics of the disease in the light of scriptural axioms, on the one hand, disembodies the disease from its bodily status, and on the other hand, it shifts the tangibility of human anatomy to the realm of disembodied soul. The problematic locationality of the diseased body during the early modern era is a powerful reflection on the incipient state of the medical science. From Dekker’s postulations it can be deciphered that in the absence of a social medicine the comprehension of the epidemic is controlled and regimented by the dictums of scriptures and faith, and hence the cure, instead of focusing the somatic, foregrounds the soul as the locus of the regime of plague management. It is repentance, not the medicine that can ensure God’s mercy, and only God’s mercy can act as an antidote in subsiding the devastation of the epidemic:

Then say, though thy sinnes in thy sickness made thy conscience shew a face to thee as blacke as Hell, yet speake thou to it, and tell it, that this recovery with new repentance (continued) shall make it like wings of a Doue, ... Say to thy Soule, it shall bee as white as the snow in Zalom, and confess that Gods Mercy is like mountain of Bashan. (Dekker, 1971, p. 190)

Dekker’s plague pamphlet brings to the fore how the plague discourse of the early modern England substitute the somatic with the soul, and in doing so the disease is attributed with religious underpinnings. What emanates from such an explanation is that the epidemic unveils in accordance with the scriptural patterns. Since the disease with its morbidities cannot be diagnosed at the level of somatic, it is perceived/read at the textual level of scriptures. The scriptural pattern of the disease, in foregrounding repentance and mercy, foreshadows the embodied corporeality of the disease. It is in this context Ernest B. Gilman in his book Plague Writing in Early Modern England (2009) observes that issuing from the biblical Word, the early modern analysis of the plague transforms the epidemic into a language event:

... the infliction of plague is to be understood fundamentally as a language event foreshadowed by, and issuing from, the Word — an event, therefore, fundamentally discursive even before it becomes the subject of plague writing, an event that presents itself as a text to be read. (Gilman, 2009, p. 73)

Reducing the somatic event to the abstractions of scriptural prescriptions, indeed, transforms the epidemic into a language event. However, it would be rather reductive to construe the scriptural explanation as a mere alternative to a medical cure. The scriptural explanation of the plague is significant in that in the absence of clinical pathology it fosters the construction of a socio-
culturually accepted understanding of the epidemic. The plague discourse of the early modern England, emanating from the reading of the works of Nashe and Dekker, addresses the questions related to the causative explanation of the disease's contagious nature even without referring to its somatic dimension. The disease's bodily manifestation is relegated to the periphery for covering up the absence of clinical cure of the disease, and in this connection Nashe's “A Litany in a Time of Plague” and Dekker's *London Looke Backe* will remain powerful documents of plague discourse of early modern England.

References:


Khandakar Shahin Ahmed teaches English in the Department of English, Dibrugarh University. His areas of interest are Place Studies, Bioregional Literature, Critical Theory, Aboriginal Writings, and Literature of Europe. He pursued his doctoral research in the area of ‘Aboriginal Writings and Bioregional Dimensions of Place’, and his Mphil. research was on Franz Kafka. Presently he is working on Pandemic literature and literature fraught with the idea of place.